

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOUTHERN AFRICA

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: www.ifrc.org

Appeal No. 01.16/2002; Appeal target: CHF 15,818,226; Appeal coverage: 142%

Overall analysis of the programme w

The past year saw the continued escalation of the worst drought situation yet to hit the southern Africa region with more than 14 million people affected. The general health situation of the people in the region deteriorated as food shortages became more acute. On top of this, the region suffers from the highest HIV/AIDS infection rates in the world with up to 38.8 per cent of the adult population affected in some countries. To people living with HIV/AIDS, the food crisis was detrimental to their health and negatively affected their chance of survival.

In response to the situation, the International Federation launched an appeal in May based upon assessments carried out by joint field assessment and coordination teams/regional disaster response training (FACT/RDRT) teams in April. The appeal was later revised and relaunched on 22 July 2002. The appeal seeks CHF 89,285,274 (US\$ 61.1 million) to assist a minimum of 1.3 million beneficiaries for twelve months in Lesotho, Malawi, Swaziland, Zambia and Zimbabwe. The food security operation was the main priority for the Federation in the region and an operations centre was set up in Johannesburg, South Africa. The Red Cross is targeting HIV/AIDS clients in particular through the home based care programmes with distribution of food and non-food items to assist the most vulnerable. Zimbabwe remained the worst hit country with more than six million people in need of food assistance. Towards the end of the year, erratic rain patterns throughout the region jeopardized next year's harvest, in which case food assistance may be needed for a longer period than first expected.

In Zimbabwe, the lead-up to the presidential election in March was marred with political violence perpetrated by the opposing major parties and there were fears of likely population movements into neighbouring countries. The elections went on relatively peacefully, and since then the situation remained stable. The socioeconomic situation is however deteriorating dramatically as the country experiences hyper inflation with a more than 200 per cent inflation rate. Food and fuel shortages compounded by the HIV/AIDS pandemic further worsened the situation in the country.

In Angola, an appeal was launched on 6 September, seeking CHF 4,966,000 in assistance of 100,000 beneficiaries for six months. The Federation set up a country delegation, which so far comprises the head of delegation, a health delegate and a finance and administration delegate. Capacity building and organizational development are at the base of the appeal intended to reinforce and strengthen the

Angola Red Cross to be able to play an important role in the reconstruction of the country. Unfortunately, the appeal received little funding and implementation of activities was delayed.

On a more successful note, the regional HIV/AIDS department managed to secure funding from the Dutch embassy, the Swedish Red Cross through SIDA and the Irish Government/Ireland Aid for five years for the regional HIV/AIDS home based care programme. The official signing of the contract took place on 1 October 2002 at the regional delegation. The funding will not cover the total budget needs of the regional HIV/AIDS programme but it is a much needed contribution that allows for long-term planning and comes at a time when all resources can be of use for scaling up activities to address the humanitarian disaster that the disease represents.

Throughout the year, the regional delegation's disaster management team concentrated on building the capacity of the National Societies (NSs) to respond to potential future disasters. The annual regional disaster response training was held at the end of the year and became a milestone for building disaster response capacity in the region. Some 32 qualified candidates were trained and can be deployed to the field for future assessment missions. Over the past three years, a total of 115 national staff members was trained and 36 of these belong to the core group available for immediate deployment to the field.

In accordance with the Federation's strategy for change, the appeal process was adapted to present a country by country focus to allow for individual tailor-made assistance of the National Societies. Focal delegates led the extensive appeal planning process for their focal countries to ensure that all programming and planning was based upon the expressed, identified and prioritized needs of the national societies in the region.

The regional delegation remains committed to building the capacity of the National Societies in the region and to strengthen regional relationships by encouraging collaboration and networking among them. The Southern Africa Partnership of Red Cross Societies (SAPRCS) has become an important forum for the National Societies to interact, share experiences and find new directions for regional commitments.

The regional delegation maintained good relations with sister societies, the International Committee for the Red Cross (ICRC) and other aid organizations and had a number of visitors from donor societies in connection with the food security operation in particular. In the coming year, the regional delegation will continue to coordinate activities and provide assistance to sister and donor societies in all possible ways.

Disaster Preparedness and Disaster Response w

The overall goal for the disaster management department is to increase the capacity of the National Societies in the region to prepare for disasters and to ensure adequate and timely response. Disaster preparedness and disaster response capacity were assessed in the National Societies throughout the year in order to develop plans of action. Special attention was given to the food insecurity situation, population movement, poverty and social deprivation.

Cholera outbreaks were reported in Malawi, Zambia and Zimbabwe. The regional delegation assisted the National Societies with financial and material resources. The delegation set-up cholera task forces to address cholera epidemics in the region to ensure well-coordinated responses.

The main challenge this year was the food insecurity crisis in the region affecting in particular the countries of Lesotho, Malawi, Swaziland, Zambia and Zimbabwe. Reports from other partners in the region and findings from the Federation's assessments that took place between April and June confirmed that immediate steps needed to be taken by the international community to avoid a

humanitarian catastrophe from developing. It was reported that more than 13 million people throughout the region were threatened with severe food shortages affecting vulnerable groups such as elderly, children and people living with HIV/AIDS in particular. Consequently, the Federation launched an appeal on 2 May, which was later revised and relaunched on 22 July. Since then, an operational centre was established in Johannesburg, where the coordination and management of the operation is being run in close coordination with the regional delegation in Harare.

At the end of the year, efforts were directed at the preparation for the annual regional disaster response training which was held end of November-early December with participation of 32 staff members of the National Societies from nine countries in the region. The annual training exercise has become a milestone for building disaster response capacity in the national societies in the region.

The DP/DR department was once again fully staffed as of October. The new disaster preparedness officer will ensure the team catch up with activities forwarded to year 2003.

Objective 1: Improved capacity of the National Societies to advocate with governments for social protection programmes that proactively assist vulnerable communities in the aftermath of disasters to recover from shocks.

Throughout the year, the regional DP/DR department continued to urge the NSs in the region to enter into dialogue with their respective governments and to raise issues on behalf of the vulnerable groups in all relevant fora. There are no structured advocacy action plans in place at the national society level. However, at the regional delegation level, concerns and issues such as access to food for the elderly, supply of drugs for HIV/AIDS clients, and access to land for displaced farm workers were raised within the current food crisis fora with various stakeholders including governmental departments. The NSs were urged to include these issues in their development plans.

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.

To assess the disaster management capacity of all the NSs in the region, the DR/DR department conducted a questionnaire survey of their capacity to prepare and respond to emergencies. The survey highlighted weaknesses, strengths and areas in need of attention. Following the assessments, technical support visits to the NSs were undertaken and priorities agreed upon. Plans of action were developed, some of which will extend over the next two years. This approach allowed for individual, tailor-made assistance and capacity building of each NS in accordance with their prioritized needs. The main needs identified by the NSs were: the development of community-based early warning systems; and strengthening of their capacity to conduct disaster assessments and VCAs as a diagnostic and planning tool to enable better understanding of community vulnerabilities and help prioritize developmental actions. Some of the identified developmental needs were addressed in 2002, others are listed on the 2003 plans of actions. The RDRT training addressed the need to conduct disaster assessments as this was the focus of the training.

At the regional delegation level, information sharing with relevant agencies and partners through regular meetings and reports is on-going. The situation monitoring system introduced by the department to monitor and track potential hazards and disasters threatening the region is maintained. Regular updates are fed to the disaster management information system (DMIS) in Geneva and shared with the regional delegation's staff members and other partners. Reports are posted on the regional website.

Objective 3: Improved state of readiness at the 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.

Rapid onset disaster response benchmarks and ideal procedures to follow when a disaster strikes were developed during the year including the stockpiling of non-food emergency stocks at the NS. However, benchmarks that address slow onset disasters such as famine are still being developed through the food security strategy which will incorporate lessons learned from the current food security operation.

At the warehouse in Harare, non-food emergency stocks for 5,000 people are available to support the NSs in the region in an emergency situation. During the cholera outbreak in Malawi and Zambia, volunteer cholera kits were dispatched from the warehouse to the two countries.

In Zimbabwe, following a bus disaster which claimed 37 lives in June, Zimbabwe Red Cross Society requested blankets for the victims of the disaster as the local hospital had run out. The department sent 60 blankets from its DP stocks to the NS.

A RDRT was established and throughout the year members were deployed on missions both within their own countries and within the region. The RDRT members conducted emergency assessments following outbreaks of cholera in Malawi, Zambia and Zimbabwe. Regionally, in April 2002, FACT members and RDRT members undertook joint food security assessments in Malawi, Zambia and Zimbabwe. This enabled capacity building of the involved NS staff in food security assessment and planning techniques. The complementary and supportive relationship between FACT and RDRT members was evident with FACT members enhancing national staff members' skills and RDRT members providing local knowledge, challenging assumptions and biases, thus improving the outcomes of the mission. Three RDRT members have since undertaken a food security assessment in Lesotho and three others were involved in the needs assessment in Angola following the cease fire.

To further strengthen the regional response capacity, five RDRT trained members from the region were selected for the FACT training in Addis Ababa, Ethiopia in February 2002 and the regional disaster response officer attended the emergency response unit (ERU) team leader workshop held from 26-31 May in France.

This year's RDRT exercise was held in Zimbabwe from 23 November- 6 December and was attended by 32 participants from nine NSs. The training focused on weaknesses identified by the NSs themselves which included conducting disaster assessments, reporting and coordination skills. Participants included those already trained and some new members and the caliber of participants was very high. Staff members from the regional delegation facilitated the training.

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

In an attempt to improve the chronic food security situation in Swaziland, the Swaziland Red Cross Society submitted a proposal for a pilot project which is funded by the Finnish Red Cross for four years. The regional delegation in Harare provides both technical and financial management support of the project. A task force was established in the beginning of the year at the regional delegation to monitor progress. The task force meets quarterly to follow-up and share information on project progress. Although implementation of project activities was initially delayed, the project is now making good progress and there is considerable enthusiasm in the communities.

For the other three countries listed above, this objective was overtaken by events on the ground as the food crisis in the region unfolded. However, through the initiatives undertaken to address the current food crisis in the region, it is hoped that sustainable food security projects can be initiated in all the food insecure countries in the region. The National Societies of Botswana, Lesotho and Zambia have identified sustainable food security initiatives to be incorporated into all their sector programmes.

At the regional delegation, a food security consultant was engaged for four months to oversee the development of a regional food security strategy that would provide a clear direction to the National Societies in devising appropriate responses to food insecurity. The first draft is currently going through consultations with various stakeholders. The strategy will ensure that NSs are better prepared for future food insecurity situations.

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

It was a successful year for the promotion of SPHERE standards. The DP/DR department took all opportunities to promote the standards in relief packages and through training and workshops conducted by the regional delegation. The on-going food distributions taking place in the five countries in the region provided an ideal opportunity for the promotion of SPHERE standards and all staff members and volunteers involved with the food aid intervention received training in the understanding and application of SPHERE standards.

Objective 6: Improved capacity of NSs 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, Namibia and South Africa.

The National Societies of Botswana, Namibia, South Africa and Zambia identified vulnerability capacity assessments as one of their main priorities following the disaster management capacity mapping exercise conducted for them.

The Botswana Red Cross Society requested assistance from the regional delegation to train personnel who could facilitate the VCA process within its boundaries. The DP/DR department financially supported and co-facilitated the VCA training of 22 participants comprising staff members and volunteers of the Botswana Red Cross Society in October. The trained staff will facilitate the VCA process in the country which will map the way forward for the NS.

Consultations for conducting VCA in South Africa have begun and a plan of action is being developed for the new year. Vulnerability capacity assessment for Lesotho and Namibia will also be carried forward to 2003. A regional VCA training of trainers (ToT) was planned for 20-24 January 2003. All the ten national societies in the region will send three participants each. This will contribute to an increased VCA capacity and knowledge in the region. The assessments will be carried out in at-risk districts and provinces to ensure that programme planning is based upon needs and priorities.

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

At the regional delegation, collaboration and integration with other departments improved during the year. Task forces inclusive of various technical departments were established and maintained close collaboration in specific response and mitigation efforts such as cholera outbreaks, the Swaziland food security pilot project and the refugee operations in Botswana, Malawi and Zambia.

In relation to the food security crisis, close collaboration between the departments of water and sanitation, health, OD and logistics were enhanced. Sharing of information and pulling together of resources was also increased. Likewise, the VCA training conducted in Botswana in October was a collaborative effort between OD and the DP/DR departments.

The integrated approach adopted by the regional delegation allowed close cohesion in planning and implementation of the DP/DR activities resulting in well-coordinated responses that maximize the use of available resources to the benefit of the National Societies and the beneficiaries.

Objective 8: Improved response of the National Society and regional delegation to ongoing refugee operations in Zambia, Namibia and Malawi as well as other refugee situations that may emerge in the region.

Throughout the year, support continued to be provided to ongoing refugee operation in Botswana, Malawi and Zambia. Technical support visits were undertaken by the health delegate and wat/san officer as well as the disaster response officer to the refugee programmes in Botswana and Zambia. Reviews and evaluation of sector operations were conducted. It is noteworthy that the Mwanze camp in Zambia was able to uphold the SPHERE standards and that there were no major disease outbreaks in the camp.

The Dukwi refugee camp in Botswana is striving to achieve and uphold the same minimum standards and requested support from the regional delegation to do so. Technical visits to the Dzaleka camp in Malawi were postponed to early next year due to time constraints.

Following the ceasefire agreements in Angola and the Democratic Republic of Congo, some refugees were already voluntarily repatriated to their respective countries from Botswana, Namibia and Zambia. Technical support was given to the national societies to assist in the repatriation phase. In Angola, there is now a country delegation of the Federation in place in Luanda.

During the year, potential refugees were anticipated to emerge from Zimbabwe due to political violence and increased social tensions leading up to the presidential elections in March 2002. A population movement contingency planning workshop was held in Botswana in February 2002 and was attended by 20 participants from the national societies in Botswana, Malawi, Mozambique, South Africa, Zambia and Zimbabwe itself. Although Malawi does not share a border with Zimbabwe, it has a large population of Malawian citizens who would have returned to their country had the situation become unsafe for them. Representatives from the ICRC based in Harare also participated. Based on their capacity, the six National Societies developed contingency plans in case of population movement.

Following the workshop, the National Societies formed action teams and trained volunteers in different aspects of disaster management including first aid, reception and registration of refugees with financial support from the regional delegation. The action teams were on stand-by to respond to any influx of people into the respective countries. The societies collaborated with governmental departments, UNHCR and other agencies in their countries. In South Africa, the government's home affairs department requested the assistance of the South Africa Red Cross to prepare and manage a refugee camp in Messina, close to the border with Zimbabwe. The South Africa Red Cross then requested support from the Federation and the regional delegation sent a team on a fact-finding mission and held consultation meetings with governmental authorities, UNHCR, ICRC and SARC. A camp at Messina was renovated and prepared and remains ready to be used should the need arise.

The contingency planning exercise contributed to the increased capacity building of the six NSs involved. Fortunately, the situation in Zimbabwe remained relatively stable and there were no population movements reported. In a future situation, the National Societies will be well-prepared and have experience with planning for such an event. The contingency plans developed were updated to be applicable to the current food crisis should people start moving in search for food.

Objective 9: Improved awareness of mines by communities in Angola as well as adequate preparation through special brigades for emergency situations.

Following a ceasefire agreement in April after 27 years of civil war in Angola, the Federation in support of the Angola Red Cross conducted an assessment to map out rehabilitation needs. The assessment resulted in the launch of an appeal in September. Therefore, due to changes in the political situation and the setting-up of a country delegation, regional disaster management efforts were postponed to 2003.

Health and Care w

Regional HIV/AIDS Programme

The southern Africa region is the worst affected region in the world by the HIV/AIDS pandemic. The latest estimates from the United Nations indicate Botswana has the highest HIV/AIDS prevalence rate in the world with 38.8 per cent of the population infected, followed closely by the small kingdom of Swaziland with 38.6 per cent of the population infected. Zimbabwe has a 33.7 per cent infection rate and Lesotho a 31 per cent rate. The HIV/AIDS pandemic is a serious threat to the socioeconomic development of the southern African region as the workforce shrinks and the number of orphans and dependents continue to grow. The food insecurity situation in the region has further aggravated the situation, as it has increased the vulnerability of those already vulnerable. Nutrition is an essential factor in improving the health of people living with HIV/AIDS and the food insecurity crisis has negatively affected the chance of survival for these people.

To respond to this humanitarian disaster, the International Red Cross and Red Crescent Movement made enormous efforts in recent years to fight the HIV/AIDS epidemic in the southern Africa region and efforts continue to intensify as the NSs scale-up their activities according to the Ouagadougou Declaration. The general public momentum to tackle the disease has grown. Awareness campaigns, education and information dissemination are key approaches in order to influence communities to take responsibility for themselves in the fight against HIV/AIDS. Communities, governments and organizations are progressively taking initiatives to respond to the epidemic with increased commitment, resources and organizational activities.

One of the major achievements of the year was the signing of a contract between the Federation and the embassy of the Netherlands, the Swedish Red Cross and the Irish Government/Ireland Aid on 1 October which secured funding for a five-year period. The funding is initially for three years and a second phase for another two years is foreseen. The signing of the contract took place at the regional delegation in Harare with participation of the ambassador of the Netherlands. The ambassador for Sweden also presented a commitment to fund the partnership for a period of five years. UN representatives and government officials witnessed the occasion. However, the funding does not ensure full coverage of the regional HIV/AIDS budget for the next five years by far, but it allows for long-term planning and is an enormous support in the midst of a disaster situation where resources are more than needed and can be absorbed easily.

Another major achievement of the year was the establishment of the Southern Africa regional aids network (SARAN). The network is composed of all HIV/AIDS coordinators of National Societies as well as people living with HIV/AIDS and representatives from UNAIDS, UNICEF and Population Service International. The first meeting is planned to be held in February where donor societies have been invited to participate. A replication of the same network will be established at the national level in each country. The purpose of the SARAN network is to support the implementation of the HIV/AIDS network.

Throughout the year, efforts were made to reduce stigmatization and discrimination of people living with HIV/AIDS. On 8 May, 'World Red Cross and Red Crescent Day' Maputo was the venue for the launch of the global campaign to reduce HIV/AIDS related stigma and discrimination. The campaign was launched by the secretary general of the Federation and endorsed by the Mozambican prime

minister who was a key speaker at the event. Following the launch of the campaign, all the ten NSs came up with plans and pledges of how and what they could do to reduce HIV/AIDS related stigma.

In accordance with the Ouagadougou Declaration, Malawi, South Africa, Swaziland and Zimbabwe have scaled-up their home based care activities while Angola, Mozambique and Namibia are in the process of expanding their youth peer education and prevention activities.

The Zimbabwe Red Cross Society piloted an integrated HIV/AIDS/TB programme. It is the first programme of its kind in the southern Africa region. More than 70 per cent of HIV/AIDS clients have tuberculosis. The programme will be implemented in collaboration with the World Health Organization. The WHO will provide financial and technical support for training while the Zimbabwe Red Cross Society will provide care facilitators and food supplies for the clients. Funds from the WHO will be used for the purchase of anti-TB drugs for the clients in the home based care projects. The care facilitators will be trained on how to monitor drug compliance, active case finding in the community and how to identify those who require prophylactic treatment as well as giving general health education in the community. If the project is successful, it can be duplicated and initiated in other countries in the region.

A memory box workshop was held in Harare for one week in the beginning of October with more than 15 care facilitators of the Zimbabwe Red Cross and one volunteer of the Kenya Red Cross. The objective of the workshop was to train care facilitators to assist family members affected by HIV/AIDS and to produce memory books/boxes to be a source of family history for the orphans and other family members in the future. The memory books/boxes represent a way of empowering HIV/AIDS infected parents to communicate with their children and to start to plan with them for the future. The memory box project was piloted in Zimbabwe, based upon a model from South Africa where a support group of people living with HIV/AIDS are working on making memory boxes.

The overall goal of the regional HIV/AIDS department is to reduce the transmission rate of HIV/AIDS and to minimize the negative impact on those infected and affected by the disease. By mid-year 2002, the objectives were changed as the numbers targeted were unrealistically high.

Nevertheless, the regional HIV/AIDS programme managed to make good progress throughout the year and the NSs are committed to do everything within their capacity to fight the disease. Branch development proved essential to the scaling-up of activities and to respond to the enormous needs.

Objective 1: Knowledge, skills, attitudes, practices and behaviour of 150,000 youths on HIV/AIDS prevention improved within the communities of the ten NSs by end of year 2003.

Table 1

National Society	No. of youth peer educators	No. of youths reached
Angola	200	100
Botswana	24	820
Lesotho	12	1,000
Malawi	20	1,000
Mozambique	50	45,000
Namibia	300	120,000
South Africa	50	5,000
Swaziland	40	5,000
Zambia	40	2,000
Zimbabwe	100	12,000
TOTAL	836	291,820

The reason this objective was achieved successfully can be attributed to the fact that a special course on youth peer education was carried out in May 2002 in Maputo for the ten HIV/AIDS coordinators of the NSs. This helped to clarify the procedures and approach employed in dealing with youths on HIV/AIDS prevention.

Youth peer education is strong and well-developed in Namibia and Angola. The 'Puppet Power' programme in Namibia played an important role in disseminating information on HIV/AIDS among youths. The Namibian Red Cross hired a consultant who assisted the 'Puppets Power' to reorganize the prevention project to ensure more days were spent in the field, reaching out to more youths than in the past. In Angola, the Angolan Red Cross Society was able to reach out to more youths in areas that were inaccessible before the end of the war. The Zambian Red Cross Society is working in partnership with "Youth Alliance" to strengthen youth peer education in the country.

Objective 2: Quality of life and conditions of 20,000 people living with HIV/AIDS 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.

Table 2

National Society	No. of care facilitators	No. of clients
Malawi	129	700
Mozambique	28	150
Namibia	85	517
South Africa	74	5'000
Swaziland	165	1'200
Zambia	59	1'301
Zimbabwe	450	11'000
TOTAL	990	19'868

Care for people living with HIV/AIDS remained an important priority in the region, as the hospitals do not have sufficient room for all the people who are in need of care. Increased numbers of deaths among people living with HIV/AIDS were reported which is presumed to be linked to the food shortages within households, but as yet no survey was conducted to confirm this assumption. The project could have reached out to more people if funds were available earlier in the year. Unfortunately, funds were made available only towards the end of the year.

Objective 3: Establishment of 200 functioning support groups for 20,000 PLWHA within the home based care project.

Support groups comprise people living with HIV/AIDS and at times family members also participate. A group is usually made up of 20-30 members, who meet once a week. During this period the participants share experiences regarding their illness or the stigma surrounding it. They also sing and dance to ensure relaxation. The groups then engage in income-generating activities such as soap making, gardening, sewing and so on. The profit the groups make is used to support their late colleagues' orphans and to pay for coffins and funerals for the deceased. People living with HIV/AIDS often have no source of income and frequently have a large number of dependents to support. The support group approach is therefore an important tool to provide a little livelihood to the most vulnerable people as well as providing a forum for them to share their concerns and the stigma they meet in their communities. Throughout the region, 120 such support groups were established in 2002. Due to the unavailability of funds, the full target could not be met. The establishment of 80 new support groups will therefore be carried forward to year 2003.

Objective 4: Advocate for PLWHA in order to improve their socioeconomic status through increased social and legal status within the ten NSs.

A meeting on advocacy and anti-stigmatization was organized for the ten NSs in the region to agree on the strategies to be used in advocating for people living with HIV/AIDS. Each NS developed strategies on communication and information dissemination to provide the “truth about HIV/AIDS” to the public. Some NSs such as the Botswanan Red Cross advocated on radio and in other media, whereas Mozambique Red Cross Society spearheaded the area of advocacy by entering into partnership with other organizations working in HIV/AIDS and its government. The first ladies of Lesotho and Botswana were involved in supporting the Red Cross in advocating for PLWHA. At the regional level, a partnership with the Global network for people living positively HIV/AIDS was established.

Objective 5: Improved capacity of the ten NSs in the management of the programme, including 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.

The OD department worked closely with the HIV/AIDS department to strengthen the capacity of NSs particularly at the branch level. Strategic plans with HIV/AIDS component were developed for Botswana, Angola, Zimbabwe, Malawi, South Africa, Lesotho, Namibia, Zambia and Swaziland. Volunteer mobilization and training as well as branch development took place. Delegates were attached, as follows, to support NSs in scaling up the HIV/AIDS work.

Table 3

National Society	Nationality of Delegate	Number
Angola	Spanish	1
Botswana	-	-
Lesotho	German	1
Malawi	American	1
Mozambique	Spanish Danish German Icelandic	4
Namibia	German Spanish American	3
Swaziland	-	-
South Africa	British	1
Zambia	-	-
Zimbabwe	-	-
Regional Delegation	Finnish Zambian Zimbabwean	3

Objective 6: Community-based care and support for one million orphans and vulnerable children (OVC) in the ten countries promoted and advocated for by end of year 2003.

Guidelines for OVC were developed which provide a clear direction on how the Red Cross will work with orphans and vulnerable children. Some of the areas identified include the provision of school fees, psychological support as well as the provision of clothes and food.

The importance of community-based orphans support, which is to give responsibility to the communities and family members, was highlighted. It was noted that the Red Cross would collaborate with other organizations in addressing OVC issues. The Namibian Red Cross is presently making referrals for the orphans to its government to pay the school fees. This has proved to be a very successful exercise. The Zimbabwe Red Cross Society supports orphans and vulnerable children with food, clothes and in some cases with school fees where possible. The Lesotho Red Cross Society likewise assists OVC with school fees and clothes.

The South African Red Cross has day care centres where children receive care and food but return to their homes at the end of the day. Mozambique has a community-based orphans project in Tete where the children receive support with food and clothes and psychological support.

The numbers of children supported in 2002 are indicated in the table below. It is however necessary to scale-up activities in this area to be able to reach out to more children, as the number of orphans and child-headed households continues to grow as a result of the HIV/AIDS pandemic.

Table 4

National Society	No. of orphans supported
Lesotho	120
Mozambique	500
Namibia	100
South Africa	1000
Zambia	120
Zimbabwe	5000
TOTAL	6,840

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

Due the food security operation with distribution of food and non-food items underway, home based care clients benefited from the food security project. Some 1,500 clients were provided food packs in Swaziland. In Zambia, 24,000 beneficiaries were provided with food and 75,978 beneficiaries were supported with food in Zimbabwe. In Mozambique, the home based care project has not started to distribute food packs as the project is very new. In Malawi, home based care clients received food packs from the World Food Programme.

Objective 8: Support of the HIV/AIDS policy for staff members and volunteers within the ten national societies and the Federation by end of year 2003.

In the beginning of the year, a need to address HIV/AIDS concerns of staff members and volunteers within the Federation's delegation and within the NSs was observed and it was decided that each should develop and implement an HIV/AIDS policy.

During the year, eight out of ten NSs managed to complete HIV/AIDS policies at work places and Zimbabwe and Mozambique are working on their drafts. The regional delegation developed the policy which was implemented successfully. The regional delegation was working with an organization for people living with HIV/AIDS based in Harare to educate the Federation's staff members, spouses and children on positive living skills.

Regional Health Programme

The regional food insecurity situation was the main focus for the health department throughout the year. The health department monitored the situation closely as the general health situation of the most

vulnerable people continued to deteriorate. In the five countries targeted by the appeal, it is estimated that more than 300,000 malnourished people could die of diseases which could have otherwise been avoided with a minimum of food and basic health care. These countries are seriously affected by HIV/AIDS, malaria, TB and epidemics such as cholera. The high poverty rates in the region with the large majority of people living below the poverty line further deepens the food insecurity crisis.

The regional health programme continued to focus its support to the health programmes of the NSs on preventative and health promotion activities aimed at eradicating bad health practices and improving healthy behaviour at the family and community levels. The underlying implementation strategy is in line with the African Red Cross and Red Crescent Societies Health Initiative (ARCHI) 2010 with an integrated approach of programming and implementation.

Despite serious funding problems in the first three quarters of the year, the regional health programme managed to carry out some of the planned activities in support of the health programmes of the NSs. The funding situation improved in the fourth quarter as a result of an integrated programming approach, where the OD, DP/DR and HIV/AIDS programmes supported some regional health programme activities resulting in a significant improvement in the achievement of activities. Concrete agreements were since made for working together in an integrated way with HIV/AIDS, OD and wat/san.

In 2003, community TB directly observed treatment short course (DOTS), malaria and community-based first aid will be integrated with HIV/AIDS. The proposal to the embassies of the Netherlands and Sweden and to Irish Aid will be upgraded to include these activities as this new development was welcomed.

Meanwhile, a proposal for a malaria pilot project was developed together with the WHO and the MoH to be carried out in three districts in Malawi, Zambia and Zimbabwe. The pilot projects will be developed on the background of situation analyses that will be conducted in early January. Initial funding was received from the Swedish Red Cross, while the Zambian Red Cross Society received a donation of 6,000 insecticide treated nets (ITNs) from UNICEF, Zambia. Lessons learned from these projects will be used to roll the projects to other countries. The partnerships between the Red Cross, WHO and UNICEF were strengthened from various meetings which so far resulted in three partnership malaria projects and two community TB DOTS projects. In 2003, more development in replication of projects to other countries and identification of new avenues will be forthcoming. The regional health programme regards this new development as a positive opportunity for cooperation between different stakeholders in each area of their specialty. The cooperation provides an excellent opportunity for the NSs to interact and cooperate with other aid agencies in order to increase their capacity to respond to the growing health needs in the region.

Some national societies, however, need to be further encouraged to build partnerships with other organizations and in particular with the ministries of health in order for them to access locally available funds e.g. from vaccination campaigns or from the global funds for HIV/AIDS, TB and malaria. The food security operation in the region is however the main priority of the NSs in the affected countries and hence other activities were postponed.

The partnership between the Federation, WHO and MoH in malaria control, community DOTS and cholera provided an opportunity for long-term funding which was one of the major problems for the regional health department. Funding remained the major constraint for the regional health programme throughout the year. The programme received funding from the Finnish, Norwegian and Swedish Red Cross Societies. Unfortunately, the programme had less than 12 per cent budget coverage. However, the funding situation for year 2003 is expected to be further improved by the integration of some health activities with the regional HIV/AIDS programme.

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

Throughout the year, 18 health staff members from nine NSs were trained in community-based first aid (CBFA) during a workshop held in Harare in June. Plans of action for community-based first aid activities were drafted for the nine NSs present to spearhead CBFA activities. Unfortunately, implementation of these failed due to lack of resources.

A regional CBFA curriculum for trainers was developed during the workshop, which will be adopted by the NSs during their in-country CBFA training of trainers exercise in 2003. As a new development, psychological support was integrated into the CBFA curriculum to enable Red Cross volunteers to provide psychological first aid to victims of disasters and people living with HIV/AIDS. Finally, a CBFA curriculum for volunteers was developed and is expected to be adopted by all the NSs.

Objective 2: Community-based health care programmes (CBHCP) of National Societies strengthened and the integration of wat/san and HIV/AIDS activities encouraged to promote healthy behaviour in the vulnerable communities in the six country programmes of the NSs by the end of 2003.

The regional health programme made a lot of effort to develop partnerships with other organizations and integrate work with other departments within the regional delegation. At the end of the year, these efforts started to pay off.

The regional health department worked with the WHO, UNICEF and Ministries of health to establish community-based malaria intervention pilot projects in three districts in the countries of Malawi, Zambia and Zimbabwe. The projects took off in the last week of December with initial funding from the Swedish Red Cross and later activities will be integrated with the HIV/AIDS programme. In Zambia, UNICEF donated 6,000 ITNs to the project, which were distributed for free to the home based care clients. Lessons learned from these projects will be used to roll out the projects to other countries and to encourage the drafting of other proposals for the global funds.

Throughout the year, the regional health programme provided support to the NSs in the development of project proposals for the Global Fund against TB, HIV/AIDS and malaria. Four national societies submitted proposals to the national community coordinating mechanism (CCM), of which three will benefit in the field of malaria and HIV/AIDS. Both Namibia and Lesotho are members of the CCM.

Preparation for the establishment of community-based TB care interventions in Zambia and Zimbabwe were finalized between the WHO, the Red Cross and the ministries of health as part of the national DOTS programme. The community DOTS projects will be integrated with the HIV/AIDS home based care programme and lessons learned will be used to replicate the project in other countries.

Discussions were finalized with the HIV/AIDS department to include malaria, TB and community-based first aid in the Netherlands and Swedish embassies' and Irish Aid funded proposal which will be resubmitted in July 2003. Meanwhile, the TB DOTS pilot projects will be directly implemented with HIV/AIDS funds in Zambia and Zimbabwe.

In acknowledgment of the importance to address the under-five immunizable diseases, the regional health programme advocated for NSs to promote and mobilize mothers to have their children immunized and to participate in the national measles and polio immunizations campaigns as well. Six National Societies promoted routine under-fives immunizations in the project areas, while Swaziland and Lesotho additionally conducted actual routine vaccinations in their clinics with support of supplies from the ministries of health.

Objective 3: Two National Societies supported in strengthening/designing blood donor recruitment programmes by the end of 2003.

Unfortunately, this objective could not be implemented due to lack of resources. However, consultations were done with the Swaziland Red Cross to identify areas of support. The same was done with Lesotho and Malawi Red Cross Societies who showed an interest in establishing blood donor programmes. The Ministry of Health in Lesotho consulted the NSs for support in the area of blood donor programme. Further discussions and situation analysis will be undertaken in the year 2003.

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.

The psychological support training was integrated into the regional community based first aid training of trainers workshop carried out in June. Psychological support training was included in the community-based first aid curriculum for volunteers. Nine national societies participated in the training and the training is expected to cascade down to the community level in all ten NSs by the end of 2004.

Objective 5: Technical support provided in monitoring and evaluation of health services provided in refugee operations during 2002-2003.

The regional health delegate visited the Zambian refugee health programme in Mporokoso and provided technical support in improving: drug management (drugs storage procedures, proper recording, use of standard treatment guidelines, etc.); the centralized referral system for refugees to the district hospital; and updating of the camp's preparedness for cholera and measles epidemics. The delegate visited Botswana to support the refugee health programme of the BRCS in Ndukwi. The programme was reviewed and a plan of action developed which will help to improve the quality of services provided to the refugees in the camp.

Objective 6: Increased health capacity in NSs to prevent and respond to epidemics (cholera, meningitis and other diarrhoea diseases) both in their own respective countries and in the case of regional emergency interventions.

The regional health programme supported three national societies in Malawi, Zambia and Zimbabwe with cholera kits and training of volunteers to respond to cholera outbreaks. The response capacity was further increased and reinforced during the regional disaster response training in Mudzi which was carried out during the last week of November and the first week of December. The regional health delegate provided support to the regional RDRT team in conducting an assessment in Angola following the peace agreement between the government and UNITA and assisted in the drafting of the Angola appeal which was launched in September.

Objective 7: Reduced transmission rate of most communicable diseases through appropriate health care at the health posts of the Angolan Red Cross with strong community participation to increase and strengthen the relationship of the Red Cross branch with target communities.

Achievement of this objective must be seen in the light of the very limited support for Angola health activities. Nevertheless, some activities were carried out and the health posts continued with their work. The health posts focus on preventive activities and the main health threats are malaria, parasites, respiratory and acute diarrhoea diseases. Volunteers are active in their community actions and raise awareness on the importance of safe drinking water, construction and use of latrines and

hygiene practices and HIV/AIDS issues. The continued success of the health posts depends on external support. There is an enormous need for the health posts to respond to the growing needs in a country where the magnitude of the humanitarian needs is only beginning to become apparent

Regional Water and Sanitation Programme

The overall goal of the regional water and sanitation programme is to ensure a sustainable improvement of the general health of vulnerable communities through the provision of community-based water and sanitation interventions.

The regional wat/san programme was initiated in 1998 in response to drought, epidemics and mass population movement in the region and addressed both emergency and developmental wat/san needs to allow for capacity building of the National Societies. Now in its second phase, the programme's objectives reflect the need for improved quality of programme delivery and improved coordination. Wat/san capacity building includes such areas as financial management, financial and narrative reporting and monitoring and evaluation of project outputs.

The perspective is to view water and sanitation projects as key components of both the regional health strategy and the regional disaster management strategy. Cooperation and integration between all the regional programmes has increased and improved in the acknowledgment that a coordinated approach is necessary to achieve an impact and outcome of resources available. Linkage with the OD programme is likewise essential for any project service delivery at beneficiary/branch level.

The regional wat/san programme targets the five countries of Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. In Namibia and South Africa, the regional wat/san programme performs an advisory role only. The regional wat/san programme targets approximately 102,000 beneficiaries in the five countries.

The Austrian funded wat/san project in Zimbabwe and the Dutch funded Crossborder project in Zimbabwe/Mozambique both phased out at the end of the year. The Austrian funded project received some additional funding for continuation while the Dutch funded project will most likely continue bilaterally. Both projects had delegates from the donor society attached, who have both successfully finished their missions. A new wat/san project in Matobo, Zimbabwe, was initiated at the end of the year with funding from the German and Swedish Red Cross Societies.

Related to the food security operation in the region, three additional wat/san projects were added to the regional water and sanitation portfolio as all wat/san activities are merged under the regional office.

The impact of the regional wat/san programme is noticeable throughout the region. No outbreaks of diseases such as cholera, diarrhoea and dysentery were reported from any of the wat/san project areas. Communities in the wat/san targeted project areas formed community structures such as village health and sanitation committees that promote community-based initiatives in the implementation of sanitation and behavioural change processes.

Reports and field assessments from Malawi, Mozambique, Zambia and Zimbabwe indicate that households are complementing project efforts in hygiene and sanitation service by constructing their own refuse pits, dish racks and hand wash facilities. Hygienic use of water and sanitation facilities is encouraged by community members themselves through drama and satire.

Health clinics in the project areas agree there is a noticeable reduction in the diarrhoea incidence rate in the wat/san targeted project areas. It is reasonable to assume the water and sanitation interventions have had such an effect. Other reports received indicate an improvement in the quality of life for the beneficiaries such as higher school attendance, more time for family care and income generating

projects, etc. This is further underlined by the demands from health officials requesting the Red Cross to initiate wat/san projects in new areas where cholera outbreaks are being reported. All NSs have received requests from their respective governments to expand wat/san projects to cover more areas. Ownership of the projects by the communities is key to achieving the objectives and the key to the regional wat/san programme's success, be it in rural communities, refugee camps or elsewhere.

The regional wat/san programme contributed to raising the Red Cross profile locally, nationally and regionally. So far, four regional wat/san members are on missions of the Federation. Overall, the regional water and sanitation programme had a successful year and all projects managed to improve their output on hygiene education in particular. Those activities not achieved by the end of the year will be carried forward and completed in the first quarter of 2003.

Objective 1: Sustainable and appropriate wat/san infrastructure established for a target of 325,000 people (125,000 in 2002 and 200,000 in 2003) in accordance with SPHERE standards and national wat/san policies.

All NSs and wat/san officers made a lot of effort to complete the pending activities from year 2001 as well as implement the full activities for year 2002. A total of 102,000 beneficiaries were reached with wat/san interventions; 185 new and/or rehabilitated water points were completed, 4,047 family and school latrines constructed, as well as 1,000 dish racks and 300 refuse pits; and hygiene promotion training carried out for 680 people who will work at the community level. Additionally, 1,000 new Red Cross members were recruited. These achievements are the result of community commitments and active fundraising which secured the wat/san project almost full funding in the coming year.

Objective 2: Increased beneficiary participation in the design of wat/san 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 this objective include the facilitation and development of grass root wat/san projects, informal training through networking and exchange visits of both project staff members and volunteers, the production of community participatory tools and other training material for community involvement as well as to train staff and volunteers on community based first aid. All activities were achieved as planned. A diploma course for a wat/san team member was arranged and funded and the officer was sent on an international delegate's mission. Formal training was provided to eleven regional wat/san staff members on emergency water supply and finance and project planning, whereas other external training could not be offered due to lack of funding. Management training for senior wat/san staff members is still required as the number of projects is growing.

Improved application and adaptation of the participatory hygiene and sanitation transformation (PHAST) method was reported on by all wat/san officers of the national society and contributed to higher outputs of hygiene promotion. Systematic reporting is still requested though. The increased understanding of the PHAST method contributed to the active community participation and ownership which is essential for achieving the planned results (e.g. molding of bricks, carrying of sand/stones, digging of pits, etc.). The demand for Red Cross involvement in wat/san projects is increasing and coming both from the grass root/community level to district and provincial levels.

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

With regards to community-based initiatives, there was an increased number of small scale income generating projects such as cultivation of vegetable gardens, which greatly contributes to the increased self reliance of vulnerable families severely affected by the drought situation.

The wat/san projects contributed to the formation of community and Red Cross branch structures and there was a reported increase in the number of new memberships at the branch level, which allowed the branches to take on more administrative responsibilities for the wat/san projects. The positive impact of wat/san activities contributed to the increased visibility and raised the profile of the Red Cross throughout the country. The communities take ownership of the projects and both men and women contribute to the implementation of activities, such as molding of bricks, carrying water, digging of pits etc. The communities show a great sense of pride in their improved water and sanitation facilities and maintain these with the forming of maintenance committees and the planting of flowers and trees around the boreholes.

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

The technical and programming wat/san capacity of the National Societies continued to increase during the year and the regional wat/san programme had a strong team of wat/san officers in the targeted countries. Workshops and planning meetings contributed to a standardized and organized approach which ensures tailor made assistance is provided and assists the wat/san staff in the NSs to have an overview and a clear direction. The planning meetings contribute to the sharing of lessons learned and experiences from country to country.

Not as much training was provided as hoped for, due to the funding situation. Some National Societies still require more training in various wat/san related issues. All National Societies need training on financial monitoring due to the relatively complicated financial systems. Training was provided on project planning process (PPP), computer use, driving and on the Federation's finance systems for staff members of the regional delegation.

Overall, the capacity of the National Societies increased to the extent that only limited technical support is needed from the regional delegation. This allowed the National Societies to scale-up their wat/san activities in relation to the food security operation without any difficulties.

Objective 5: Increased capacity of the based water and sanitation technicians of the National Society to implement regional wat/san emergency interventions in the region. This will be achieved in cooperation with the regional organizational development and disaster management programmes.

The food security operation in the region resulted in three additional wat/san projects being implemented and attached to the regional wat/san programme. The initial food security assessments which were carried out in April before the appeal was launched made use of four regional disaster response trained wat/san members. Eight wat/san staff members were trained in wat/san emergency preparedness and the wat/san emergency stock at the warehouse can now cater for 65,000 people. Urgent disaster response was linked to reported cholera outbreaks in Malawi, Mozambique and Zimbabwe. Volunteer cholera kits were distributed from the warehouse. Overall, the regional wat/san programme is well-prepared and there is increased capacity in all the National Societies to respond to potential future disasters.

Organizational Development w

The overall goal of the OD programme is to increase the capacity of the NSs in the southern Africa region to manage programmes to assist vulnerable people in accordance with Strategy 2010 and the Ouagadougou Declaration of 2000. This will be achieved by assisting the National Societies to increase their capacity to plan, implement and report on programmes and projects as well as increase

their capacity for managing partnerships which will ensure long-term financial sustainability of service delivery.

The impact of the OD programme is being felt throughout the region as eight NSs now have strategic plans, either in draft or completed form, and most have reviewed their constitutions to ensure their continuing relevance. Five national societies (Malawi, Mozambique, Namibia, Swaziland and Zimbabwe) completed their cooperation agreement strategies (CAS) and are currently marketing these. All inputs from the regional OD programme will be monitored to ensure consistency with the contents and direction of both the CAS and regional agreement strategy documents. The memorandum of cooperation (MoC) was developed as a tool to facilitate the monitoring of joint activities between the Federation, the National Society and other stakeholders.

Good progress was made in branch development, particularly through the regional HIV/AIDS programme. The branch development project assisted the National Societies to scale-up HIV/AIDS activities according to their pledges and the Ouagadougou Declaration. The branch development activities concentrate on supporting the National Societies in their efforts in developing and strengthening the membership/volunteer base through division and branch structures. The National Societies are making good use of the branch development training manual as a reference guide on how to improve structures and volunteer management. Ongoing support for branch development is essential to increase the capacity of the National Societies and to develop well-functioning societies which are able to respond to the enormous humanitarian needs in the region.

The food security situation in southern Africa led to large-scale interventions by both the National Societies and the Federation. This presented a great challenge to the regional OD programme as attention was diverted from development to relief work throughout the year. These interventions are likely to lead to delays or disruption of some planned activities. Many meetings were held between the OD department and the counterparts involved in the food security operation in order to highlight the important role of branch development and the need for good volunteer management systems. The food security operation, however, presents an important opportunity for the National Societies to increase their capacity and to develop branches where the operation is being implemented.

Substantial work was done in the area of finance development in developing a standard financial information system in collaboration with the regional ISM project. Overall, the demand for support in the area of financial development continues to grow. Resource development is a high priority area for support to the National Societies.

A major task for the OD delegate in 2002 was the support of the Angolan Red Cross Society. Following the partnership meeting in April, the OD delegate spent a great deal of time in Angola to assist the society to fulfill the recommendations which had come from the audit team and the participating national societies (PNS) who attended the meeting. An organizational analysis workshop was facilitated, the output of which was a recovery plan for the society for 2002-2004 and an appeal which was launched in September 2002. The Federation set up a country office in Luanda with a head of delegation and a health delegate in place. Unfortunately, support for the appeal was limited so far.

The OD department facilitated a legal base workshop in Namibia in November. The workshop was held prior to the SAPRCS meeting with participation of all ten NSs in the region who were represented by their respective leadership. The participants had the opportunity to compare existing statutes in their societies and to discuss key issues such as neutrality, independence and impartiality. The statutes were discussed in the context of governance, management, membership and performance of the National Societies. At the end of the workshop, the National Societies all signed a declaration committing themselves to work for a continued revision process within each society. The aim is to update the existing statutes in conformity with the guidance document for the Movement, which was adopted by the Council of Delegates, 2001. The workshop was funded and facilitated by the Danish Red Cross and the Federation's Secretariat.

Finally, another major regional OD event this year was the forming of the regional capacity building team (RCBT), which will serve as a forum for exchanging experiences and lessons learned. The main purpose of the RCBT is to strengthen organizational and management capacity of the National Societies' headquarters, provinces and branches by using human resources from the region to implement the change strategy process plan. The primary goal of the Federation's change strategy is to increase the capacity of the National Societies by way of exploring and strengthening the existing resources.

Staff-wise, the OD department is fully staffed with two new OD officers in place, of which one is an OD finance officer. This is to respond to the high demand for OD support in the area of financial management, following the departure of the finance development delegate in October.

Objective 1: Seven National Societies in the region will review and develop their constitutions, strategic plans, human resource systems, and project design and management to provide the foundations for well-functioning National Societies.

The Angolan Red Cross produced a draft plan of action 2002-2004 during a Federation-facilitated workshop held in Luanda in July. Staff members and governance members from national and regional levels participated in the workshop, including the ICRC. Governance and management issues are one of the main challenges which the Angolan Red Cross is facing.

The Zambian Red Cross Society continued its change process and the Federation participated (along with other relevant stakeholders) in a workshop in March designed to define a direction for the society. The workshop provided input to support the consultant in producing the long-awaited recovery plan. A general assembly was planned for January 2003.

The Swaziland Red Cross has to officially approve the two reports produced by an external consultant: "Strengthening the Human Resource and Branch Development Capacity" and "Performance Appraisal System". However, a human resource and branch development capacity building project proposal was drafted with the support of the regional delegation and was submitted to Geneva for financial support from the Capacity Building Fund. If implemented, the society will undergo a restructuring process.

The Lesotho Red Cross Society initiated a capacity building proposal that concentrated on several organizational areas including its strategic plan and constitution. The Namibian Red Cross reviewed and finalized its strategic plan and CAS document.

The OD programme continued to encourage the use of logical framework approach (LFA) for project management. The Lesotho Red Cross Society applied it for the assessment mission and Swaziland Red Cross in the development of the food security pilot project. However, use of LFA in the National Societies is limited to project design and presentation rather than using it as a project management tool. This needs to be corrected and the opportunity to do this may be to introduce the PPP which was developed at the Secretariat. Standard training materials are now available including a CD-Rom. The OD department facilitated the organization of the first PPP training workshop attended by all delegates and officers at the regional delegation. Most programme managers are now using the PPP approach in assisting the National Societies in planning, monitoring and evaluation. The three capacity building projects for Botswana, Lesotho, Swaziland which were submitted to Geneva were likewise based on the PPP model.

In Botswana, a vulnerability capacity assessment was carried out in October to map out the priorities of the vulnerable communities in order to assist the Botswanan Red Cross Society in the development of its programme planning. Main priorities were wat/san interventions, HIV/AIDS activities and

poverty reduction. A capacity building plan for Botswana was developed based on the plea from the society at the SAPRCS meeting in Namibia in November.

Objective 2: National societies in the region develop and strengthen branches, youth structures and volunteer management systems in accordance with Strategy 2010 and the Ouagadougou Declaration 2000 to mobilize the power of humanity through greater activity in response to the HIV/AIDS pandemic. Six NSs will achieve this objective by end of 2002 and the other four by end of 2003.

During the year, a training of trainers course was organized regionally and ran for two weeks. The 30 participants were HIV/AIDS coordinators, youth officers and branch development focal persons. The course focused on principles of adult learning, participatory learning methods, presentation and facilitation approaches and how to use the branch development training manual as a training tool. Trainers in Malawi, Swaziland, Zambia and Zimbabwe have since then organized training courses for their field officers.

In Malawi, Swaziland and Zambia, 200 board members received orientation and training on election procedures and constitutional issues to ensure highly qualified board members are in place in the National Societies.

In the aim to facilitate and support the implementation of the Federation's youth policy and strategy in National Societies, Malawi, Lesotho and Zimbabwe developed their youth policies. This area is one of the gray areas in the region without financial support to coordinate and facilitate the implementation of the Federation's youth policy and strategy. However, efforts were made to integrate the activity into branch development and HIV/AIDS to secure funding of activities. Support was given to Botswana and Zimbabwe in the integration of the youth peer education training with HIV/AIDS, as funding was made available from the regional HIV/AIDS programme.

The regional branch development officer supported the HIV/AIDS programme towards the establishment of new HIV/AIDS projects in the National Societies as part of the commitment to scale-up activities in this area. So far, Botswana, Malawi, Namibia Zambia and Zimbabwe received assistance in scaling-up HIV/AIDS activities. Skills transferred to the National Societies include volunteer management, coaching and scaling-up as well as governance and management roles and responsibilities.

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.

Throughout the year, National Societies were encouraged to consider which type of income generating projects (IGPs) could be implemented to support ongoing activities in National Societies. Surveys initiated by the OD programme did not give consistent feedback in terms of sustainable income generating projects and unfortunately, the regional IGP workshop was cancelled due to organizational changes at the Federation's Secretariat. However, the workshop will be held in mid-2003. The resource development workshop which the finance development delegate attended in the first quarter of the year will form the basis for the regional workshop. Nevertheless, Namibia and Zimbabwe have shown good initiatives in this area.

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.

During the year, a project was piloted in four national societies, namely Mozambique, Namibia, Swaziland and Zimbabwe on the regional finance software (Navision Attain). The project was

co-piloted by the regional international solidarity movement (ISM) programme and the OD programme. It is planned to apply the project to the remaining NSs later in 2003.

Two main constraints hamper the NSs in improving their financial management; some of them do not have the human resource capacity to deliver effective financial management and in others adequate financial systems are not in place to support the work of finance and non-finance staff members. However, throughout the year, several NSs made positive steps forward to improve on both of these areas with support from the regional OD programme. The Zimbabwe Red Cross Society prototyped the regional finance software and once completed it was rolled out to Namibia and Swaziland. Other NSs will follow subject to negotiation and consistency with existing plans.

The Swaziland Red Cross Society now has a professional finance volunteer from Skill Share International working in the NS. The objective is to build human resource capacity for financial management. Discussions are continuing in the NSs of Lesotho, Malawi and Namibia to also recruit professional finance volunteers to work with these NSs.

The Lesotho Red Cross Society recruited a new director of finance and co-opted a financial advisor to the board. These initiatives had a positive impact in the NS; a consolidated budget for 2003 was produced and the society expressed an interest to further develop its financial policies and procedures.

In Swaziland, the restructuring process will have a positive impact on the capacity of the finance department. The collaboration with Skill Share International improved the financial management mechanisms in place. Once the restructuring of the finance department is complete, the NS is expected to produce a finance development plan of action. The Swaziland Red Cross benefited from piloting the use of cash transfers for the food security pilot project. Procedures and expectations were included within the project agreement and the finance development delegate visited the NS to help establish effective systems to support the project. At the Harare regional delegation, a cross-departmental task force was established to support the NS in the implementation and monitoring of the pilot project.

The Malawi Red Cross Society experienced some financial management difficulties and received significant support from the regional delegation. The dialogue continues between the NS and the regional delegation on the best way to support the Society's financial development in the future. A new finance director was employed and the situation is improving noticeably.

Regional Cooperation w

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

The SAPRCS forum was instrumental in setting strategic directions for the regional delegation's work and for strengthening capacity within the NSs in the four core programme areas. Through this forum, NSs identified common priorities for their work guided by Strategy 2010 and the Ouagadougou Declaration. During the period under review, the regional delegation was privileged to have the Federation's secretary general attend the bi-annual SAPRCS forum in Maputo where he participated in the launch of the HIV/AIDS anti-stigma campaign. Discussions around the implementation of strategy for change and sharing of best practices dominated the agenda. National Societies' core programme areas, prioritization, governance, leadership and integrity issues were among the specific items on the SAPRCS agenda.

The period saw the completion of the development of the regional delegation's strategy linked to Strategy 2010 and the Federation's strategy for change. The five-year regional strategic plan was developed to focus on the following key areas: coordination, resource mobilization and capacity building of NSs. Priorities identified in this document include the following:

- Building capacity and accountability within NSs;
- Facilitation and coordination role of the regional delegation;
- Strengthening regional capacity to respond to rapid and slow onset disasters;
- Scaling up HIV/AIDS intervention, including through stronger volunteer management;
- Community-based disaster preparedness with focus on food security;
- Water and sanitation activities, both for disaster relief and long-term development;
- Regional cooperation and knowledge sharing within the region;
- Cooperation agreement strategies based on priorities of NSs; and
- Building partnerships and resource mobilization.

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

Throughout the year, the regional delegation had regular contacts with the ICRC and PNS representations in the region. Monthly-coordination meetings with the ICRC in Harare continued to be the main forum for coordination, integration and networking. The ICRC and PNS representatives are invited to the SAPRCS meetings each year for planning and harmonization for assistance to National Societies in the region. Joint planning sessions with the ICRC were carried out amicably in addition to successful joint ventures e.g. RDRT training and exercises. Monthly coordination meetings were held with the Danish Red Cross representative in Zimbabwe, ICRC, Zimbabwe Red Cross Society and the Federation's regional office. The main issue on the agenda included reviewing the political situation in Zimbabwe following the implementation of the controversial land reform programme and the food insecurity situation in the country.

Objective 3: The SAPRCS and regional networking are 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.

During the period under observation, the SAPRCS forum met twice during the months of May and December in Maputo and Windhoek, respectively. During this period, the SAPRCS fulfilled its function by encouraging and strengthening the collaboration, cooperation and self-determination of NSs of the southern Africa region. The meetings remained the main forum where the NSs in the region prioritized their work according to their needs and regional programme issues discussed and agreed based on regional priorities. Following these meetings, the following resolutions and recommendations were adopted during the period:

- HIV/AIDS anti-stigma campaign launched;
- Regional HIV/AIDS task force established;
- Angolan and Botswanan Red Cross Societies recovery committees established;
- The SARPCS and Zambia Red Cross Society recovery plans discussed and recommendations for implementation agreed;
- Standard deployment procedures for RDRT discussed;
- Regional capacity building team framework adopted;
- Plans for the implementation of Ouagadougou commitments agreed;
- Regional strategic plan adopted;
- CAS documents for Malawi, Zimbabwe, Swaziland, Mozambique agreed and adopted; Namibia's draft CAS discussed and awaiting adoption;
- Recommendations for the implementation of strategy for change agreed; and
- Malawi Red Cross Society takes over the SAPRCS presidency and coordination committee chair from Mozambique.

Objective 4: Access to and exchange of skilled and experienced personnel within the region.

Implementation of programme activities was undertaken by a qualified and competent staff member both at the regional delegation and in the NSs. Focussing on skills and competencies were key to effective and better delivery of support. Some 11 expatriate staff members were engaged and maintained only where the need was deemed necessary.

The regional recruitment and training programme launched in 1998 continued to be a priority area. Establishing and maintaining a regional resource personnel pool proved an effective capacity building tool and contributed to disaster response and programme implementation. Over the last two years, ten delegates of the Federation and seventeen RDRT members recruited from the region were deployed to various Federation-managed relief operations. During the reporting period, the region contributed to the global FACT training programme and deployments. The region boasts seven FACT and 46 RDRT trained and deployable team members.

Coordination and Management w

Objective 1: An added value change effected in the coordination and facilitation role of the regional delegation through implementation of the action research project helping to create greater capacity within National Societies to deliver services to vulnerable people.

The regional delegation remained a central coordinating and facilitating body for the Federation in the region throughout the year. This added value, harnessed through the SAPRCS body and emphasized in the strategy for change (hitherto referred to as Action Research), was applauded by partners. Over the past 15 years, the delegation in southern Africa demonstrated this added value by serving priority needs of the National Society and facilitating all forms of partnership and cooperation. The regional delegation led regional processes such as strategies and frameworks for cooperation, knowledge-sharing, best practice, advocacy and policy development.

The CAS was and will continue to be the key tool in the efforts to coordinate the programming of various partners. The CAS documents in Mozambique, Zimbabwe, Swaziland, and Malawi were completed. Namibia's CAS is complete and awaiting adoption by the national executive council of the NS.

The CAS process led to a stronger coordination role by the Federation and encouraged the NSs to retain ownership of their development process, strengthened their capacity for service delivery and secured appropriate external assistance. So far, success in this area was limited to a few NSs where mainly the PNSs demonstrated their willingness to support CAS and become more transparent in their actions.

The southern Africa regional delegation went further, albeit in some National Societies, in accepting, harnessing and coordinating the bilateral roles and initiatives of the PNSs, especially in circumstances where there was discipline among all to work within the CAS framework.

The appointment of staff members of the Federation's regional delegation as focal points for each National Society and the development of new tools to tailor appropriate assistance was successfully used over the past year and will be key for future programme implementation and service delivery. The focal delegates played a big role in the coordination of the year's annual appeal process in coordinating the different programme activities and writing of the country profiles.

Objective 2: Federation's regional-based resources are managed for optimal efficiency and effectiveness.

The refugee operation in Zambia continued to be implemented with support from two country-based delegates and technical assistance and advice from the regional delegation.

The placement of a head of delegation in Angola and two delegates in the third quarter ensured comprehensive support to the Angolan Red Cross. Implementation of the assessment recommendations and activities of the National Society on the emergency appeal were affected by funding constraints.

In Mozambique, the decision to close the Federation's delegation in the fourth quarter of the year was not well received by the Mozambique Red Cross Society. As a result, and in collaboration and agreement with the NS, it was decided to place a country representative of the Federation as well as an organizational developmental delegate. Job descriptions for these positions were prepared and forwarded to the Secretariat. In the meantime, the regional delegation in Harare assumed overall planning and coordinated support to Mozambique. The handing-over process with the NS is continuing unabated with support from the regional delegation.

The Federation's representative assumed duties in South Africa in the second quarter of the year. Her domain was to oversee the implementation of the SARCS recovery plan in the areas of national governance, management, policy formulation and building organizational capacity of the National Societies.

Lastly, to address the urgent problems of food insecurity in the region, the Federation opened an operation, management and coordination office in Johannesburg (OMCC). While coordination, logistics and relief functions are centered in the OMCC office in Johannesburg, the components of the food security programme linked to HIV/AIDS, water and sanitation, information and capacity building are facilitated by the regional delegation. Close consultation and coordination were necessary to assure efficient use of the Federation's resources and to avoid confusion for the operating NSs that have become familiar in dealing with the established regional delegation.

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

The office of the programme coordinator played a significant role and ensured assistance to the National Societies was delivered in a coordinated way, taking into recognition the priorities of the NSs to be within the framework of CAS and Ouagadougou commitments.

The regional delegation coordination and support mechanisms through agreed frameworks and CAS increased the impact of support to all National Societies in the region. Particular achievements have been in the following areas:

- The CAS processes was consolidated and extended to five National Societies in the region;
- Regional cooperation and priorities were set through the SAPRCS forum and based on priorities as expressed in the strategic plans of NSs, as well as Strategy 2010 and commitments from Ouagadougou;
- All stakeholders have a greater regard of the facilitator role of the Federation's regional delegation;
- Regionally managed assistance from the Federation is coordinated and targeted at the specific needs of each National Society (made possible through the focal person strategy);
- Decentralized delivery structure achieved an impact at country level and the regional delegation acted as the primary link with the NS, particularly in ASRCS, Angola, Zambia, Mozambique and Zimbabwe;

- Improved southern Africa regional delegation coordination of the collective disaster response through the deployment of RDRTs;
- Improved harmonization of activities with the ICRC and PNSs including the development of joint ventures, joint planning and sharing of knowledge and best practices; and
- Greater ties strengthened between the regional delegation and partners to ensure adequate flow of resources to support programmes.

Objective 4: Manage priorities within the regional delegation so that there is support to National Societies to build the capacity required for scaling-up and meeting the commitments of the Ouagadougou Declaration.

The principal long-term challenge in the region remained the scaling up of HIV/AIDS activities (as per the Ouagadougou Declaration) with the aim of mitigating the impact of the disease which infected and affected a high proportion of the region's population. The southern Africa region remained disproportionately affected by HIV/AIDS, impacting negatively on the socio-economic performance and development of many countries. The regional delegation's HIV/AIDS programme spread across the region is tailor-made to meet these challenges.

In the area of partnership building, the regional HIV/AIDS programme received vital support from the Netherlands, Irish and Swedish governments for long-term assistance, targeting some 100,000 PLWHA in Southern Africa. The five-year partnership is budgeted at CHF 20.9 million (US\$ 14 million); this represented the largest single donation to a Red Cross programme outside of an emergency relief operation. Funds derived from this partnership are providing crucial support to the implementation and strengthening of the regional HIV/AIDS strategy. Key achievements to date were made possible by ongoing partnerships with key PNSs.

As millions of people in the region continue to grapple with the effects of severe drought and food shortages, a massive appeal targeting 1.3 million beneficiaries in five countries over a 12-month period was launched by the Federation. To address the urgent problems of food insecurity in the region, the Federation opened an OMCC in Johannesburg. A large-scale food distribution operation is now being implemented in Swaziland, Zimbabwe, Malawi, Lesotho and Zambia. While coordination, logistics and relief functions are centered in the OMCC office in Johannesburg, the components of the food security programme linked to HIV/AIDS, water and sanitation, information and capacity building are facilitated by the regional delegation. Close consultation and coordination were necessary to assure most efficient use of the Federation's resources and to avoid confusion for the operating National Societies that have become familiar in dealing with the established regional delegation.

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

The change process in the SARCS and Zambia progressed well during the reporting period. In Zambia, the following activities were achieved:

- a recovery plan document was produced following the numerous capacity building assessments that took place during the year;
- A constitutional review committee was established and a draft constitution is now ready for discussion by relevant partners;
- Election of a brand-new national executive council; and
- On-going re-organization and restructuring programmes at the national headquarters.

In SARCS, the following activities were achieved:

- A recovery plan document negotiated and adopted by the partners;
- Identification and engagement of a new Secretary General;
- Placement of a Federation's representative for a 12-month period;

- Election of new NEC; and
- Development of SARCS strategic plan.

Objective 6: Narrative reports on programmes and operations in the region issued in conformity with the Federation's minimum standards and training to NSs on the Federation's reporting formats and report writing techniques will be provided as well as response to queries from PNSs and donors, to ensure their concerns on reporting issues are taken into account.

Throughout the year, efforts were made to increase the reporting capacity at the regional delegation and in the National Societies. Quarterly and annual reports were standardized at the regional delegation and quality reports are produced timely and in accordance with donors' requirements.

Training of NSs on reporting, monitoring and evaluation was done in connection with the holding of workshops to save costs. The reporting delegate trained the wat/san staff members in the region, the health coordinators and HIV/AIDS coordinators. At the annual RDRT, the reporting delegate trained 32 participants from the region in writing vulnerability capacity assessment reports contributing to the increased disaster response capacity in the region.

The reporting delegate worked closely with the DP/DR department regarding the food security pilot project in Swaziland and visited the project sites to ensure reporting lines and formats were in place. The project is a tripartite agreement with the Swaziland Red Cross, the Federation and the Finnish Red Cross. A task force was formed at the regional delegation to support the pilot project in the delegates' different technical areas.

Updates from the region were initiated and written bi-weekly to keep sister societies and donor societies informed of events and new developments in the region. The "Southern Africa in Brief" was well-received and the regional delegation gained a lot of recognition and good feedback for the brief. At the end of the year, it was decided to send out the updates only once a month due to the time consumed in compiling these.

As part of the reporting action team, the reporting delegate participated in the reporting workshop held in Sweden in October. The reporting action team is a cross-departmental initiative which identifies solutions and prepares proposals for the improvement of the Federation's reporting. The participants reviewed the Federation's formats and procedures and drafted the terms of reference for the regional reporting units as well as the job description for the position of head of regional reporting unit. A separate workshop report is available upon request from the regional delegation.

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

Health and care and HIV/AIDS

The regional information delegate prepared for the global launch of the HIV/AIDS anti-stigma campaign "The truth about AIDS - pass it on" with the Mozambique Red Cross Society. The campaign was launched in Maputo by the Federation's secretary general on 8 May.

A press material package was produced, as were a video news release, web site article and a global press release, to be used for promoting the regional HIV/AIDS programme and advocate the plight of older people affected and infected by the virus in the wake of the World Assembly on Aging, held in Madrid in April 2002. Visits were facilitated for international journalists to southern Africa for promoting the regional HIV/AIDS programme worldwide in close cooperation with information officers in the southern Africa region.

A press conference was held in October at the launch of the Federation's regional HIV/AIDS programme for US\$ 14 million which will support Red Cross and Red Crescent HIV/AIDS programmes in ten southern Africa countries for ten years. Two editions of the regional HIV/AIDS newsletter were published during the year. The HIV/AIDS awareness was integrated into all food security related information activities.

Food Security

The regional information delegate participated in the first assessment mission for the food security appeal, and represented the Federation at various UN inter-agency meetings in Harare and Johannesburg. There was a coordinated media strategy for the food security appeal and for raising the profile of the Red Cross response to the food crisis in the region. The information delegate provided the regional delegation, National Societies, PNSs and Secretariat with frequently updated key messages, press lines and questions and answers on the evolving food situation. A video news release was produced on cholera and water sanitation. Interviews were given to a range of international and regional media, including BBC, CNN, SABC and Channel Africa. Media visits were facilitated for various PNSs for fundraising purposes, in close cooperation with the information officers of the National Societies in the region.

Disaster preparedness and disaster response:

A promotional video was produced on disaster preparedness work of the Mozambique Red Cross Society. The regional information delegate participated in weekly Movement-wide meetings on food security and other security issues leading up to Zimbabwe's presidential elections, and produced and updated questions and answers for all the components of the Movement, as well as writing other background material on the situation. A regional staff member attended a session on media response in disaster situations at the RDRT training workshop and at the FACT workshop in Ethiopia.

Red Cross Advocacy

The "World Disasters Report" was launched on 19 June in Pretoria, South Africa, with full support from the South Africa Red Cross' information officer. The launch generated media coverage in South Africa, and provided the base for international media contacts in the region. Support was provided to the Federation's delegation to the World Summit on sustainable development in Johannesburg, where off-site press conferences, press releases and web site stories and organized interviews for the Federation's president were prepared.

Objective 8: The core programme area of the promotion of Red Cross principles and humanitarian values will be fostered, both through the delivery of regional programmes and through fostering commitment and skills to promote humanitarian values within National Societies.

The regional delegation played a significant role in the promotion of humanitarian values and the fundamental principles. The following activities were implemented during the period under observation:

- The RC Societies in Botswana, Namibia, Swaziland and Mozambique were supported in negotiating agreements with their respective governments on the following key policy areas: HIV/AIDS, disaster management and inclusion in the national disaster management committees;
- With support from the ICRC's regional delegation in Pretoria and Harare, three senior managers of the NS qualified as ToT in the "From principles to action" training course;
- National Societies promoted an understanding of Red Cross humanitarian values, principles and work in the region, by organizing and carrying out numerous training sessions for their staff members and volunteers;

- With support from the regional delegation and the ICRC, cooperation with other partners, and governments at national and international levels were strengthened through active participation in various governmental and donor meetings at the regional level.

Objective 9: To provide overall management for an efficient and effective regional delegation.

The southern Africa regional delegation managed the Federation's programming and resources in ten NSs in southern Africa and in accordance with the priorities set in the SAPRCS forum. A food insecurity operation was established in July 2002 to address needs in five countries (plus South Africa) for a 12-month period. The Federation's infrastructure to support the capacity to manage this operation required an office be opened in Johannesburg and the Federation's personnel be placed in the other five countries affected. The southern Africa delegation in Harare assumed responsibility for programming needs linked to capacity building in the NSs, the health and care and information components of the operation.

A large logistics base was established in Johannesburg, and it is planned that, as the food insecurity operation phases down, the Federation will take the opportunity to position a permanent regional logistics unit for Africa in South Africa during 2003. Notwithstanding, some logistics capacity will be maintained in Harare to directly support the southern Africa delegation.

The southern Africa regional delegation placed a representative of the Federation in Cape Town with the South Africa Red Cross; has two delegates in Zambia supporting the NS with an assistance programme for Congolese refugees; and a head of delegation in Angola supported by a health delegate. In Mozambique, the period saw the final closure (downsizing) of the delegation, with a possibility of a small Federation presence in 2003.

The regional finance unit based in Nairobi provided ample support to needs despite enormous demands and volume of work from the region. The regional delegation's finance and administrative functions must have the capacity to provide quality and timely information for programme management. The IT component was fully incorporated under the administration function.

All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.16/2002 Southern Africa regional

Period: year 2002

Project(s): PAO001, 005, 007, 520, ZA004, 63002, 63020, 63103, 63110, 63160, 63161, 63500, 63900, 63902, 63904, 63905, 63925, SZ502, ZM510, ZW401

Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	15,818,224				
less					
Cash brought forward	465,459				
TOTAL ASSISTANCE SOUGHT	15,352,765				
<i>Contributions from Donors</i>					
American Government PRM #2 (DGUSPR2)	728,059				728,059
American Government (DGUS)	-4,254				-4,254
American Red Cross (DNUS)	23,000				23,000
Angola Red Cross (DNAO)	1,001				1,001
Austrian Red Cross (DNAT)	34,522				34,522
British Red Cross (DNGB)	796,362				796,362
Canadian Govt.via Canadian Red Cross (DGNCA)	925,182				925,182
Canadian Red Cross (DNCA)	13,527				13,527
Danish Govt.via Danish Red Cross (DGNDK)	49,561				49,561
Danish Red Cross (DNDK)	17,395				17,395
DFID - British Government (DFID)	182,500				182,500
DFID 3- British Government (DFID03)	170,433				170,433
Donor - Disaster Relief Emergency Fu (DREF)	70,000				70,000
Donor - Unidentified (D000)	101,113				101,113
Finnish Govt.via Finnish Red Cross (DGNFI)	279,325				279,325
Finnish Red Cross (DNFI)	299,078				299,078
German Red Cross (DNDE)	9,454				9,454
ICRC (DM04)	5,286				5,286
Irish Government (DGIE)	581,882				581,882
Irish Red Cross (DNIE)	1,715				1,715
Japanese Red Cross (DNJP)	40,688				40,688
Namibia Red Cross (DNNA)	3,500				3,500
Netherlands Government (DGNL)	1,567,214				1,567,214
Netherlands Red Cross (DNNL)	470,068				470,068
Norwegian Govt.via Norwegian Red Cro (DGNNO)	420,000				420,000
Norwegian Red Cross (DNNO)	19,700				19,700
Private Donors-online donations (DPOLD)	16,754				16,754
South Africa Red Cross Society (DNZA)	4,500				4,500
Swedish Govt.via Swedish Red Cross (DGNSE)	1,494,639				1,494,639
Swedish Red Cross (DNSE)	370,012				370,012
Swiss Red Cross (DNCH)	2,000				2,000
UNHCR Contract No.4 (DH0204)	943,694				943,694
Unilever/Domestos (DPS007)	130,000				130,000
AUSTRIA				34,825	34,825
DENMARK				59,958	59,958
DENMARK				28,830	28,830
FINLAND				75,728	75,728
GERMANY				59,959	59,959
ICELAND				59,959	59,959
NETHERLANDS				5,092	
SWEDEN				59,959	59,959
GREAT BRITAIN				47,803	47,803
SWEDISH - RC			41,262		41,262
TOTAL	9,767,910		41,262	432,113	10,236,192

II - Balance of funds

OPENING	465,459
CASH INCOME Rcv'd	9,767,910
CASH EXPENDITURE	-7,098,739

CASH BALANCE	3,134,629

Appeal No & title: 01.16/2002 Southern Africa regional

Period: year 2002

Project(s): PAO001, 005, 007, 520, ZA004, 63002, 63020, 63103, 63110, 63160, 63161, 63500, 63900, 63902, 63904, 63905, 63925, SZ502, ZM510, ZW401

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	737,894	556,565			556,565	181,329
Clothing & Textiles	577,165	22,498			22,498	554,667
Food & Seeds	350,000	16,905			16,905	333,095
Water & sanitation	10,606	22,867	41,262		64,129	-53,523
Medical & First Aid	618,226	160,383			160,383	457,843
Teaching materials	399,320	734			734	398,586
Utensils & Tools	66,047	6,981			6,981	59,066
Other relief supplies	2,622	38,435			38,435	-35,813
Sub-Total	2,761,880	825,367	41,262		866,629	1,895,251
<u>CAPITAL EXPENSES</u>						
Land & Buildings	166,934	15,346			15,346	151,588
Vehicles	268,250	23,860			23,860	244,390
Computers & Telecom equip.	304,999	223,854			223,854	81,145
Medical equipment						
Other capital expenditures	256,900	85,386			85,386	171,514
Sub-Total	997,083	348,446			348,446	648,637
<u>TRANSPORT & STORAGE</u>						
	635,225	540,831			540,831	94,394
Sub-Total	635,225	540,831			540,831	94,394
<u>PERSONNEL</u>						
Personnel (delegates)	1,691,675	975,354		432,113	1,407,466	284,209
Personnel (national staff)	3,526,531	2,071,234			2,071,234	1,455,298
Sub-Total	5,218,207	3,046,588		432,113	3,478,700	1,739,507
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts	748,916	474,912			474,912	274,004
Travel & related expenses	1,068,097	587,297			587,297	480,800
Information expenses	349,197	129,032			129,032	220,165
Admin./general expenses	1,009,797	739,471			739,471	270,326
External workshops & Seminars	1,289,818	57,914			57,914	1,231,904
Sub-Total	4,465,824	1,988,626			1,988,626	2,477,198
<u>PROGRAMME SUPPORT</u>						
Programme management	1,066,623	350,634			350,634	715,989
Technical services	319,291	104,981			104,981	214,310
Professional services	354,091	116,457			116,457	237,634
Sub-Total	1,740,005	572,072			572,072	1,167,933
Operational provisions		-306,357			-306,357	306,357
Transfers to National Societies		83,166			83,166	-83,166
TOTAL BUDGET	15,818,224	7,098,739	41,262	432,113	7,572,113	8,246,111