

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

SOUTH AFRICA

8 June 2006

In Brief

Appeal No. 05AA014; Appeal target: CHF 985, 817 (USD 813,850 or EUR 632, 339); Appeal coverage: 47.7%. [Click here to go directly to the attached Financial Report.](#)

Annual Appeal: <http://www.ifrc.org/docs/appeals/annual05/05AA014.pdf>

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual05/05AA01401.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual05/05AA01402.pdf>

Refer to <http://www.ifrc.org/docs/appeals/annual05/ZAPoA2006.pdf> for the South African Red Cross Society's Annual National Plan of Action 2006

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.

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Operational context

South Africa's challenges include the HIV and AIDS pandemic, global warming and sustained drought, natural and man-made disasters, high crime and poverty rates, and significant income inequality (South Africa is ranked as the third most unequal country in the world¹). The 2005 Joint United Nations Programme on AIDS (UNAIDS) update reported that HIV prevalence rates among pregnant women is 29.5%. KwaZulu-Natal is South Africa's worst affected province, where the prevalence rate reached 40%. The prevalence rates in the Eastern Cape, Free State, Gauteng, Mpumalanga and North West provinces also remained exceptionally high at between 27% and 31%. South Africa has a health care system that is ranked 175 out of 191 member states by the World Health Organization (WHO).

The South African Red Cross Society (SARC) focused on; health and care, disaster management, promotion of Humanitarian Values and organizational development. The Ouagadougou Declaration, the Algiers Plan of Action and the African Red Cross and Red Crescent Health Initiative (ARCHI), have highlighted the determination of African national societies to address the challenges posed by the HIV and AIDS pandemic, which remained a

¹ EC-SA Country Strategy Paper 2003-2005 www.eusa.org.za

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priority for the SARCS. The home based care (HBC) project had the most beneficiaries. Health and care activities improved the quality of life of people infected and affected by HIV and AIDS, including orphans and vulnerable children (OVC). They worked towards building a sustainable capacity in vulnerable communities and made considerable progress through education, training, volunteer recruitment and dissemination activities. However, the empowerment of target communities has been restricted by the high levels of poverty and a lack of resources.

The national society (NS) also made progress towards becoming a well-functioning society through the implementation of organizational development activities. The five-year Development Plan (2003-2007) was reviewed and the recommendations formed the basis of drafting the 2006-2010 strategic development plan. With support from the Federation country office, the regional delegation in Harare and other Red Cross and Red Crescent Movement components, the President of the SARCS competed for a Federation governing board position, and was elected member at the General Assembly held in Seoul, South Korea. The SARCS underwent a non-governmental benchmarking audit in September 2005, conducted by a Swiss-based Strategic Business Solutions (SGS) auditing firm. The audit was recommended by the New Partnership of African Red Cross and Red Crescent Societies (NEPARC), and was aimed at supporting the development of African national societies.

The NS responded to minor disasters such as fires in Cape Town, a tornado in Kwazulu Natal and a minor earthquake in Stilfontein. As part of organizational development process, an induction workshop was conducted in Gordon's Bay with the support of the Federation and the International Committee of the Red Cross (ICRC) in November 2005 on good local governance involving key leaders of the Society throughout the structures. Other activities implemented were linked to external relations and resource mobilization. The SARCS was chosen by the government to coordinate resource mobilization campaign to assist the Tsunami victims, where approximately CHF 6 million was raised. In close cooperation with the regional delegation for southern Africa, technical advice was provided to all projects through the Federation representative upon request from the national society.

The success of the Tsunami fundraising campaign and the support from all stakeholders, including the government, enabled the national society to earn credibility and recognition as a leading humanitarian organization in the country. With the newly recruited, well-qualified and increased number of staff, continental and global exchange, peer support and knowledge sharing, it is envisaged that the SARCS will continue to develop towards a well-functioning national society and work towards alleviating suffering within the most vulnerable communities in South Africa.

Analysis of 2005 programmes

Health and care

Goal: The vulnerability of people to HIV is decreased and the quality of life of people is improved for people infected and affected by HIV and AIDS and other diseases.

Objective: The capacity of the national society to provide health and HIV and AIDS education and care and support to the most vulnerable communities, particularly those affected by HIV and AIDS is increased.

Progress/Achievements

The knowledge of the most vulnerable communities, particularly the youth, on HIV and AIDS, sexually transmitted infections (STIs), tuberculosis (TB) and methods of prevention is improved.

The HIV and AIDS youth peer education project was implemented in the Western Cape, Gauteng, Northern Cape and Free State provinces with the financial support from local fund raising. The targeted youth received the "Together We Can" peer education training, mostly through collaboration with schools. The SARCS had a partnership with Love Life and Soul City, which supported peer education activities in some provinces. Peer education activities were implemented alongside the HBC project and included distribution of information, education and communication (IEC) materials in the form of booklets, training in life skills development as well as radio and television programmes on HIV and AIDS prevention. Love Life and Soul City focus on mass media interventions and information in peer education and life skills development at community level.

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Health education, with a focus on HIV and AIDS, reached over 52,000 people through the community HBC project. Health education sessions were conducted in public places such as clinics, schools and churches. Topics covered included prevention of HIV and AIDS, STIs, hygiene, and nutrition among others, depending on the needs identified in the community. IEC material was supplied by the Ministry of Health (MoH).

Education on promotion of the correct use of condoms was also conducted. The condoms were provided by the MoH and the AIDS Training, Information and Counselling Centres (ATICC). Condoms were made available at the national society’s premises and public places within the communities. A limited number of female condoms were made available to the national society for demonstration purposes only.

Table 1: Community home-based care (CHBC) statistics

Activity	Expected outcome – 2005	Actual outcome – 2005
CHBC facilitators and volunteers receive refresher training.	160 care facilitators 600 volunteers	98 facilitators 445 volunteers
New facilitators and volunteers receive training on HIV and AIDS and STI education and methods of prevention.	55 new care facilitators 400 new volunteers	15 new care facilitators 70 volunteers
People receiving education on HIV and AIDS and STIs and methods of prevention.	200,000	76,450
Male and female condoms distributed.	1,000,000	278,000

Voluntary counselling and testing (VCT) and the prevention of mother-to-child-transmission (PMTCT) of HIV was promoted in the targeted communities.

A total of 572 HBC clients were enrolled in a PMTCT programme and 46% of them received counselling from the care facilitators. The national society worked in collaboration with the government to promote voluntary counselling and testing (VCT) and ensured that all HBC clients had access to treatment. Some areas, such as Zululand in KwaZulu-Natal, recorded relatively low client turn-out for VCT due to the limited access in the rural areas.

The SARCS, in collaboration with the provincial government in the Limpopo Province, provided basic counselling service at the PMTCT and VCT sites in two districts of the province. A total of 60 counsellors provided the service.

Care and support to people infected and affected by HIV and AIDS and other diseases was improved in the targeted communities.

The SARCS volunteers and care facilitators conducted over 324,000 home visits in 2005. A total of 2,347 new clients were registered with the majority being referred through the community and about 41% of the HBC clients were referred from the health facilities. Referrals to the Department of Social Development and the assistance to HBC clients in obtaining social grants improved, with over 50% of HBC clients in the project areas receiving social grants. A total of 450 volunteer caregivers received the national government incentives of ZAR 500 (CHF 100) per month and 90 were paid through provincial government. The remaining caregivers received incentives such as food parcels from other partners.



A SARCS volunteer caregiver with a beneficiary.

HBC kits used during the home visits were mainly supplied by SARCS and the MoH. A total of 12,728 food parcels were distributed to HBC clients and their families; 1,085 food gardens were established to supplement the food parcels. The gardens are mostly small “door step” gardens with a few larger communal ones. The national society could not meet the demand of food parcels due to budgetary constraints. “Power foods” for 320 HBC clients on anti-retroviral treatment (ART) was supplied by the MoH. Non-food emergency response such as blankets, were distributed to 6,874 HBC clients during the year. There are approximately 1,260 HBC clients active in support groups and 833 are involved in self-help projects such as dressmaking, beadwork, catering and shoemaking.

There are currently 632 HBC clients on ART provided by the government. The MOH continuously trained Red Cross care facilitators on ART in order to build their capacities to conduct related social mobilization, and support HBC clients on adherence to the treatment protocol. The expansion of this training was hindered mainly by the government’s limited capacity to facilitate.

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Table 2: Community home-based care activities

Activity	Expected outcome – 2005	Actual outcome – 2005
Care facilitators and volunteers receive refresher training.	160 care facilitators 600 volunteers	62 care facilitators 155 volunteers
New care facilitators and volunteers are trained in the provision of CHBC	55 new care facilitators 400 new volunteers	15 new care facilitators 70 new volunteers
People receive information on treatment and ARVs.	120,000 people	Clients are advised and people receive information during health education sessions
HBC clients and their families receive care and support.	10,000 HBC clients	10,172 HBC clients
Support groups are active.	100 active support groups	55 active support groups
HBC clients and their families benefit from food gardens.	1,500 HBC clients	1,305 HBC clients
HBC clients benefit from income generating projects.	1,000 HBC clients	808 HBC clients
HBC clients with tuberculosis are supported with DOTS	3,000 clients	Over 3,700 HBC clients were treated for tuberculosis and only about 890 were under the CHBC projects
HBC clients receive disability grants.	20% of the HBC clients	46% of the HBC clients
Pregnant women are counselled and referred to PMTCT programmes and receive post-natal support.	10,000 pregnant women	685 clients referred, others referred during health education sessions
Care facilitators receive training in counselling for VCT	200 care facilitators	54 care facilitators
People are counselled and referred to VCT services during 2005	24, 000	3,872 clients were counselled and referred, others were referred during health education sessions
VCT attendance	800 clients	3,325 clients

The psycho socio-economic conditions of orphans and other children made vulnerable by HIV and AIDS (OVC) were improved.

Over 3,000 OVC received care and psychosocial support through the HBC projects. Over 41,000 home visits to the OVC were conducted. The OVC received support similar to that provided to HBC clients. A total of 1,964 food parcels were distributed to OVC and 1,526 received non-food relief such as clothing and blankets. There were 13 small support groups for OVC in South Africa.

Table 3: OVC project activities

Activity	Expected outcome – 2005	Actual outcome – 2005
OVC receive CHBC support	3,000 OVC	3,087
OVC are fostered or adopted	20% of OVC	Not recorded
OVC are assisted in gaining access to schools through direct interventions with the school	300 OVC	710
OVC receive government financial support (grants)	1,000 OVC	255 OVC
Community day care centres for OVC are established, running and supported	15 community care centres	5 community day care centres
Care facilitators are trained in the Memory Work approaches and pass on skills to parents/guardians/children	200 care facilitators	60 care facilitators
OVC attend SARCS life skills training camps	300 OVC	60 OVC

The SARCS established day-care centres for OVC in Zululand, KwaZulu-Natal, Nyanga and Cape Town. A total of 151 children attended these day-care centres, which are run almost entirely by the community. OVC going to schools received educational assistance through the provision of school fees, books, stationery and uniforms. This project also works closely with the schools to ensure that OVC are also supported whilst at school, especially

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towards fighting stigma and discrimination. The Memory Work (including the memory box, body mapping and hero books) project was implemented throughout the provinces. The project supported OVC and their caregivers to receive government grants and 29% of the OVC are already on the programme.

The OVC advocacy campaign was successfully launched in Johannesburg on 17 July 2005 and the national society has been on the national television on programmes related to the launch. This included being part of 'Khomeani Day', an initiative of the Ministry of Health in partnership with civil society.

Caregivers, including volunteer care givers, CHBC facilitators and project coordinators receive adequate psychosocial support.

Red Cross volunteer care givers were supported through various initiatives, including the provision of group and individual psychological debriefing and counselling sessions. The volunteers also conducted regular retreats in some project areas and met monthly to share experiences and to support each other. The annual volunteer caregiver choir festival is also one way to support volunteers and care givers and it took place in November 2005 with over 400 choir members from 12 volunteer care giver choirs in attendance. The national society further planned a stress survey to be conducted among the volunteer care givers in 2006 to determine additional ways of strengthening the psychosocial support to volunteer care givers and others working with PLWHA.

Impact

The living conditions of the target group were improved through the care and support provided by family members who are empowered through education and training. Living conditions also improved due to enhanced access to treatment through the referral system, adherence support for treatment including directly observed tuberculosis therapy short course (DOTS) and ART, improved knowledge on nutrition, receipt of emergency response such as food parcels and blankets, and improved access to basic nursing materials contained in the HBC kit. In addition, the OVC vulnerability to physical abuse is reduced through increased community sensitivity to their situation and improved placement with approved caregivers in some situations.

The HBC clients' psychosocial status improved through the provision of counselling provided directly by the project and indirectly through the referral system. Specific psychosocial support for OVC training provided to the project personnel and the OVC mental well-being was further improved through better social integration of project activities. Stigma and discrimination is reduced, not only within the family, but also within the community where members were knowledgeable about human rights and better access to basic services.

The economic status of HBC clients and OVC improved through the assistance from the government's social grants, and support from the income generating activities (IGAs). Improved future planning for the OVC and improved school attendance will improve the long-term development of the child.

Constraints

Poverty within the targeted communities continues to negatively influence the overall impact of the project. Food insecurity, limited access to clean water, limited access to health facilities in the rural areas and lack of proper housing often diminish the benefits of the project. This has also negatively impacted on volunteerism within the project as the volunteers themselves come from the same communities affected by poverty. Stigma remains a barrier to the success of certain interventions such as full community ownership and commitment to the project.

There is a lack of structures and capacity at national level to support the timely implementation of peer education activities. Care facilitators and volunteers could receive the "69 day" CHBC training conducted by other sector agencies, as outsourcing is difficult due to shortages of master facilitators (trainers) in some provinces. Little progress was made in training project staff and volunteers on HBC due to funding shortages. As the project receives government funding and liaises closely with government in the project areas, there is pressure to operate according to the government system.

The national society needs to strategize on how it can operate a dual system so that the project can increase the number of beneficiaries with existing resources in the current project areas. This also highlights the need for good project management skills in addition to the health/social technical skills, to ensure that the project is implemented in line with plans.

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Based on the current enormous needs at the community level, the national society focus of the programme has been on HBC, but there is an urgent need to re-look at the aspect of prevention in all programme areas throughout the country.

Disaster management

Goal: The vulnerability of communities at risk to disasters is reduced.

Objective: The capacity of the SARCS to be prepared for and to respond effectively to disasters is increased.

Progress/Achievements

An effective infrastructure to coordinate, implement, manage, monitor and administer the project is in place at all levels.

Due to a lack of funding, the SARCS has not had a disaster management coordinator at the national level for the past few years, and in 2005 they had insufficient staff to coordinate and oversee disaster activities at provincial and branch levels. The national office faced challenges in terms of instituting an effective infrastructure and required support in this regard.

The SARCS staff and volunteers are trained in disaster management and conflict preparedness.

With support from the Federation regional delegation in Harare, basic disaster management training conducted in 2005 covered Eastern Cape, Free State and Northern Cape provinces, as these were not covered in 2004. The training focused on building preparedness and response capacities at all levels of the national society. The following topics were covered; overview of disasters, effects and types of disasters, assessments, registration and selection of beneficiaries, disaster preparedness policy, emergence policy, code of conduct, SPHERE project, coordination and warehousing.

Three programme officers attended the regional disaster response team (RDRT) training held in Namibia from 17 to 30 September 2005. The RDRT training is an initiative considered as the basis of building and enhancing regional disaster response capacities. The objectives of the training were to increase skilled personnel, improve the quality of disaster assessments and to encourage close coordination with a variety of partners, quick decision-making as well as rapid deployment of resources. The RDRT training curriculum follows the disaster response cycle, including policies of disaster response, assessment, tools of disaster response and support functions to disaster response. To date, the national society has eight trained RDRT members.

The capacity of The SARCS to respond to disasters is strengthened.



A South African Red Cross Society volunteer responding to township floods.

The SARCS National Standing Committee for Disaster Management (NSCfDM) took a more active role this year, mainly in responding to the Tsunami disaster in late 2004, as well as discussing the disaster management policy development and the implementation of the ten-point action plan. A policy review and revision workshop took place in cooperation with the authorities and the University of Cape Town. Through this, the SARCS national standing committee for disaster management developed a Disaster Management Policy and oversaw the implementation of the ten-point action plan. The disaster management policy is to be adopted at the Annual General Meeting that is to be held in March 2006.

The SARCS is able to respond to disasters in minimum time.

Although funding was limited, branches and provincial offices continued to provide emergency response throughout the country to people affected by disasters and communities severely affected by poverty.

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The SARCS played a major role in coordinating the country response and raising funds and relief goods for the countries affected by the December 26 2004 Tsunami disaster. About ZAR 30 million (CHF 6 million) was received by the national society and transferred to the Federation Global Appeal. In addition, tonnes of relief items were received by the national society and transferred to the affected countries in what must be one of South Africa's biggest responses to a disaster. The profile of the SARCS was raised considerably during this period with full support from the government, media, corporate sector, civil society and the Federation. The President of the national society was also seconded to the department of provincial and local government from January to April to act as a liaison person in relation to South Africa's Tsunami relief operations.

A tornado that hit in 2 January 2005 caused extensive floods that destroyed homes, agricultural fields and farming stock in many areas of KwaZulu Natal. More than 2,000 people were affected and the Red Cross provided food parcels, clothing and blankets. In the Joe Slovo informal housing area of Khayelitsha in Cape Town, a fire broke out and destroyed shacks and possessions affecting 15,000 people on 15 January 2005. The beneficiaries are still being temporarily accommodated in tents provided by the Red Cross. Volunteers and staff continue to provide cooked meals and other relief. 1,500 people were affected when 250 shacks burnt down on 17 January 2005 in Stellenbosch in the Western Cape. Volunteers and members of the community provided three meals (for three days) for the victims of the fire. The Stellenbosch disaster management team from the municipality assisted the Red Cross with the relief work. Homes are currently being re-built and the situation is normalising.

Some 3,200 gold miners employed by a private mining firm – that is underground – near Stilfontein were initially trapped following an earthquake that hit the area on 9 March 2005. 2,380 of the miners were safely brought to the surface through efforts of the DM teams of the mining company. Some 40 miners were trapped about 2.4km (1.5miles) underground due to rock falling in the access tunnels. Over 24 injured men were stabilised by paramedics before being brought to the surface. The SARCS maintained contact with the disaster management authorities in the mining area. The nearest Red Cross branch was immediately mobilized to support the rescue and evacuation efforts that were led by the local authorities. A DREF allocation of CHF 70,000 was awarded to the regional delegation for increasing the regional disaster preparedness via the RDRT training and better telecommunication. CHF 10,000 of the total amount was utilized by the SARCS for developing a DM Policy and other disaster preparedness measures.

Impact

Through the national society could not realize the desired impact due to lack of funding for the national disaster management project, the basic disaster management training strengthened the capacities in relief distribution through which the national society assists vulnerable people throughout the country.

The profile of the SARCS was raised considerably through the major role it played in coordinating the fundraising and collecting of emergency response items for the people affected by the Tsunami disaster of 26 December 2004.

Constraints

Lack of funding, infrastructure and human resources as well as a weak national structure affected the development of the disaster management programme. The programme was thus affected by inadequate planning at the national level.

Insufficient funding to support the national disaster management coordinator and the plan of action for 2005 meant that only limited disaster preparedness activities took place. Training of staff and volunteers, formation of disaster response teams at all levels, vulnerability capacity assessments, development of disaster response plans (in cooperation with local, provincial and national government) as well as training and education of community members did not take place according to the plan of action for 2005. This has naturally impacted on the capacity of the national society and the vulnerable communities.

Humanitarian Values

Goal: The South African Red Cross Society is able to implement its humanitarian work in the spirit of the Red Cross Red Crescent Movement.

Objective: The capacity of the SARCS to implement its humanitarian work in the spirit of the Movement is improved.

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Progress/Achievements

The Movement's identity and image was improved through promotion of knowledge and understanding of Fundamental Principles, Humanitarian Values and activities by staff, volunteers, members and the public at large.

Several high profile events took place in South Africa involving media, the public and other partner national societies (PNS). The national society developed media contacts during the launch of the regional OVC strategy held in Johannesburg in June 2005. The SARCS partnered with the MoH and the South Africa Broadcasting Corporation (SABC) in a high profile television campaign for HIV and AIDS prevention on the World AIDS Day, and made programmes on OVC and the Red Cross. This raised the profile on the Red Cross within the country.

The Federation regional delegation and the national society jointly launched the World Disasters Report in Johannesburg on 5 October 2005. Senior government officials, international organization representatives, corporate sector partners, Red Cross staff and volunteers attended the launch, which received considerable attention from the local and international media.

The South Africa Red Cross Society Air Mercy Service organized a highly publicized and well attended dinner in November 2005 for fundraising and partnership promotion. The national society staff, volunteers and Federation representative attended the dinner, which received considerable coverage by the national media. Some 12 choirs comprising over 400 volunteers and staff working in the HBC programme participated at the Third Annual Choir Festival held in Cape Town in November 2005. In addition to the performance, the volunteers and staff motivated each other and shared their experiences in HBC.

The national society exhibited portraits on "Living (+) positively" from the Red Cross HBC clients in Western Cape Province. The exhibition was organized in partnership with the British Red Cross and was open to the public from December 2005 to January 2006. It provided a platform for promotion of anti-stigma and discrimination.

Knowledge of the Fundamental Principles, the Geneva Conventions, International Humanitarian Law (IHL), the Red Cross emblem and Red Cross activities were disseminated to the community/external audience.

With the support of the ICRC, a new communications officer was recruited in November 2005 to concentrate on disseminating Red Cross Fundamental Principles and ideals throughout the country. A student from Cape Peninsula University finished her internship with the South African Red Cross at the end of November 2005 and was of great assistance to the NS during her nine-month internship period. Three new students were selected for new eight-month internships in 2006.

A dissemination and information centre in each region.

Due to the absence of a dissemination/communications officer at the national level for several months, regional dissemination activities were minimal in 2005 and a consolidated summary of activities implemented is not available at national level.

Impact

- The Tsunami disaster response fundraising campaign contributed to raising the profile of the SARCS within South Africa, giving impetus to the Humanitarian Values dissemination project.
- The national society's corporate and government partnerships were profiled and strengthened through the media, giving the Society the opportunity to disseminate the Movement's Fundamental Principles, humanitarian work and its activities.
- A solid dissemination foundation has been built and capacity has been increased through the appointment of the dissemination/communications officer, and it is envisaged that he will greatly enhance the national society's dissemination activities in 2006 and beyond.

Constraint

The biggest challenge was the lack of human resources to coordinate and supervise dissemination of activities at the national level. With the appointment of a national communications officer, the NS will now be able to respond to the offers for partnership development and to the possibilities of disseminating of Red Cross Fundamental Principles and Humanitarian Values.

Organizational development

Goal: The lives of the vulnerable people in South Africa are improved.

Objective: The South African Red Cross Society meets the basic requirements of the characteristics of well-functioning and is a recognised role player in the humanitarian sector in South Africa.

Governance and Management development

Objective: The capacity of the South African Red Cross Society governance and management is developed for better practice of their role and responsibilities.

Progress/Achievements

The SARCS governance and management team is familiar with the Movement policies, strategies and requirements and apply them in their own planning.

The governing board held its statutory meetings in 2005 to assess the implementation of the recommendations from various organizational development reviews and workshops conducted since 2004. In addition, dissemination, follow-up of the implementation of the Algiers Plan of Action and the review of the five-year Development Plan (2003-2007) also constituted part of the meeting. Based on the findings and changing needs of the national society and of the South African population in general, the plan was updated to form the five-year Strategic Development Plan (2006-2010). This plan resulted from a strategic planning process that involved examining self-assessment reviews, internal analysis, project reports and the external mid-term review of the five-year Development Plan (2003-2007).

The role and mandate of the Red Cross is clearly understood by the governance and management, especially in relation to the role and mandate of the national society management.

The governing board reviewed the implementation of 2005 key performance objectives (KPOs) and a report was compiled for the next Annual General Meeting. Using the material developed by the Federation and with the support of the regional delegation, local governance training was conducted in November 2005 involving the governance and management and over 100 staff and volunteers from all structures of the national society. The training focused on good governance and the aim was to train facilitators within the national society and cascade the training down throughout its structures to the provincial and branch levels in 2006.

The national society has revised and adopted statutes.

With the support of the Federation representative, the rules of procedures for implementation of the revised Constitution were drafted and shared with the Federation's legal department. Comments and advice were given to expand the current rules of procedures to cover the implementation of not only the Annual General Meeting, but the entire Constitution. The management is taking this process forward ensuring completion of the document for adoption in the next Annual General Meeting.

The national society has processed the Red Cross Acts with the government.

The MoH confirmed receipt of the Red Cross Act for recognition of the national society, which was submitted to the Cabinet in October 2005. The state's legal advisor communicated with the national society and the Federation representative for background information confirming that the process is now at the final stage. It is expected that the Red Cross Bill will be passed by the Parliament in 2006.

The ICRC regional delegation in Pretoria started processing the use and protection of the Red Cross Red Crescent emblem through the Ministry of Defence in 1999, as part of the Geneva Conventions Bill. This process is still ongoing. Once passed by the Parliament, it will further strengthen the legal base of the national society.

The national society adopted a minimum of nine SARCS policies for intervention in line with the Federation policies.

The finance, health and care and disaster management standing committees developed respective policies and strategies to be adopted at the next Annual General Meeting. The national society identified professional legal advisors that are assisting in aligning the final documents with the legislation of the country.

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Impact

The national society's development process is slow; however, service delivery amongst vulnerable communities is improving through the appointment of qualified staff, the provision of governance training to lower levels, emphasis on partnership development as well as the strengthening of the resource mobilisation of the SARCS structures through reviews of the effectiveness of the current situation.

The inception of the Red Cross Act will further strengthen the legal base of the national society, allowing for smooth operation and partnership development.

Constraints

The major challenge was that of weak capacities in coordination, supervision, coaching and financial management, which affected the implementation of all programmes.

External relations and resource Mobilization

Objective: The ability of the SARCS to advocate and market its programming and to mobilize its own resources is developed.

External relations, marketing and resource mobilization strategies and policies are in place and implemented.

After the External relations consultant finished her contract at the end of June 2005, there has been no dedicated person at the management level to take the policy development process further. However, the governing board members are in the process of finalizing the resource mobilization/fundraising policy prior to Annual General Meeting. The newly appointed communications officer has given her input to the policy.

Resource mobilization targets are agreed on and met at the national, provincial and branch level.

The SARCS is engaged in local resource mobilization, including fundraising to support their programmes at the provincial and branch levels. However, the resource mobilization structures require further strengthening to achieve the desired targets set for local fund raising.

External relations, resource mobilization and fundraising materials are produced.

The national society, with the support of the Federation's Capacity Building Fund (CBF) and local companies, produced roll-up banners in various core areas for information and dissemination purposes. In appreciation of the local support provided to the NS during the Tsunami fund-raising campaign, the SARCS placed an advertisement acknowledging their support in the local newspapers.

The SARCS started the planning process for the 7th Pan African Conference to be held in 2008. The national society has developed a brief and a project proposal for in-country resource mobilization for the Conference, established links with the relevant government departments and also used the opportunity to raise its profile within the region.

Monitoring and Evaluation

The national society introduced a comprehensive monitoring and evaluation system comprising of three major components for measuring performance: performance appraisal, self-assessment and financial audit and project evaluations. External technical evaluations are conducted on an annual basis, in consultation with donors and partners.

In addition, there is supplementary monitoring for the health and care programme due to the community-based nature of the work. Continuous field monitoring was carried out through weekly reporting and planning meetings and discussions in the project meetings. The project coordinator supported and supervised the care facilitators in the field. The volunteer caregivers, supervised by the care facilitators, met on a monthly basis for exchanging and sharing experiences. Monitoring visits were conducted by the provincial office on a monthly basis and by the national health coordinator on a quarterly basis.

Impact

The fundraising campaign, that followed the 2004 Tsunami, contributed significantly to raising the profile of the Red Cross in South Africa and considerably enhanced resource mobilization activities.

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Constraint

The absence of a substantive person for resource mobilisation and communication prevented the effective local fundraising and implementation of the planned activities at national level. This challenge will be addressed in 2006 based on the recent governing board decision to recruit a resource mobilization/external relations manager to support the efforts of the recently recruited communications officer.

Coordination

The health and care programme was coordinated through a close partnership with the MoH, which assisted with the provision of HBC services, funding and education materials. Close interaction with the community played a major role in the success of the programme where 324,000 home visits were made during 2005. The SARCS developed relationships with the ATICC and the MoH for assistance in the provision of condoms and Love Life and Soul City in peer education.

Partnerships with major local corporations such as SABC, e-TV, Pick' n Pay and Netcare 911 were some the outcomes of the Tsunami fundraising campaign. Other partners in 2005 were the Federation, ICRC, the British Red Cross, the Finnish Red Cross, the Icelandic Red Cross, the Spanish Red Cross, the Swiss Red Cross as well as the South African government and the Belgian and Canadian embassies. In addition, members of the corporate sector and the general public continued to support SARCS significantly in 2005.

Funding

Most of the PNS supported the national society programmes bilaterally and the funding, through the Federation, was for organisational development, disaster management and HIV and AIDS interventions. The Spanish Red Cross joined the national society as a bilateral partner in 2005. More funding is required to scale up HIV and AIDS and disaster management interventions and support capacity building elements in terms of volunteer, youth and branch development.

Table 4: Partners and donors who provided financial and technical support to the SARCS for all programmes in 2005

Red Cross Movement partners	Projects
The Federation, including Finnish Red Cross support for OD and Federation representative	HIV and AIDS, CHBC, disaster management, organisational development/capacity building; Federation representative
ICRC	Information and promotion of Humanitarian Values, disaster management
British Red Cross	HIV and AIDS, capacity building
Icelandic Red Cross	HIV and AIDS, capacity building
Norwegian Red Cross	HIV and AIDS, capacity building, some support to the Federation representative in-country costs
Spanish Red Cross	HIV and AIDS, income generation, branch development (Soweto)
NEPARC	Organizational development (SGS process)
Other Organizations	
Consortium (Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA)/Swedish Red Cross Society and Development Cooperation Ireland (DCI)	HIV and AIDS
Government departments	HIV and AIDS, social welfare, disaster management
Love life and Soul City (local companies focusing on HIV and AIDS prevention)	Peer Education
Belgian Embassy	HIV and AIDS, capacity building
Canadian Embassy	HIV and AIDS, capacity building
National AIDS Council	Coordination in HIV and AIDS
National Association of people living positively (NAP+)	HIV and AIDS

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

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA014
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	471'633	154'030		360'155		985'817
B. Opening Balance	2'523	0		11'965		14'488
Income						
Cash contributions						
Capacity Building Fund				60'000		60'000
Finnish Red Cross				309'671		309'671
Norwegian Red Cross				18'650		18'650
C1. Cash contributions				388'321		388'321
Reallocations (within appeal or from/to another appeal)						
Netherlands Government	274'789					274'789
Swedish Red Cross	202'615					202'615
Unilever	-2'523			2'523		0
C3. Reallocations (within appeal)	474'881			2'523		477'404
Inkind Personnel						
Finnish Red Cross				102'000		102'000
C5. Inkind Personnel				102'000		102'000
C. Total Income = SUM(C1..C6)	474'881	0		492'844		967'725
D. Total Funding = B + C	477'404	0		504'809		982'213

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	2'523	0		11'965		14'488
C. Income	474'881	0		492'844		967'725
E. Expenditure	-407'375			-495'560		-902'935
F. Closing Balance = (B + C + E)	70'029	0		9'249		79'278

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA014
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)		471'633	154'030		360'155		985'817	
Supplies								
Clothing & textiles	35'272	25'892				25'892	9'381	
Food	30'210	30'753				30'753	-543	
Medical & First Aid	30'200	31'537				31'537	-1'337	
Teaching Materials	45'300	36'313				36'313	8'987	
Other Supplies & Services	18'118	17'385				17'385	733	
Total Supplies	159'100	141'880				141'880	17'220	
Land, vehicles & equipment								
Vehicles		46'926				46'926	-46'926	
Computers & Telecom	1'600	3'276				3'276	-1'676	
Total Land, vehicles & equipment	1'600	50'202				50'202	-48'602	
Transport & Storage								
Storage		4'977				4'977	-4'977	
Transport & Vehicle Costs	26'167	6'879		11'245		18'124	8'043	
Total Transport & Storage	26'167	11'856		11'245		23'101	3'066	
Personnel Expenditures								
Delegates Payroll	80'906						80'906	
Delegate Benefits				160'014		160'014	-160'014	
National Staff	193'981			9'782		9'782	184'199	
National Society Staff		142'875		1'158		144'033	-144'033	
Consultants	28'076	5'413		34'477		39'890	-11'814	
Total Personnel Expenditures	302'963	148'288		205'431		353'719	-50'756	
Workshops & Training								
Workshops & Training	172'593	39'110		142'251		181'361	-8'768	
Total Workshops & Training	172'593	39'110		142'251		181'361	-8'768	
General Expenditure								
Travel	110'225	6'998		12'056		19'054	91'171	
Information & Public Relation	52'052	17'369		36'648		54'017	-1'965	
Office Costs	51'598	11'629		6'119		17'748	33'850	
Communications	3'625	7'956		41'542		49'499	-45'874	
Professional Fees				5'882		5'882	-5'882	
Financial Charges		3'723		1'743		5'466	-5'466	
Other General Expenses	41'815	9'745		862		10'607	31'208	
Total General Expenditure	259'315	57'420		104'853		162'273	97'043	
Program Support								
Program Support	64'078	26'479		31'780		58'260	5'818	
Total Program Support	64'078	26'479		31'780		58'260	5'818	
Operational Provisions								
Operational Provisions		-67'861				-67'861	67'861	
Total Operational Provisions		-67'861				-67'861	67'861	
TOTAL EXPENDITURE (D)	985'817	407'375		495'560		902'935	82'882	
VARIANCE (C - D)		64'258	154'030		-135'405		82'882	