

SOUTHERN AFRICA : REGIONAL PROGRAMMES

11 June 1999

appeal no. 01.18/99

situation report no. 1

period covered: January - March 1999

A timely response to the Appeal with adequate initial funding equal to 63% of the overall budget allowed the full range of planned activities to begin, with positive results. With drought, cholera and refugee problems affecting many of the countries in the region and expected to continue, particular efforts have been placed on the Disaster Preparedness and Response and Institutional Development programmes. Given the high number of vulnerable persons potentially at risk, the assistance being delivered will continue to have a significant impact, provided funding is available to complete the remainder of the programme.

The context

The 10 countries covered by the Harare Regional Delegation - Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe - vary widely in terms of economic size and standards of living. According to the UNDP Human Development Index, five are in the lowest quartile world-wide; South Africa remains the economic powerhouse of the region. Malawi has the highest child mortality rate in the world. Angola and Mozambique are among the countries with the highest maternal mortality rates. HIV is widespread, with over 20% of the population infected in some countries. Cholera reached epidemic proportions in 1998. The lack of adequate health services, safe water, high unemployment, high population growth rates and the consequence of the continued population drift from rural areas to overcrowded cities and towns are all a cause for the increasing vulnerability of the region's population.

Drought is one of the region's prevalent disasters. The Red Cross priorities are focused on Regional Disaster Preparedness, Health and Water and Sanitation Programmes, and reflect efforts to combat the impact of drought. Population movements from the Great Lakes Region and Angola constitute another significant risk. In total, National Societies in the region are assisting 1.5 million beneficiaries. However, there is a need to increase the capacity to cope with the widespread responsibilities. One of the tools to achieve this is the CIDA-funded Information Systems Management Programme, which aims at improving information management throughout the region through electronic mail services, volunteer data bases and records management.

In brief, the Federation planned to carry out the following objectives in 1999:

{ Assist National Societies in the prevention and mitigation of major health threats;

{ Co-ordinate all relief assistance in the region (except in Angola);

- { Foster growth in the capacity building of National Societies;
- { Expand functional co-operation with the ICRC.

Latest events

Political, Social and Economic Analysis w

The conflict in the Democratic Republic of the Congo (DRC) continued to dominate the region. Relations between members of SADC remained strained. Having been appointed to seek a negotiated solution within SADC, President Chiluba of Zambia came under criticism when allegations emerged that his Government had been actively involved in the transit of arms to UNITA. 16 bombs exploded in Lusaka following this allegation, further destabilising the situation.

On 4 March, a major influx of refugees from the DRC into Zambia's Northern Province occurred. By the end of the month, numbers of refugees were estimated to be about 20,000 people. Further refugees were expected as fighting occurred in the DRC in South Kivu. Subsequently an Emergency Appeal was launched on 4 May for CHF 1,707,000.

The election process took place in South Africa on 2 June, and was generally considered a success. In Malawi, elections which had been planned for 26 May were postponed until after 8 June (by court order). No new date has been proposed.

USAID's Famine Early Warning System predicts that maize output from the SADC countries will drop by 13 per cent this year. Incessant rains in southern SADC countries have reduced production prospects and prolonged dry spells have decreased yields. There has been flooding in northern parts of Zimbabwe, southern and central Malawi, southern Zambia and central Mozambique. Dry spells in February have also affected crops in South Africa, Lesotho and Swaziland.

A serious outbreak of cholera afflicted Mozambique and Zimbabwe and to a lesser extent Malawi and Zambia. There were several hundred deaths in Mozambique and 170 in Zimbabwe.

The depressed economic situation in Zimbabwe continued. International confidence was adversely affected by several events including a threat to withdraw from the Bretton Woods institutions; statements from authorities indicating that the acquisition or transfer of designated commercial lands would proceed, irrespective of court rulings; and a showdown between the executive and judicial branches of government over allegations of gross violation of human rights and the rule of law pertaining to journalists who were detained by the military for stories reporting a threatened military coup. As a consequence, the IMF budgetary support of US\$ 53 million has again been deferred. A further estimated US\$ 800 million from donors depends upon a positive decision from the IMF. The Zimbabwe dollar remains under pressure and annualised inflation is running at 50%.

The Namibian refugee population in Botswana remains, though efforts were made during this period to try to repatriate some of the leaders of the rebel group.

Red Cross/Red Crescent action

Disaster Preparedness w

With the very real threat of a refugee influx from DRC into Zambia, attention was focused on the need to work with Zambia Red Cross to build preparedness. Two workshops were conducted in January for the Zambia Red Cross volunteers in provinces along the DRC border to help develop skills in refugee reception, camp management and reporting. A sudden influx of 20,000 refugees in the month of March necessitated the immediate deployment of a Regional Delegation officer and a cash grant of CHF 30,000 from DREF to help the Zambia Red Cross respond to emergency needs.

Assistance was provided in the lead-up to the election process in Malawi and South Africa in terms of preparing for possible election violence. This work was done in close collaboration with the ICRC. Two Red Cross Action Team workshops were facilitated by the Regional Delegation in Malawi in March. In South Africa, plans were established to create 184 Red Cross posts where Action Teams were based. The Regional Delegation facilitated the planning, and provided material to equip the posts.

Support has been given to the Lesotho, Malawi and Zambia Red Cross Societies on developing work plans for their disaster preparedness programmes. These are well integrated into other Society programme objectives and plans.

A management plan is still to be developed for the establishment of a disaster relief supply stock. Preliminary work has been done on assessing costs to establish priority lists of types of items and quantities.

Health w

There was a serious re-emergence of cholera in Mozambique, Zimbabwe, Malawi and Zambia, the former two countries being worst affected. High mortality rates occurred in Mozambique because of the isolation of some of the affected communities and the limited capacity of the government to respond to the epidemic situation. Case fatality rates in Zimbabwe were high but fell during the period. The Regional Delegation assisted the Societies with technical advice and support to combat the disease as part of ongoing community based health programmes. Chlorine tablets for water purification were distributed through each of the National Societies, and an assessment in Zimbabwe was undertaken as a basis for a water and sanitation intervention in one of the worst affected districts.

An Aids/Home Based Care Workshop was held in January/February with fifteen representatives from 10 National Societies. One of the most important outputs was an HIV/AIDS Mission Statement and Strategic Declaration that forms the basis of a draft strategy for tackling the pandemic in the Region. The strategy drafted by the Regional Delegation is being widely shared with interested organisations and colleagues with a view to making it as realistic and relevant as possible before being adopted by the SAPRCS in May.

Exchange missions during the period consisted of:

- { a visit by a Malawi senior staff member to study commercial first aid practices in Zimbabwe;
- { a visit by the Zambia Red Cross Health Co-ordinator to Mozambique to study the work of the Chimoio Training Centre and to exchange experiences in the implementation of community health activities; and
- { a visit by two Angola Red Cross staff to Mozambique to learn practical skills in the development of HIV/AIDS prevention activities in high density cities.

Technical missions were conducted in Namibia, Malawi, Mozambique and Botswana (an assessment of the Namibian refugee health situation).

Four National Society projects were approved for disbursement of seed funds.

Institutional and Resource Development w

The period was marked by the lack of a programme manager who was not yet in place. The recruitment process, started last year, was concluded in January with the appointment of a delegate who took up the post at the beginning of April.

With the help of the Regional Delegation, Malawi Red Cross is to review their capacity building programme to date. Two computers for the finance department have been ordered to make the accounting services, with new software, Year-2000 compliant.

Swaziland Red Cross has worked on and developed a strategic plan for the next three years. The consultant employed to support the implementation of the self reliance resource development

programme has continued with his work conducting a workshop for National Executive members and assisting the Society to embark on fund-raising initiatives.

Zimbabwe Red Cross have set up five committees at the national level to work on the Society's vision and mission statement, a strategic plan, constitutional review, a fund-raising strategy, and planning and budgeting.

Progress in Botswana has not advanced since the Society experienced a change of Secretary General with effect from the end of April.

Water and Sanitation w

The Regional Delegation's Water and Sanitation Programme officers have been actively involved in helping to address disaster situations during the quarter, including the outbreak of cholera (distribution of cholera tablets and initiation of a field assessment in Zimbabwe), floods assessment in Mozambique and in deploying a person to assist the Zambia Red Cross to deal with the influx of refugees from the DRC. The programme in drought-affected southern Zimbabwe has also been completed with the provision of 13 new water points, 25 rehabilitated water points and school latrines as well as community training for water point maintenance.

Programme agreements were concluded with Malawi, Mozambique and Zambia Red Cross Societies, funds having been secured for projects to start on 1 April. The Namibia Red Cross was assisted in finalising the design of posters for the IEC element of the WatSan/Health Education Pilot Project, completing the pilot phase. Plans for the health education project for 1999 were elaborated and a first full field trial of the education package commenced at the end of the quarter.

Two training courses were arranged during the period. Seven participants for Angola, Malawi, Swaziland, Zambia and Zimbabwe attended a week long Log Frame course conducted by the Zimbabwe Institute for Water and Sanitation. The second training course, on the subject of participatory training techniques, was held in Kunene, Namibia, for seven members of the health education team.

Information Management Programme w

The programme director completed her assignment at the end of January. The LISN Project entered its third phase at the start of the year, with funding from CIDA now restricted to the project in Southern Africa. This resulted in a review of the project management with the Regional Delegation assuming responsibility for field co-ordination. The Director of the Federation's Information Systems Department visited the Region and the four pilot National Societies as part of the review. A new job description for a delegate field project manager has been established to maintain the momentum of the project.

The consultant has been following up the regional workshop on records management held at the end of last year, planning for individual week long workshops at each National Society. Further work was done in enhancing the networking in the Regional Delegation with some continuing problems being experienced because of unreliable telecommunications infrastructure and difficulties in identifying local technical support. The standardised filing system was introduced during the period and has been complemented by an electronic filing system to try to facilitate the work of the Regional Delegation and to reduce paper flow.

New Developments w

Discussions were held throughout the first quarter in planning for the assessment of the progress made by South Africa Red Cross since the REDTAG findings of the early 1990s. The Terms of Reference had been redrafted and it was planned that the assessment would take place in June. This has now been deferred again (after several previous postponements) following a request from the new Director General of the SARCS. The Federation has agreed, and discussions continue on how best to contribute to the review process. One postponement was occasioned by the decision taken by the SARCS early in the year to close the National Office in Johannesburg, retrenching all the staff, and moving the functions

of the National Office to the Western Cape Provincial Office and appointing a new Director General on a voluntary basis.

In February, the Federation accompanied the President of SARCS to meet with the Minister of Health with a view to enactment of legislation to establish the auxiliary status of the National Society and to clarify its mandate. The Federation took the initiative to provide orientation to newly appointed National Society staff members. In March, the Acting Secretary General, Head of Programmes and Disaster Preparedness and Relief Officer of the Zambia Red Cross and the Acting Secretary General of the Malawi Red Cross attended a two and a half day orientation session in Harare, visiting ICRC and Zimbabwe Red Cross, as well as the Federation.

Membership of the Southern Africa Partnership of the Red Cross Societies (SAPRCS) forum is undergoing a period of change as senior National Society leaders change. There is a new Director General (South Africa) and a new Acting Secretary General (Zambia). In the next quarter, two Secretaries General will change (Botswana and Swaziland). As well, there is one new President (Swaziland). The role of the Regional Delegation in orientating new senior leaders assumes a special importance to assure a well informed SAPRCS to interact to enhance quality, co-ordination and management.

Planning for the BTC has advanced with the dates now set for September. Danish Red Cross has agreed to be a major supporter of this event, and the process of regional screening of candidates is underway.

An important contribution was made during March when the British Red Cross loaned a staff member to come and work in the Regional Delegation on administrative procedures. In particular, a system was established for centralised electronic filing and electronic management of information, greatly reducing paper flow and enhancing timely sharing of information.

The Zimbabwe drought relief operation finally began with an appeal launched in February and the feeding programme for under five year olds starting in the Matabeleland South Province. The late launch of the Appeal meant that the programme would last only four months until the next harvest (rather than the originally planned eight month operation). As a result of the discussion over how best to address food security issues, plans are in place to conduct an assessment in the second quarter of the year to help frame a policy for the Federation in how best to approach such problems in drought prone Southern Africa.

Omitted from the last quarter's report was the fact that all the delegates and staff of the Regional Delegation were offered the opportunity to undertake first aid courses specially organised at the Delegation by Zimbabwe Red Cross. Most members of the Delegation accepted the chance and all qualified. The acquisition of this skill was well appreciated and the Delegation will follow up with similar training in the year ahead.

Outstanding needs

The lack of success in recruiting a Finance Delegate for Mozambique continued to place heavy demands on the Regional Delegation and to impact on the financial support possible for the National Society.

The absence of an Institutional Development Delegate for the whole quarter and an Information Systems Management Delegate for most of the period meant that the Regional Delegation was sometimes stretched to cover all requirements and to maintain the momentum of both programmes. The new ID Delegate in April will be a welcome addition to the team.

The influx of a large number of refugees from DRC placed an enormous strain on the resources of the Zambia Red Cross (ZRC). The Federation gave temporary support to the ZRC through deploying Regional Delegates and advertising five positions that were urgently needed to assist in co-ordinating

relief and health interventions at Kaputa Transit Centre, Mporokoso Refugee Camp, and at the Lusaka Headquarters Lusaka. In addition to the need for delegates, the Appeal launched on 4 May for CHF 1,707,000 provides separate details of the needs to cover requirements for 12 months.

The response of National Societies to disasters during the "disaster season" has been very mixed, and discussions will take place with SAPRCS to evaluate and try to strengthen preparedness before the next season.

External relations - Government/UN/NGOs/Media

Close co-operation with ICRC Delegations in Harare and Pretoria continued throughout the period.

The British Red Cross Desk officer visited Harare for discussions. Contacts with the Danish Red Cross were made in connection with Zimbabwe-funded programmes in Zimbabwe and Malawi.

Contributions

See Annex 1 for details.

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**SOUTHERN AFRICA
REGIONAL
PROGRAMMES**

ANNEX 1

APPEAL No. 01.18/99

**PLEDGES
RECEIVED**

06/1
1/99

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL----- ----->	2,154,359	01/01/99	62.81%
BRITISH - RC/GOVT	795,000	01/20/99	
BRITISH -RC 50,000 GBP	115,785	03/01/99	WATER & SANITATION
BRITISH -RC 25,000 GBP	57,893	03/01/99	HEALTH
CANADIAN - RC/GOVT 30,000 CAD	28,575	02/08/99	WATER & SANITATION, HEALTH
ICELANDIC - RC	137,300	03/18/99	Dr Gallagos costs
ICELANDIC - RC 200,000 ISK	4,066	03/27/99	WAT/SAN
SWEDISH - RC/GOVT 600,000 SEK	108,060	02/15/99	REG. DELEG. (health and watsan)
SUB/TOTAL RECEIVED IN CASH	1,246,679 CHF		57.87%

**KIND AND
SERVICES (INCL.
PERSONNEL)**

	RY		CHF	E	
GERMAN - RC		130,257 DEM	106,446	04/26/99	MEDICAL EQUIPMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES			106,446 CHF	4.94%	

**NOT REQUESTED
IN APPEAL**

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT