

# ***SOUTHERN AFRICA: REGIONAL PROGRAMMES***

*30 December,  
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*The positive momentum of the programme continued, the result of ongoing donor interest and support. The Disaster Preparedness and Response and Institutional Development programmes, in particular, have benefited from the exposure.*

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## ***The context***

The 10 countries covered by the Harare Regional Delegation - Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe - are widely different in wealth and standard of living. Five are in the lowest quartile of the UNDP Human Development Index, while 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 became a killer when it 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 towns are all increasing the vulnerability of the region's population.

Drought is one of the region's prevalent disasters. The Regional Disaster Preparedness, Health and Water and Sanitation Programmes reflect the Red Cross priority to combat the impact of drought. Population movements from the Great Lakes Region and Angola constitute another risk. In all, National Societies in the region are assisting 1.5 million beneficiaries. However, they need greater capacity to cope with the widespread needs. 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.

- To assist National Societies in the prevention and mitigation of major health threats in the region such as HIV/AIDS and cholera through health and water and sanitation intervention programmes.

- To co-ordinate all relief assistance in the region (except Angola) with the National Societies and help reducing the impact of disasters through better management of information and communications systems through disaster preparedness and response programmes.
- To foster growth in the capacity building of National Societies through continued training in good governance, management and reporting, promotion of financial self-sustainability and expansion of the local human resource base within the region through Basic Training Courses and databases.
- In the spirit of the 1997 Seville Agreement, to expand functional co-operation with ICRC in the region, in order to harmonise activities and ensure maximum use of available resources, resulting in coherence and consistency in working with partner National Societies.

## *Latest events*

The elections in South Africa and Malawi were held in June with minimum disturbances. The ANC were re-elected in South Africa with one seat short of a two thirds majority in Parliament. The government was also re-elected in Malawi. The fact that these elections produced only a few instances of violence augured well for more mature democratic processes.

The conflict in the Democratic Republic of the Congo (DRC) continued to involve many parts of the region, including those involved militarily (Angola, Namibia and Zimbabwe). Peace accords signed by all the parties, including the rebels, were finally signed in Lusaka in July but by the end of the period, conflict was still occurring between opposing factions and the prospect for a peaceful resolution to the conflict seemed to be receding.

The influx of refugees from the DRC into Zambia's Northern Province continued but the numbers crossing the border slowed markedly. A refugee camp was established at Mwange, near Mporokoso, and those that had entered the country were the first to be resettled. By the end of the period, some 15,000 refugees were in the Camp and an estimated further 5,000 remained with villagers where they had spontaneously settled.

The conflict in Angola seriously worsened with UNITA mounting a major offensive throughout much of the country, forcing more and more people into the urban areas where food became increasingly scarce and difficult to access. An estimated 200 people were estimated to be dying every day because of the conditions imposed by the war. A new influx of refugees also began as people moved from Angola into Zambia during the period.

The secessionist rebels in the Caprivi Strip (Northern Namibia) mounted another attack in the main town, taking key public buildings, before being repelled by the Namibian Defence Forces. A number of casualties were inflicted and people detained.

## *Red Cross/Red Crescent action*

### **Disaster Preparedness ●**

Preparatory work was done to assist the South Africa and Malawi Red Cross Societies prepare for possible election violence in the period leading up to the elections on 2 and 15 June respectively. This work was conducted in close collaboration with the ICRC. There was training of Action Teams and, in South Africa, material provisions (blankets and jerry cans) were made available for use by 1,325 volunteers in 184 "hot spots". As well, cell phones were provided for communications and food allowances for the volunteers. A meeting on disaster policy and planning was held in July and Malawi, South Africa and Zambia. Red Cross Societies have committed to implementing the policy and planning process for their own National Societies before the end of 1999. Lesotho, Swaziland and Zimbabwe Red Cross Societies attended the meeting as well, and plan to include disaster policy and planning in their future programmes.

Two consultants were engaged to assess the Region's experience and the needs in the area of food security. Guided by a SAPRCS Steering Committee, the consultants developed a draft framework for response to situations of food insecurity. These areas focused on emergency and chronic food insecurity problems, especially created by drought and other natural disasters and experienced as a result of the HIV/AIDS pandemic.

In order to establish a logistics management system for emergency relief stock, advice was sought from the Geneva Secretariat. A management plan was devised and procurement of stock started to assure basic emergency supplies could be met from Harare, especially in preparation of the season (October - March) when cholera and floods could be expected in the Region.

The refugee situation in northern Zambia absorbed much of the energy of the Regional Disaster Preparedness Programme, in the second quarter especially. The Delegate had to spend seven weeks in the field supporting operations due to the fact that delegates for the task could not be readily recruited as needed.

### **Health ●**

The evaluation of Phase 11 of the Regional Health Programme was completed in June after five evaluators carried out a review. The findings focussed on the "ownership" of the Regional Programme and the importance of adopting a bottom up approach to the planning process. The need for each National Society to have its own strategic plan as a basis for developing Regional Programmes that respond to National Societies' needs was emphasised.

As a result of the evaluation, a Regional Task Force was formed with the membership of seven National Societies. The Task Force met in September to carry out its work, namely; to advise, assist and support National Societies and the Regional Delegation in the development, planning, monitoring and evaluation of National Society health programmes. A Regional Health Planning Meeting was scheduled for October as the next step in developing the Regional Health Programme Plan.

Three evaluators were also involved in the second quarter with making assessments in several countries to provide the inputs from the Region for the African Red Cross Red Crescent Health Initiative (ARCHI) process. A meeting in July, shared these results with the Health Co-ordinators and Secretaries General and, using the methodology adopted by the ARCHI process, came up with priorities for Red Cross health action Southern Africa. Further research and consultation now follows to integrate these findings with the Africa Region.

Work was done throughout the period on gathering information from National Societies on the situation concerning HIV/AIDS and the needs for assistance to further the strategic priority areas identified - prevention, care and support activities. A Regional Strategy will result from this process and the Regional Delegation has made a special commitment to include gender awareness initiatives in the development of the Strategy.

Action was taken to support the co-ordination necessary to take advantage of a German Red Cross donation of medical supplies to six National Societies, a contribution valued at US\$ 680,000.

During the period, the Regional Health Delegate spent some time supporting the Zambia Refugee Operation, especially advising on the protocols to follow as the Red Cross assumed full responsibility from MSF for health in the refugee camp in August.

### **Institutional and Resource Development (ID/RD) ●**

Strategic planning processes were completed in Swaziland and Zimbabwe with plans being adopted by both Societies' General Assemblies. Malawi Red Cross continued to work on its plan. Namibia Red Cross has also initiated the strategic planning process after having as well had a workshop on use of CAPI.

At a planning meeting of Secretaries General in July, the Development Policy of the Federation was revisited, performance indicators for the National Societies as well as the Regional Delegation were agreed upon and ownership indicators were developed. A dialogue has also been initiated to establish MOUs with National Societies as framework for co-operation between the National Society and the Federation.

The resource development project in Swaziland has been monitored closely and an annual meeting held with the donor (Icelandic Red Cross) and the consultant to review progress. The lessons learned from Swaziland help to guide interventions in other National Societies. Support has been given to Malawi, Namibia, South Africa, Zambia and Zimbabwe on how to plan and implement resource development projects.

The importance of strong financial management has been more clearly identified as an area for the Federation to make a greater contribution to help National Societies. Some Societies have sought the Federation's support in this area.

An internal review of the Region's ID/RD Programme was conducted during the period with the help of the Geneva Secretariat. Major recommendations include:

- Strengthen co-ordination between the Regional programmes;
- Integrate components from primarily ID into project/programme support to national Societies (branch development will be seen as a basic output of all support);
- Improve the sharing of regional human resources and experiences;
- Support National Societies in advocating for overhead costs to be include din externally funded project budgets;
- Focusing and prioritising needs to be improved;
- Financial management needs to be a priority area for ID support.

#### **Water and Sanitation ●**

The second annual disaster exercise was held in June and July with 24 participants from 8 National Societies. This year a strong component was related to training in vector control and measures to confront cholera. Those trained reinforce the data base for water and sanitation technicians who can be made available for assistance within the region.

Two of these people were recruited to assist the Zambia Red Cross in taking over responsibility for water and sanitation sectors from Oxfam in the Mwanze Refugee Camp. The hand over occurred in September and the major work was undertaken to lift the latrine coverage and the quantity of safe water available to camp residents.

Earlier, the Regional Delegate had been actively involved on the ground supporting the Zambia Red Cross with general relief activities as the Society responded to the sudden influx of refugees with little experience and capacity to manage the process.

In Zimbabwe, the programme to provide 19 water points, 280 latrines and health education in Mudzi District (neighbouring Mozambique), where there had been a serious outbreak of cholera, was concluded with a hand over to the community. Means to maintaining the involvement of the community through institutional development inputs at the local level of Zimbabwe Red Cross are being explored.

Projects in Lesotho, Mozambique, Malawi and Zambia (southern Zambia) received support during the period, both technically and through the transfer of funds for implementation of schemes to provide safe water to communities suffering from water shortages and sanitation programmes to complement the health education component of all water projects. The Namibia Red Cross project in North Kunene continued but the agreement with a key partner was awaited so that the project could be implemented at the full planned level.

A mid-term evaluation of the Regional Programme was conducted in September

**Information Management Programme ●**

This Programme assumed a new impetus with the appointment of a consultant who was then recruited as the Regional Delegate to manage the Programme.

Technical assistance, upgraded hardware and testing for Y2K compliance was provided for Botswana, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe Red Cross Societies. E-mail connectivity has been improved within the Region, though more needs to be done to enhance computer literacy in several Societies so that better use can be made of the software applications available.

More work has also been done on enhancing the network within the Regional Delegation and building a more reliable communications network, given the limits of the existing telecommunications infrastructure.

Records management workshops were conducted and new filing systems set up in Botswana, Namibia, Swaziland and Zimbabwe Red Cross Societies.

**New Developments ●**

The Southern Africa Partnership of Red Cross Societies met in May. The opportunity of this meeting was taken to conduct training with the ICRC on the Seville Agreement for all Secretaries General. Briefing and preparation was organised for the coming International Conference and nine Secretaries General took the chance to attend an additional two day workshop on Making Persuasive Presentations - a workshop also arranged for the Regional Delegates. These events were organised in response to the Secretaries General desire to extend the SAPRCS forum into training.

The Secretaries General met again in July (in association with the ARCHI process) and spent a day with the ICRC and the Federation setting planning priorities for 2000-2001, in accordance with the draft Regional Assistance Strategy that had been agreed in May.

Progress in supporting the recovery of the South Africa Red Cross was slow as the National Society adopted a new strategy to address the serious financial problems as an absolute priority. The newly appointed SARCS Director General carried out his own assessment. Instead, the Federation made inputs to a recovery plan drafted by SARCS and organised a meeting with senior Federation management, ICRC and a representation of donors in Geneva. This meeting established a consensus to rebuild national and regional infrastructure as a means to co-ordinating the implementation of programmes throughout the country. Discussions with the South African Government were also initiated with a view to a tripartite partnership (SARCS, Government and Federation) being formed to back the recovery plan.

A Basic Training Course was held in September with the sponsorship of the Danish Red Cross. 16 people from 9 National Societies in the Southern Africa Region and 8 Danish Red Cross candidates spent one week together with facilitators from Copenhagen, Geneva and Harare. Almost all candidates were evaluated as potential candidates for international assignments within the Region or as Delegates.

The Zimbabwe drought relief operation centred on food distributions to under five year olds until the harvest was completed in June. The programme then shifted to targeted feeding for those children who need nutritional support for another four months.

In Mozambique, a donors' meeting was held at the end of September. This presented an opportunity for the National Society to share with donors the new strategic plan that had been adopted, including better targeting of the resources of the Society. In addition, HIV/AIDS programmes would be targeted in the districts through which the three main road corridors to neighbouring countries passed.

The Regional Delegation organised an orientation in Harare for the new Swaziland Red Cross National Director. Further, for the year to the end of September, the Regional Delegation facilitated a total of

twelve exchange/resource people visits between National Societies as part of the process of building on Regional expertise and experience.

### **Constraints, Problem Areas ●**

The lack of a Finance and Administration Delegate at the Regional Delegation for two months and the inability to recruit for similar posts in Mozambique and Zambia placed a particular strain on the Federation's financial management capacity. By the end of the quarter, the candidates had been offered and selected for the posts, except Zambia. The Finance Delegate from the Angola Delegation provided visiting assistance.

Particularly in the second quarter, the Regional Delegation had to allocate a significant amount of time to assisting the Zambia Refugee operation until key delegates could be recruited and put in place. A sub agreement was negotiated with UNHCR in relation to refugee camp management, health and water and sanitation, funding the equivalent of CHF 620,000 for the last half of the 1999 year.

## ***External relations - Government/UN/NGOs/Media***

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

Several diplomatic missions and international organisations contributed towards the research and consultation process which led to the development of a Food Security Framework. The Regional Office of WHO and the Regional Director in particular have contributed towards the implementation of the ARCHI process.

A new strategic partnership relationship between the Zimbabwe Red Cross and UNICEF was brokered, with UNICEF now entering into long term partnership relationships to support nutritional feeding and HIV/AIDS programmes.

## ***Outstanding needs***

The 1999 Appeal is fully covered, and there are no further needs.

## ***Contributions***

See Annex 1 for details.

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