

# 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

May 2002

*This Annual Report is intended for reporting on the Federation's Annual Appeals only.*

*Appeal No. 01.20/2001*

*Appeal Target: CHF 7,497,280 (USD 4,620,334 or EUR 5,128,140)*

### *Operational Developments*

The main challenge for the regional office this year was to implement the Ouagadougou Declaration and increase efforts to make an impact on the devastating effects of HIV/AIDS in the region. The issue of HIV/AIDS dominated much of the regional office's work and was a factor in prioritising coordination and management activities. At the same time, other humanitarian needs continued to demand attention. Floods again struck Mozambique at the beginning of the year and inundated several other countries, including Malawi, affecting several hundred thousand people. Cholera continued to raise serious public health concerns. New refugee movements were not as pronounced as in the previous year but activities still required the Federation's presence in four countries.

In Angola, the humanitarian crisis escalated further with an estimated 4,000,000 internally displaced people, almost half of the country's population, with hundreds of thousands of people beyond the reach of health and social services.

Chronic food insecurity was a major concern in the entire region. Intermittent rains coupled with poor agricultural production resulted in severe food shortages and acute malnutrition in Malawi, Zambia and Zimbabwe. According to a FAO/WFP report released at the end of 2001, the region faced food deficits of 1.5 M tonnes with Zimbabwe accounting for almost 450,000 tonnes. Food security was a priority for the national societies in the region and projects were initiated in Swaziland and Zimbabwe. In the spirit of the Ouagadougou Declaration, food and nutrition projects were linked to the ongoing home-based care programmes for people with HIV/AIDS.

The southern Africa region was disproportionately affected by the HIV/AIDS pandemic. In the region, over 25 per cent of people between the ages of 15 to 25 had HIV/AIDS, a statistic unparalleled worldwide. With support from the Federation's regional office, the ten national societies in the region each prepared two to five-year project plans aimed at dealing with the pandemic. National societies in the region were involved in addressing the scourge especially in the areas of prevention and home-based care activities for people with HIV/AIDS. The Ouagadougou Declaration laid the foundation for interventions by the national societies and the regional office's role was to support them in building up their institutional capacity to deal with the disease.

In South Africa, the issue of making affordable drugs available to people with HIV/AIDS was high on the agenda. The government argued that the drugs had not been tested long enough and the counter argument was whether the country could afford to wait any longer for the medicine. The introduction of affordable anti-retroviral drugs to combat the disease still had a long way to go in the southern Africa region.

Zimbabwe's volatile political landscape impacted negatively on trade within the countries of the Southern African Development Community (SADC). The country's gross national product declined by five per cent in 2001 (UNDP human development report 2001). Agricultural production was affected by the occupation of predominantly white commercial farms by the self-styled liberation war veterans. The campaign for presidential elections scheduled for March 2002 was violent with both opposition and government supporter clashes reported countrywide. An acute shortage of foreign exchange limited the country's ability to trade effectively and import fuel into the country. This also affected the logistics department at the regional office and further complicated operations.

At the regional office, the year saw the merging of the disaster preparedness and disaster response programmes, which resulted in the successful preparedness and response initiatives established during the flooding and cholera epidemics. Regional Disaster Response Teams (RDRT) were deployed within the region to intervene in various emergencies.

The year also saw the establishment of reporting and information functions at the regional office. Strengthening the national societies' capacity in reporting and information was the key to a better disaster management strategy and a well-functioning institution, as witnessed during the emergency flood operations in Mozambique and Malawi where improved information and reporting standards made a big difference. The strengthening of the logistics capacity in the region ensured that adequate storage facilities were available and the speedier procurement and delivery of items were made effectively and efficiently during the emergency period.

The action research project was a major preoccupation at the regional office. It brought with it new ideas and better working methodology as witnessed in the creation of focal delegates for each national society and ensured that delivery of assistance to national societies was well coordinated, customised and focused on each society's priorities. While the focal delegate approach certainly had many merits, due care was taken to guarantee the continuation of the designated programmes for which delegates were primarily responsible.

Efforts were also directed at identifying better coordination mechanisms geared towards smoother programme integration. The Coordination Agreement Strategy (CAS) process which was almost completed in five national societies brought together all regional programmes, the ICRC, the Federation and donor societies. The CAS was an important tool for ensuring a well-coordinated assistance approach to national societies and other components of the movement within the region.

## ***Objectives, Achievements and Constraints***

### ***Disaster Preparedness and Disaster Response***

***Objective 1: To develop disaster preparedness (DP) policies and plans in coordination with governments and other actors in the region, and to use previous experience in disaster response in the implementation of these plans.***

#### ***Achievements***

At the planning stage, it was expected that by the end of 2001 the National societies of Lesotho, Namibia, Swaziland and Zimbabwe would have credible DP policies and plans in place that would guide their efforts in responding to disasters. Apart from Lesotho, this was achieved. Lesotho underwent a considerable restructuring process and as a result the process was deferred till 2002. The formulation of policy was based on a consultative process that needed the undivided involvement of staff and members of the board.

For the national societies with policies in place, board members approved their implementation. This was a vital step that lent legitimacy to the policies. The policies also recognised relevant government disaster management plans to which the national societies had a complementary function. However, there was a need to emphasize the SPHERE standards and to provide direction on how these standards would be applied and monitored.

The total impact of the policies were not evident at national society level as they had only recently been adopted. However, their usefulness was already being felt as the Federation's regional office used the policies and plans to put into effect motions agreed upon and tailor made its assistance efforts to the national societies .

***Objective 2: To establish Regional Disaster Response Teams (RDRT)***

#### ***Achievements***

The establishment of regional disaster response teams was an effort to build up the response capacity in the region by having teams that could be called upon at short notice to assist national societies in disaster situations. Training and actual deployments was the key to ensuring adequately qualified response teams. To this end, intensive response training was conducted in Chimoio, Mozambique, incorporating participants from the 10 national societies in the region. The training focused on the building of teamwork, experiential learning as well as practical simulation exercises. The training was successful with all key objectives met.

At the end of the training, 14 out of 33 participants were assessed as ready to be immediately deployed to disaster situations in the region, an additional 10 could be deployed within their countries and the remaining nine needed further exposure. At the time of writing, four RDRT graduates successfully applied to the Geneva Field Assessment and Coordination Team (FACT) workshop scheduled for late January 2002. The RDRT 2001 narrative report is available from the Federation's regional office in Harare and in Geneva.

***Objective 3: To develop food security projects identified by the four national societies of Botswana, Lesotho, Swaziland and Zambia based on guidance provided by the food security consultancy report.***

#### ***Achievements***

By mid-2001, a food security proposal for Swaziland had been completed. After initial limited donor response to the Sfr 500,000 proposal spanning four years, the Finnish Red Cross indicated strong interest in funding the project and it was submitted to the Finnish government for approval.

The national societies and the regional office particularly valued this pilot project as it aimed to address both poverty and HIV/AIDS, key factors that reduced the coping capacity of marginalised communities.

***Objective 4: To increase capacity in the National societies and in the regional office to use information technology (IT) to prepare for disasters - the Information Systems Management project.***

#### ***Achievements***

The ISM project aimed to improve the ability of the national societies to respond to disasters more effectively and rapidly; to develop their capacity to collect and access all types of relevant disaster-related information; as well as to improve disaster relief communications within the national societies in the region; and to participate in a global disaster information exchange.

The programme has been in place in the region for the last three years. It fell within the ambit of the Federation's Knowledge Sharing division, and in particular, the Organizational Development (OD) department. In just three years, the programme contributed to the improvement of the capacity of national societies through improved IT infrastructure and increased computer literacy at headquarters and branch level, establishment of systems for storing and accessing institutional memory through records management activities as well as the establishment of basic structures for knowledge network through e-mail.

The ISM project was a unique pilot scheme in the Red Cross in that it gave the opportunity to learn how to share knowledge at a practical level in national societies and delegations and how to use IT to help meet national societies' strategic objectives in four core areas; DP, DR, Health and Fundamental Principles and humanitarian values.

The year 2001 saw the completion of phase one of the regional website. The aim of the website was to become a tool for knowledge sharing in the region. The website is available on-line at: [www.southern-africa.ifrc.org](http://www.southern-africa.ifrc.org). The HIV/AIDS section contains country plans for HIV/AIDS projects, baseline surveys as well as a database of websites, on-line resources and organisations. Three of the national societies' HIV/AIDS coordinators had e-mail installed and received a basic introduction to computers and the Internet.

IT strategic planning was completed in the four pilot national societies and at the regional office. At its core, the IT plan was based on the fact that infrastructure and skills were weakest below the division/provincial office level, while the Red Cross's impact, implementation and actions were also at that level. In other words, the need for access to IT and information was greatest at the level where the capability was weakest. Most of the interventions proposed by the strategy therefore targeted branch and community levels.

Three Canadian interns (sponsored through the World University Service of Canada) were placed in the Namibia and Zimbabwe national societies this year. The internship projects resulted in improvements in hardware and software at the Zimbabwe and Namibia Red Cross Societies; specifically, a LAN (local area network) and new work stations were installed in Namibia, and in Zimbabwe e-mails installed in eight provincial offices, together with a LAN installation at headquarters.

A meeting was held in Geneva to obtain input on the creation of a Disaster Management and Information System (DMIS) for the Federation. The DMIS is a tool that provides disaster managers in the field with logistics data, country-specific information, reporting formats and manuals. The ISM project manager informed participants of lessons learned from the ISM project on the opportunities and pitfalls of using information systems for disaster management, based on experience with National societies .

In addition to planned activities, the ISM project manager volunteered to organise and coordinate a regional workshop - Counterparts in Relief and Development. This workshop had participants from the region and other parts of the world.

### **Constraints**

At the end of the year 2000, the ISM project faced the question of sustainability of the IT investments and advances in the National societies in light of the limited time frame of the programme. This challenge of sustainability remained, despite the fact that the ISM project was in its pilot phase, intended to show if and how IT could lead to increased disaster preparedness and response capacity in National societies . However, in order not to sacrifice sustainability, and to ensure that the National societies involved in the region were well placed to continue with good practices developed so far, they agreed to the development of IT strategies in 2001.

***Objective 5: To develop comprehensive contingency plans for commonly occurring disasters in the region.***

### **Achievements**

The development of drought-related contingency plans for Zimbabwe was planned for 2001 and for Botswana, Lesotho and Namibia in 2002. Given the deteriorating food security situation in Zimbabwe, a generic contingency plan on drought was superseded by an urgent need to prepare for the actual food security situation. The political environment demanded concrete action. In a combined effort of the Zimbabwe Red Cross Society, the IFRC and the ICRC, a plan was mapped out on the Movement's response to a situation that threatened the food security of an estimated 500,000 Zimbabweans. The role of the ZRCS was to target assistance first and foremost to HIV/AIDS affected families whose plight would worsen with the food shortages.

By early January, a joint statement on the food crisis had been drawn up to ensure a coordinated approach by the Movement. Weekly meetings between the ZRCS, the ICRC and the IFRC enabled staff to monitor the situation.

***Objective 6: To establish emergency, pre-positioned stock of goods for 10,000 persons.***

### **Achievements**

During the 2001 floods in Malawi, Mozambique and Zimbabwe, some of the emergency stocks already at the Federation's regional warehouse were sent to those countries to complement efforts on the ground. The disbursed stocks included, tents, kitchen sets, water purification tablets and blankets and were valued at Sfr 333,640.

The rationale behind regional stocks was that before each disaster season (October to March) there should be adequate stock for 10,000 persons or 2,000 families. To maintain this standard, stocks taken from the warehouse need to be replaced on a timely basis. Unfortunately, owing to administrative constraints experienced in replacing stocks disbursed in flood situations, the standard could not be reached. However, at the time of writing, concrete efforts were employed to replace them..

***Objective 7: To ensure that SPHERE principles were adopted in all National society policies and plans and applied in all Federation-assisted relief operations.***

***Achievements***

As mentioned under objective 1, recommendations were made for the DP policies to specifically outline how National societies would ensure that SPHERE standards were upheld. This would include provision for monitoring and reviewing actual response packages.

As agencies other than the Red Cross offered humanitarian assistance, there was a need to promote the SPHERE standards to those who were unfamiliar with them. The Federation conducted SPHERE appreciation workshops for different organisations in 2001 and during meetings with other agencies, made a point of promoting and ensuring adherence to SPHERE standards whenever relevant.

Towards the end of the year, the DP/DR department conducted a brief survey assessing the understanding of SPHERE standards by Federation staff at the regional office.

The SPHERE standards were crucial to the Federation's work as they guided the planning process for humanitarian assistance to ensure the adequacy of relief programmes, but they also provided a platform for monitoring and evaluation of operations. Moreover, they reflect the principles on which humanitarian work is based. These factors underlined the need to ensure that appeals, quarterly and annual reports as well as operation updates all show adherence (or non-compliance) to these standards.

***Constraints***

During the year, the DP/DR department achieved most of its planned objectives. Numerous lessons were learned in carrying out these activities. Chief among them was that the planning process culminating in the establishment of DP policies should include performance benchmarks elaborated in the SPHERE standards. The recently developed policies did not fully reflect this. By the fourth quarter, the DP/DR department was fully staffed and the backlog of overdue reports had diminished considerably.

The preparation of the RDRT exercise was a challenge that had a bearing on the project as a whole. One of the principal obstacles was the delay in obtaining the nomination of participants from the National societies to attend training sessions. This had a spill-over effect on other logistical arrangements. Other challenges included delayed submission of training materials required by different departments that in turn affected purchasing processes. Nonetheless, in the final analysis the arrangements and preparations went well.

***Health and Care***

***Objective 1: To support national society ownership of the regional health programme and programme development.***

***Achievements***

Nine national societies (HIV/AIDS and health coordinators) out of ten participated in the regional health planning meeting in March 2001. Only Botswana was unable to attend due to internal constraints. The planning meeting provided a forum for discussion of all national societies' health programmes, and coordinators exchanged ideas and experiences gained from their individual countries. Training was carried out by the RHP with support from experts from the regional office as part of capacity building in specific areas such as - how to produce workplans in logframe format, financial

management for non-finance people (budgeting, procedure for work in advance funds) and management of volunteers. The meeting provided an opportunity to improve skills in the above-mentioned areas and to facilitate integration of HIV/AIDS activities into health project implementation. Following this training, the national societies were able to produce their country work plans.

The RHP assisted six national societies (Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe) in compiling cholera strategies. The national societies worked with these documents while a draft of the regional cholera strategy was submitted to headquarters in Geneva.

The planning meeting for national societies was held in early December and eight out of ten societies participated. The national societies presented their plans for 2002 and outlined areas that would require technical support from the RHP. Plans to integrate CBFA and Psychological Support (PS) within the planned health activities for 2002-2003 were discussed and a plan of action was agreed upon. The RHP assisted the national societies in revising their country health plans to include CBFA and PS.

The RHP provided technical support to Lesotho Red Cross (LRCS) to refocusing their Community First Aid programme to address the needs of the most vulnerable. The RHP also assisted LRCS in developing a project proposal for a tuberculosis programme that will be integrated into the existing HIV/AIDS programme.

***Objective 2: To improve the capacities of the national societies through the training of staff and volunteers and provide regional technical support in developing and implementing developmental/relief health programmes.***

#### ***Achievements***

The Malawi Red Cross Society (MRCS) team in Blantyre received refresher training for cholera response as part of capacity building to overcome cholera outbreaks in the areas affected by floods in Nsanje, south of Malawi. The course was facilitated by the RHP and MRCS. The MRCS received technical support from the RHP in compiling a contingency plan for cholera outbreaks in the flooded areas in the Districts of Chikwawa and Nsanje, in the south of Malawi.

The RHP also provided technical and material support to cholera affected areas in South Africa, Swaziland, Zambia and Zimbabwe. The RHP gave guidelines on how to carry out needs assessments, on reporting, and on updates about the cholera situation in their countries. The National societies were informed of the commodity stocks available at the regional warehouse.

The regional health officer participated in the Malawi Community Based Health Development Programme (CBHDP) steering committee meetings in April and July to assist in appraising the project and advise on corrective measures to be taken. Similarly, the health officer participated in the end-of-phase evaluation in September and in the planning mission of the second phase of the CBHDP that integrated HIV/AIDS activities in December 2001.

The regional health officer was sent to South Africa for a month to provide technical support to the South African Red Cross Society in its effort to control the cholera outbreaks. The technical support provided by the RHP enabled SARCS to develop field skills and confidence to continue with the operations on its own from the end of May onwards. The cholera situation was successfully controlled in the areas where the SARCS was present.

Staff visited the Bhaphalala Swaziland Red Cross (BSRC) to discuss its health programme. The society received assistance in bringing its health programme in line with the African Red Cross and

Red Crescent Health Initiative (ARCHI). The programme emphasized clinics, blood donor mobilisation, screening and collection, HIV/AIDS, food security and water and sanitation (Watsan) activities. The Ministry of Health asked the BRSC to expand its blood programme to include blood screening and packaging. The RHP discussed the pros and cons of blood screening with the BRCS and decided to continue with donor mobilization, screening and blood collection.

The Zambia Red Cross Society (ZRCS) received support in strengthening its health programme, by developing strategic health plans and focused CBFA and HIV/AIDS programme documents. The RHP also assisted the society in carrying out a needs assessment in the town of Kabwe where a cholera outbreak had occurred because of burst sewage and water pipes. The ZRCS was advised to carry out health education amongst the communities and to press the government to repair the sewage pipes.

The RHP also assisted ZRCS in compiling treatment protocols for the Mwange refugee camp clinic in line with those of the Zambian MoH. The RHP also assisted in making audits of medical supplies and equipment in the camp and recommended that the clinic's supplies and equipment be brought in line with Ministry of Health (MoH) protocols.

***Objective 3: To build partnerships and foster support between the African Red Cross National societies in the region with the Federation country and regional offices, the Secretariat, PNSs, Ministry of Health, other partners in health such as UN agencies and the WHO .***

#### ***Achievements***

The RHP and the local Red Cross visited various organizations in Lesotho, including the Ministry of Health, WHO, UNICEF and the Christian Association of Lesotho to discuss areas of collaboration and partnership. The outcome of the meetings was very promising. The RHP advised LRCS to follow up on the meetings.

The RHP supported the Nairobi Delegation in the training of the Regional Disaster Response Team for two weeks in August in the absence of their regional health delegate who had finished her mission. The regional health delegate participated in the African Consultative meeting on global funds for HIV, TB and malaria. The meeting was held in Malawi and other participants included UNAIDS, UNICEF, WHO and representatives from government and some donor societies. The meeting coordinated the coverage the different organisations had for HIV, TB and malaria, thus avoiding overlap and duplication of efforts.

The RHP also participated in a workshop held by the WHO in Harare on the collaboration of various partners and response to malaria epidemics in complex emergencies in southern Africa. The workshop aimed to identify responsibilities of various sectors for epidemics in complex emergency situations. The RHP enjoyed good relations with donor societies in the region and performed an important support and supervisory function in the bilateral programmes.

#### ***Constraints***

Poor funding was the major problem in the regional health programme in 2001. This was a consequence of separating HIV/AIDS from the health programme. This problem was discussed with both regional management and senior programme managers in Geneva and an agreement was reached to change the funding strategy in 2002 and 2003. Proposals were subsequently sent out to selected PNSs to source funding.

The head of the health department at the secretariat in Geneva visited the regional office and discussions took place regarding the issues mentioned earlier. It was felt that most donors were

interested in funding HIV/AIDS programmes. It was therefore agreed that efforts would be made to strengthen ARCHI through the promotion of community-based first aid (CBFA).

Lack of technical staff and funding for some national societies' health programmes also made it difficult to initiate health focused programmes.

Despite the delay in carrying out the RHP workshop, the RHP managed to start the process of building more focused health programmes with national societies for 2002 and strengthening their response capacity to cholera outbreaks.

With assistance from the RHP the national societies streamlined the CBFA activities for their health plans for 2002 to 2003.

The RHP played an important role in the building of national societies' capacity and supporting their community-based health programmes. The need to address primary health care issues remained crucial in a region where the general health situation was very poor. Unless key issues are addressed - clean environment, personal hygiene, nutrition, safe drinking water, use of latrines and disease prevention including malaria and primary health care for children under five - it is doubtful whether National societies in the region will make a difference in the fight against HIV/AIDS.

***Objective 4: To strengthen the implementation of traditional Red Cross activities, prioritising community health interventions in the region with integration of HIV/AIDS epidemic prevention, care and support and advocacy activities.***

#### ***Achievements***

A separate programme for HIV/AIDS was established in accordance with one of the four Ouagadougou Declaration commitments. An HIV/AIDS coordinator was employed at the regional office in February and HIV/AIDS coordinators were also hired at National societies.

Five-year plans were developed for all ten national societies in the region based on surveys carried out in each country. In June, all secretaries general, health coordinators and HIV/AIDS coordinators participated in a planning mission in Harare. Representatives from UNICEF, WHO, churches, government and other community-based organisations participated in the planning workshop. The five-year plans and budgets were developed and finalised by consultants. This was a great success as the national societies then had quality documents with guidelines and they were keen to increase their activities. Before the country plans were drawn up, only a few of them had HIV/AIDS coordinators. The Federation funded the recruitment of coordinators within each Society. Ten employees were in place by the end of September.

The Xai-Xai Mozambique SAPRCS was very successful, as the Federation invited donor societies to discuss the five-year plans and asked them to indicate which Societies they hoped to support financially in 2002.

Following the development of five-year country plans, it was agreed that the seven national societies starting home-based care programmes would pilot the scheme in 2001 in preparation for the actual implementation of the plan, slated to begin in 2002. However, time constraints allowed only some National societies to successfully establish pilot projects. These were Botswana, Malawi, Namibia, Swaziland, Zambia and Zimbabwe. The Zimbabwe Red Cross officers discussed their experiences with their counterparts from the other countries.

It was decided at the SAPRCS meeting that a biannual newsletter would be established. The newsletter proved useful in sharing experience of HIV/AIDS activities. The first issue was published in

September 2001 and it highlighted the national societies who had begun HIV/AIDS activities. The publication of the newsletter inspired other societies to increase their efforts to catch up.

Workshops were organised in March and November to orient the HIV/AIDS coordinators and to plan for the year 2002. The orientation brought the coordinators to the same level and practical issues were discussed. Computer training was also offered during the orientation. It was agreed to look at the five year plans and to make annual activity plans and budgets based on these for all ten national societies , as well as to identify areas where they needed technical support.

Overall, the inception of the HIV/AIDS programme at regional level was very successful. It's main challenge and priority was to build up institutional capacities in the national societies in accordance with the Ouagadougou Declaration. The year started with the employment of a regional HIV/AIDS coordinator and objectives for the programme were developed in March. Most objectives were however achieved mainly because all National societies were very committed to increasing their HIV/AIDS activities and the technical support and advice from consultants inspired confidence in the programme.

At the regional delegation, priority was given to the support of the National societies in the region to build up their capacity and increase HIV/AIDS activities in order to prevent the further spread of the disease and mitigate the impact of those infected with it. HIV/AIDS activities were also being integrated into all other Federation programme activities to ensure that the maximum attention was given to combating the spread of the disease.

### **Constraints**

The enormous workload of the regional HIV/AIDS coordinator was the main constraint to the successful implementation of the programme this year. This meant that not enough time was available to follow up on work done in all ten countries.

***Objective 5: To implement water and sanitation programmes based on the needs expressed by national societies, provide training and build a database of appropriate available resources.***

### **Achievements**

The second phase of the regional watsan programme was launched in January 2001. The programme provided funding, technical and programming support for long-term development watsan projects in six countries in the region - Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. In addition to the long-term watsan project, there was also a sub-project in Masvingo, Zimbabwe and another two projects - the Cross Border, Cyclone Eline project in Zimbabwe and Mozambique and a floods rehabilitation project in Zimbabwe..

The regional watsan programme conformed with Strategy 2010 and was implemented in accordance with the SPHERE standards. The introduction of CAS, the positioning of a programme coordinator and appointment of focal delegates all add to a better programme approach and contributed to the service delivery to individual national societies .

The programme was initiated in response to drought and mass population movements during the early to mid-1990s. The current phase took a more developmental approach to watsan activities than the previous relief interventions, focusing on the strengthening of technical expertise and capacity within the national societies and at regional level, the integration of health education into watsan activities and the establishment of a watsan disaster response capacity (both human and material).

Watsan emergency interventions in 2001 included another big flood operation in Mozambique, flood related activities in Malawi and cholera interventions in Kwasulu Natal, South Africa. Substantial support was given to refugee operations in Namibia (Osire camp) and Zambia (Mwange camp) and Malawi (Dzalaka camp).

Overall, the watsan programme achieved its objectives for the year 2001 and the impact of the programme was felt in the region. At the end of the year, statistics were still unavailable from clinics to show that epidemics had lessened; nevertheless the health centers visited during field trips and confirmations from Ministry of Health officials indicated that incidence of disease had been reduced through Red Cross interventions. Diarrhea cases particularly were on the decrease.

Beneficiaries were committed to the programme and assisted in the construction of latrines, changed their hygiene habits and used borehole water. Coupled with the health education given by community workers, the watsan programme looked set to achieve positive results and to make an impact on the health of the most vulnerable.

### ***Constraints***

Institutional weaknesses within some national societies caused some delays. These included changing priorities which led to a lack of continuity in project delivery (both qualitative and quantitative) to beneficiaries and weak planning and programming skills. Despite these constraints, efforts were under way to introduce results-based programme planning and the use of the logical framework approach to identify outputs and indicators more effectively as a programme monitoring and evaluation tool.

The introduction of the CAS added to the coordinated programming approach. This was backed up by the creation of a post for a programme coordinator at the regional office level and the appointment of focal delegates to individual national societies .

### ***Organizational Development***

***Objective 1: To ensure that national societies have systems for branch development in place and are able to sustain these structures and to produce relevant training material, guidelines and manuals that reflect a participatory approach.***

#### ***Achievements***

The branch development training manual was completed following the fourth and final regional branch development *training of trainers* workshop in November. The November workshop concentrated on providing training to national society staff members on the application of the training manual and also provided general training skills. The workshop was co-facilitated with the regional HIV/AIDS programme and was attended by 28 participants, including HIV/AIDS coordinators, youth officers and branch development focal persons. The 28 national society trainers were taught to run training courses for field officers when applying the training manual. The regional branch development officer also supported the HIV/AIDS programme in the establishment of new HIV/ AIDS projects in five national societies .

***Objective 2: To ensure that national societies understand the connection between their delivery capacity and financing of core programmes and structures, and accordingly take action to improve their funding; to establish and/or strengthen domestic financial resource development capacity.***

#### ***Achievements***

This area of the OD programme proved to be the most challenging in terms of concrete results. The business plan for the Malawi Red Cross Society borehole drilling venture was completed and first indications suggested that this was potentially a very profitable project for financing. The MRCS formulated a marketing strategy to gain funding for the venture. Copies of the business plan are available from the MRCS or the Federation's regional office in Harare.

Swaziland Red Cross Society wound up their resource development project and although little was achieved in terms of increasing their domestic financial resources, the project gave rise to organizational restructuring that significantly impacted on the development of the society.

***Objective 3: To help national societies improve their financial management capacity in both accounting practices and in reporting to internal and external auditors. This will have implications on overall management and decision-making and on the distribution of information within the societies.***

#### ***Achievements***

During the year, time pressures made it difficult to start the finance development component of the OD programme. However, the finance development delegate made several visits to national societies in the region and provided ad-hoc support in various areas. Following the finance development planning workshop in December six national societies were expected to develop finance projects for 2002 and 2003.

Close links were forged with the regional Information Systems Management (ISM) project, as a part of finance development work that dealt with financial accounting software, which comes under the information system strategic plans developed on the ISM project.

***Objective 4: Governance - management relationships were further clarified and strengthened. This was a way for national societies to focus their programmes according to the guidelines in Strategy 2010. It was also important for the integrity of the societies and their capacity to deliver services to vulnerable people.***

#### ***Achievements***

A workshop was held at the end of March for national society senior management. Only Angola and Botswana were absent. The theme of the workshop was *leadership and change* and it was a follow-up to a similar one held in 1998 on governance. These events have proven to be very useful, as they provided opportunities for managers to share information with each other and to strengthen the links between governance and management within and among societies in the region.

In Swaziland, 125 board members received orientation and training on election procedures and the constitution, which resulted in qualified personnel being elected in five regions and at national level. Swaziland also trebled its branches from 10 to 30 and conducted a participatory review and revision of the constitution. In Malawi, after a governance and staff orientation workshop in April, the National society drafted a divisional development orientation plan. The programme was initiated on a cost-sharing basis with the OD programme.

***Objective 5: To ensure that all national societies had strategic plans linked to Strategy 2010. These plans will form the basis for the Federation's Cooperation Agreement Strategies and Memoranda of Understanding that will be drawn up with societies as required.***

#### ***Achievements***

The national societies in Swaziland, Zimbabwe, Mozambique, Malawi, and Namibia have strategic plans that link up to Strategy 2010 and formed the basis for the CAS process. The national societies of Lesotho and Botswana were expected to complete strategic plans in 2002 with the support of the OD programme. The special situations in South Africa, Angola, and Zambia hindered meaningful work in this area during 2001.

The strategic plans enabled National societies to bring their programmes and organizational development in line with the analysis that underpinned the planning process. The strategic plans also allowed partners to direct their support to the priorities of the societies.

#### ***Constraints***

In 2001 a lack of human resources meant that that little time was available for the development of the memoranda of understanding of the OD programme.

***Objective 6: To help societies improve their capacity to plan, implement, monitor and report on projects and programmes using the logical framework approach (LFA) as the main tool. This will improve their ability to manage partnerships with donors.***

#### ***Achievements***

The OD programme continued to encourage the use of the logical framework approach for project management. The most obvious examples of this support were with Lesotho Red Cross Society during the assessment mission and in Swaziland in the developing of a pilot food security project. However, it was apparent that the use of LFA in national societies was generally limited to project design and presentation rather than as a project management tool.

***Objective 7: To ensure that national societies take decisive steps towards functioning well, through implementation of OD programmes***

#### ***Achievements***

The OD programme was seen as a prime factor in capacity building, as was clearly demonstrated during the Lesotho Red Cross Society's assessment mission. The most visible direct link to programmes continued to be between branch development and the volunteer management issues central to the regional HIV/AIDS programme. The finance development component of the OD programme also forged close links with the regional ISM project. On the watsan programme, a staff member assisted national societies in building narrative and financial capacity.

Several national societies continued to work in the area of human resource development. Zimbabwe Red Cross Society appointed consultants to design and implement a performance appraisal system that will slot into the human resource work already completed. Malawi Red Cross Society reviewed their remuneration system and subsequently designed a performance appraisal system. Finally, Swaziland Red Cross Society identified and engaged a consultant to assist them in a complete analysis of their human resources. The Lesotho Red Cross Society also underwent considerable restructuring following the Federation's assessment mission carried out in July.

***Objective 8: To draw up Cooperation Agreement Strategies and Memoranda of Understanding with the national societies in Swaziland, Zimbabwe and Namibia, based on their strategic plans.***

#### ***Achievements***

Overall responsibility for coordinating CAS was transferred to the programme coordinator. However, the finance development delegate and the branch development officer were also actively involved in producing the Zimbabwe Red Cross Society's CAS and the Swaziland Red Cross Society's CAS.

### *Constraints*

Experiences in 2001 suggested that although the goal of the OD programme should remain the same, methodology needed to be rethought to reflect the current stage of the programme. This means more realistic planning and aspirations, and a special focus on the need to support the organizational aspects of massively scaling up the regional Red Cross response to the HIV/AIDS pandemic. Unfortunately, despite originally backing the idea of tailored support, national societies in the region expressed concerns about the project.

Notwithstanding this setback, the OD programme was determined to ensure that the limited resources available were strategically targeted to those national societies that could show the benefits of support in terms of improved services to the most vulnerable.

Integrity issues had a negative effect on the development processes of several societies in the region, specifically in Angola, South Africa and Zambia, but these received particular attention from the regional head of delegation with support from the secretariat in Geneva. Details concerning these three cases are given in the programme management and coordination report.

Although the regional office remained confident that support from the OD programme had a tangible impact on national societies, fundamental changes were slow in forthcoming. This difficulty was compounded by the departure of the OD delegate in June and the involvement of the two remaining OD staff in the CAS process and in the action research project. Fortunately, the OD delegate's post was filled and the new person expected to start in January 2002. This situation, however, had a serious impact on the implementation of some components of the OD programme.

The work of the OD programme relied primarily on cooperation within and outside the regional office. On a regional basis, high levels of cooperation existed on all programmes at various strata, covering different technical areas. As an example of this, OD and capacity building were integral parts of the Regional Disaster Response Training exercise that took place in October. Intra-regional cooperation within Africa also increased in areas of volunteer management and finance development.

In 2001 the first steps were taken to initiate regional partnerships with Voluntary Services Overseas and Skillshare International.

Efforts were also made to encourage national societies to use alternative sources of support. For example, British Executive Services Overseas was able to provide consultancy services free of charge in many fields, including human resources and business development.

## ***Regional cooperation***

***Objective 1: To strengthen regional cooperation and the setting of priorities through the SAPRCS forum and thereby to build national society capacity for Strategy 2010 core programme areas tailored for southern Africa and to harmonise this development support with ICRC cooperation programmes.***

### ***Achievements***

Two SAPRCS coordinating committee meetings were held during the course of the year. The first meeting in May endorsed a regional strategy and programme to fight HIV/AIDS and suggested approaches for strengthening volunteer recruitment and management in order to increase Red Cross activities. The SAPRCS moreover agreed to introduce an HIV/AIDS policy for their staff and volunteers. This was achieved in three National societies and in the regional office by the end of the year.

The November SAPRCS meeting elaborated further on the regional strategy for implementing HIV/AIDS programmes. Priorities for the coming year, the action research project and the process of CAS formulation were among issues discussed at the meeting. The SAPRCS group also presented a paper on strengthening the relationship between the Federation's regional office and National societies. The national societies expressed concern that all members of the group had access to assistance from the Federation, notwithstanding integrity issues and the need to pilot selected activities in the region.

ICRC representatives attended both SAPRCS meetings and had opportunities to present their activities as part of the cooperation process. Representatives from 12 national societies also participated in the November meeting. This was an opportunity for mutual exchanges about priorities and potential resources to meet needs.

The regional office held regular meetings with its ICRC counterparts, both from the Harare and Pretoria offices. This was particularly important in the run up to the appeal planning process. ICRC delegates were invited to all regional quarterly and annual meetings and other talks were held to discuss specific issues, such as the Movement's response to the deteriorating humanitarian situation in Zimbabwe.

***Objective 2: To have access to and exchange skilled personnel within the region through the implementation of the delegate recruitment and training programme.***

### ***Achievements***

The regional office placed a high priority on facilitating access to resource personnel within the region. This strategy was especially effective in making available appropriate expertise and building confidence and capacity within the region, which in turn contributed to the development process. Regional resource personnel played an active role in constitutional revisions, strategic planning, HIV/AIDS, water and sanitation, cholera control and prevention and refugee programme management. Significantly, the Chairperson of SAPRCS (also the president of Mozambique Red Cross) participated in an assessment of the Angola Red Cross, sharing his experience in governance and offering to provide further technical support to the Angola Red Cross.

The region continued to provide personnel to fill delegate positions. Eight of these were on assignments during the year. One person attended a BTC course held in Nairobi while others participated in ERU training in Europe.



## ***Coordination and management***

***Objective 1: To “add value” to the work of the regional offices through implementation of an action research project.***

### ***Achievements***

The action research project brought about a major change in the way the regional office interacted with national societies. In light of the secretariat’s mandate to be a “serving leader”, the regional office contributed to the global project through membership of the overall steering committee and through its work with several other bodies, including the working group on programme implementation hosted by the Harare office. Several changes were made, notably:

- { the appointment of a regional programme coordinator to optimise integrated programming, tailored to the capacity of each National society;
- { the appointment of a focal point delegate to coordinate all Federation assistance to each national society and to facilitate and manage the CAS process;
- { each delegate became responsible for facilitating knowledge sharing in order to bolster effective use and access to best practices, both within the Movement and externally. A regional web site was created, with a particular emphasis on HIV/AIDS, and databases were developed for pooling information on human resources;
- { five national societies were selected under the CAS process, according to criteria determined by the Societies themselves;
- { with the exception of Mozambique, all country delegations reported to the regional office. The use of Federation advisors working within the national society, as opposed to delegates in a separate delegation, was tried in Angola.
- { in August a southern Africa management team was formed, comprising senior staff from around the region,
- { regular quarterly meetings for Federation programme staff and, for the first time, an annual meeting of all delegates were held to build teamwork and strengthen access to Federation resources within the region. Delegates based at country level were called on to provide technical and other skills as Federation representatives in other countries. This practice has introduced during the year.

### ***Constraints***

Although the project did move forward, constraints included the challenge of changing the mindset of some delegates who had traditionally worked in a more purely technical role.

***Objective 2: To strengthen the profile of the Red Cross and foster support and partnership with international organizations and the donor community.***

### ***Achievements***

Routine networking activities took place during the year but some plans were postponed since a regional information delegate could not be assigned until September (even then she was reassigned because of the situation in Afghanistan in October).

The third year of the British Department for International Development (DFID) funded partnership concluded at the end of 2001. An evaluation team visited in November to review achievements and the first indications were that findings were positive.

***Objective 3: To increase accountability and visibility of the achievements and values of the operations and programmes supported by the regional office, through informative reports .***

### ***Achievements***

The third quarter of the year saw the arrival of an information and reporting delegate. It was not possible to recruit a reporting delegate during the first half of the year. When one was recruited in the third quarter, assistance was then available to bring together and edit the appeal 2002 - 2003. The appeal process was a time-consuming but successful one, that saw the regional office working together.

The backlog of pending and overdue reports for the region were then completed and most standard reporting requirements were fulfilled by the end of the year.

Standardised guidelines were established at the regional office for quarterly reports, resulting in a noticeable improvement in quality.

Training material was developed for use in National societies during regional workshops. The training of National society staff was an important part of the capacity building process, enabling them to produce well-written appeals, updates and programme proposals in disaster and non-disaster situations.

The information delegate was asked to participate in the reporting action team in Geneva, comprising GVA staff and three reporting delegates in the field. The team reviewed formats and procedures and shared field experience. This initiative was greatly appreciated and provided a useful forum for reporting delegates.

In September the reporting delegate also participated in the evaluation of the Community Based Health Development Programme in Malawi, supported by the Danish Red Cross, and in the Counterparts Workshop in Victoria Falls in October.

The information delegate produced news releases to mark World AIDS Day on December 1st, and the global launch of the annual appeal on December 5th, which was released regionally and published in both local and international media. Media relations were further strengthened with national media in Zimbabwe, through meetings with the head of television programmes at the Zimbabwe Broadcasting Corporation, and through field trips with media organised by the Zimbabwe Red Cross. Articles on HIV/AIDS “after the Ouagadougou Declaration” and an article on the Zimbabwe Red Cross home-based care programme were written and posted on the Federation’s web site, and the newly launched regional website. An article on the home-based care programme was also written for the Austrian Red Cross for their fundraising campaign.

The information delegate participated in Movement meetings on food security in Zimbabwe, and produced a questionnaire to be used by all three components of the Red Cross, and worked closely with the ZRCS information officer on press statements.

In addition, a media strategy was formulated regarding the destruction of Irish beef, which health authorities in Zimbabwe deemed unfit for consumption.. A video to be shown at the general assembly

in November was produced, and it portrayed a Zimbabwe Red Cross home-based care facilitator, who had been with the programme from its inception and who was herself infected with HIV/AIDS.

The reporting/information team participated as facilitators at the RDRT exercise in Chimoio, Mozambique. The team trained the participants in standard Federation reporting requirements, appeal writing, operation updates and basic LFA methodology, contacts with the media in emergency situations, writing press releases and news stories, and handling of information equipment.

Overall, the information-reporting department heightened the visibility of the work of the regional office and the national societies in the region. The team worked closely with programme managers to ensure a continuous flow of information to donors and the media.

***Objective 4: To operate a regional finance unit (RFU) to deal with all financial information for Federation activities within the region.***

#### ***Achievements***

The decision was made to have the RFU in southern Africa cover east Africa as well, and be based in Nairobi. Implementation began during the year with Angola reporting to Nairobi from 1 October 2001, Zambia from 1 November and Mozambique from 1 December.

***Objective 5: To operate a logistics unit to assist national societies and to support activities backed by the Federation and PNSs.***

#### ***Achievements***

At the beginning of the year, the logistics unit played a key role in supporting the response to flooding in the region. The unit handled purchasing and logistics support for operations in Zimbabwe, Malawi and Zambia with technical and back-up support for the country delegation in Mozambique. Refugee operations in Namibia and Zambia also received support, as did the cholera programme in Kwa Zulu Natal.

Training courses and workshops were held to strengthen national society capacities in logistics as an important adjunct for a strong regional structure. Workshops were held in Malawi and Swaziland in 2001, as support had been given to Angola, Namibia and Zambia the year before.

The regional logistics capacity built up in the second half of 2000 proved its value in 2001 by a markedly improved disaster response on the Federation's part. Furthermore, the logistics unit greatly improved the Federation's handling of ongoing needs such as procurement and vehicle fleet management.

The logistics unit played a key role in the second quarter in the evacuation of all delegate families to Pretoria during a period when security concerns escalated because of intimidation by war veterans.

#### ***Constraints***

Constraints during the year focused on the inordinately time-consuming process involving the destruction of 317 tonnes of canned beef donated by a food supplier in response to the floods in 2000. This issue was a major concern for the delegation and the logistics unit in particular, supported by legal advisors in Geneva, because of the complexities of dealing with several government departments on importation and destruction/disposal without incurring a major tax liability and, from our legal advisors, getting agreement from the suppliers to pay all costs. It took more than 12 months to complete this task, with a certificate of destruction finally issued in December 2001, bringing to a close a sensitive issue with many hard lessons for the Federation.

A second constraint experienced with the logistics unit based in Harare was the difficulties associated with petroleum shortages. Coupled with the fact that many of the most cost effective and efficient suppliers were in South Africa, a feasibility study on the relocation of the logistics unit to the Johannesburg/Pretoria area was carried out. The study demonstrated the advantages of relocation and the South African government was approached with a view to having required facilities made available through an updated status agreement. Planning for a relocation began during the first half of 2002.

***Objective 6: To assist the South Africa Red Cross Society in its efforts to become an organization that was more representative of, and responsive to, the country's needs.***

### ***Achievements***

The year was marked by a series of events that frustrated an orderly development process. In February, the SARCS national executive committee suspended the president from his duties. A financial audit was conducted in May and, based on the findings, a disciplinary hearing was instituted. The recommendations led to the national executive's decision to withdraw the president's membership of the society and thereby to effectively terminate his presidency. This decision was contested in the High Court. The Court pronounced in favour of the president. This decision was made one day before the annual general assembly convened in October. The president therefore suggested that the general meeting be postponed and that delegates meet instead in a workshop forum. This was rejected by the assembly delegates and the president was again suspended, this time by the general assembly.

In November, the Federation's General Assembly met and viewed with concern the developments in SARCS. The Federation's president and secretary general appointed a team of six members to travel to South Africa with a view to settling the leadership dispute. This mission took place in December and an agreement was reached whereby the president volunteered to step down and all parties agreed to withdraw any legal proceedings and desist from initiating any further ones in relation to the dispute. The reconvened general assembly elected a new president and vice president. The director general and financial controller resigned, the former because of ill health.

The environment was a difficult one for the Federation, though guidance was continually given to the society to help solve problems in accordance with constitutional requirements. Visits were made by the secretary general, the secretary general's senior representative to SARCS, the head of the Africa department, and by the regional office. The team at the end of the year comprised two governing board members, the senior representative, the ICRC's head of regional delegation, the director of Monitoring and Evaluation and the head of the Federation's regional office.

With support to the CAS from some national societies, a transfer of Sfr 252,000 enabled the society to maintain infrastructure at central and regional level. The ICRC gave an additional Sfr 100,000 for the same purpose. The Federation also advanced a soft loan of Sfr 834,600 during the year. This offset a long-standing bank overdraft that had seriously limited cash flow.

Though the dispute at leadership level created a situation where development activities were severely curtailed, the resolution of the problem at the end of the year gave rise to optimism. A sense of unity of purpose prevailed and priorities shifted to addressing the strategic planning process and the needs of the many vulnerable people in South Africa.

Though unrelated to the situation in South Africa, Zambia underwent its own changes. Two assessments carried out in March and in May led to recommendations calling for the institution of a recovery process for both the Zambia Red Cross Society's governance and management and a consolidated audit. The accounting firm KPMG was mandated to carry out both tasks with support from the regional office for the recovery plan. Work had begun by year's end.

***Objective 7: To provide effective and efficient management of the Zambia and Namibia country offices (and any others that might be established) and to coordinate the lending of technical support to the Angola and Mozambique offices.***

***Achievements***

The post of head of delegation in Zambia was closed in August and the remaining two delegates began reporting directly to Harare as part of the new organizational structure. This contributed to an efficient management structure which continued to have access to technical support and regional resources via the regional delegation. Regional resource personnel were made available on short term assignments as part of the move to use both international and local staff. The Federation's presence in Namibia ended in September as planned under the strategy to withdraw from the Angola refugee operation. Ongoing technical support to Namibia Red Cross continued from the regional office.

The head of the Mozambique delegation terminated his assignment in August and it was not possible to find a replacement until late in the year.

In Angola, two advisors were appointed at the beginning of the year to work within the National society on financial management and administration systems. The Federation's expatriate delegates withdrew and the delegation's office was closed. The advisors were given direct support from the regional office.

An assessment mission was carried out at the Angola Red Cross in September. Led by the Geneva based director of monitoring and evaluation, the team included the chairperson of the SAPRCS, the head of the regional office and the desk officer. Following the recommendations from the global audit conducted last year, the team met with governance, senior management, government, OCHA and the ICRC. A set of findings and recommendations were made. As responsibilities for technical support and monitoring fell increasingly on the regional office, the nature of the workload in Harare changed considerably

***Objective 8: To coordinate the provision of technical support from the regional office and to build capacity and sustainability.***

***Achievements***

The post of regional programme coordinator was filled in June. The new coordinator's brief was to ensure that technical support from the regional office to national societies was well managed and coordinated. All regional programmes subsequently reported to the regional coordinator. The CAS process was also coordinated from his office.

Other areas focused on included the identification and provision of tools for programme implementation, good donor relations, communications and reporting to partners and donors, bringing programmes in tune with reality, team building, exploring integration opportunities, ensuring cost effectiveness and seeking out partnerships with UN bodies, locally accredited missions and NGOs. Harmonisation of programme planning with the ICRC was crucial and the results of these efforts were clearly evident during the 2002-2003 appeal process. Each national society was assigned a specific delegate as its focal person to help ensure that Federation assistance was coordinated and tailored to their needs and capacities. The delegates were also responsible for overseeing and providing the impetus for the CAS process.

***Objective 9: To promote humanitarian values, through the regional programmes and through the fostering of commitment and skills to promote these values within national societies .***

### ***Achievements***

In August, programme managers were encouraged to integrate this important component into their planning. The information delegate was given responsibility for this. As a support, the interactive CD-rom produced in Geneva, "From Principles to Action", was seen as a valuable tool to be promoted within the region.

***Objective 10: To provide overall management of the regional office and to ensure that sufficient support staff and resources are available for the effective implementation of programmes.***

### ***Achievements***

Staff numbers needed to be increased to address new priorities, particularly HIV/AIDS. The regional office lacked the capacity to provide the service and leadership required by national societies. On the other hand, the capacity of national societies was built up in the regional office. To this end, regional resources were accessed and used where possible. This for example was the case when the HIV/AIDS programme was launched. Six consultants and resource personnel from several Societies travelled to neighbouring ones to share skills and experiences.

### ***Constraints***

International recruitment processes failed to yield timely results. The post of reporting delegate was vacant for seven months. Another key post at the regional office for an organisational development delegate also remained vacant for the last six months of the year. This situation placed severe constraints on the delegation's ability to address a number of OD issues in a timely way, especially those involving integrity issues.

Overall, the regional office achieved most of its objectives during the year but there were many challenges. Making a real difference in the HIV/AIDS pandemic was a crucial aspect that had direct implications on all aspects of the regional office's work. The relevance of the Red Cross was tested by this disaster and our response became a component of all programmes. The ability of National societies to make a real impact depended largely on their capacity, their willingness to prioritise and change mind sets and to provide leadership for the volunteer structures necessary for the crisis. The incapacities of a number of national societies were evident during the process of implementing the Ouagadougou Declaration.. The need to work with societies to address governance and management issues has been, and continues to be, a primary task of the regional office. Some progress was made during the year and it was encouraging to find a growing awareness of the issues involved and a readiness to engage in peer review.

While Federation policies and procedures guided the work of the regional office, mediation in National society disputes called for particular sensitivity when secretariat support was offered.

Lastly, good donor support enabled the regional office to plan and work in a coherent and organised way. Resources necessary to address important issues that could not be funded from other sources, e.g. support for the assessment and recovery processes in several national societies and resourcing services for refugee operations, were provided. Secure funding played a key role in allowing management to reach its achievements.

### ***Conclusion***

The year 2001 was a challenging one for the regional office in Harare. The floods in Mozambique and Malawi at the beginning of the year occurred when the region had only just recovered from the record floods in 2000. However, the experience of the 2000 floods taught the Federation valuable lessons and increased the capacity of the national society to respond effectively. HIV/AIDS activities throughout

the region were intensified in accordance with the Ouagadougou Declaration. The southern Africa region was disproportionately affected by the disease and all available resources mobilized to hinder further spreading. All regional programmes integrated HIV/AIDS activities and delegates devoted a large percentage of their time to the cause. At the end of 2001, the regional office was fully staffed and well-prepared to shoulder the humanitarian challenges of the new year.

*For further details please contact: Richard Hunlede, Phone: 41 22 730 4314; Fax: 41 22 733 03 95; email: [hunlede@ifrc.org](mailto:hunlede@ifrc.org)*

*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>.*

John Horkens  
Head  
Relationship Management Department

Bekele Geleta  
Head  
Africa Department

**INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES**

Interim report	
Annual report	X
Final report	

**Appeal No & title: 01.20/2001 Southern Africa regional programmes**

Period: year 2001

Project(s): 63002, 63103, 63110, 63160, 63201, 63500, 63503, 63900, 63902, 63904, 63905, 63925

Currency: CHF

**I - CONSOLIDATED INCOME 2001, CASH, KIND, SERVICES**

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Reallocations	Goods/Services	Personnel	
Appeal budget	7,497,280				
less Cash brought forward	334,970				
<b>TOTAL ASSISTANCE SOUGHT</b>	<b>7,162,310</b>				
<u>Contributions from Donors</u>					
American Government (DGUS)	805,305				805,305
Angola GVT via Angola RC (DGNA)	1,500				1,500
Angola Red Cross (DNAO)	7,465				7,465
Botswana Red Cross Society (DNBS)	1,415				1,415
British Govt.via British Red Cross (DNBS)	-50,000				-50,000
British Red Cross (DNGB)	954,477				954,477
Canadian Govt.via Canadian Red Cross (DNCA)	735,175				735,175
Danish Red Cross (DNDK)	30,000				30,000
DFID - British Government (DFID)	1,121,137				1,121,137
Donor - Unidentified (D000)	7,654				7,654
Finnish Govt.via Finnish Red Cross (DNFI)	229,712				229,712
Finnish Red Cross (DNFI)	136,396				136,396
German Red Cross (DNDE)	30,431				30,431
Icelandic Red Cross (DNIS)	56,561				56,561
ICRC (DM04)	4,786				4,786
Lesotho Red Cross (DNLS)	5,500				5,500
Mozambique Red Cross Society (DNMZ)	2,000				2,000
Namibia Red Cross (DNNA)	2,000				2,000
Norwegian Govt.via Norwegian Red Cross (DNNO)	46,250				46,250
Norwegian Red Cross (DNNO)	140,250				140,250
Private Donors-online donations (DNPD)	122				122
Swedish Govt.via Swedish Red Cross (DNSE)	325,600				325,600
Swedish Red Cross (DNSE)	73,323				73,323
Zimbabwe Red Cross (DNZW)	2,000				2,000
Austria				58,809	58,809
Denmark				84,927	84,927
Germany				15,113	15,113
Great Britain				94,784	94,784
Iceland				11,729	11,729
Norway				59,959	59,959
Sweden				48,131	48,131
<b>TOTAL</b>	<b>4,669,059</b>			<b>373,452</b>	<b>5,042,511</b>

**II - Balance of funds**

Opening balance	334,970
CASH INCOME Rcv'd	4,669,059
CASH EXPENDITURE	-4,754,930
	-----
<b>CASH BALANCE</b>	<b>249,098</b>

## Appeal No & title: 01.20/2001 Southern Africa regional programmes

Period: year 2001

Project(s): 63002, 63103, 63110, 63160, 63201, 63500, 63503, 63900, 63902, 63904, 63905, 63925

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	771,454	329,716			329,716	441,738
Clothing & Textiles	53,665	1,921			1,921	51,744
Food/Seeds		797			797	-797
Water	15,830					15,830
Medical & First Aid	23,550	-295			-295	23,845
Teaching materials	8,000	1,186			1,186	6,814
Utensils & Tools	38,910	2,577			2,577	36,333
Other relief supplies	62,457	26,447			26,447	36,010
<b>Sub-Total</b>	<b>973,866</b>	<b>362,349</b>			<b>362,349</b>	<b>611,517</b>
<u>CAPITAL EXPENSES</u>						
Land & Buildings	80,000					80,000
Vehicles	223,930	172,069			172,069	51,861
Computers & Telecom equip.	202,912	202,711			202,711	201
Medical equipment						
Other capital expenditures	54,600	36,612			36,612	17,988
<b>Sub-Total</b>	<b>561,442</b>	<b>411,393</b>			<b>411,393</b>	<b>150,049</b>
<u>TRANSPORT &amp; STORAGE</u>						
	731,123	260,799			260,799	470,323
<b>Sub-Total</b>	<b>731,123</b>	<b>260,799</b>			<b>260,799</b>	<b>470,323</b>
<u>PERSONNEL</u>						
Personnel (delegates)	1,451,923	746,795		373,452	1,120,247	331,676
Personnel (local staff)	1,754,475	774,374			774,374	980,101
Training						
<b>Sub-Total</b>	<b>3,206,398</b>	<b>1,521,169</b>		<b>373,452</b>	<b>1,894,621</b>	<b>1,311,777</b>
<u>GENERAL &amp; ADMINISTRATION</u>						
Assessment/Monitoring/experts	268,740	379,789			379,789	-111,049
Travel & related expenses	505,010	406,256			406,256	98,754
Information expenses	88,660	37,698			37,698	50,962
Administrative expenses	337,341	516,638			516,638	-179,297
External workshops & Seminars		4,814			4,814	-4,814
<b>Sub-Total</b>	<b>1,199,751</b>	<b>1,345,194</b>			<b>1,345,194</b>	<b>-145,443</b>
<u>PROGRAMME SUPPORT</u>						
Programme management	505,542	285,065			285,065	220,477
Technical services	151,333	85,349			85,349	65,983
Professional services	167,827	94,679			94,679	73,148
<b>Sub-Total</b>	<b>824,701</b>	<b>465,093</b>			<b>465,093</b>	<b>359,608</b>
Operational provisions		388,934			388,934	-388,934
Transfers to National Societies						
<b>TOTAL BUDGET</b>	<b>7,497,280</b>	<b>4,754,930</b>		<b>373,452</b>	<b>5,128,382</b>	<b>2,368,898</b>

**Consumption rate:** Expenditures versus income 102%  
Expenditures versus budget 68%