

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

SWAZILAND

Appeal no. 01.21/2003

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	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care	372,415	390,000
2. Disaster Management	286,885	305,000
3. Organizational Development	86,105	90,000
Total	745,404¹	785,000

National Context

The small mountainous country of Swaziland is inhabited by just under one million people. Officially known as the Kingdom of Swaziland, the country is one of the few remaining African monarchies and the country is headed by the monarch, King Mswati III. Opposition parties remain illegal, though some moves towards a more democratic system have been observed in recent years. Approximately 73.6 % of the population live in the rural areas and the adult literacy rate is 79.6%.

Human Development Indicators at a Glance

	Swaziland	Sub-Saharan Africa	World
Life expectancy at birth (years)	44.4	48.7	66.9
Adult literacy rate (% age 15 and above), 2000	79.6	61.5	~
Adult literacy rate (female as % of male), 2000	97	77	~
Combined primary, secondary and tertiary gross enrolment ratio (%), 1999	72	42	65
GDP per capita (PPP\$), 2000	4,492	1,690	7,446
People living with HIV/AIDS, adults (% age 15-49), 2001	33.44	9	1.2
Refugees (thousands), in/out, 2000	1/~	~	~

Source: UNDP HDR 2002

Swaziland is prone to droughts and cyclones. Vulnerable to natural disasters, the population of Swaziland is frequently at risk of losing their livelihood as agriculture and subsistence farming play a pivotal role for the rural population. Swaziland experienced droughts in 1991/92, 1993/94 and flooding in year 2000 due to Cyclone Eline. The main effects of drought and cyclones in Swaziland

¹ USD 511,425 or EUR 506,237.

² These are preliminary budget figures for 2004, and are subject to revision.

have been crop failure leading to a drastic reduction in household food availability, destruction of homes, malnutrition and other health-related problems. The country is currently in the middle of a serious food insecurity crisis, as drought has once again struck Swaziland.

In addition to the climatic hazards, the country is severely affected by the HIV/AIDS pandemic that continues to spread throughout the continent. Since the first case was reported in 1987, the disease has spread rapidly in the country. The impact of the HIV/AIDS epidemic is being felt in the country, as the work force is increasingly diminishing and the number of orphans and dependents rises. In February 1999, the King declared the disease a national disaster and urged the government and his citizens to adopt measures to curb the spread of the virus. A national emergency response committee for HIV/AIDS was appointed to coordinate the multi-sectoral national response.

National Society Priorities

The Baphalali Swaziland Red Cross (BSRC) focusses its work and programmes on alleviating the suffering of the people made vulnerable by natural disasters and diseases and implements programmes mainly within the areas of disaster preparedness and response, HIV/AIDS and health care. The BSRC is recognised by the government as a key player in health and disaster management and the National Society has a special mandate articulated to work with the government on key advocacy issues. The King plays an important role in promoting the profile of the National Society and raising funds for its activities.

At a Glance

	Year	Comment
Recognition	1979	Established in 1933 by an Act of parliament, admitted a member of the International Federation of RC/RC Societies same in 1979. Reviewed its Constitution in 1999.
Strategic Development Plan	1999-2005	National Society Reorganisation completed in 2002.
CAS	2002	Four-year CAS finalised
Appeal	yearly	Linked to annual Federation appeal
Self-Assessment	2002	Finalised for 2002
Elections	2001	Successfully held and new team ushered
Audit	yearly	Periodic internal and external audit carried out.

In 1999, the National Society reviewed its constitution with the aim of improving and strengthening its governance structure. A special commission was set up by the General Assembly to review and update the constitution. It is expected that the Board will approve the constitution in the forthcoming General Assembly meeting scheduled before the end of 2002.

Also in 1999, the National Society in consultation with the Federation developed a four-year strategic plan. This four-year revolving plan aims at addressing the humanitarian challenges faced by the National Society. Volunteers, staff members and members of the governing board as well as officials from government were involved in the production of the document.

In line with ARCHI 2010, Strategy 2010 and the Ouagadougou Declaration, the Baphalali Swaziland Red Cross defines its business under the following core areas:

- Health and Care in the community
- Institutional development (including branch development)
- Disaster preparedness and response
- Promotion of Fundamental Principles and humanitarian values.

To successfully achieve its objectives, the National Society recognised the need to strengthen its organisational capacities in the following areas:

- Human resource management and organisational structuring
- Development of policies and procedures
- Branch development
- Improved financial management procedures
- Support to youth and volunteer base.

Red Cross and Red Crescent Priorities

The Baphalali Swaziland Red Cross has developed a Cooperation Agreement Strategy (CAS) which covers the period 2002-2005. The document outlines the National Society's priorities and core focus areas and is a tool for the National Society and donors alike to support the National Society to work within its priorities.

The National Society is currently working in partnership with the Finnish, German and Swiss Red Cross societies, as well as with the International Federation and the ICRC. The most significant areas of partnership are within health and care and disaster preparedness.

The Southern Africa Delegation supports the BSRC to carry out its programmes through the provision of technical support as well as in organisational development to build the capacity of the National Society to increase its response capacity

The Swiss Red Cross is one of the main donors of the BSRC and supports the implementation of first aid and blood donor recruitment, as well as HIV/AIDS, water and sanitation and organisational development. Additionally, the British and German Red Cross societies (through the Federation) support the implementation of Water and Sanitation activities and the Finnish Red Cross (through the Federation) supports the implementation of the food security pilot project. ICRC supports tracing, information and dissemination activities as well as first aid and disaster preparedness.

Primary Support from the Movement in 2002

Partner	Health	Relief	Disaster Management	Humanitarian Values	Organisational Development	Other
ICRC				xx		
Federation*	xx	xx	xx	xx	xx	
Swedish RC						xx
German RC	xx					
Norwegian RC						xx
Netherlands RC						xx
Swiss RC	xx					
American RC						xx
Danish RC						xx
Finish RC			xx			

*Federation support comes from multilateral RCs

Priority Programmes for Secretariat Assistance

In 2003-04, Federation Secretariat support to the BSRC will focus on the ongoing food security operation. A delegate has been based in the country to assist the National Society and to increase its capacity to respond to future disasters.

The Federation will also assist the National Society to scale-up its activities within HIV/AIDS programming to respond to the humanitarian disaster that is developing in the country, by providing home-based care to the people living with HIV/AIDS to mitigate the impact of the disease and to carry out youth peer education to reduce transmission rates by promoting safe sex.

1. Health and Care W *<Click here to return to the title page>*

Background and achievements/lessons to date

CBHC

The BSRC works closely with the Ministry of Health (MoH) in the provision of primary health care services. The National Society runs three clinics in mostly rural areas, where basic health services are insufficient. Although the government subsidises the National Society to run the clinics, the support is insufficient to cover the running costs. As a result, the National Society has to cover a 20% over-expenditure for the running of the clinics which is a strain on the Society's limited resources. The National Society would like to extend its services to cover preventive services in the communities surrounding the clinics in acknowledgement of the increased burden of communicable diseases such as malaria, TB and HIV/AIDS.

HIV/AIDS

Since the first case of HIV/AIDS was identified in 1987, the virus has continued to spread throughout the country. With support of the Southern Africa Delegation, the BSRC responded to the developing humanitarian crisis and has since 1999 implemented HIV/AIDS projects with a focus on prevention and care. The National Society has established two home-based care projects and conducts awareness campaigns among the general public, youths, police and correctional service. The Federation assisted the National Society to carry out a baseline survey, to employ an HIV/AIDS coordinator and develop a five-year strategic plan in order to scale up in the area of HIV/AIDS in accordance with the Ouagadougou commitment.

The National Society collaborates with other organisations and government departments in the implementation of its HIV/AIDS projects. The National Society chairs the consortium of NGOs known as CANGO.

Water and Sanitation

Under the umbrella of the Federation's regional water and sanitation programme, the BSRC has been running a developmental water and sanitation programme in the Cetshwayo district since 1998. The programme is presently in its second phase and targets approximately 9,600 beneficiaries for 2003 and at least the same number of people for year 2004.

The Southern Africa Delegation supports the National Society in the design, identification, implementation, monitoring and evaluation of the water and sanitation programme and focuses on increasing the capacity of the National Society staff to empower the communities by improving the general health of the vulnerable communities through the provision of community-based water and sanitation interventions.

It is a priority for Federation support to the National Society that the water and sanitation activities are closely linked to the HIV/AIDS and community-based health care programmes.

The activities listed below reflect year 2003 activities which are projected to expand into 2004 but will be revised based on the finding of the year 2003 evaluation.

Overall Goal

A sustainable improvement in the general health and reduction in HIV/AIDS transmission of the targeted vulnerable communities through the provision of community-based health and care interventions.

Programme Objective

The Secretariat supports the BSRC capacity to implement community-based health care programmes, including HIV/AIDS and water and sanitation programming, thereby improving the general health situation in targeted communities and increasing the communities' coping capacity in disaster situations.

Expected Results

1. The capacity of Baphalali Swaziland Red Cross to design and implement health programmes that contribute to the reduction of morbidity and mortality is strengthened.
 - Four BSRC health staff trained and able to design, implement, monitor and evaluation CBHC projects.
 - Six first aid teams with 100 volunteers are trained in three regions.
 - 2,500 families in the targeted areas have been trained in first aid and are able to respond to common health conditions.
 - BSRC are members of the National Immunisation Committee and Coordination body.
 - Immunisation coverage for polio and measles at 100% in targeted areas by end of 2004.
 - Project proposal for malaria and TB has been developed by BSRC and submitted to GFATM.
 - Sixty Red Cross volunteers trained in three regions to prevent and respond to cholera outbreaks benefiting 3000 families.
 - BSRC have partnership with other organisations.
 - Preventive health activities established in the communities surrounding the three clinics.
 - Ten blood donor groups established.
 - Knowledge and lessons learned shared with other experienced blood programmes.

2. By the end of 2004 the transmission and impact of HIV infection is reduced among the target group.
 - 2,000 PLWHA provided with quality care and support.
 - 10,000 youths reached with safer sex skills.
 - 1,000 orphans supported materially and psychologically.
 - The capacity of the National Society is strengthened.
 - The BRCS is recognised both nationally and internationally as a key actor in the fight against HIV/AIDS, through advocacy and communications strategies directed at media and authorities.
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3. Provision of sustainable water and sanitation services at a national society and beneficiary community levels with capacity to respond to emergencies.
 - Beneficiaries trained in planning and implementation of water and sanitation activities with linkages to health and HIV/AIDS programme.
 - Red Cross branches become catalysts for water and sanitation activities in the national societies.
 - Increased technical and managerial capacity of the National Society in water and sanitation.
 - Sustainable and appropriate water and sanitation infrastructure and systems in accordance with SPHERE and country standards.
 - Increased ability of National Society to implement emergency water and sanitation interventions.

2. Disaster Management W [<Click here to return to the title page>](#)

Background and achievements/lessons to date

The BSRC has been involved in both floods and drought relief operations in the past and has gained important experience in the area of disaster management. With support of the Secretariat's Southern Africa Delegation in Harare, the National Society responded to the Cyclone Eline floods in 2001 and currently to the food insecurity emergency situation that has hit the region. The National Society's main focus in disaster management is food security as this is a recurring problem in Swaziland. The National Society has launched a food security pilot project with support of the Federation and the Finnish Red Cross to target the chronic food shortage situation in the country and to address the linkage between HIV/AIDS and food insecurity.

Both the pilot project and the emergency operation require extensive technical support from the Southern Africa Delegation; and both programmes are monitored closely to ensure the sharing of experiences and lessons learned between the two.

The BSRC has recently finalised its disaster management policy and plans. As soon as it has been adopted by the Board, an intense dissemination campaign will commence within the National Society and with other relevant stakeholders. Further training of staff and volunteers in disaster management, consolidation and coordination of ongoing programmes will be one of the National Society's main priorities in the next two years in order to improve the response capacity of the BSRC.

Overall Goal

Implementation of characteristics of a well-prepared national society has improved the Baphalali Swaziland Red Cross in the following three key areas, namely: know-how, capacity and performance.

Programme Objective

Secretariat support to the BSRC has enhanced its capacity towards meeting the emergency needs of the most vulnerable.

Expected Result

The capacity of the BSRC to provide appropriate and timely support to the people threatened or affected by disasters is increased.

- Human and technical disaster management resources improved and accessible when needed by 2004.
- Disaster management policy and plan operationalized and disseminated to all relevant stakeholders by end of 2003.
- Food security project evaluated and replicated in two more countries in the region by end of 2004.
- Present and future emergency food security interventions standardised.
- Countrywide EWS mechanism based on DMIS network and situation analysis by RDRT members established by end of 2003.
- Disaster management capacity strengthened by 40% and infrastructure in place by end of 2004.

3. Organisational Development W [<Click here to return to the title page>](#)

Background and achievements/lessons to date

The BSRC has received considerable assistance from the regional OD programme over the last few years. In 2001, a strategic plan and constitutional review were key elements of support. The National Society also received financial support towards the salary costs of senior management as an interim step until a full human resource review was undertaken. The full review was supported by the OD programme in 2002 and the Secretariat is ready to assist the BSRC in implementation of the review's recommendations, although financial assistance will need to be sought from the Capacity Building Fund.

The BSRC has been one of the more active societies in implementing branch development and this has reaped rewards in terms of increased numbers of branches and a more representational

constitution. The region's branch development manual had significant contributions from work done by BSRC at branch level.

In 2002, the National Society was supported in holding a governance induction workshop for newly elected members at national level. The National Society will also be receiving a volunteer finance manager from Skillshare International thanks to a partnership between the OD programme and Skillshare. This person will help to improve financial management in the National Society, a task to be made easier when new financial software is introduced with support from the OD programme (in partnership with regional ISM programme).

The BSRC is piloting a food security project and the funding for the project is being made available through the cash transfer system as opposed to working advances. This is being used as a mechanism to encourage more financial management responsibility.

Overall Goal

Implementation of characteristics of a well-functioning national society has improved the BSRC in the following three key areas: foundation, capacity and performance.

Programme Objective

Secretariat support to the BSRC has led to a strengthening of its operational capacities.

Expected Result

The capacity of BSRC to design and implement their strategic directions is improved.

- BSRC has an effective volunteer management system in place.
- BSRC has functional branches in place that are actively participating in project implementation.
- BSRC has increased its financial resource base in both value and diversity.
- BSRC has in place effective financial management systems.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.21/2003

Name: Swaziland

PROGRAMME:

	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	50,400	0	0	0	0	50,400
Clothing & textiles	0	21,600	0	0	0	0	21,600
Food	0	30,000	129,050	0	0	0	159,050
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	18,000	5,000	0	0	0	23,000
Teaching materials	0	30,000	0	0	0	0	30,000
Utensils & tools	0	4,200	0	0	0	0	4,200
Other relief supplies	0	8,000	5,000	0	0	0	13,000
SUPPLIES	0	162,200	139,050	0	0	0	301,250
Land & Buildings	0	3,000	0	0	0	0	3,000
Vehicles	0	0	0	0	0	0	0
Computers & telecom	567	0	0	0	0	0	567
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	567	3,000	0	0	0	0	3,567
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	2,791	10,320	3,600	0	0	0	16,711
TRANSPORT & STORAGE	2,791	10,320	3,600	0	0	0	16,711
Programme Support	5,597	24,207	18,648	0	0	0	48,451
PROGRAMME SUPPORT	5,597	24,207	18,648	0	0	0	48,451
Personnel-delegates	19,200	0	0	0	0	0	19,200
Personnel-national staff	25,683	120,900	15,795	0	0	0	162,378
Consultants	3,400	2,800	0	0	0	0	6,200
PERSONNEL	48,283	123,700	15,795	0	0	0	187,778
W/shops & Training	8,067	18,000	57,730	0	0	0	83,797
WORKSHOPS & TRAINING	8,067	18,000	57,730	0	0	0	83,797
Travel & related expenses	6,000	13,120	17,000	0	0	0	36,120
Information	0	4,800	25,000	0	0	0	29,800
Other General costs	14,800	13,068	10,062	0	0	0	37,930
GENERAL EXPENSES	20,800	30,988	52,062	0	0	0	103,850
TOTAL BUDGET:	86,105	372,415	286,885	0	0	0	745,404