

PROGRAMME UPDATE



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 REGIONAL PROGRAMMES

8 December 2003

Appeal No. 01.24/2003

Appeal Target: CHF 3,449,133 (USD 2,366,973 EUR 2,342,761)

Programme Update No. 2

**Period covered: July to October 2003: Coordination, Representation and Management;
January to October 2003: Health and Care, Disaster Management and Organizational
Development**

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries. For more information: www.ifrc.org

In Brief

Appeal coverage: 62.8%; [Click here to go to attached Contributions List](#) or refer to the Federation's website.

Outstanding needs: CHF 1,282,434 (USD 987,600 EUR 828,200)

Related Emergency Appeals: Southern Africa: Food Security and Integrated Community Care 15/2003

Related Annual Appeals: Angola 01.14/2003; Botswana 01.15/2003; Lesotho 01.16/2003; Malawi 01.17/2003; Mozambique 01.18/2003; Namibia 01.19/2003; South Africa 01.20/2003; Swaziland 01.21/2003; Zambia 01.22/2003 and Zimbabwe 01.23/2003.

Programme Summary: In support of the Federation Strategy for Change, there have been increased consultations with the national societies in the implementation of country programmes and in the annual appeal planning process. New staff elements have been brought in to the Regional Delegation, and Federation in-country presence has been reinforced in Lesotho, Malawi, Mozambique, Zambia and Zimbabwe to better support the national societies in this process. Coordination between regional programmes has also been enhanced to ensure better integration of regional programmes to provide holistic approach to the most vulnerable in the region. HIV/AIDS projects have scaled up substantially in most of the southern Africa countries. The regional HIV/AIDS programme continues as a catalyst for sectoral integration; this has resulted in significant impact in improving both the lives of the most vulnerable and the capacity of the national societies, alongside community health, water and sanitation, food security, disaster mitigation, branch and volunteer development initiatives. The strengthened regional disaster response capacity, attributed by the annual Regional Disaster Response Team trainings, was well demonstrated during the cyclones, floods, cholera outbreaks and population movement in some countries in the region. Seven national societies now have policies in place to move towards becoming well-functioning national societies.

To better reflect the financial reality and expedite service delivery, several reallocations of contributions were made from the regional programmes to country-specific activities. Although financial constraints were partly resolved for some of the regional programmes, gaps still exist and the Federation is calling for additional support for its programmes and core costs.

Operational developments

According to WFP and FAO, at least 6.2 million people in the southern Africa region will need food aid until the harvest in April 2004, despite improved agricultural outputs. While the situation in most countries has improved, Zimbabwe's food production was worse than 2002 and regional disparities in food production have created pockets of needs. Five-and-a-half million people – approximately half of the population of Zimbabwe - face acute food shortages and require assistance in form of food and non food items. Aid agencies have pointed out the urgent need to assist with delivering agricultural inputs for the coming cropping season. Concern over future harvest prospects remains.

The impact of HIV/AIDS in the region has exacerbated the food security crisis. HIV/AIDS infection rates in southern Africa are the highest in the world. There are more than 3 million orphans in southern Africa and child- or elderly-headed households are on the increase. The most productive segment of the population aged 15 - 49, is dying. Those infected are made more vulnerable to health complications and death when food shortages occur. The lives and livelihoods of the communities as a whole are affected. A new study conducted by WHO, UNICEF and UNFPA indicated that women in sub-Saharan Africa face the highest maternal mortality rates in the world, with up to one in 16 women running the risk of dying in pregnancy or childbirth. There is limited access to health services and brain drain of health workers in some countries such as Zimbabwe where food shortage has left many women anaemic and not strong enough for childbirth. HIV/AIDS has left many women anemic and too weak to fight infections. There is an urgent need for increased access to emergency obstetric care in the region.

According to UNHCR, approximately 190,000 Angolans have returned spontaneously and voluntarily since the ceasefire agreement. However, some 140,000 refugees still remain in the neighbouring countries such as DRC, Namibia and Zambia. The organized repatriation scheme, which is governed by tripartite agreements signed between the government of Angola, the UNHCR and governments of different neighbouring host countries respectively was initiated in June 2003 and should be completed by the end of 2004. In some countries such as the DRC, there has been no assistance at all since 2000. In others, assistance stopped as soon as repatriation started.

In Angola, the resettlement of returnees in their areas, coupled with the existing difficulties in most communities, is aggravating the food security situation, access to clean drinking water, sanitation, health, education facilities and other social services which have been devastated during the war that has lasted more than 30 years. The weapons, land-mines and other explosives left behind in the fields are a threat to the lives of the returnees and the local population. Nearly half of these returnees came from the DRC. OCHA estimates that there are over 50,000 Angolan refugees in the provinces of Bas Congo, Katanga and Bandundu in the DRC. Some of these refugees have already expressed their willingness to return to the country. Zambia is hosting the largest number of Angolan refugees in Africa, estimated at 85,000. The influx of Angolan refugees into the western and north-western Zambia has had a significant impact on the local population and environment.

In response to these population movement challenges, the Federation along with the national societies in Angola, Zambia and the Democratic Republic of Congo has established contacts with relevant authorities and deployed assessment teams to identify areas of Red Cross intervention. Coordinated by the Federation regional delegation for southern Africa, efforts are being made to contemplate a regional plan of action running six to nine months in Angola, DRC and Zambia to assist the repatriation and resettlement of Angolan refugees and improving the quality of lives of the local communities.

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Health and care

Community-based health

Goal: Improvement in the general health and reduction in HIV/AIDS transmission of the targeted vulnerable communities through the provision of community-based health care.

Objective: National societies will be strengthened to ensure that they are able to design and implement health projects that contribute to the reduction of morbidity and mortality from common health problems.

Progress/Achievements

- Training of national society staff and volunteers in CBFA (community-based first aid) and CBHC (community-based health care)
- Improved immunization coverage
- Better preparedness to respond to health emergencies
- Partnership with other organizations within the region

The former regional health delegate visited **Zambia Red Cross Society** on 22-27 February 2003 to support the national society in conducting assessment and planning interventions for flood affected victims in Kabwe district. The interventions included volunteer's cholera kits, as Kabwe is a cholera endemic district in Zambia.

As part of the Red Cross contribution to the Ministry of Health national efforts to reduce the burden of childhood immunizable diseases, Zambia Red Cross with support from the Federation, organized and conducted social mobilization for mass measles campaigns on 7-13 June in eight districts with close collaboration with the DHMT (district health management teams). These districts were Chiengi, Kabwe, Kapiri-mposhi Kafue, Mufulira, Mansa, Mporokoso, and Kaputa. Zambia Red Cross also collaborated with the Right to Play (NGO) in the social mobilization support activities to DHMTs in Chiengi, Mufulira and Kafue. A total of 1,800 national society volunteers were mobilized: eight motor cycles, 1,800 bicycles, and 72 mega phones (public address systems) were purchased for use by volunteers of the national society.

The campaigns this year for the first time covered four important components, vitamin a, mebendazole, measles vaccination and ITN (insecticide treated nets) for children between six months and five years, in four priority malaria districts as identified by the national malaria control centre. The Federation provided 75,000 ITN to Zambia measles campaigns of which Zambia Red Cross volunteers distributed 23,000 in Kaputa, while the rest was distributed by the DHMT in Nyimba, Mambwe, and Chilubi districts. Kalulushi was provided with 15,000 ITN through a voucher system administered through Netmark and DHMT. According to the central board of health/Ministry of Health, the objective of reaching 100% measles vaccination coverage has been attained through the target population.

The regional health delegate together with the Federation Africa malaria advisor visited Zambia Red Cross from 10-13 March to undertake needs assessment for malaria interventions during humanitarian crisis. The information was aimed at launching a malaria emergency appeal.

The regional health delegate accompanied the health officer from the Geneva secretariat responsible for measles in his visit to Zambia Red Cross to finalize the micro planning for measles social mobilizations from 31 March to 12 April.

In Zimbabwe, the regional health delegate supported **Zimbabwe Red Cross** health coordinator in the networking with the Ministry of Health and WHO at national and district level, for the preparations of malaria and tuberculosis projects. He also supported the health team in conducting the situation analysis for the same projects.

The regional health delegate left in July and was replaced at the end of September. The new regional health delegate contributed to the Federation annual appeal process in the health sector. The delegate is getting herself acquainted with the ongoing health programmes in the region and participated in sectoral meetings at the regional office. She attended the Southern Africa Partnership of Red Cross Societies (SAPRCS) meeting and the Southern Africa Regional AIDS Network (SARAN) planning meeting in Johannesburg, South Africa. These gave a good overview of the work carried out as well as the possibility to see where more integration with the health programme can take place.

The conference “Reaching the Most Vulnerable” on community social mobilization which took place in Windhoek, Namibia gave the opportunity to meet officials from the different national societies as well as to have a broad understanding of their programmes.

The regional home-based care, prevention and OVC (orphans and other vulnerable children) support programme and the community-based health programme will work closely together to strengthen the prevention component in the HBC (home based care) programme and at community level through training of trainees.

Upon request from **Namibia Red Cross**, the regional health delegation visited the national society and the Namibia reproductive health initiative (NARHI) project. The project was funded by the American Red Cross but will be terminated by the end of the year due to reduced funding. The project goal is “To reduce maternal mortality and improve the sexual health of adolescents in the NARHI project target areas in Kunene and Kavango regions by December 2006”. The project is in line with the ARCHI 2010¹ scaling up prevention, care, support and advocacy activities and HIV/AIDS and health. The regional health programme will support two workshops for traditional leaders in Opuwo on reproductive health, prevention, HIV/AIDS and STD. The training of TBA (traditional birth attendants) is carried out by the Ministry of Health while the regional health programme will support the procurement of the TBA kits.

The **Baphalali Swaziland Red Cross**, Zambia Red Cross and Zimbabwe Red Cross received support in responding to the cholera outbreaks early this year and again in October and November when new out breaks were experienced in Zambia and Zimbabwe respectively.

Impact

The lives of millions of children in Zambia aged between six months and 15 years were saved from one of the biggest childhood killers in Africa, measles through the week-long measles vaccination campaign set out by Zambia Red Cross in coordination with the Ministry of Health. At the same time, the national society has gained capacity in mobilizing volunteers and communities. Relationship and coordination with the Ministry of Health have also been strengthened. The event was widely reported by the local and international media, enhancing the profile of the national society. A special focus on Zambia measles campaign can be found on the Federation website.

<Click here to access the Federation article dated 17 June 2003>

Click here to access the Federation article dated 23 June 2003>

Due to lack of funding and as the absence of regional health delegate for some months, most of the regional health programme activities have not been implemented as planned during the reporting period. With the remaining available resources, the regional health programme will focus to implement the recommendations of ARCHI 2010.

¹ ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. Refer to <http://www.ifrc.org/what/health/archi/>

Constraints

The regional health programme could not be implemented fully due to lack of sufficient funding as well as a delay in the arrival of funds. In addition, the absence of a programme manager - due to change of delegate - impeded progress on implementation.

Coordination

Partnerships between the Federation, national societies, Ministry of Health, UNICEF and WHO have strengthened. Various meetings were held during February 2003 between the regional health delegation and the UNICEF regional health advisor, UNICEF health advisor of Zambia and Zimbabwe, WHO regional and country representatives for malaria, tuberculosis, measles and cholera, MoH officials of Zambia and Zimbabwe. The outcome of these meetings reflected a significant level of trust among partners and resulted in agreement and plan of action for programme implementation. For instance, it has been agreed that the national society will assist UNICEF by distributing ITN in areas where the national society is implementing malaria projects. WHO and the Federation are jointly preparing a volunteer kit for malaria interventions and pre test of the kit will take place soon. As this collaboration grows, there is a need for a written agreement to formalize the partnership.

The regional health programme in collaboration with WHO has developed a volunteer and village health workers malaria kit which will be pre tested in Malawi, Zambia and Zimbabwe. With support from the regional health programme, Zimbabwe Red Cross attended various meetings with the MoH and WHO on malaria, cholera and tuberculosis. The Federation and Zimbabwe Red Cross were invited to attend the Zimbabwe country coordinating meetings effective from February this year.

The Federation senior health officer from Geneva visited the regional delegation and participated in the tuberculosis workshop organized by the WHO. The regional UNICEF health advisor visited the regional delegation on 11 February. Among other things discussed was collaboration between the Federation and UNICEF in malaria and cholera interventions, immunization and IMCI (integrated management of childhood illness).

The WHO resident representative in Zimbabwe visited the regional delegation on 9 February and had a meeting with the regional health delegate, the HIV/AIDS coordinator and OD delegate. Collaboration of the Federation and the WHO was the main issue of discussion. Subsequently, the regional health delegate was invited by the WHO to participate in the development of the WHO country cooperation strategy for Zimbabwe, which has now been finalized.

HIV/AIDS

The regional HIV/AIDS department is making progress in implementing planned objectives and activities. The regional office continued to support the ten national societies in capacity building for care and support, prevention, orphans and other vulnerable children (OVC) and advocacy. This included:

- HBC programme support to the National Red Cross Societies of Botswana, Lesotho, Malawi, Mozambique, Namibia, Zambia, and Zimbabwe;
- Support-group training in Lesotho, Malawi, Namibia, Swaziland and Zambia;
- OVC in Lesotho, Malawi, Swaziland and Zimbabwe;
- Continued support for prevention of HIV/AIDS for the National Red Cross Societies of Angola, Botswana, Mozambique and Namibia.

The national societies in the region have scaled up HIV/AIDS activities to such an extent that some of them exhausted their annual approved budgets before the planned timeframe. More funding will be required for Malawi, Namibia and Zambia. However, Zimbabwe Red Cross, **South African Red Cross** and Baphalali Swaziland Red Cross have not managed to utilize the funds allocated to them for the year.

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The food security project in southern Africa has been integrated within the HIV/AIDS project at regional level. Efforts to integrate community-based health, WatSan, and HIV/AIDS have been made and pilot project will be implemented in the cross-border project in the Caprivi region. An assessment has been proposed for the end of the year.

The regional HIV/AIDS project has contributed to alleviating vulnerability of people especially persons living with HIV/AIDS (PLWHA), OVC, and their family members. PLWHA and OVC are being supported at home with psychological support through support groups and memory box², nursing care and food rations. Their family members have received skills on how to care for their loved ones who are sick.

Results from an assessment done in Livingstone, Zambia on the impact of food on the clients in the home-based care project showed that 80% of the clients are now able to have at least two meals a day compared to one before the project. Hospital records showed that through the home-based care project, there was a reduction of 30% in the number of patients with malnutrition. Tuberculosis patients are being monitored when taking their drugs by the care facilitators and the defaulter rate has dramatically dropped among patients in the HBC project and there is observable weight gain among the clients.

Goal: The vulnerability of communities due to poor health and exposure to HIV/AIDS infection is reduced.

Objective: Working with national societies to develop home-based care programmes, to provide support to Persons Living With HIV/AIDS and OVC, initiate HIV prevention education information to reduce the spread of the virus and to reduce HIV-related stigma.

Progress/Achievements

Capacity of national societies to implement care and support activities for HIV infected and affected people are improved

The regional HIV/AIDS department provided technical support to nine national societies in various ways with regard to establishing and strengthening home-based care projects. Through this support from the regional level, home-based care facilitators from the national society provided care and support to 25,000 PLWHA. Based on this, it is estimated that an additional 125,000 affected family members have been reached so far. As a result of the efforts in the region, 20 HBC projects were established in nine of the ten National Red Cross Societies. The importance of establishing HBC projects is crucial to the overall success of HIV/AIDS intervention as support groups, income-generating projects and other components are built on this foundation.

A total of 1,204 care facilitators have so far been trained in the region. The national society staff working on the HIV/AIDS projects in the region have, in general, demonstrated high knowledge of establishing and managing projects. However, there are still some national societies that require support in this area.

National societies have established support groups for PLWHA and OVCs

Since January 2003, 154 support groups were established in the nine countries: Botswana (2), Lesotho (2), Malawi (2), Mozambique (40), Namibia (3), South Africa (25), Swaziland (4) Zambia (30) and Zimbabwe (46). The support groups are assisting in breaking stigma and discrimination in various locations. In Kasane (Botswana) and Caprivi (Namibia) where stigma is rife, the support groups have helped address the myths and misconceptions about PLWHA as well as increased acceptance of PLWHA and OVC by the community.

Advocacy activities in the region are established and national societies are effectively supported.

Since beginning of the year, at least 20 campaign sessions were carried out in ten countries by the National Red Cross Societies. Each national society organized two main events this year. The other activities related to anti-stigma campaign include development of HIV/AIDS policies, meetings with community leaders and engagement of HIV positive volunteers in activities of the national society. The regional delegation also

² Memory Box is one of the Red Cross initiatives to help mothers and fathers, powerless in the face of death due to HIV/AIDS, to communicate with their children by making a treasure chest of information such as family photographs, letters, stories and history. The memory box also serves as an important vehicle in the AIDS education battle, by allowing people to talk openly about the disease.

assisted national societies to develop HIV/AIDS policies at work place. Nevertheless, implementation of these policies has been a challenge. So far, the national societies of Lesotho, Mozambique, Namibia, South Africa, Swaziland and Zambia have developed HIV/AIDS policies at workplaces. These will be shared with some private companies and organizations interested in promoting HIV/AIDS policy formulation at workplaces.

Several care facilitators who are HIV positive have been recruited to participate in HBC projects. Engaging HIV positive volunteers within the projects has proved very useful. They encourage other clients to live positively and share openly with family members, friends and the communities.

The national societies have agreed to adapt the Federation stigma and discrimination campaign strategy to the regional context. This was agreed upon at the October 2003 Southern Africa Regional AIDS Network (SARAN) meeting.

In Lesotho, Malawi, Swaziland, Zambia and Zimbabwe, the involvement of traditional chiefs in Red Cross HBC projects has, to an extent, helped in fighting stigma and discrimination.

- In Malawi, the Mchinji district chief has requested the **Malawi Red Cross** to train 35 local chiefs in HBC and give information on HIV/AIDS. The chief also requested a VCT (voluntary counselling and testing) centre for his village.
- In Swaziland, a chief in Sigombeni HBC project disclosed his HIV positive status at a community gathering. The chief has become a strong Baphalali Swaziland Red Cross volunteer.
- In Zimbabwe, the chief of Zvimba district has started caring for PLWHA at his homestead. He has requested the Zimbabwe Red Cross to give more information in his village and he participates in some national society HBC events and anti-stigma campaigns.

OVC activities in national societies are implemented and strengthened.

Some 15,000 orphans and OVC made vulnerable by HIV/AIDS received full support with school fees and psychosocial and material support. In addition, over 75,000 children received food supplies since January 2003. The low coverage is due to the fact that most national societies were at their early stages of establishing HBC projects, the backbone of OVC care. HBC is developed in three stages, that is, recruitment and training of volunteers, identification of clients, (food security component) and finally identification of OVC.

Furthermore, the HIV/AIDS coordinators of national societies were yet to be orientated on OVC guidelines developed by the Federation. This orientation has since taken place at a regional workshop held in Harare, Zimbabwe. It is anticipated that, with the newly recruited OVC delegate joining the regional HIV/AIDS office in August 2003, progress will be made in this area.

The Regional Psychosocial Initiative (REPSII, an NGO) has joint training with the national society volunteers and family members on memory book project in Namibia, South Africa and Zimbabwe. This project encourages clients (parents) to share openly with their children on their HIV status and their future plans for children in a relaxed atmosphere, so that the children are mentally prepared before they finally become orphans. The project contributes in the fight against stigma. Clients on the memory box have also requested for material and educational support for their children, and information dissemination on HIV/AIDS to their children.

Food security activities integrated in the regional HIV/AIDS programme.

A total of 25,000 PLWHA in nine countries mainly in Lesotho, Malawi, South Africa, Swaziland, Zambia and Zimbabwe, were supplied with food baskets. This is because there were more resources pulled in by aid agencies into these countries as they were hard hit by drought. The **Botswana Red Cross Society**, **Mozambique Red Cross Society** and Namibia Red Cross continue to supply clients with minimum food packs provided by the Federation. Meanwhile, 80,000 OVC have been receiving food packs in January to October 2003. The food supply will continue until the end of year. Although these children receive food, other basic needs have not been addressed. Several families received seed and fertilizer from their national societies and have established nutrition gardens to ensure fresh vegetable supply at household levels, such as in Malawi, Swaziland, South Africa, Zambia and Zimbabwe. Although assessment of nutritional status among clients has not been done, anecdotal evidence suggests that generally the clients have improved health. In households of these clients, there is evidence of food supplies received. On the other hand, through informal interviews, clients confirmed and appreciated supplies of food packs.

Results from an assessment done in Livingstone, Zambia on the impact of food on the clients in the HBC project show that 80% of the clients can afford two meals a day compared to one before the project. Hospital records showed that in the HBC project, there was a reduction of 30% in the number of patients with malnutrition. Care facilitators are monitoring the drug intake of tuberculosis patients and the defaulter rate has dramatically dropped among patients in the HBC project. There is observable weight gain among the clients.

The Southern Africa food security operation has been fully integrated within the HIV/AIDS project. A few countries, such as Zimbabwe, will still be implementing the country-specific food security activities next year.

Capacity of national societies in programme management is increased through empowering national societies' staff.

The Federation OD programme is giving valuable support to the weak national societies (**Lesotho Red Cross**, South African Red Cross, and Zambia Red Cross). The situation has greatly improved and activities are being implemented effectively. To improve financial management of Zambia Red Cross, the Federation has recruited a finance delegate who handles and processes all funds sent to Zambia Red Cross. The delegate, in the process, is training a Zambia Red Cross counterpart to strengthen skills in financial management. In addition, the regional HIV/AIDS finance delegate has visited Zambia and other national societies to support and monitor the use of funds. The regional delegation has also supported to restructure Lesotho Red Cross. Volunteer branch development at district level has been strengthened through training. Since then, four HBC projects and four prevention projects have been established.

Angola Red Cross has benefited from the establishment of a Federation in-country delegation since January 2003. The health delegate has supported and assisted the national society to implement activities successfully. Since this year, five prevention projects have been established in the provinces of Cabinda, Kuanza Norte, Moxico, Uige and Zaire.

SARAN³ meetings were held in February and October 2003 to develop plans for 2004 in line with the Federation annual appeals with focus on OVC, HBC, counselling, stigma and discrimination and finance, and establishing commitment from the donors/PNS (partner national societies) working in the region, and monitoring of activities. The meetings enhanced regional coordination and sharing of experience and lessons learnt among the national societies' HIV/AIDS coordinators.

National societies supported in establishing income-generating activities (IGA)

To date, 80 IGA have been established in the region, some of which include poultry, gardening, soap making, dressmaking and tuck shops. Due to high stigma in some places such as Kasane, Botswana, the IGA have not been well established. In Zimbabwe, one gardening project was not successful because the community refused to buy tomatoes and onions grown by PLWHA due to stigma. The support group resorted to soap making and since then, the project functions well. Nutrition gardens are established as a source of income as well as food security for people infected and affected by HIV/AIDS. Staff of the Federation regional HIV/AIDS department and one member of a group of PLWHA assisted in training the support group members. This has helped substantially the national societies to gain confidence in this area.

Gender incorporated into HIV/AIDS programming

Gender sensitivity cuts across all activities. There is obviously high involvement of women and girls in HBC projects. The same applies in support groups and IGA, thereby allowing women to access some income from the projects. In Malawi, Namibia, South Africa and Zambia, a lot more men have been trained in caring for the sick. This has eased the burden on women who are the traditional carers of the sick in this region. It is encouraging to see the breaking of this taboo, with men and boys participating more and more in HBC projects. In the remaining countries, women and girls continue to bear the burden of caring for the sick at home. Deliberate effort to educate men will continue to ensure shared responsibilities. Among the ten national societies, there are four male and six female HIV/AIDS coordinators at national level

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³ SARAN – Southern Africa Regional AIDS Network

National societies' prevention projects are well implemented and established in the region.

The prevention projects of the national societies in the region have since beginning of 2003 reached some 1,000,000 people by the end of October 2003. The National Red Cross Societies of Angola, Mozambique, Namibia and Swaziland have much more structured prevention projects reaching out to large numbers of people. The target population includes commercial sex workers, prisoners, uniformed forces and the general public.

Since January 2003, 600,000 youths have to date benefited from the projects. More than 50% were reached by Angola Red Cross and Namibia Red Cross while the rest were reached by the other eight national societies. Namibia Red Cross Society is the model in the region on prevention. It works jointly with Soul City and Southern Africa HIV/AIDS Information Dissemination Service (SAFAIDS) in development of material on prevention and dissemination of information. The 'Puppet Power Project' is in the field for at least three weeks of every month disseminating HIV/AIDS information through puppetry. The magazines developed with Soul City are distributed in schools and villages during these field trips. Training of drama groups within villages has been instrumental in IEC (information, education and communication). A total of 1,335 peer educators have been trained.

In addition, over 160,000 family members and 130,000 people in the communities in the region have been reached since beginning of 2003 by the National Red Cross Societies through HIV prevention education as a result of the HBC intervention. National Red Cross Society care facilitators (volunteers) make at least three visits per week per family. During these visits, the care facilitators gives out HIV prevention messages in addition to training family members on care of the sick.

Sharing of best practices

Since beginning of the year, the regional HIV/AIDS office has organized several regional meetings for the ten national societies. Malawi Red Cross shared best practices in community-based orphans care. The national society works jointly with UNICEF to support children's day care centres. Baphalali Swaziland Red Cross shared their experiences on the establishment of a HIV prevention project within prisons. A number of exchange visits and knowledge-sharing initiatives took place during the reporting period between the national societies. These include:

- The Namibia Red Cross 'puppet power' project members organized a regional training in Harare in February for the ten national societies on HIV prevention using drama and puppetry.
- Two care facilitators (volunteers) from Zimbabwe Red Cross were sent to Lesotho in June to assist the Lesotho Red Cross volunteers in setting up their first HBC project in Mafeteng.
- Twenty care facilitators along with two coordinators and programmes director from Malawi Red Cross visited Zambia Red Cross in September to learn from their HBC projects.
- Ten care facilitators, HIV/AIDS coordinator and HBC project officer from Kasane branch of Botswana Red Cross also visited in August Zambia Red Cross HBC project in Livingstone.
- The scaling-up committee representative was sent to the Uganda Red Cross in September to learn from their long experience in the control of the spread of HIV/AIDS, care of OVC and anti-retroviral (ARV) treatment.
- In October Lesotho Red Cross district HBC project officer from Mafeteng visited South African Red Cross HBC operation in Cape Town.
- Baphalali Swaziland Red Cross youth, HIV/AIDS coordinator and project officers visited Malawi in October to learn about integration of food security and HIV/AIDS.

The Federation will continue to promote sharing of information and best practices among the Southern Africa national societies, in particular through the established SARAN to bring together the ten national societies twice a year for joint planning and training in various areas.

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Impact

For the regional HIV/AIDS programme, the first half of the year was very eventful and hectic but resulted in successful implementation of the planned activities. It will be important to strengthen the foundation of the HBC to include a health promotion (first aid skills, nutrition promotion, hygiene and sanitation promotion) and disease prevention components of malaria prevention, tuberculosis, PMTCT⁴ and ARV). This component will hopefully help to prolong the lives of PLWHA.

Lesotho Red Cross and Mozambique Red Cross have responded to the challenge and are fully engaged in the establishment of the HBC and prevention projects. The Federation regional organizational development department has worked closely with the Lesotho Red Cross to put structures in place and to train volunteers in preparation for the implementation of the project. This resulted in four established HBC projects and four prevention projects in Lesotho since January 2003. The Mozambique Red Cross capacity improved during the last quarter of 2002: eleven HBC projects and seven prevention projects have since been established.

The Angola Red Cross continues to struggle in the implementation of the project. The Federation has since assigned a delegate with responsibility to support the national society in the implementation of the HIV/AIDS project.

Prevention training of peer educators has since taken place in the provinces of Cabinda, Kuanza Norte, Moxico, Uige and Zaire. Prior to this, baseline surveys were conducted in these provinces to assess the knowledge, attitudes and practices as well as the capacity of the branch committees to implement the HIV/AIDS project. Angola Red Cross will benefit from the Mozambique Red Cross experience as well as IEC materials developed in Portuguese since they share some similar social and cultural context. The Federation has organized exchange visits for the two national societies.

Unfortunately, very little progress has been made in Botswana due to the weak national society structures and limited capacity. The Federation made an attempt to assist the national society but with little success. The Federation intends to send a delegate to Botswana before the end of the year to assist the national society to develop the capacity that is necessary to implement the project. Nevertheless, two prevention projects and one HBC project was established by working directly with the Botswana Red Cross branches without involving the headquarters.

Constraints

Lack of adequate staff at branch level of the national societies and transport problems in rural areas hindered full implementation of the project. The one vehicle procured for each national society's HIV/AIDS project is inadequate. Some countries are large and the population sparsely distributed and the district coordinators have to travel long distances on bicycles. At the same time, there are lessons learnt from the experience. Financial limitations have slowed down the organizational development of national societies as well as the implementation of some activities. Lack of capacity has delayed the implementation of intensive activities such as OVC care in a number of national societies. It has become obvious that capacity building in the national societies and communities should be based on local situation and needs. In some countries such as Angola, prevention should be the entry point for organizational development and community initiatives, while in others; HBC would be the rallying point.

HIV/AIDS coordinators from Namibia, South Africa, Zambia and Zimbabwe Red Cross, the Federation and UNAIDS established a monitoring and evaluation committee in February 2003; their goal was to develop and finalize the monitoring and evaluation tools of HBC and prevention projects. The tools were developed and piloted by the four national societies. In July, the committee met to review the outcome. During the meeting the tools were reviewed and changes made. The committee presented the reviewed tools at the SARAN meeting in October where they were adopted and approved for use by all national societies. These will help the national societies monitor their activities. Training of volunteers on monitoring and evaluation is currently in progress in Malawi, Namibia, Swaziland and Zambia. Project officers, supervisors and volunteers have been trained.

⁴ PMTCT – Prevention of Mother to Child Transmission

Coordination

The SARAN meetings are used as a forum for coordinating activities among the national societies. During the meetings, national societies share experiences, initiatives, best practices, lessons learnt, challenges and ideas. The regional HIV/AIDS office updates the members on newly developed global issues related to HIV/AIDS. Organizations such as UNICEF, UNAIDS, REPSSI and SAFAIDS are invited to the meetings.

The regional HIV/AIDS office coordinates resources for national societies' HIV/AIDS activities. These resources include funds, technical expertise, IEC and other supplies.

Water and Sanitation

Goal: National societies' capacity in providing sustainable and emergency water and sanitation services is improved.

Objective:

- 1. Equipping five national societies with developed WatSan programming and implementation capabilities using integrated approaches in both short and long term interventions**
- 2. Advocacy where national society WatSan programmes in the region are affiliated to national, regional and international forums/ bodies**
- 3. Harmonising national society WatSan programmes with clear strategic directions, and systems for stakeholder integration**
- 4. Increased WatSan beneficiary coverage within operational national societies and regionally**

Progress/Achievements

A new delegate (funded by the British Red Cross) has taken over the regional WatSan programme since September following the departure of the German delegate. He was previously the regional WatSan delegate in Nairobi and later was responsible for the Southern Africa Food Security Operation WatSan projects for the first seven months of this year.

1. Equipping five national societies with developed WatSan programming and implementation capabilities using integrated approaches in both short- and long-term interventions.

Two strategic planning meetings with the project managers enabled this to be achieved. The 2004 projects will use the HIV/ AIDS projects as a platform. National societies will implement projects in areas where the Federation is providing HBC services to PLWHA. Thus, the water supply and sanitation interventions will provide synergy with other national society health interventions. For details see the 2004 Appeal (http://www.ifrc/cgi/pdf_appeals.pl?annual04/012104.pdf). The projects in 2003 achieved this integrated approach to a certain extent, but now the strategy is embedded in the national societies.

In addition a new way of working has been agreed with the national societies. There will be a focus on working in defined local government administrative units to raise the water supply and sanitation services to minimum service levels. Once this is achieved, the project will move to another area. The sustainability of the project will then be assessed one year after exit. This marks a change from the previous tendency of small interventions in scattered communities. The change in strategy will reduce the cost per beneficiary and allow for improved sanitation/hygiene promotion, community management training, monitoring and evaluation due to reduced time and costs on travelling to the project sites.

The national societies have begun adopting the project planning process and this is reflected in the 2004 appeal.

Implementation capabilities were supported by the Federation in Harare and through ten missions from the regional office to the project sites.

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Project managers from Malawi Red Cross, Mozambique Red Cross, and Zambia Red Cross completed a three-week management training course. Participants acknowledged that this course has improved their management capabilities.

Support was given to the WatSan component of the Regional Disaster Response Team (RDRT) training. This built the capacity of national societies to respond to disasters.

National society staff from Zambia, Zimbabwe and Mozambique attended a workshop in Uganda intended to improve the implementation of hygiene promotion in WatSan projects. Malawi Red Cross, Mozambique Red Cross and Zambia Red Cross have employed 'software'⁵ specialists. This is beginning to result in improved 'software' implementation.

2. Advocacy where national society WatSan programmes in the region are affiliated to national, regional and international forums/bodies.

The project managers in Zimbabwe Red Cross, Mozambique Red Cross, and Zambia Red Cross contribute to national sector coordination bodies. The National Red Cross Societies are advocating for more effective and efficient WatSan interventions in these bodies. This coordination ensures similar approaches from different agencies and avoids overlap and duplication.

3. Harmonizing national society WatSan programmes with clear strategic directions, and systems for stakeholder integration.

The clear strategic direction is outlined under Objective 1. Planning, implementing, and monitoring with communities has improved over the last year and will continue to improve with the addition of 'software' specialists to projects.

Project management systems are beginning to be developed to improve the efficiency and effectiveness of projects. This work will be completed next year.

4. Increased WatSan beneficiary coverage within operational national societies and regionally.

Beneficiary coverage of Federation supported WatSan projects under the regional programme has remained the same as in 2002, at approximately 100,000 people over the five countries. This reflects a similar income of approximately CHF 1.3 million (see country programme updates for details). However, the national societies of Malawi, Zambia and Zimbabwe have also implemented WatSan projects supported by the Southern Africa Food Security Operation covering approximately 75,000 beneficiaries.

Impact

WatSan and hygiene promotion projects lead to improvements in health, and also save the beneficiaries time and energy, thus enhancing livelihood opportunities (see country programme updates for details) The goal of the regional WatSan programme is to strengthen national society capacity to implement projects to deliver these impacts. Evidence for this increased capacity is shown by the way that the national societies in the region were able to deliver results from both their developmental WatSan projects and the additional emergency food security operation projects.

Constraints

The programme started the year with a deficit of over CHF 200,000. This was a constraint on implementation until the situation was resolved in September. Thanks to the understanding of donors the deficit will be cleared for 2004.

To enable the continued improvement of software in projects there is a requirement for a software specialist for the region. This position was not filled this year. However, with the downsizing of administrative staff at the regional office, it is expected that the resources will now be available to fill the position early 2004.

⁵ 'Software' refers to the planning stage of a project where needs of a community are identified, defined and capacities build in order to promote self-sustainability, ownership.

Project management systems are lacking and this has resulted in less efficient and effective projects. This has been partially addressed this year but further improvement is required in 2004. Zimbabwe projects have been particularly affected and the pace of implementation has been slow. The regional office is working to improve systems and the national society is in the process of employing more appropriate project staff.

Coordination

The programme coordinates effectively with other sector agencies including NGOs, the UN and government water agencies as detailed above. Specifically a good relationship has been established with UNICEF in the region, and it is expected that the two organizations will work jointly on some projects in the future.

Coordination with bilateral projects to ensure the Movement implements projects in a coherent way using sector best practices has been inadequate this year. Work is underway to improve this situation.

Internal coordination with other sectors has greatly improved resulting in the integrated approach detailed above.

Disaster Management (DM)

The Federation regional delegation has made progress in providing support to the national societies in the region. While building on the past and adopting new approaches, the regional delegation has retained its ability to provide practical leadership, international representation and coordination of operational assistance in order to ensure coherence within the Movement. The regional disaster management programme focuses support to national societies on building their capacity to be able to prepare and respond to disasters on time and with appropriate relief packages. The programme adopted an integrated approach to disaster management that calls for harnessing of all sectors, allowing for well co-ordinated responses that maximize use of available resources. This includes coordinating a Federation response at a regional level to local disasters where national society capacities are overwhelmed. The DM programme also provides technical and financial support to various programme activities in the different national societies. It also plays an important role in mobilizing and co-ordinating responses and the provision of resources from external sources.

The programme also acts as a communication link with the Federation, national societies, partner national societies and key regional stakeholders in the area of drought monitoring through early warning systems, disaster management information systems (DMIS) and in ensuring the promotion and application of Code of Conduct and SPHERE minimum standards.

In February, the regional DM department facilitated a two-day DM planning meeting for eleven participants from nine national societies. Minimum acceptable standards for disaster management capacity which are indicators of a "well-prepared national society" were agreed. Each national society was able to finalize its work plan for 2003-2004 and drafted a memorandum of understanding for approval by their respective secretary generals.

In addition, the regional DM department has been supporting the national societies with the ongoing emergency food security operations in Lesotho, Malawi, Swaziland, Zambia and Zimbabwe. Assistance, in the form of funds to conduct rapid assessments, emergency relief stocks and technical support, was given in response to the emergency situations arising from flooding and destruction caused the tropical storm Delfine in January/February and cyclone Japhet in March in Malawi, Mozambique, Zambia and Zimbabwe, and cholera outbreaks in Zambia and Zimbabwe in September and October respectively.

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Human resources capacity building, training in disaster management is being tailored based on the identified needs and weakness of each national society and complemented by support visits. The annual RDRT basic training was successfully held in Malawi from 20 September to 4 October. A total of 34 participants from the ten national societies attended. A regional disaster management officer programme review meeting is scheduled to take place in Harare on 10-12 December to review programme implementation and programme activities for the 2004 plan of action.

Goal: Building capacity of the national societies to adequately prepare for disasters and respond with timely and appropriate packages as well as to engage in rehabilitation that facilitates long-term development and sustainability.

Objective: Strengthened disaster management capacities to ensure that the region has well-prepared national societies that can respond appropriately to disasters with the participation of empowered ‘at risk’ communities by the end of 2004.

Progress/Achievements

Increased disaster management capacity to provide appropriate and timely support to the people threatened or affected by disasters.

The regional DM department has been substantially engaged in strengthening the DM capacities of the Zambia Red Cross and Zimbabwe Red Cross. Despite available funds since early in the year, their planned activities have not been implemented due to other commitments until the third quarter of the year with many activities planned towards the end of the year. The regional DM programme undertook visits in Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe at the request of the national societies to give technical advice and support their planning and DM training.

In terms of policy development, the regional DM department visited during the first quarter Botswana, Lesotho and Zambia to help develop the national societies’ DM policies and plans. South Africa Red Cross has a draft policy in place that needs reviewing and disseminating to stakeholders before adoption by their general assembly whereas Angola DM policy and plan is being reviewed.

In February, the DM department facilitated a two-day DM planning meeting for 11 participants from nine national societies. A support visit was made to Malawi Red Cross which was not represented at the meeting. At this meeting, minimum acceptable standards for disaster management capacity, indicators of a “well-prepared national society”, were agreed:

- disaster management policy and plan in place;
- a DM officer in place dedicated to programme;
- situation monitoring system in place utilizing community-based early warning systems (CBEWS);
- customized national society capacity-building training in line with identified skills needs;
- emergency stocks pre-positioned and stock management in place;
- appropriate communication systems in place;
- systems and procedures for disaster response in place;
- annual disaster response simulations conducted in disaster-prone areas;
- food security initiatives integrated into all priority programmes;
- a development agreement (or MoU-memorandum of understanding) is established with the Federation and other partner national societies;
- monitoring, review and evaluation of the programme; and
- quarterly DM reports.

The outputs of the meeting were that each national society was able to finalize its work plan for 2003-2004 and a draft MoU for approval by the secretary general. The participants found the meeting beneficial as they acquired an understanding of what was expected of national societies.

Various training modules have been planned in terms of building capacities of the ten national societies in disaster management. Training in disaster management is being customized based on the identified needs and

weakness of each national society. In January, the regional delegation organized a regional VCA⁶ training of trainers' workshop. Thirty participants from the national societies in the region, except Angola, participated along with the regional delegation staff. The workshop was facilitated by the DM manager from the Federation regional delegation for South Asia. This was in line with commitments made at the 2002 Global DM delegates meeting in Morocco to standardize VCA approaches. Six national societies have identified the need to conduct VCA to guide them in their programming. Zambia Red Cross and Zimbabwe Red Cross already received funding to embark on this process.

Furthermore, in January, two national society staff from the region participated in the FACT training held in France. Two FACT⁷ and RDRT members from the region were selected for the relief technical workshop jointly organized by the Federation and Korean Red Cross in Seoul from 18–24 March 2003. This should benefit the region as the two officers will be able to replicate this training within the Africa region.

Among the national societies, South African Red Cross is in a process of strengthening and streamlining its Disaster Management programming. South African Red Cross made a decision of capacity building its human resources in disaster management focusing on population movement based on identified need. The first basic disaster management course for 26 staff and volunteers was conducted from 31 March to 4 April with a possibility of rolling out the programme to other regions. The workshop was a huge success and feedback was very positive.

Lesotho Red Cross: The national society recruited a DM officer in August to oversee the implementation of the programme which has also received funding from the Norwegian Red Cross. A basic DM training workshop is being planned for the first week of December with other community-based disaster awareness workshops to follow.

Malawi Red Cross: The regional DM (Disaster Management) staff made a support visit to the national society, finalizing the DM programme for 2003-2004 and the MoU between Malawi Red Cross and the Federation. Technical advice was also given on their ongoing DM operations and the organization of the annual RDRT training in Malawi. Several meetings were also held with the stakeholders and responsibilities between the national society and the regional office clarified.

Namibia Red Cross: During the Namibia flood relief operation, the regional disaster response officer visited the area to support the team and conducted an appraisal of the relief operation and met the local stakeholders. It was gratifying to note that the RDRT and Namibia Red Cross had established appropriate systems and procedures for the relief operation in line with the Movement's standard operating procedures.

Baphalali Swaziland Red Cross: The regional DM officers made a support visit to Swaziland for the food security pilot project task force meeting and to advise on other DM-related issues. A focal person who can effectively coordinate DM programme needs to be appointed in order to achieve the programme objectives. The food security pilot project, funded by the Finnish Red Cross, is progressing according to plan and budget despite initial delays in implementation. The achievements can be attributed to the continued technical support and encouragement rendered to the national society from the regional delegation in Harare and the Ministry of Agriculture and Cooperatives. Quarterly taskforce meetings are going on. The food security pilot project has seen improved livelihood of the most vulnerable as they can now generate food for own consumption and raise income for other basic necessities. The project is in its second year of running and a mid-term review will take place in the first week of December 2003.

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⁶ VCA – Vulnerability and Capacity Assessment is an International Federation risk assessment tool and process that can be used by national societies as a basis for their disaster preparedness and risk reduction planning.

⁷ FACT – Field Assessment and Coordination Teams rapidly assess and coordinate humanitarian response to large-scale emergencies. The system is designed to form and deploy teams of highly trained Red Cross and Red Crescent response practitioners to a disaster site within 12 to 24 hours. Refer to <http://www.ifrc.org/what/disasters/fact/>

At the request of the national society, a food security assessment training workshop was facilitated by the regional disaster preparedness officer. Thirty-two staff and volunteers are now equipped with food security assessment skills and a food security assessment questionnaire developed and field tested.

Zambia Red Cross: Due to focus on the food security operation and changes in management personnel, the national society delayed planned activities. The national society is however in a positive recovery process. A new DM officer was appointed and has started to implement the programme activities while a DM committee has been established and committed to implementing the DM programme activities. In addition, a DM policy and plan is ready for adoption at the next general assembly before the end of the year. A basic DM training was conducted for 26 staff and volunteers in September. Consequently, a work plan was drawn and plans are underway to cascade the training up to the community levels. Zambia Red Cross Society conducted a pilot VCA in one of the most vulnerable district in November which will be completed by the end of December. To that end, 15 staff and volunteers were trained on VCA earlier. Other activities underway include community disaster awareness in three disaster-prone districts. Programme activities have been hampered due to lack of programme vehicle to oversee planned activities. Hence, a vehicle is being purchased to assist in the programme implementation.

Zimbabwe Red Cross: Zimbabwe Red Cross has made strides in implementing the planned DM activities with support from the regional delegation. A DM steering committee has been established and is now fully operational overseeing the implementation of the programme. In July and August, the regional disaster response (DR) officer facilitated a basic DM workshop for 38 Zimbabwe Red Cross staff and volunteers with well gender balance in Mashvingo. Subsequently, the branch of Mashanaland Central province conducted DM workshops for 400 volunteers in the Harare region. In September, the regional DP officer also supported a two-day workshop on community-based disaster management (CBDM) in Muzarabani district for 30 participants from the local community and stakeholders. The workshop focused on community hazard and risk mapping as well as establishing early warning systems. An action plan was developed and activities are being implemented. The established district disaster committee has requested for radio communication to be set up at the local school which has been identified as shelter during emergencies. This is being purchased to be ready before the rainy season. The civil protection officers present in the workshop requested Zimbabwe Red Cross to conduct similar workshops in three other disaster-prone districts which will be financially supported by Zimbabwe's civil protection unit. Matabeleland North and South are currently holding similar CBDM workshops in the hope of developing sustainable community-based risk reduction initiatives.

Zimbabwe Red Cross has planned to conduct VCA in the most disaster risk provinces to enable appropriate programming. In August, a VCA workshop for 26 staff and volunteers was conducted to enable them to facilitate the VCA process in the provinces of Masvingo, Manicaland and Matabeleland South. A pilot VCA was conducted in Matobo district of Matabeleland South in October 2003 involving other local stakeholders. The report is yet to be finalized. The regional OD department provided technical support to the survey team.

Roster of trained RDRT personnel has been established in the region and will respond effectively when needed.

A regional disaster response plan has been developed with participation of all other sectors at regional delegation in consultation with all the national societies. The plan sets out the ideal disaster response benchmarks and procedures to follow when a disaster strikes including the stock piling of non-food emergency stocks within national societies. The plan has been accepted and endorsed by all the ten secretaries general.

A Regional Disaster Response Team (RDRT) has been established and members are being utilized more frequently within their own countries. During the first quarter of the year, RDRT members conducted emergency assessments following disasters in Malawi, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe of which the Federation regional office assisted technically and financially. Review of current RDRT members and updating of the database is continuously done to ensure that appropriate disaster response teams can be deployed at short notice.

At the warehouse in Harare, non-food emergency stocks for 5,000 people are available and are used to support the national societies. Logistics office continues to provide regular updated lists of available emergency stocks at the warehouse to be shared with all regional departments.

In January, Swaziland had an outbreak of diarrhoeal cases affecting 350 households of which, 91 were confirmed cholera cases and four confirmed deaths. The national society intervened with the food security operation funds while assessment and administrative costs were covered by the Federation regional delegation. During the floods induced by tropical storm Delfine and Cyclone Japhet in Zambia and Zimbabwe, in March, the regional delegation immediately responded by providing funding for the assessments and later made available, cholera prevention volunteer kits, chlorinating powder, bales of blankets, jerry cans and family tents to both countries. In Malawi, a rapid assessment was conducted using trained RDRT members who also participated in the distributions of relief items that ensued. Immediate relief items required for 300 households in three districts of Salima, Ntcheu and Balaka were resourced from the Southern Africa food security operation. The regional delegation in Harare provided the shortfall to run the relief operation.

Task force teams that are inclusive of technical departments have been established and have maintained close collaboration in specific response and mitigation efforts, such as, the response to the floods following the tropical storms and cyclone Japhet early this year. Meetings were held regularly to discuss progress and response actions.

In May and June, the regional DM department supported Namibia Red Cross by deploying an RDRT to manage a relief operation in the Caprivi Region following flooding caused by the overflowing of the Zambezi River which affected 12,000 people.

The team was deployed within 12 hours of notification and the RDRT successfully managed the operation. Emergency stock was dispatched to the relief operation. Through ECHO funding almost all of the emergency equipment has been replaced.

In response to a cholera outbreak in Zambia in the months of September and October, DREF funds of CHF 50,000 were released from Geneva to enable the purchase of supplies to respond to the operation. In Zimbabwe, a cholera kit was requested by Zimbabwe Red Cross Society corresponding to an in-country RDRT team assessment report indicating an outbreak in Binga district. A task force was formed to coordinate and support the national society in its efforts to respond to the disaster. The impact was that there was better coordination and quick response in providing services to beneficiaries.

Federation disaster preparedness and response capacity is improved

As the programme has been operating without programme support, a new programme assistant was recruited in March and has been assisting in the effectiveness of the programme. The regional disaster preparedness and response delegate completed his mission at the end of August. A replacement is yet to be recruited.

Regional Disaster Response Team training

The annual RDRT basic training was successfully held in Salima district of Malawi from 20 September to 4 October. Thirty four participants from the ten national societies attended. The DP adviser from Danish Red Cross attended and facilitated in the first-week theory sessions. The operations manager, Africa region from the Federation Secretariat in Geneva joined the second-week practical field exercise part of the training. He shared with participants on lessons learnt from disasters operations in other regions especially on floods in Sudan in 2003

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Contingency plan

A standby rota was put in place last November to cover the 2002-2003 disaster period. The rota was updated regularly to accommodate staff changes in the delegation. During the Cyclone Japhet, RDRT members in the region were on a 24-hour standby for deployment. Regional taskforce was activated and met regularly to plan and review responses. Population movement in the region is something that can be anticipated at any given time. Countries in the region and the regional office have contingency plan for such movement and situation monitoring is in place so that the region is better prepared than being overwhelmed with an influx of refugees. Training of staff and volunteers in basic disaster management like the recent training in South Africa is part of the preparedness planning so that a team with relevant skills is created.

Regional disaster management officer programme review meeting

A regional meeting for DM programme managers of the national societies is scheduled to take place in Harare on 10-12 December to review programme implementation and programme activities for the 2004 Plan of Action.

Global Disaster Management Coordinators Meeting

The regional disaster response officer represented the region at the Global Disaster Management Coordinators and Delegates meeting in Panama on 6-10 October 2004. The meeting was attended by Federation regional DM coordinators, operations managers, disaster preparedness officers and ICRC representatives. A Panama Action Plan was developed building on the progress made during 2002 and 2003 through the implementation of the Morocco Action Plan. The plan represents the direction of DM coordination in 2004 relating to the longer-term plan for 2004 to 2007.

Disaster Management and African Aid Relief and Expo

Departmental officers also represented the Federation at the Third African Aid Disaster Management and Relief Expo and Conference 2003 held in South Africa on 22-24 October 2003. This is a major international forum focusing on aid relief, development aid and DM for the Sub-Saharan Africa. Approximately 150 leading aid agencies and exhibitors from all sectors of the industry participated and exhibited their products.

Disaster Management agreements exist between the national societies, their government and partners .

To show commitment and establish cooperation, the regional DM department has entered into disaster management agreements with each national society in the region. These agreements were signed in the second quarter of the year by the secretary generals of the national societies.

Impact

- Better coordination and quick response in providing services to beneficiaries.
- Improvement in collaboration and integration with other departments at the Federation regional office.
- More noticeable disaster preparedness within the region due to national societies' capacity building through further training and use of RDRT members.
- The use of RDRT and VCA trained personnel in carrying out credible disaster assessments has seen the quality of information and reports improve drastically.
- The region is able to manage disaster relief operations with regional resources becoming steady available.
- Through capacity building, national societies are using their own human resources to facilitate DM training with minimum support from the regional delegation.

Constraints

Lack of funding at the beginning of year delayed programme implementation in the national societies leading to apathy within the national societies. The new appeal process, which is country specific, had a negative impact on resource mobilization for all the ten national societies in the region. Only two national societies have received funding for their DM programme so far. All efforts are being channelled to raising funds for the remaining national societies' disaster management programme.

Coordination

Expanded partnerships exist with international organizations, governments, local donors, both Africa specific and worldwide. As the work of the regional disaster management department relied heavily on cooperation with others, cooperation with other relevant/ related organizations both within governments and non-

governmental organizations has been enhanced during the reporting period. With the current food security operations the department continued to participate in monthly interagency food and coordination meetings in Harare, where more than 30 non-governmental agencies and the UN organizations share information, developments and updates on their ongoing operations. In refugee programmes, close collaboration and good working relationships with the UNHCR, WFP, FAO, ICRC and national societies are being maintained. The department is representing the Federation at SADC - Season Monitoring Committee and regional VAC⁸.

Organizational Development (OD)

The Federation regional organizational development department continues to give support to the national societies in the southern Africa region in implementing the strategies and commitments outlined in the Federation's Strategy 2010⁹, and in improving the national societies' organizational capacities towards the effective implementation of the **Ouagadougou Declaration**. The support given to the national societies is specific to the needs and will eventually vary from one national society to the other. The regional OD has a staff compliment of four to meet the outlined challenges: one programme manager spearheading all governance and management issues in the region; one regional officer responsible for volunteer management and branch development issues; and one officer responsible for resource mobilization and finance development issues and one assistant shared 50-50 with the regional delegation's programme coordination.

The OD team is receiving a lot of coordination support from the recently established country Federation representatives within most of the national societies, such as Angola, Lesotho, Swaziland, Zambia and Zimbabwe. These establishments are expected to enhance the performance of OD activities in those countries, as already seen from the concerted team spirit in the Federation annual appeal planning process.

The improved human resources structures and remunerations of most national societies are resulting in steady trends in staff retention. There have been new appointments of OD personnel focusing on finance, branch development and programme coordination units of some national societies like Lesotho, Malawi, Namibia Swaziland, Zambia and Zimbabwe. Two national societies, namely Lesotho and Zimbabwe, were included in the second round of the capacity building funds application. The outcome is yet to come from Geneva. Baphalali Swaziland Red Cross Society and Zambia Red Cross Society benefited in the first round. Five secretaries general have been supported financially to attend workshops to scale up their management skills as well as to have a better understanding of OD issues.

Goal: National societies have increased capacities for making an effective difference in the lives of vulnerable people.

Objective 1: Seven national societies in the region have reviewed and developed their constitutions, strategic plans, human resource systems, and project design and management to provide the foundations for well-functioning national societies.

Objective 2: Ten national societies in the region have developed and strengthened branches, youth structures and volunteer management systems in accordance with Strategy 2010 and the Ouagadougou Declaration to mobilize the power of humanity through massively scaling up the response to the HIV/AIDS pandemic.

Objective 3: Seven national societies in the region earn or source sufficient revenue to meet core costs and service delivery costs on a long-term basis and have effective financial management systems.

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⁸ VAC – Vulnerability Assessment Committee

⁹ Strategy 2010 is the International Federation's guiding framework for the decade 2000 to 2010. This overall strategy identifies the following four CORE areas as the cornerstones upon which the International Federation will continue to build its collective expertise and reputation: humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

Progress/Achievements

The regional OD department continues to establish working relationships with the national societies and uses opportunities presented by other programmes to disseminate the significance of OD and benefits thereby derived. This year all national societies have been represented in Federation supported workshops including resource development and mobilization, finance development and volunteer management. This has helped come up with a common understanding and purpose on these subjects as well as to initiate dialogue that will lead to joint national society and Federation efforts to come up with customized development plans for above activities.

National societies have legal foundation that supports effective implementation of programmes

Seven national societies in the region have reviewed and developed their constitutions, strategic plans, human resources systems and project design and management to provide the foundation for well-functioning national societies. Zambia Red Cross Society revived its constitution with the support of the regional OD department as part of their implementation of the recovery plan. The Federation supported the national society in the induction of the new board, which has already shown positive development of the national society with the new management team.

Baphalali Swaziland Red Cross Society completed the process of translating its constitution into vernacular. The regional OD department developed the memorandum of cooperation (MoC), which states the expectations between the regional programmes and the national societies. In Swaziland and Lesotho, the regional OD department has made visits to assist the national societies on their governance support, finance development, volunteer management and branch development. The OD staff attended governance workshops and strategic planning meetings. In addition, the OD staff facilitated a governance meeting of Angola Red Cross in April and in Zimbabwe co-facilitated with Zimbabwe Red Cross Society two training workshops in August and September.

National societies have functional branches that actively participates in project implementation

In 2003, six National Red Cross Societies (Lesotho, Malawi, Mozambique, South Africa, Swaziland and Zimbabwe) have strengthened their branches, youth structures and volunteer management systems in accordance with Strategy 2010 and the Ouagadougou Declaration, to mobilize the power of humanity through massively scaling-up the response to the HIV/AIDS pandemic. The national societies of Angola, Botswana, Namibia and Zambia are expected to have achieved theirs by the end of 2003. The regional delegation OD staff have undertaken visits to Lesotho, Swaziland, Zambia and Zimbabwe to support the implementation of the branch development manual. Namibia is already utilizing the manual whereas Mozambique is using the manual that was translated into Portuguese in all their structures.

A volunteer management workshop was successfully held in Zambia with participants from all the ten national societies. Following the workshop, Lesotho Red Cross and Baphalali Swaziland Red Cross developed their volunteer policy with the support of the Federation regional delegation. In addition, Baphalali Swaziland Red Cross developed a youth policy.

In Lesotho, the regional OD supported the national society in branch development in resuscitating its divisions and facilitating its governance training workshop as well as the youth development planning and implementation process. There has been a successful piloting in one of the divisions on branch development as a way to re-instate a division. During the reporting period, the regional OD has continued efforts to increase the links with the volunteer development work currently being carried out in the ten national societies through support and follow-up on their plans of action arising from commitments in the volunteer management workshop held in June in Zambia. This was followed by another support visit in July on their volunteer and youth policies. A formal volunteer management system in these societies is expected to be created.

National societies have increased their financial resource base and have effective financial management systems

The National Red Cross Societies of Mozambique, South Africa, Zambia and Zimbabwe have earned sufficient revenue to meet their core costs and service delivery costs on a long-term basis. A regional resource development workshop was successfully held in Johannesburg, South Africa in May 2003 for participants from the ten national societies in the region. The participants had the opportunity of learning from the Swedish Red Cross and Danish Red Cross experience. As a result, most national societies have included their resource development plan of action in their Appeal Plan for 2004-2007.

In October, a regional finance development meeting was organized. Senior finance personnel from the national societies of Malawi, Namibia, Zambia and Zimbabwe along with the Federation finance development and administration delegates from the Federation regional and country delegations attended and discussed and shared their experiences and lessons learnt in the region.

The regional OD visited Zambia Red Cross to review their resource development and finance management and contributed to a pilot integrated workshop between OD and HIV/AIDS programmes for a newly formed support group. This initiative followed a series of meetings between HIV/AIDS and OD programmes to explore the best ways for integration.

In addition, the regional OD assisted the Lesotho Red Cross with their annual appeal planning process, resource development planning and implementation process.

During the reporting period, the regional OD has continued efforts to increase the links with the finance development work currently being carried out in the national societies through support and follow-up on their plans of action arising from commitments in the workshops previously held.

Impact

Through the four major workshops facilitated by the regional OD, the ten national societies were given opportunities to share information and experiences. A network has been established through the Regional Capacity Building Team workshop held in February, one resource mobilization workshop in Johannesburg in May, the volunteer management workshop in Zambia in June and the Finance development meeting in Harare in October 2003. Direct support was also given through the country visits made by the regional delegation in Lesotho, Swaziland, Zambia and Zimbabwe to assist in planning and monitoring of their ongoing activities in capacity building aspects. In addition, as expressed as well by the national societies, there should be increased and closer communication between the Federation in-country finance development delegates and OD delegates. The regional capacity building team using human resources from the region has also proved to be effective. Secretaries general of five national societies have enhanced their skills in leadership and management through their participation in international workshops supported by the regional OD.

Constraints

The high staff turnover in some national societies due to unsatisfactory remunerations has tended to hamper systematic implementations of OD and created overload on remaining staff in the societies. Another emerging constraint is the limited funding available to carry out the activities planned in country-specific appeals to full potential. This means only limited direct support can be offered to the national societies, as a result of insufficient funding, to achieve all the planned activities both regionally and more specifically at national society levels.

Coordination

Within the regional delegation, the regional OD program has pioneered the integration process with the regional OD delegate acting as the health delegate and program coordinator, in particular during the annual appeal planning process. Furthermore, in terms of programming, the regional OD officer and regional HIV/AIDS officer have carried out one-week joint visit in June to Zambia to train support groups on managing income-generating activities and setting up home-based care projects. The regional OD also facilitated in the VCA workshop conducted, under the disaster management programme, at a branch level in Zimbabwe Red Cross society, and contributed to the dissemination workshop at the regional delegation in

October. Due to the new development of Federation representatives and head of delegations in the region, there is a strong need to update the job descriptions of regional delegates.

The continued cooperation with Skill Share International (a network of specialized volunteers) has enhanced financial management in Swaziland where a volunteer works with the regional OD for two years. However, this cooperation needs to be discussed again at high levels to agree on the future direction. The Skill Share volunteer is going to end her mission in Swaziland. On the other hand, the initiated collaboration with WHO on capacity building needs to be followed up in collaboration with the newly arrived health delegate in the regional delegation.

Federation Coordination

Goal: Southern Africa national societies will take a more active role in their own planning and development, progressively placing more emphasis on implementing programmes in accordance with their own needs and priorities.

Objective: To build capacity and empower the Southern Africa national societies to achieve their mandates through strategies for developing partnerships.

Progress/Achievements

The regional delegation is in the second phase of implementing the Strategy for Change, laid out this year and introduced to the national societies during the last SAPRCS meeting in May. The Federation is a catalyst to assist the national societies to provide humanitarian services, as its role is to bring together strategic partners, and then help coordinate and facilitate their cooperation. The delegation continues to assist both the national societies in this region and PNS. The main activity of the Federation is to provide a framework for interaction between partners. Efforts are being made to take stock of existing mechanisms, and how to scale up best practices in the region. The discussions at the SARPCS meetings are an important aspect of the process towards achieving the objectives of the Strategy for Change in southern Africa through consultation with national societies and ICRC.

During the reporting period, the delegation experienced change of mindset relating to how the delegation interacts and works with the entire Federation and other Movement partners. One example is the active involvement and leadership of the national societies in the 2004 Annual Appeal process.

Based on the Strategy for Change, the national societies have full ownership of their respective plans of action while the delegation plans its support for the national societies around that.

The delegation has taken the challenge of implementing an integrated programme approach to maximize efficiency and provide a holistic support service to national societies based on the results of the option assessment "Not Business as Usual". There have been considerable achievements in the integration process – including the move of the Southern Africa Food Security operation from Johannesburg to Harare and integration of food security into regional Red Cross programmes. The Federation structure in the region was revised to reflect needs and priorities of national societies. Federation representatives and head of delegation have been posted in Lesotho, Mozambique and Zambia while in Malawi and Zimbabwe, food security delegates have been given additional responsibilities as Federation representative and head of delegation respectively.

[*<Click here to return to title page>*](#)

One of the main achievements of the last SAPRCS meeting held in Johannesburg in September was a pledge committed by all SAPRCS members to the 28th International Conference of the Red Cross and Red Crescent, which says:

“In our pursuit to protect human dignity, we the SAPRCS members, reaffirm our commitment to individually and collectively fight stigmatization and discrimination of people infected and affected by HIV/AIDS and promote their social involvement by:

- Scaling up HIV/AIDS prevention, care and support programmes
- Implementing the HIV/AIDS policies for our staff and volunteers
- Advocating and providing for adequate nutritional needs
- Sharing our experiences and resources

In doing so, we further commit ourselves to fulfil our auxiliary role to our governments by providing humanitarian services according to the Fundamental Principles of the Red Cross and Red Crescent Movement”

The SARAN meetings held in February and October 2003 strengthened the regional Red Cross HIV/AIDS network to develop plans for 2004. The meetings enhanced regional coordination and sharing of experience and lessons learnt among the national societies with regards to HIV/AIDS.

International Representation

Goal: The Southern Africa national societies have been strengthened and have been able to reduce the vulnerabilities of more people in each country.

Objective: The Southern Africa delegation leads the national societies to advocate, communicate and establish external relations, including with their own governments.

Progress/Achievements

More vulnerable people have been protected and their human dignity respected through wider respect for humanitarian values.

The high prevalence of HIV/AIDS in Southern Africa has had a significant impact on the socio-economics in the region.

The HIV/AIDS pandemic has been the main contributor to an ever-increasing poverty and less agricultural output. The impact of this has further been deepened by harvest failures year after year, as a result of floods and drought, which have ravaged the region in recent years. By advocating the inter-linkage of the high prevalence of HIV/AIDS and the increasing vulnerability of the population, the Federation and the Southern Africa Red Cross Societies have in the past year achieved global recognition for their approach in addressing the roots of the food crisis in the region at the same time as alleviating the immediate results with general and targeted food distribution. The regional delegation has continued to ensure a steady flow of information material (both print and broadcasting) to the international media and through Federation publications on the work of the national societies in the region and the plight of the most vulnerable population, so that their voice can be heard worldwide. This has resulted in a significant change of mindset of the international community, the donors and other aid agencies, who now increasingly support the new Red Cross approach of integration of programmes (such as HIV/AIDS, food security, health, water and sanitation, and disaster management) to provide a more holistic way of addressing both socio-economical and health issues in the region.

Prompt and accurate media coverage of news events and advocacy campaigns where national society and/or the Federation is involved.

The Federation has used every opportunity in order to raise profile of the Red Cross in the Southern Africa region, through information material made available for international, regional and national media.

The Red Cross has been leading other agencies with its new approach of integrating regional programmes in order to address all contributing factors to increasing vulnerability and poverty in the region. The Federation and the Southern Africa Red Cross Societies have in the past year achieved global recognition for their approach in the food security operation, which can partly be thanked to a very successful advocacy campaign carried out by both the regional delegation and the Food Security operation. An information delegate seconded

by the Canadian Red Cross provided necessary support for a measles eradication/malaria prevention campaign in Zambia in July, and thus contributed to the international recognition of the successful role of the Red Cross working with governments, ministries of health and the WHO. The regional delegation, together with the national societies, has furthermore continued to advocate for the global HIV/AIDS anti-stigma campaign at every possible media opportunity.

More active region-wide communication network in place among all national societies, the southern Africa delegation and the Secretariat in Geneva, through the maintenance of the regional website.

The Federation has actively been building and strengthening the information capacity in the southern Africa region for the past two years. Its approach in communications has centred on promoting the role, principles and activities of national societies in Southern Africa region and the Federation, and to provide technical support, advice and training. Relations with the ICRC and the national societies' information officers have been further strengthened through joint dissemination seminars and induction courses on the fundamental principles and the interaction of the three components of the Movement.

As funds for maintaining and updating the regional website have been discontinued, there has been little or none use of the website as a regional tool to strengthen the information network through collaboration of information officers in national societies this year.

Impact

By constantly providing updated material on the work of the national societies in the region, the Red Cross has increased its credibility as an organization and is increasingly being asked for interviews and opinion by the international and local media on crucial issues and problems in the region. The profile of the Federation and the Southern Africa Red Cross Societies has been raised, resulting in an increasingly positive image of the organization throughout the region as well as on the international forum. The Red Cross is now looked upon as a leading agency with its new holistic of addressing both socio-economical and health issues in the region.

Constraints

The regional delegation has had limited resources in strengthening the information capacity of the national societies due to lacks of funds, although relations with national societies' information officers have been reinforced. The delay in hiring an information officer to share the workload of the information delegate has further strained the capacity of the regional delegation of serving all programmes and national societies as desired.

Field Management

Goal: Southern Africa national societies, through increased capacity, have been able to reduce the vulnerabilities of more people in the region.

Objective: The Southern Africa delegation oversees the delivery of a range of services to national societies through the facilitation of a range of cooperation models and effective coordination of Federation resources.

Progress/Achievements

To better reflect the financial reality of the appeals to support service delivery in the southern Africa region, the regional delegation has made several reallocations of funds from the regional programmes to country-specific activities. The year 2003 has been a transition year with the traditional operating procedures to record all programme pledges under the regional programme instead of under the country budgets. The reallocations have resulted in actual and drastic increase of appeal coverage in the country programmes.

To review the current Contributions List for each of the eleven appeals in the Southern Africa region, please follow this web page reference: <http://www.ifrc.org/where/appeals/contribution.asp>

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Programme coordination at the regional delegation has committed itself to a more integrated approach. Weekly meetings are held at the delegation where a specific country profile is presented. Within that context, the programme managers present programme priorities and technical feedback on current activities and programme. All recommendations are given to the head of regional delegation for information and action. Additionally, a topic of interest is selected for discussion and recommendation. Since the beginning of this process discussions have taken place on:

Communication with the partner national societies (PNS)

To enhance PNS, the regional programme managers must communicate precise and specialized programme information. For best results, this process should be complementary and as opposed to being competitive. Given, for example, nine bilateral PNS in Southern Africa HIV/AIDS programme alone, it is very difficult for the regional delegation to maintain and ensure effective communication and coordination. It is at the same time a challenge to ensure that PNS funding complement the embassy consortium support to the regional HIV/AIDS programme negotiated one year ago. The regional delegation is planning to hold a PNS meeting to ensure dialogue, coordination and, above all, complementarity of support to the HIV/AIDS programme.

Integration of programmes

Integration is not an isolated objective and has two main goals: first, to benefit the vulnerable we serve and, second, to create economies of scale (better use of resources for greater efficiency). The way to achieve programme integration is to use the largest common denominator. For example, the HIV/AIDS is the platform for WatSan programme in terms of geographic coverage. Meanwhile, the HBC facilitators and supervisors help target beneficiaries. An update of the HBC manual will include a section on hygiene, preventive health and WatSan. In addition, beneficiary identification should be done jointly by various sectors sharing overhead costs and methodology. The regional delegation will continue to attract support of PNS through individual projects like WatSan but integration within and beyond the health programme will generate maximal benefits for all sectors. Therefore, the greater the links, the greater the support possibilities can be expected.

Progress made since the option assessment paper, “Not Business as Usual”

The option paper was reviewed to ensure that the delegation operates in the agreed direction and endeavours to put the recommendations into practice. Although it is not clear when the regional delegation can succeed in the implementation of integration, a number of important measures have been taken to this end:

- All departments of the Federation regional delegation have now moved to one new office compound.
- The Southern Africa Food Security coordination, previously undertaken in Johannesburg, is now based in Harare.
- Food security component has been incorporated in all HBC programme.
- The WatSan project is using HIV/AIDS project as a platform for expansion.
- The regional health delegate and the Africa malaria advisor will be visiting two HIV/AIDS projects in the region to establish how best preventive health can complement the HIV/AIDS programme.
- Programme managers are meeting weekly and exchanging openly information, leading to joint field visits and programme planning.
- RDRT training has included staff from all programmes.
- Lessons learned from the Swaziland food security pilot project will be included in the HIV/AIDS programme for food security.

In line with the strong emphasis made in the report on ‘community needs’ as the entry point for any community development intervention, the branch capacity of national society must be looked at in order to define the corresponding strategy and modalities of assistance and support from the headquarters and the Federation. A VCA is currently underway in Zambia where this approach is piloted. The main challenge for the Red Cross, however, is to find a balance between the reinforcement of services in a smaller geographical area and spreading its operation over the whole country.

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All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

<Contribution list below, [click here to return to title page](#)>

Southern Africa regional

ANNEX 1

APPEAL No. 01.24/2003

PLEDGES RECEIVED

17/12/2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				3,449,133	TOTAL COVERAGE 62.8%	
CASH CARRIED FORWARD				2,988,796		
REALLOCATIONS TO COUNTRY APPEALS				-2,721,510		HIV/AIDS PROGRAMMES
AMERICAN - GOVT/PRM		120,000	USD	163,140	29.04.03	DISASTER MANAGEMENT PROG.
BOTSWANA - RC		29,932	USD	3,853	28.05.03	SARPCS
BRITISH - RC		124,373	GBP	269,765	01.05.03	REGIONAL WATSAN PROG. & SWAZILAND
BRITISH - RC		7,000	GBP	15,036	02.06.03	REPLENISHMENT REGIONAL STOCK
BRITISH - RC		50,000	GBP	110,175	05.08.03	REGIONAL WATSAN PROGRAM
BRITISH - RC		5,000	GBP	11,018	05.08.03	
BRITISH - RC		25,000	GBP	55,088	21.08.03	HIV/AIDS, OVC DELEGATE
BRITISH - RC				-294,542	18.11.03	REALLOCATIONS TO COUNTRY APPEALS
CANADIAN - GOVT/CIDA/IHA		209,718	CAD	198,164	04.02.03	ZAMBIA, MORBIDITY & MORTALITY REDUCTION
DANISH - GOVT/RC		267,380	DKK	55,348	14.10.03	RDRT TRAINING
DANISH - RC		213,870	DKK	44,271	21.10.03	RUNNING COSTS
FINNISH - GOVT/RC		29,025	EUR	42,586	10.02.03	ORGANISATIONAL DEV.
FINNISH - GOVT/RC		57,025	EUR	83,456	06.02.03	REGIONAL, MOZAMBIQUE & ZIMBABWE WATSAN
FINNISH - GOVT/RC		57,025	EUR	84,140	10.02.03	DISASTER PREPAREDNESS REGIONAL & ZIMBABWE
FINNISH - GOVT/RC				-39,437	18.11.03	REALLOCATIONS TO COUNTRY APPEALS
ICRC		1,460	USD	1,985	08.05.03	SARPCS
MALAWI - RC		2,580	USD	3,513	07.02.03	SARPCS
NAMIBIAN - RC		1,478	USD	1,903	28.05.03	SARPCS
MOZAMBIQUE - RC		1,506	USD	1,991	07.10.03	SARPCS
NORWEGIAN - GOVT/RC		1,444,444	NOK	270,111	23.05.03	DISASTER PREPAREDNESS, ORGANISATIONAL DEV., FOCUS ON LESOTHO, ZAMBIA, ZIMBABWE & ANGOLA
NORWEGIAN - GOVT/RC				-45,000	20.11.03	REALLOCATIONS TO COUNTRY APPEALS
NORWEGIAN - GOVT/RC				-50,000	20.11.03	REALLOCATIONS TO COUNTRY APPEALS
NORWEGIAN - RC		55,000	NOK	10,368	03.10.03	RDRT TRAINING
SWEDISH - RC		200,000	SEK	32,100	07.03.03	REGIONAL DISASTER MANAGEMENT
SWEDISH - GOVT		1,750,000	SEK	280,000	30.04.03	ORGANISATIONAL DEVELOPMENT, DISASTER MANAGEMENT., FEDERATION CO-ORDINATION, INTERNATIONAL REPRESENTATION
SWEDISH - GOVT				-60,000	20.11.03	REALLOCATIONS TO COUNTRY APPEALS

Southern Africa regional

ANNEX 1

APPEAL No. 01.24/2003

PLEDGES RECEIVED

17/12/2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SWEDISH - RC		290,000	SEK	46,400	30.04.03	ORGANISATIONAL DEVELOPMENT, WATER/SANITATION
SWEDISH - GOVT		1,500,000	SEK	249,000	06.06.03	WATSAN, HEALTH
SWEDISH - RC		500,000	SEK	83,000	06.06.03	HEALTH
SWEDISH - RC		390,000	SEK	65,520	25.06.03	HIV/AIDS
SWEDISH - RC				-76,738	18.11.03	REALLOCATIONS TO COUNTRY APPEALS
ZAMBIA - RC		1,446	USD	2,000	30.09.03	SARPCS
ZIMBABWE - RC		1,429	USD	2,000	16.09.03	SARPCS
SUB/TOTAL RECEIVED IN CASH				1,887,500	CHF	54.7%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DENMARK	DELEGATE(S)			24,805		
DENMARK	DELEGATE(S)			30,000		
FINLAND	DELEGATE(S)			24,805		
GERMANY	DELEGATE(S)			39,753		
ICELAND	DELEGATE(S)			59,959		
NETHERLANDS	DELEGATE(S)			59,959		
SWEDEN	DELEGATE(S)			39,918		
SUB/TOTAL RECEIVED IN KIND/SERVICES				279,199	CHF	8.1%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	