

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

BOTSWANA

29 June 2004

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 No. 01.12/2004; Programme Update no. 01; Period covered: January to June 2004;
Appeal coverage: 8.0%; Outstanding needs: CHF 664,902 (USD 525,882 or EUR 434,860).
[\(click here to go directly to the attached Contributions List \(also available on the website\).](#)

Appeal target: CHF 723,016 (USD 543,009 or EUR 465,411);

Related Emergency or Annual Appeals: n.a

Programme summary: Most of the programmes at the [Botswana Red Cross Society](#) are affected by lack of funding despite the fact that the vulnerability of the communities is increasing. HIV/AIDS has distorted livelihood, consequently increasing the need for the national society to scale up its activities.

With the appointment of the new Secretary General most structures are being put into place and with funding the national society will work towards being a well-functioning national society. Botswana Red Cross organizational development department was supported by the Federation in branch development and increasing the volunteer base. Staff turnover has severely affected the implementation of activities and the volunteers are being attracted by other organizations offering better incentives.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents).

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](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

Botswana Red Cross is recognized by the Botswana government as an important humanitarian player in the mitigation of disasters and saving lives of the most vulnerable in the community. The national society has carried out a number of activities to build its capacity to respond timely and effectively to disasters. Botswana Red Cross is reorganizing volunteer management systems which are currently not very effective. The national society is also putting programme policies in place that will revitalize the Botswana Red Cross to become a well functioning national society.

The country suffers from the highest percentage of HIV/AIDS cases both on the continent and in the world. HIV prevalence rate has been increasing steadily every year, from 35.5% in 1999 to over 39% among adults between 15 – 49 years in 2002 (UNAIDS 2002). Food shortages and malnutrition are evident in and devastating to people living with HIV/AIDS. As a result of the impact of HIV/AIDS, there are increased number of orphans and other vulnerable children (OVC) resulting in a prevalence of child-headed families.

Health and Care

Goal: The general health of the vulnerable people in Botswana is improved through community-based health care.

Objective: Community-based health: The vulnerability of the people in five-targeted districts due to malaria, TB/HIV/AIDS and the adverse effects of disability is reduced by the end of 2007.

Community-based first aid (CBFA) is integrated in all HIV/AIDS projects by 2007.

The Botswana Red Cross is complementing efforts of the Ministry of Local Government in meeting the health needs of the refugees in the clinic in Dukwe refugee camp. The Red Cross team at the clinic is also meeting the entire needs of the community surrounding the camp. Primary health care activities are carried out in this community according to the recommendations from the clinic staff.

Peer educators at the refugee camp are being exposed to health education focusing on reproductive health, sexually transmitted infections (STI), teenage pregnancy and family planning. The peer educators are disseminating these health education messages and distributing condoms. The national society in collaboration with other partners is addressing the problems of inadequate water supply. Home based care (HBC) projects are also being established for the refugees and the host community. The programme is funded by the UNHCR.

800 disabled people rehabilitated into their communities by 2007.

The Botswana Red Cross rehabilitation programme for disabled people commenced in 1974 with the establishment of Themelong Rehabilitation Centre (vocational training). The programme was expanded in 1981 with the implementation of community-based rehabilitation. The northern region also started with the establishment of Tshimologo Stimulation Centre (stimulation of children with disabilities) and the community-based rehabilitation program becoming a component of the three-part Botswana Red Cross rehabilitation programme. The vocational training caters for 30 trainees every two years from all the twelve districts in the country to train in horticulture and dressmaking. The stimulation program enrolls 35 children for stimulation and integration into 'ordinary' school streams. The vocational program achieved approximately 75% pass rate. And the stimulation programme has sent five children to normal schools.

The implementation of the first aid programme is progressive. Networking with other sectors is now effectively increasing the impact of Red Cross activities and its visibility in the country. Botswana Red Cross ensures adherence to the rules and regulations set by the authorities for first aid.

Objective: HIV/AIDS: Transmission of HIV/AIDS is reduced among 30,000 youths, and 1,000 people living with HIV/AIDS and orphans and other vulnerable children are cared for and supported by the end of 2007.

Progress/Achievements

1,000 PLWHA receive care and support through HBC.

Botswana Red Cross established one HBC project in Kasane which has been running for the past two years. The second HBC project is planned to start in Tonota. In Kasane a refresher course was held for in May for 20 care facilitators. Approximately 70 clients are under HBC care. The Kasane district hospital is about to start dispensing anti retroviral (ARV) drugs to its patients and this will provide another challenge to the HBC project.

1,000 OVC receive psychological and social support.

During the reporting period a committee of mentors for OVC was established in Kasane/Kazungula. The committee comprises all stakeholders in the area to strengthen the OVC project. A memory project was established with an aim of providing psychological and social support to children. The OVC component in Kasane has identified and registered 122 orphans and 15 of them are part of the memory initiative. The OVC support will be implemented in all HIV/AIDS projects that the national society is running. The coverage is expected to increase, as OVC support will be introduced in existing projects.

As a way of introducing the memory project to the national society, the project officers and some volunteers participated in a Salvation Army Psychosocial Support Initiative (SAPSSI) workshops and life skills camps to prepare them in advance in order to address the psychological needs of the children.

Nutritional support to vulnerable clients and OVC.

The national society collaborated with the government to provide food to the clients and OVC. The government of Botswana provides monthly foodstuffs for clients and OVC through the district health HBC coordination office. The Red Cross HBC is linked to this structure and the clients receive the food from the government thus there is no need for the Red Cross to purchase its own food for distribution. The relief items distributed include maize meal, eggs, cooking oil, milk, juices, soap, rice etc. However, the Red Cross is encouraging nutritional gardens for support groups to supplement the diet of clients.

Knowledge, attitudes, practices and behaviour of 30, 000 youths and 50,000 adults is improved

Botswana Red Cross has been conducting youth peer education in the southern district of Kanye since 2001. There are approximately 40 youths giving HIV/AIDS education to over 20 primary schools. The prevention project has expanded to Moshupa and Tonota. A total of 25,000 young people have been sensitized on HIV/AIDS. As mentioned above, the focus for the prevention activities is on school and young people in particular. The adult population is normally reached through events such as Red Cross day and world AIDS day.

Condoms acquired from the Ministry of Health were distributed in the HBC and prevention projects. The HIV/AIDS Coordinator participated in the International Olympics Committee meeting in Johannesburg, South Africa from 17 to 19 June 2004. The national society will strengthen its collaboration efforts with National Olympics Committee in order to promote HIV/AIDS activities by linking them with sport.

Stigma and discrimination against PLWHA¹ and OVC is reduced.

Advocacy issues remain unclear as regards implementation. However, the national society managed to use World Red Cross Day activities to sensitize the participants on the need to embrace and accept PLWHA. The people that attended the event displayed anti-stigma and non-discriminatory messages on placards.

Impact

Where HBC exists there is noticeable increased number of PLWHA registering to be part of the project and many of them are declaring their HIV status. This is a clear indication that the efforts of the care facilitators in the community is being felt and the education being given to the family members is yielding results.

¹ PLWHA – Persons living with HIV/AIDS

The collaboration with the government on the provision of food to the clients and OVC is an important one. This has helped the Red Cross to focus on other pressing issues such as for OVC in terms of providing psychological support through memory project.

The impact of the government providing ARV to clients has affected the operations of the HBC project in Kasane. There are fewer bedridden clients and this has changed the role of the care facilitators. Care facilitators need not spend much time training families on bed bathing and lifting of the patient since substantial numbers of clients are now mobile. This therefore calls for a change in the activities of the care facilitators with the advent of ARV in Botswana, for example a focus on ARV compliance.

Constraints

Generally, things are pretty expensive in Botswana and this has put some strain on the consortium budget. There are no other donors or partner national societies (PNS) supporting the national society except the government that supports particular areas of interest. The national society has developed a long term proposal which will be submitted to the Government for funding to implement community mobilization issues regarding health, HIV/AIDS, ARV etc.

Volunteers working in HIV/AIDS projects do not have adequate information on ARV. There is urgent need to equip the volunteers with basic, necessary and adequate information on ARV so that they can be able to give correct advice to the clients and family members.

Disaster Management (DM)

Goal: Vulnerability of the communities is reduced through implementation of disaster management interventions .

Objectives: Botswana Red Cross capacity in disaster management is enhanced through capacity building and community empowerment.

For the reporting period, the Botswana Red Cross DM programme has not received any financial support through the Federation. The DM programme aims to meet the needs of the people made vulnerable by disasters. The programme also recruits and trains volunteers to analyze potential hazards in their communities, raise community awareness on disasters and to respond to disasters. Action team have been trained in first aid, relief distribution and water and sanitation (WatSan) in response to disasters.

Organizational Development

Goal: The Botswana Red Cross has improved in terms of foundation, capacity and performance through implementing the Federation's characteristics of a well-functioning national society.

Objective: The national society's institutional capacity and its progress towards operating a well-functioning national society is enhanced and programmes are responsive to local vulnerabilities.

Progress/Achievements

National society structures are established

The national society has prioritized the revival of 15 branches. Headquarters staff from the Botswana Red Cross branch development unit have visited the branches in an effort to revive the branches and increase volunteer base. They conducted a motivational and recruitment mission to seven of the branches. Some of the branches supported by headquarters staff have updated their membership list and committees are in place. Disaster emergency action team training for three branches was held in February 2004 in Gaborone.

The national society has a legal foundation and capacity to effectively support its activities.

The Botswana Red Cross will be holding the Annual General Meeting in August 2004 where the strategic, revival plan and constitution will be presented for approval by the general assembly. The national society is going through a process of reviewing its constitution and amended draft has been circulated to the Federation, ICRC and national society branches. The constitution is being developed to improve the legal base of the national society.

The Botswana Red Cross Staff and volunteers have improved capacity in project management.

A team-building and annual planning retreat was held at the headquarters in January 2004. A capacity building exercise was carried out in which six branches namely Maun, Kasane, Francistown, Bobonong, Molalatau, Palapye, were visited and volunteers mobilized, interim committees put in place and divisional annual work-plans developed. A vulnerability capacity assessment (VCA) was carried out in the Bobirwa sub-district, a district heavily-hit by drought.

Information management systems at national and division level are enhanced.

An information dissemination workshop was conducted for patrons of the eight newly-established Red Cross youth clubs. A multi-sectoral first aid retreat was held in Jwaneng. The main objectives of the retreat were to review the curriculum, conduct first aid examinations for competitions and also to look at the coordination of first aid activities in Botswana.

Youth and gender activities are promoted.

Youth groups were formed in schools during the revival and capacity building exercise in six branches of the national society. As a follow up to a VCA, an eight day youth camp was held in Molalatau in April 2004 with the participation of the communities and their leaders. During the camp 2,500 bricks were moulded towards the construction of an orphan care centre, and 50 trees were planted around the village and a clean up campaign was held.

Impact

The formation of youth groups, the conducting of youth camps and the revival of branches are steps towards implementation of long term processes on putting in place effective structures at branch level.

Constraints

Most of the planned activities planned could not be carried out due to insufficient funding generated through the Appeal. The effect of limited knowledge about the movement amongst volunteers is a great challenge for the national society. This affects the volunteer's efforts to effectively deliver services to the targeted beneficiaries. Limited information technology systems and knowledge among staff and volunteers is also hampering development.

Due to inadequate human resources, the national society is finding it difficult to institute monitoring of progress through out the country. This is also creating a cycle of repeated trainings due to continuous loss of trained volunteers. It has become difficulty to retain volunteers due to competition with other voluntary organization as these organizations offer more attractive incentives.

[Contributions list below; click here to return to the title page and contact information.](#)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

					TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				723,016		8.0%
CASH CARRIED FORWARD				58,114		
SUB/TOTAL RECEIVED IN CASH				58,114	CHF	8.0%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<p>Note: due to systems upgrades in process, contributions in kind and services may be incomplete.</p>						
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

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