

Appeal 2004



NAMIBIA

Appeal no. 01.16/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Click on programme title or figures to go to the text or budget

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	4,508,298
Disaster Management	1,626,622
Humanitarian Values	161,612
Organizational Development	277,683
Total	6,574,216²

¹ Identified by blue i n the text.

² USD 4, 937, 451 or EUR 4, 231, 874.

National Context

At independence in 1990, Namibia inherited a socio-economic structure that still pervades the society. The apartheid approach centred on directing resources to the white minority, while denying the majority access to basic services and means of production, to ensure a cheap unskilled labour reserve. The result of over half a century of apartheid policy is that Namibia is the most unequal society in the world, with a gini coefficient of 0.70. At independence, five percent of the population accounted for more than 71% of the national income, while 55% shared less than 3.5% of the gross domestic product. Currently, half of the Namibia's population survives on about 10% of the average income.



Namibia is regarded as the most arid country in sub-Saharan Africa: 80% of the land classified as arid, and 20% as semi-arid. This makes the country prone to recurrent droughts and recurring food deficit; maize is imported to supplement local production. Lack of adequate natural fresh water resources also exacerbates food production and increases vulnerability among communities. Poverty is associated with food insecurity. Parents of about 30% of all children are unable to provide nutritious food of adequate quality and quantity with the required frequency. One-third of the population is classified as undernourished and highly vulnerable.

According to the 2001 Population and Housing Census, Namibia has a total population of 1.8 million. Namibia has the fifth highest HIV/AIDS prevalence rate in the world: 23.3% for 2002. HIV/AIDS is the most important public health problem, ranking as the first cause of death and hospitalization. Some 70% of the population is rural, with 34.9% living below the poverty line of USD 1.00 per day. Most of the rural population depends on small-scale subsistence farming. Only 41% have access to adequate sanitation and 78% to safe water sources.

Currently, the Namibia Red Cross Society is operating in seven regions in the country: Caprivi, Kavango, Kunene, Khomas, Ohangwena, Otjozondjupa and Karas. Five of these seven regions are in the northern part of Namibia, have the lowest human development index, and house 70% of the population of Namibia.

Human Development Indicators at a glance:

Indicators	2001	1996
Population (million)	1.90	1.61
Life expectancy at birth	47.4	45.2
Adult literacy rate (%)	82.7%	81.0%
GDP per capita (PPP USD)	7,120	7,990
Persons living with HIV/AIDS (PLWHA), adults	22.5%	15.0%
Population with access to improved sanitation	41%	51%
Population with sustainable access to safe water source	78%	73%
Population with sustainable access to essential drugs	80-94% (1999)	35-93% (1996)
Population living below USD 1.00 per day (%)	34.9 (1990-2001)	-
Population living below USD 2.00 per day (%)	55.8 (1999-2001)	-

Source: UNDP Human Development Report 1996 and 2001
PPP in this context refers to Purchasing Power Parity

Red Cross and Red Crescent Priorities

Movement³ Context:

The **Namibia Red Cross Society** was established following a parliamentary act in 1991. It is auxiliary to the government and focuses on assisting vulnerable communities in line with the Federation. The Namibian Red Cross has developed a Country Assistance Strategy, which will be the basis for development of a Cooperation Agreement Strategy in 2004. The national society⁴ is working in partnership with the Belgium, Spanish, American, Canadian, German and Netherlands Red Cross Societies as well as the Namibian government, Soul City (NGO), Bristol Meyers Squibb (pharmaceutical company) and the Social Marketing Association (NGO).

Primary support from the Movement and other partners from 2004 to 2007

Partner	Health	Disaster Management	Organizational Development	Humanitarian values
ICRC		X	X	X
Namibian government	X	X		X
Federation	X	X	X	X
Soul City	X		X	X
Belgium Red Cross	X		X	
Netherlands Red Cross	X		X	
Spanish Red Cross	X			
American Red Cross	X			
Canadian Red Cross		X		
German Red Cross	X			
Bristol Meyers- Squibb	X		X	
Social Marketing association	X			

National Society Strategy/Programme Priorities:

The Namibia Red Cross continues to develop working partnership with vulnerable communities to achieve sustainable programmes. The programme implementation is guided by Namibia Red Cross strategic plan and the health strategy. Based on Strategy 2010⁵, Namibia Red Cross as part of the Federation prioritizes the four core areas as follows:

A. Developing health and care programmes to both deliver services and empower vulnerable communities with the following key interventions:

- Prevention and advocacy interventions on HIV/AIDS conducted through the edutainment and Desert Soul projects.
- Care and support for PLWHA⁶, and orphans and other vulnerable children (OVC) is provided through trained volunteers in home-based care.
- The quality of life of PLWHA is improved with the establishment of nutrition and food security projects in the home-based care structures.
- Voluntary Counselling and Testing (VCT) is being promoted with the necessary follow-up on psychosocial support including the referral of PMTCT and HAART⁷ clients through the government health structures.
- Reproductive health is being promoted through training of volunteers at community level on mother-and-child health as well as adolescent health.
- Education, community awareness and actions in malaria treatment, prevention and control is promoted through community-based volunteers.

³ 'Movement' refers to the International Red Cross and Red Crescent Movement

⁴ This document may abbreviate 'NS' to represent national society/societies.

⁵ 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>

⁶ PLWHA – Persons living with HIV/AIDS

⁷ PMTCT - prevention of mother-to-child transmission; HAART - highly active anti-retroviral treatment

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- TB awareness campaigns are integrated into the HIV/AIDS information education material including the HBC⁸ projects to support the government efforts in improving the management and case detection in vulnerable communities.
- Water and Sanitation project focuses on the training of volunteers and the vulnerable community members in providing sustainable responses to water supply and sanitation emergencies.
- Strengthen Community-Based First Aid (CBFA) knowledge in promoting basic personal and environmental health care.

B. Building capacity to respond to disasters and to reduce the possible impact and mitigate disasters from occurring through disaster management:

- Addressing capacity building of communities and staff and responding to disasters through training in CBEWS⁹ and VCA¹⁰
- The promotion of networking with partners with each stakeholder having clear identified roles and responsibilities.

C. Humanitarian values and fundamental principles are promoted to the broader public and stakeholders through the following activities:

- Dissemination of information through community based volunteers on the roles, activities and values of the Namibia Red Cross including the Fundamental Principles of the Red Cross as well as International Humanitarian Law.
- Conducting seminars to policy makers, general public and beneficiaries in understanding the role and mandate of the Namibia Red Cross.
- As part of the information and dissemination strategy of the Namibia Red Cross, establish and train the staff and volunteers in updating and maintaining the website.

D. Organizational development to strengthen resource mobilization infrastructure development, human resource capacity building and systems of the national society:

- Developing capacity of staff and volunteers in the areas of project management and planning, and documentation at both national and regional levels.
- Strengthening resource mobilization and development in order for the Namibia Red Cross to sustain its activities and provide better service to the most vulnerable, resource mobilization and development is essential. Currently the national society has developed a shopping complex covering at least 25% of its core costs; the remainder is derived from individual programmes. Other sustainable sources of income should be identified to ensure significant coverage of the national society's core costs. The secretary general coordinates and develops resources at headquarters management level; however, more support needs to be provided in terms of capacity building and by creating similar positions at regional level.
- Establishing regional and district structures in the most vulnerable areas. The Namibia Red Cross is physically operating from seven of the 13 political regions in the country. The national society has other national programmes implemented from the head office and responds on request to disasters. According to the Namibia Red Cross constitution and the fundamental principles, the Red Cross is to be represented countrywide. Given the increase of humanitarian needs due to the HIV/AIDS pandemic and the recurrent droughts that adversely affect the social and economic status of the country, it has become imperative to establish Red Cross structures throughout the country.
- Revising the Namibia Red Cross constitution. The Namibia Red Cross constitution is the highest statutory document that promulgates the governance of the national society. Regional committees appealed for revision of the constitution to clearly state their responsibilities. The constitution will be revised with support from the Federation, and the amendments will be adopted by the annual general meeting (AGM) adhering to the constitutional procedures.
- Strengthening of governance and management structures and systems. The national society has a governing board elected by the AGM. The constitution will be revised to include chairpersons of

⁸ HBC – Home-based care

⁹ CBEWS - community-based early warning systems

¹⁰ VCA – Vulnerability and capacity assessment

the regional committees onto the governing board. In addition, the roles of these regional committees are not clearly defined in the constitution and therefore need to be addressed.

- Developing clear management guidelines (programme management system). The Namibia Red Cross has programmes in seven regions manned by regional officers reporting to the management which consists of the head of finance, the head of programme, the head of operations (deputy secretary general) and the secretary general. In addition, the national society has regional coordinators at headquarters for support to the regions. The reporting lines, job descriptions and, to a certain extent, management style needs to be improved. The development and revision of operational guidelines and supporting structures is a matter of priority.
- Empowering the community so that all programmes are community-based to ensure community participation, ownership and sustainability as much as possible.
- Establishing volunteer and membership management and data base. The national society has 4,000 volunteers countrywide according to the records kept by individual projects at regional offices using different data base systems. Proper management structures and databases need to be created to retain and optimally utilize the services of volunteers.

Strengthening the National Society

Health and Care

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Background and achievements/lessons to date

In line with the Ouagadougou declaration and ARCHI¹¹ 2010, the Namibia Red Cross has committed itself to scale up prevention, care and support and advocacy activities on HIV/AIDS to contribute to national efforts to reduce transmission and mitigate HIV/AIDS impact.

Apart from HIV/AIDS, TB has emerged at an alarming rate and is the leading opportunistic infection in HIV/AIDS and most common cause of death in AIDS victims, followed by malaria. Malaria epidemics have been reported on various part of the country particularly the northern areas. Access to clean drinking water and proper nutrition and sanitation facilities is a problem mostly among rural communities, which place the health of communities at risk.

To date, in order to mitigate the impact of health problems, Namibia Red Cross has put in place intervention strategies to intensify:

- Awareness and information dissemination on HIV/AIDS prevention, care and support in order to reduce fear, minimizing stigmatization and discrimination; and
- Awareness and social mobilization on the aspects of access to clean drinking water, adequate food, proper sanitation and environmental hygiene.

Achievements and lessons learned over the last years

- Home-based care (HBC) programs providing care and support to clients and their families in four most affected regions.
- Reproductive health program aiming to reduce maternal mortality and improve the reproductive health of adolescents in two targeted regions (Kunene and Kavango) with special emphasize on HIV /AIDS, TB, and malaria prevention.
- Water-sanitation activities, both facilities and services, are currently implemented in one region planning to expand to other six regions.
- Information dissemination, complimented by Desert Soul, through mass media campaigns and production of 1.5 million booklets on HIV/AIDS, TB, malaria prevention, and gender-biased violence.
- Edutainment activities at regional and national levels are complementing efforts in information dissemination, social mobilization and training additional teams in the regions.

¹¹ 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/>)

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- In order to strengthen the operational capacities and expanding the network of volunteers, Namibia Red Cross under health and care programme have trained 700 volunteers.
- Water-sanitation software activities should be extended to all 13 regions.
- Community-based first aid should be strengthened.
- Interventions programs mostly in areas of malaria, mother and child health, HIV/AIDS, TB and water-sanitation activities should be intensified to reach vulnerable communities, mostly San and Ovahimba community.

Goal: The general health and reduction of HIV/AIDS, STIs (Sexually Transmitted Infections) and other ailments of the vulnerable communities is improved and sustained through integrated community-based health and care interventions.

Objective: Vulnerability is reduced, and care and support improved for 1,500,000 targeted beneficiaries in 13 regions, by the end of 2007, in the areas of HIV/AIDS, water-sanitation, malaria, TB, reproductive health and community-based first aid (CBFA) through the provision of an integrated and sustainable community-based programme.

Expected results

Project title	Expected Results
1. HIV/AIDS Prevention	<ul style="list-style-type: none"> • 500,000 people in 13 regions are made aware of the transmission and danger of HIV/AIDS, STIs; and received appropriate IEC materials. • one million condoms distributed to targeted communities by the end of 2007 • risky behaviour by youths and specific targeted groups reduced • 80 edutainment team members trained (six members per team per region) • 1,000 volunteers trained in awareness and community mobilization • community mobilization intensified on HIV/AIDS including the rights for people living with HIV/AIDS • Youths and other targeted groups (military, police, commercial sex workers) have adequate knowledge about HIV/AIDS
2. Care and Support	<ul style="list-style-type: none"> • Quality of life of PLWHA and OVC in five regions is improved • Improved access to HBC, medical care for people living with HIV/AIDS (PLWHA) and education for orphans and vulnerable children (OVC) • Improved access to psychosocial and local material (resources) support through support groups and income generating activities • Family members knowledge on care and support improved • Improved access to alternative parental guidance and care
3. Nutrition	<ul style="list-style-type: none"> • Improved access to food and quality of diet for PLWHA and OVC in seven regions. • Improved capacity of PLWHA/OVC to produce food locally
4. VCT, PMTCT, and HAART	<ul style="list-style-type: none"> • Two mobile VCT (voluntary counselling and testing) introduced. • Four counsellors recruited and trained in counselling. • Two technicians recruited and trained • Increased no. of people going for VCT. • Increased no. of people counselled and tested • Accessibility of VCT increased to the most rural areas • Increased no. of post test clubs for both positive and negative tested people • Community members mobilized and aware in Prevention of mother to child transmission (PMTCT), VCT, HAART (highly anti-retroviral treatment) • Increased no. of referrals to VCT and clinic for PMTCT&HAART • Increased awareness creation on positive living • Increased access to Nevirapine treatment by pregnant women tested HIV positive. • Volunteers trained in PMTCT, VCT and HAART

Project title	Expected Results
5. Advocacy	<ul style="list-style-type: none"> • Mainstreaming of HIV/AIDS into daily activities of communities • Increased awareness on needs and rights of PLWHA and OVC • Increased acceptance of PLWHA and OVC • Increased openness about HIV/AIDS in communities • Gender mainstreamed into all activities • Increased awareness on stigma and discrimination • Improved involvement of policy makers in advocating for the rights of PLWHA and OVC
6. Youth programme-adolescent reproductive health	<ul style="list-style-type: none"> • Increased awareness among parents and caretakers on reproductive needs of youth. • Peer education programme providing information to youth on gender, sexual and reproductive health issues, mainly in the area of HIV/AIDS, STDS, teenage pregnancy and condom use. • Sexual and reproductive health counselling provided to youth in youth-friendly collaborative approach with the Ministry of Health and Social services. • 1600 Youth trained as peer educators. • 200 Youth clubs established to discuss sex and reproductive health related issues. • 60% of Youth (between 12-18 years) practicing abstinence • 80% of sexual active youth (between age of 19-28) practicing safer sex
7. Integrated Mother Child Health Initiative	<ul style="list-style-type: none"> • Reduction in mortality, morbidity, nutrition deficiencies among children under five years, pregnant women and lactating mothers in targeted four regions including San women in Otjozodjupa region. • 350,522 communities in which 51,562 children under five years in three targeted regions received mother and child care education and awareness. • Namibia Red Cross staff and volunteers knowledge on maternal health have enhanced. • Community knowledge on integrated mother child health improved. • Nutrition status of women and children under five years improved. • Increased access to proper nutrition and childhood development programmes for children under five years. • Increased access to proper nutrition and health care services for pregnant women and lactating mothers. • 100 coaches trained on mother and child care.
8. Malaria prevention	<ul style="list-style-type: none"> • Increased collaboration within the national malaria control programme of the MoH. • 500,000 individuals in seven malaria prone regions reached and actively participate in malaria prevention activities. • 100 coaches and 5,000 volunteers trained for malaria prevention campaigns. • 80% increased in number of pregnant women have access to chemoprophylaxis • 100 coaches and 5,000 volunteers trained in vector control measures and able to conduct community education sessions. • Community adopts preventive measures such as use of treated mosquito nets, allowing spray-man to spray their houses. • 500,000 individuals received information about mosquito nets uses and access • 70% of children under five years and pregnant women in targeted communities sleeping under treated mosquito nets. • 250,000 targeted pregnant women and children under five years in seven targeted regions received treated mosquito net. • 80% increased in early malaria cases detection and management by the end of 2007.

Project title	Expected Results
9. TB Prevention	<ul style="list-style-type: none"> • Increased community awareness on TB in 13 regions. • Reduced work load in hospitals / clinics • Improved case detection • Improved compliance to TB treatment • Improved nutritional status of TB patients • Improved cure rate • Reduced TB defaulter rates • Improved support from family members. • Volunteers trained in DOTS (directly observed treatment short-course) and TB
10. WatSan	<ul style="list-style-type: none"> • Water and sanitation team exist in seven targeted regions by the end of 2007. • 8 Water and sanitation officers and 40 volunteers from four regions have been trained and mobilized in Participatory Hygiene and Sanitation techniques (PHAST) activities. • Increased ability of the Namibia Red Cross to implement community based water and sanitation/hygiene education interventions. • Namibia Red Cross network used for dissemination of hygiene messages. • Community have access to first aid diarrhoea treatment (ORS) • 95,753 households in the targeted seven regions have sensitized on the safe drinking water and proper sanitation (hygiene) • 95,753 households have education in diarrhoea management, water and food store and preparation. • 320 water points committees (WPC) established and trained on management and maintenance. • 320 water points constructed and rehabilitated in target four regions by the end of 2007. • 40 water tanks with capacity of 10,000 litres erected in affected communities and schools for rainy water harvesting. • Households mobilized and trained households to built latrines Ventilated Improved Pit latrines (VIP). • 50% of target communities and schools have VIP latrines. • HBC volunteers trained in water and sanitation
11. CBFA	<ul style="list-style-type: none"> • Morbidity associated with common health problems and minor ailments and injuries in 13 regions decreased • 156 volunteers from 13 regions trained as trainers of trainees (ToT) by the end of 2007 • 156 CBFA kits for ToT have procured • Increased CBFA training at the community level • Provision of first aid services increased • Training manuals procured

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Disaster Management

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Background and achievements/lessons learned to date

During the past seven years, the Namibia Red Cross has been involved in various disaster interventions and gained valuable experience and capacity. In early 90's up to 2001, the Angolan civil war has intensified and forced many civilians to flee in search of refuge in neighbouring countries including Namibia. From 1999 to 2001, the Namibia Red Cross has been the implementing partner of UNHCR at the Osire refugee camp, where it distributed food and non-food items, implemented water and sanitation, preventive health activities as well as restoration and maintenance of family links. The national society assumed the overall management of the camp which housed about 25,000 refugees. With the Federation support, the Namibia Red Cross has built capacity in coordination, distribution, warehousing and reporting.

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In a more recent operation, the Namibia Red Cross has successfully alleviated human suffering during the floods in Caprivi's Kabbe and Katima rural constituencies in between May and June 2003. During this period, about 12,000 villagers were affected by floods. The national society together with two members of the RDRT¹² carried out a rapid needs assessment and subsequently intervened to distribute non-food items. After the floods subsided, the Namibia Red Cross with the support of the Federation evaluated its one-month operation and is now looking forward to continue to provide assistance and empower the flood-affected communities in the rehabilitation programme.

However, the Namibia Red Cross has no active disaster management activities in progress and has recognized the need to strengthen this programme. A full-time disaster management officer has been recruited to oversee the programme development and implementation. All interventions carried out by the national society so far have indicated a need to build human and material capacity in disaster management both at headquarters and regional levels.

Namibia has little arable land and suffers from recurring food deficits. The country is prone to prolonged periods of drought and has limited natural fresh water resources, which further aggravates the food production and increases the vulnerability of the people. The programme will focus on addressing issues of drought, food insecurity, floods and general disaster mitigation efforts.

Goal: The vulnerability of communities in all disaster prone regions is reduced through the design and implementation of appropriate disaster mitigation activities and disaster response programmes.

Objective: Prevention, preparedness and response capacities of communities living in disaster prone areas are strengthened, through the development of integrated strategies, systems, plans and activities hence reducing their susceptibility.

Expected results

Expected results	Activities planned to meet results
<ul style="list-style-type: none">Namibia Red Cross capacity is enhanced in disaster management (DM) through capacity building and community empowerment.	<ul style="list-style-type: none">Train 400 Namibia Red Cross human resources (staff and volunteers) in DM with assistance and support from the Federation regional delegation by the end of 2007
<ul style="list-style-type: none">NS capacity in disaster management is strengthened and exhibiting minimum standards of well prepared NS in all disaster prone regions	<ul style="list-style-type: none">Establish CBEWS (community-based early warning system) in 13 regions to benefit the vulnerable communities by end of 2007Train 260 Namibia Red Cross action team members
<ul style="list-style-type: none">BPI has been considered and gender diversity are integrated into all training programmes and activities	<ul style="list-style-type: none">Train relevant personnel in DM tools such as BPI (Better Programming Initiative), PPP (Project Planning Process), etc
<ul style="list-style-type: none">CBEWS are in place and operational in all 13 regions benefiting the vulnerable communities by 2007	<ul style="list-style-type: none">Conduct a training for the national disaster response team (NDRT), 26 from each region
<ul style="list-style-type: none">CBEW – situation monitoring systems and alert network are in place	<ul style="list-style-type: none">Establish community-based disaster management (CBDM) initiatives in all disaster prone regions
<ul style="list-style-type: none">VCA conducted and needs identified in all 13 political regions and some identified constituencies by 2007	<ul style="list-style-type: none">Conduct a nationwide VCA (vulnerability and capacity assessment) and identify needs
<ul style="list-style-type: none">Sustainable Food Security initiatives incorporated into all relevant sector programmes	<ul style="list-style-type: none">Promote the integration of sustainable food security initiatives into all sector programmes

¹² RDRT - Regional Disaster Response Team

Expected results	Activities planned to meet results
<ul style="list-style-type: none"> Comprehensive contingency plans developed for likely emergencies/key sites 	<ul style="list-style-type: none"> Procure non-food items such as blankets, mosquito nets, zinc sheets, jerry cans, agricultural implements, water purification tablets, etc.
<ul style="list-style-type: none"> Promotion of networking amongst stakeholders and have clarified roles and responsibilities of all stakeholders 	<ul style="list-style-type: none"> Meet with identified stakeholders Sign respective agreements
<ul style="list-style-type: none"> Namibia Red Cross disaster response capacity at all levels is improved 	<ul style="list-style-type: none"> Conduct NDRT training Set up action teams in all regions Create a disaster response emergency fund Create NDRT database Establish warehouse structures in all disaster prone regions Create and maintain an inventory of DM resources of the NS
<ul style="list-style-type: none"> Agreements made with government and NS on DM 	<ul style="list-style-type: none"> Sign disaster management agreements with government and other partners
<ul style="list-style-type: none"> All stakeholders exhibit acceptable and dignified standards in rendering humanitarian aid 	<ul style="list-style-type: none"> Promote the use of SPHERE standards among all stakeholders
<ul style="list-style-type: none"> The disaster preparedness programmes' planning, design, implementation and monitoring of relevant local municipalities has improved 	<ul style="list-style-type: none"> Sensitize local municipal authorities and institutions in disaster preparedness and response as well Sphere standards
<ul style="list-style-type: none"> Regional offices have improved their disaster prevention, preparedness and response capacities 	<ul style="list-style-type: none"> Continue information dissemination on DM
<ul style="list-style-type: none"> The NS tracing capacity is strengthened and ability to restore family linking improved 	<ul style="list-style-type: none"> Train staff and volunteers in tracing in all 13 regions and branches
<ul style="list-style-type: none"> Contingency plans are in place for elections 	<ul style="list-style-type: none"> Render first aid services during elections in 2004 and prepare for 2008

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Humanitarian Values

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Background and achievements/lessons learned to date

Namibia Red Cross is an auxiliary to the humanitarian services of its government. Its programming is directly focused towards assisting vulnerable communities. Therefore it is well placed to promote the understanding of fundamental principles and humanitarian values. Dissemination plays a crucial role in every process of marketing the image and the activities of the Namibia Red Cross, implementing projects as well as identification and involvement of beneficiaries.

Intervention programmes in social and natural calamities that have affected Namibia such as HIV/AIDS, drought and floods indicated a great need to strengthen information dissemination to stakeholders. Prompted by a notable lack of understanding and knowledge on the role of the Red Cross among the general public and to a certain extent policy makers, the Namibia Red Cross plans to intensify dissemination awareness campaigns.

However the effective implementation of intervention programmes is hampered by lack of adequate manpower. Currently, the Namibia Red Cross only has one centralized Information Coordinator at head quarters, thus the need to identify focal volunteers at regional level to channel and assist with information dissemination.

To date, the Namibia Red Cross through media has engaged in dissemination programmes but has to intensify community based outreach dissemination.

Goal: Increased tolerance, respect for human dignity and understanding of humanitarian values and the fundamental principles among policy makers and the general public.

Objective: Improved knowledge on humanitarian values, the fundamental principles and the role of Red Cross among policy makers and the general public.

Expected results:

Project title	Expected results	Activities planned to meet results
Policy makers	<ul style="list-style-type: none"> Increased understanding of humanitarian values and the fundamental principles 	<ul style="list-style-type: none"> consultative meetings Distribute information files, reports and newsletters
	<ul style="list-style-type: none"> Better understanding of Namibia Red Cross's role as auxiliary to the government 	<ul style="list-style-type: none"> Use edutainment team to disseminate Namibia Red Cross activities through songs, drama, poetry and puppet shows Identify focal contact persons representing the policy makers
General Public	<ul style="list-style-type: none"> Increased understanding of fundamental principles and humanitarian values, Namibia Red Cross mission in the Namibian context 	<ul style="list-style-type: none"> Consultative meetings, leaflets, posters, Radio-shows, TV and newspapers Translations of principles and humanitarian values into local language. Use of Edutainment (dissemination through songs, drama, poetry and puppet show). Use support/peer groups
Youth	<ul style="list-style-type: none"> Increased understanding of fundamental principles and humanitarian values, Namibia Red Cross mission and application thereof in the Namibian context 	<ul style="list-style-type: none"> Meetings with youths in the regions and branches Use of Edutainment (dissemination through songs, drama, poetry and puppet show). Drama competitions for youths on Red Cross knowledge Distribute badges/pins and information material with Red Cross messages to volunteers
Namibia Red Cross Staff & Volunteers	<ul style="list-style-type: none"> Imparted knowledge of IHL (International Humanitarian Law) and fundamental principles as well as the Society's mission statement 	<ul style="list-style-type: none"> Train staff and volunteers according to levels of understanding and work Focal volunteers at regional level to disseminate information
Website	<ul style="list-style-type: none"> Increased marketing of Namibia Red Cross objectives to the outside world 	<ul style="list-style-type: none"> Train staff to use websites Regular update of website Send stories to Federation website
Media	<ul style="list-style-type: none"> Increased understanding of the Red Cross and Red Crescent Movement's role, activities and fundamental principles Increased media coverage of Red Cross activities 	<ul style="list-style-type: none"> Press conferences/media releases Establish and maintain close links with local and national media Use global Federation campaigns to enhance visibility

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Organizational Development

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Background and achievements/lessons to date

The mission of the Namibia Red Cross Society is to develop through the fundamental principles and work in partnership with identified vulnerable communities, thereby fostering human dignity and improving

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lives. The national society addresses basic needs of the most vulnerable communities in the areas of health and care, disaster preparedness and response by implementing community-based programmes in close cooperation with its stakeholders. Currently, the Namibia Red Cross Society is operating in seven regions in the country: Caprivi, Kavango, Kunene, Khomas, Ohangwena, Otjozondjupa and Karas. Five of these seven regions are in the northern part of Namibia, have the lowest human development index, and house 70% of the population of Namibia

The constitution of the Namibia Red Cross promulgates the governance and management structures and functions of the national society. A general assembly provides governance implementation through governing board and regional committees. The Namibia Red Cross is in principle committed to building an institution that is financially self-sustainable with strong governance structure, effective and efficient management systems and capacity to deliver services to the most vulnerable countrywide. The foremost priority for the national society continues to be the improvement of the governance and management systems, capacity building of staff and volunteers, establishment of Namibia Red Cross presence throughout the country and the alignment of programmes with defined needs and priorities of most vulnerable groups in a sustainable manner.

Goal: The lives of the most vulnerable people in Namibia are improved as the Namibia Red Cross works towards a well-functioning national society.

Objective: Improved capacity of Namibia Red Cross to design, implement and manage its strategic directions at all levels by 2007.

Expected results

Expected results	Activities planned to meet results
<ul style="list-style-type: none">• Governance and management structure and systems strengthened	<ul style="list-style-type: none">• Revise the Namibia Red Cross constitution.• Establish management operations• Conduct countrywide workshops on the constitution and related policies
<ul style="list-style-type: none">• Effective policies, operational guidelines and management systems in place.	<ul style="list-style-type: none">• Produce and update policies including staff and volunteers policies, and operational guidelines• Disseminate policies and guidelines to staff and volunteers• Continue to monitor the implementation of policies and guidelines
<ul style="list-style-type: none">• Namibia Red Cross has functional structures and activities in all 13 regions	<ul style="list-style-type: none">• Facilitate the establishment of Namibia Red Cross presence in all 13 regions• Train key staff in project management• Construct three regional offices
<ul style="list-style-type: none">• Namibia Red Cross financial resource base in both value and diversity increased	<ul style="list-style-type: none">• Purchase computers and other communication equipment for seven regions• Conduct feasibility study on potential income-generating activities both at regional and national level• Develop and manage viable income-generating projects profitably.
<ul style="list-style-type: none">• Volunteer and membership management and database established• Strategic plans regularly evaluated and revised accordingly.	<ul style="list-style-type: none">• Create data base systems at regional and national level.• Identify focal persons to deal with volunteer and membership management at all levels.• Continue with membership and volunteer mobilization• Conduct bi-annual planning meetings.• Conduct external and internal evaluations on the performance of the Namibia Red Cross

<Click here to access the Logical Framework Planning Matrix document for Organizational Development>

Namibia; Annual Appeal no. 01.16/2004

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.16/2004

Name: Namibia

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	600,000	0	0	0	0	600,000
Clothing & textiles	33,750	196,000	0	0	0	0	229,750
Food	1,687,500	0	0	0	0	0	1,687,500
Seeds & plants	375,000	0	0	0	0	0	375,000
Water & Sanitation	250,000	36,000	0	0	0	0	286,000
Medical & first aid	42,500	12,818	0	0	0	0	55,318
Teaching materials	8,750	0	0	0	0	0	8,750
Utensils & tools	0	208,000	0	0	0	0	208,000
Other relief supplies	200,000	0	1,560	0	0	0	201,560
SUPPLIES	2,597,500	1,052,818	1,560	0	0	0	3,651,878
Land & Buildings	0	0	0	70,000	0	0	70,000
Vehicles	60,000	60,000	0	0	0	0	120,000
Computers & telecom	24,800	4,000	0	8,000	0	0	36,800
Medical equipment	84,200	0	0	0	0	0	84,200
Other capital exp.	0	0	6,100	0	0	0	6,100
CAPITAL EXPENSES	169,000	64,000	6,100	78,000	0	0	317,100
Warehouse & Distribution	0	24,000	0	0	0	0	24,000
Transport & Vehicules	96,000	22,800	14,400	7,200	0	0	140,400
TRANSPORT & STORAGE	96,000	46,800	14,400	7,200	0	0	164,400
Programme Support	293,039	105,730	10,505	18,049	0	0	427,324
PROGRAMME SUPPORT	293,039	105,730	10,505	18,049	0	0	427,324
Personnel-delegates	0	0	0	0	0	0	0
Personnel-national staff	275,899	90,538	94,516	75,078	0	0	536,031
Consultants	0	0	0	12,000	0	0	12,000
PERSONNEL	275,899	90,538	94,516	87,078	0	0	548,031
W/shops & Training	362,500	43,080	8,640	34,910	0	0	449,130
WORKSHOPS & TRAINING	362,500	43,080	8,640	34,910	0	0	449,130
Travel & related expenses	24,360	1,200	0	38,200	0	0	63,760
Information	0	1,000	11,500	0	0	0	12,500
Other General costs	690,000	221,456	14,391	14,246	0	0	940,093
GENERAL EXPENSES	714,360	223,656	25,891	52,446	0	0	1,016,353
TOTAL BUDGET:	4,508,298	1,626,622	161,612	277,683	0	0	6,574,216