

Appeal 2004



SWAZILAND

Appeal no. 01.18/2004

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	1,312,819
Organizational Development	645,525
Total	1,958,344²

Please note that objectives, expected results, and activities associated with the Disaster Management programmes are included in the narrative of this appeal; the budget associated with these activities is integrated within other programme budgets. [<Click here to go to the text>](#)

Please note that objectives, expected results, and activities associated with the Coordination, Cooperation and Strategic Partnerships programmes are included in the narrative of this appeal; the budget associated with these activities is integrated within other programme budgets. [<Click here to go to the text>](#)

¹ Identified by blue in the text.

² USD 1, 470, 780 or EUR 1, 260, 601.

National Context

The Kingdom of Swaziland is a land-locked and mountainous country with a population of 1.1 million. Three of the four agro-climatic zones of Swaziland are prone to drought, with correspondingly poor nutritional status of the people, aggravated by one of the highest rates of HIV/AIDS prevalence in the world. Swaziland is undergoing a serious socio-economic crisis due to continuing spread of HIV/AIDS that is further exacerbating the already severe impact of high unemployment, income inequality, and poverty. The spread of HIV/AIDS in Swaziland has continued unabated over the past decade. Infection among the working-age group in 2002 was estimated at 38.6% (UNAIDS 2002) making Swaziland the second most affected country in the world. The implications include the following:



- Life expectancy has decreased by 21 years from 59 in 1992 to 38 years in 2001. Studies project that if current trends in HIV/AIDS infection continue, life expectancy in Swaziland will fall below 30 years by 2010. Other studies indicate a drop in farm production of 50% for households affected by HIV/AIDS.
- Given the particularly high infection rates among the economically productive young adults, there will be rise in illness and death until at least 2008 with considerable long-term implications.
- Children are being orphaned on a huge scale. More than 15% of the children below the age of 15 are orphans. The projection to 2005 indicates that this will rise to 25% and that there will be some 120,000 (12% of the total population) AIDS orphans by 2010.

Human development indicators:

Indicators	2001	2000
Population (millions)	1.1	0.5 (1975)
Life expectancy at birth (years)	38.2	44.4
GDP per capita (PPP USD)	4,330	4,492
Population living below national poverty line (%), 1987-2000	40	-
Adult literacy rate (% age 15 and above)	80.3	-
People living with HIV/AIDS, adults (%)	33.44	-
Access to affordable essential drugs (%)	-	95-100 (1999)
Access to water and sanitation (%)	-	100
Malaria cases (per 100,000)	-	2,835
TB (tuberculosis) cases (per 100,000)	627	10 (1999)
Under-five mortality rate (per 1,000 live births)	10	196 (1970)

Source: UNDP Human Development Reports 2002 and 2003
PPP in this context refers to Purchasing Power Parity

Despite *per capita* GDP of USD 4,330, it is misleading to label Swaziland as 'low-middle income country' as the income is very unevenly distributed with two thirds of the population living below poverty line and faced with largely depleted coping mechanisms. There is little evidence that the economy is recovering from the downward spiral that began two to three years ago. GDP growth declined 1.5% in 2001 from 2.2% and 3.7% in 2000 and 1999 respectively. Inflationary pressures, as from November 2001, moved into double figures registering 10.8% and 11.5% in January and April 2002 and peaking at 12.9% in October 2002. Unemployment is estimated to have reached 33% in 2002 compared to 22% in 1995.

In short, Swaziland is caught in a dangerous downward spiral which is further fuelling the spread of HIV/AIDS and making people even more vulnerable to common diseases and poverty.

Red Cross and Red Crescent Priorities

Movement³ Context:

As of mid 2003, the Movement has undertaken the following major interventions in Swaziland:

- Targeted food distribution to 83,000 beneficiaries (poor, elderly, disabled, child and elderly headed household) in three regions (Manzini, Shiselweni and Northern Hhohho). The number of beneficiaries has since been scaled down to 68,000.
- Distributions of food parcels (with hygienic article content) to approximately 2,000 home-based care clients through three Red Cross clinics. This programme started in May 2003 and is planned to continue under the Federation emergency appeal number 15/2003 (Southern Africa: Food Security and Integrated Community Care).
- German Red Cross funded school feeding programme has covered 37,779 pupils in 89 schools since April 2003. The programme is pending and continuation depends on availability of further funding.
- Distribution of agricultural starter packs of seeds and fertilizers to 5,556 farmer households in January and February 2003.
- Agricultural pilot programmes – fish farming, poultry farm, community gardens, supported by the Finnish government through the Finnish Red Cross, was initiated in 2002. This is a four-year programme targeting 430 household beneficiaries. Successful elements of this programme will be introduced in Northern Hhohho thereby providing self-reliance opportunities to the beneficiary households under the proposed continued food distributions.
- HIV/AIDS prevention project has been implemented in 14 prisons. A total of 70 peer educators have been trained.
- Under a water and sanitation project since 2001, 680 out of planned 880 latrines have been constructed in Northern Hhohho. The project will benefit 880 households (8,000 beneficiaries).
- As part of a 2003 cholera intervention, 350 latrines were built in Shiselweni, southern Swaziland.
- A one-and-half year Swiss Red Cross-funded capacity Building Project launched in July 2003 to strengthen the areas of financial management and accounting skills among the national society staff.

National Society Strategy/Programme Priorities:

The **Baphalali Swaziland Red Cross Society** focuses its work and programmers on alleviating the suffering of the people made vulnerable by natural disaster, HIV/AIDS and other communicable and preventable diseases. The national society is recognized by the government as a key player in health and disaster management and has a special mandate articulated to work with the government on key advocacy issues.

Mission Statement

To prevent and alleviate human suffering of the most vulnerable people in accordance with the Fundamental Principles of the Red Cross and Red Crescent Movement.

Milestones

1979	The Swaziland Red Cross was established in 1933 as a branch of the British Red Cross; in 1970 it became Baphalali Swaziland Red Cross through an act of parliament. It was admitted as a member of the International Federation of Red Cross and Red Cross Societies in 1979.
1999-2004	Constitution reviewed in 1999 and approved by the general assembly in 2001. National Society reorganization completed in 2002
2001	Election was held successfully and new team ushered. Next election to be held in 2004.
2000	Four-year Cooperation Agreement Strategy finalized 2000-2004
2002	Self-assessment finalized.
Yearly	Periodic internal and external audit carried out.

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

In line with ARCHI⁴ Strategy 2010 and the Ouagadougou declaration, the national society has prioritized the following as its core programme areas:

Health and social welfare

- HIV/AIDS remains a priority of the national society and it is to be integrated in all programmes. The national society aims at providing comprehensive HIV/AIDS services in demarcated geographic areas. This will include prevention for youth and marginalized groups, home-based care, treatment and support.
- Work closely with the Swazi government with focus on blood donor mobilization.
- Provision of commercial, community and emergency first aid services. The national society shall remain the leading provider of First Aid services in the country.
- Control and mitigate the effects of water-borne diseases by providing basic sanitation and water services in selected communities including the home-based care communities.
- Provision of social welfare services to the destitute.

Disaster preparedness and response

- Establish a disaster response and preparedness unit
- Expand the current pilot food security programmes
- Link food security with disaster mitigation and HIV/AIDS

Promotion of humanitarian values

- Increase the awareness and image of the Red Cross among the general public.

Organizational development:

- Improve and strengthen governance at branch and divisional levels.
- Ensure an efficient organizational structure
- Recruit and retain highly qualified staff, in particular at divisional level, and develop their skills
- Assist and develop resource mobilization and project management skills at branch and divisional levels.
- Strengthen the national resource development unit
- Strengthen financial procedures and controls
- Improve communication systems and the use of information technology in all the divisions.
- Establish operational policies and procedures to ensure efficient implementation of activities
- Engage in volunteer recruitment drive and promote personal development of Red Cross volunteers
- Increase youth participation and representation and promote gender diversity in all Red Cross activities

Strengthening the National Society

Health and Care

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Background and achievements/lessons to date

Community-based health

The Baphalali Swaziland Red Cross works closely with the Ministry of Health (MoH) in the provision of primary health care services in the country. The national society runs three clinics in mostly rural areas in Mahwalala, Sigombeni and Silele, where basic health services are insufficient. Although the government subsidizes the national society to run the clinics, the support is insufficient to cover running costs. As a result, the national society has to cover a 45% over – expenditure for the running of the clinics, which is a strain on the national society's limited resources. The national society would like to extend its services to cover preventive services in the communities surrounding the clinic in acknowledgement of the increased burden of communicable diseases such as malaria, TB and HIV/AIDS.

⁴ 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/>)

The clinics provide primary health care, mother and child care, family planning, maternal child health, growth monitoring and immunization for the under fives, visits to terminally-ill patients, curative, health promotion and education. 45,000 people benefit from the services of the clinic every year. The clinics are used as referral health systems and sentinel (transmission) survey for HIV/AIDS programme.

HIV/AIDS

The first case of the AIDS in the Kingdom of Swaziland was reported in 1987. Since then, the disease has spread rapidly throughout the country. The Baphalali Swaziland Red Cross responded to the humanitarian crisis and has since scaled up its HIV/AIDS activities with a focus on prevention and care. The national society has established three home-based care projects linked with its three clinics in Silele, Mahwalala and Sigombeni. Prevention campaigns on HIV/AIDS were conducted among the general public and correctional services.

Pilot projects started in Sigombeni assisting 500 HBC⁵ clients in 2000. Baphalali Swaziland Red Cross Society has now scaled up its HBC project and assists 1,000 clients. The project is currently being established in Mahwalala.

The Swiss Red Cross has pledged its support to Baphalali Swaziland Red Cross in its efforts in promoting early diagnosis of HIV/AIDS infection in order to prevent mother-to-child transmission to be piloted at Sigombeni. The centre is being constructed at the point of writing this appeal.

A number of HIV/AIDS food security projects have taken place in 2002-2003 namely indigenous fowls and backward nutritional gardens for people affected or infected by HIV/AIDS. Anecdotal evidence of the high nutritional value of the garden products has improved the patients' livelihood. In the coming year, a more in-depth survey will be conducted to document the impact of the improved nutrition.

Support groups for PLWHA⁶ in Swaziland encounter huge challenge because of strong stigma. Through the food security programme, informal forum for social exchange and psychological support for the affected and infected people have been formed.

The national society collaborates with the umbrella organization CANGO, and government departments in the implementation of the HIV/AIDS programme. Baphalali Swaziland Red Cross will also benefit from the country's global fund for HIV/AIDS in the area of prevention through promotion of blood safety nationally.

Water and sanitation

The Federation supports the Baphalali Swaziland Red Cross water supply, sanitation and hygiene promotion projects technically through the regional water and sanitation delegate based in Harare and in general management through the Federation office in Swaziland. The capacity building support provided from Harare is detailed in the Federation Southern African regional appeal. Work in this sector is an integral part of the national society development plan and the Cooperation Agreement Strategy (CAS). Baphalali Swaziland Red Cross partners at the implementation level are the local government agencies involved in the sector.

In the last two years, Baphalali Swaziland Red Cross has been implementing water supply, sanitation and hygiene promotion development project in Cetshwayo and Mafucula following the floods of 2000. Improving vulnerable people's access to safe water and adequate sanitation is a vital component of poverty reduction as recognized in the UN millennium development goals.

Future projects will be implemented in areas where the national society is providing home-based care services to people affected by HIV/AIDS. Hygiene promotion will now lead water and sanitation activities and 'hardware'⁷ will complement 'software'⁸. Thus the water supply and sanitation interventions will integrate in the wider Red Cross health interventions.

⁵ HBC – Home Based Care

⁶ PLWHA -Persons living with HIV/AIDS

⁷ Hardware - refers to the structural aspect of a project which involves actual implementation of the needs that have been identified e.g. borehole drilling, latrine construction.

Other health projects/programmes undertaken by Baphalali Swaziland Red Cross include:

- **Blood collection** - Work closely with the Swazi government with focus on blood donor mobilization.
- **First aid** - Provision of commercial, community and emergency first aid services. The national society shall remain the leading provider of first aid services in the country.
- **Social welfare** - Provision of social welfare services to the destitute individuals.

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

Objective 1: HIV/AIDS: Holistic care and support provided to HIV/AIDS infected and affected people in targeted areas.

Objective 2: Social Welfare: The suffering of 500 destitute people is alleviated in all the regions.

Objective 3: Clinical Services: Primary health care services are provided to 45,000 clients in the three Baphalali Swaziland Red Cross clinics annually.

Objective 4: First Aid: First aid services are provided countrywide.

Objective 5: Water and Sanitation: Establishment of sound, sustainable environmental services for 40,000 vulnerable people in Mahhashini, Sigombeni, Cetshwayo and Mpuluz by 2007 in water supply, sanitation and hygiene promotion.

Objective 6: Blood programme: The Baphalali Swaziland Red Cross is mobilizing 10,000 voluntary non-remunerated blood donors annually.

Expected results and related projects for these objectives are:

Project title	Expected results	Activities
HIV/AIDS	5,000 correctional services officers and inmate nationwide practice safer sex by 2004.	<ul style="list-style-type: none"> • Train 14 counsellors • Train 25 commandants • Train 50 inmates • Facilitate construction of one VCT (voluntary counselling and testing) structure • Develop, procure and distribute IEC (information, education and communication) material. • Conduct two refresher courses in peer education • Survey on KABP (knowledge, attitudes, behaviour and practices) • Monitor and evaluate
	Knowledge, attitudes, behaviour and practices of youth improved in targeted communities.	<ul style="list-style-type: none"> • Establish 1 x 50 members drama group. • Procure uniform for drama group. • Recruit and train 100 youth peer educators at Piggs Peak, Red Cross clinics and divisions. • Mobilize and sensitize 10 communities. • Put into operation Piggs Peak youth recreational centre on HIV/AIDS prevention. • Establish 10 condom distributing outlets in targeted communities. • Establish youth user-friendly services at three clinics. • Form community committees on peer education. • Procure safety clothing for youth groups.

⁸ 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 title	Expected results	Activities
		<ul style="list-style-type: none"> • Establish three income-generating activities at clinics for youth. • Monitor and evaluate.
	<p>Establish a VCT (Voluntary Counselling and Testing) centre to promote early diagnosis of HIV/AIDS at Sigombeni by 2004</p> <p>60% of children born from sero-positive mothers are HIV negative in Sigombeni clinic as a result of improved mother-to-child transmission services</p>	<ul style="list-style-type: none"> • Train 20 counsellors • Convene community sensitization meetings • Establish 10 youth groups. • Procure rapid testing kits. • Database of clients available • Modify knowledge, attitudes and practices of clients. • Ensure HIV/AIDS test quality • Develop and distribute IEC. • Launch the programme by 2004. • Monitor and evaluate • Complete the construction of maternity ward at Sigombeni. • Convene community sensitization meetings. • Integrate MTCT (mother-to-child transmission) into ANC (antenatal care) education sessions. • Train home-based care facilitators on MTCT. • Produce and distribute IEC material. • Purchase and distribute milk substitutes to registered clients. • Refer clients for elective caesarean section at 36 weeks. • establish and maintain clients database • Arrange appointment for clients for doctor's visits. • Monitor drug compliance. • Monitor and evaluate.
	<p>The quality of life for 4,000 people with HIV/AIDS in all divisions is improved through the provision of home-based care services.</p>	<ul style="list-style-type: none"> • Train staff on HIV/AIDS project management. • Translate ARCHI tool kits and distribute. • Train 500 branch members as HBC facilitators. • Conduct five workshops on HIV/AIDS for traditional healers. • Conduct 10 sensitization workshops for community leaders in all divisions • Undertake weight monitoring for PLWHA in one division by 2005. • KABP modified • Food security for PLWHA • Database on HBC clients available
	<p>The quality of lives for inmates, officers and their families in the correctional services is improved by 2007.</p>	<ul style="list-style-type: none"> • Conduct survey at institution • Train 200 HBC facilitators. • Establish four support groups. • Establish food security project • Train 1,000 family members annually countrywide. • Monitor and evaluate
	<p>Targeted communities and general public respect rights of people living with HIV/AIDS and orphans and other vulnerable children by 2007.</p>	<ul style="list-style-type: none"> • Create a network for PLWHA. • Mobilize and sensitize leaders on orphans and other vulnerable children (OVC). • Conduct five anti-stigma campaigns in five

Project title	Expected results	Activities
		<p>divisions.</p> <ul style="list-style-type: none"> • Increase awareness on needs and rights of PLWHA and OVCs. • Mainstream HIV/AIDS activities into daily life of community. • Ensure gender mainstreaming in all national society programmes.
	2,000 people living with HIV/AIDS and 5,000 orphans and other vulnerable children are food secure in five branches by 2004.	<ul style="list-style-type: none"> • Identify OVC/PLWHA • Establish income-generating activities. • Procure and distribute supplies for income-generating activities. • Educate members on management of income-generating activities • Improve diet for PLWHA.
	5,000 orphans and other vulnerable children in the clinics receive psychological, social, and material support by 2006.	<ul style="list-style-type: none"> • Conduct bi-annual survey on OVC. • Pilot memory box at Sigombeni. • Advocate for OVC at different levels • Assist 5,000 OVC with school fees and uniforms. • Assist OVC with food
Social Welfare	500 destitute people receive food and non-food assistance	<ul style="list-style-type: none"> • Conduct annual house-to-house assessments • Distribute 1,000 food parcels per year. • Distribute 1,000 blankets and clothing per year. • Rehabilitate 50 houses annually. • Produce and distribute IEC material. • Monitor and evaluate.
Clinic Services	Preventive and curative services provided to 45,000 people by Baphalali Swaziland Red Cross clinics	<ul style="list-style-type: none"> • Immunize 5,000 children. • Conduct 250 deliveries • Treat 4,000 people for various infections per year • Counsel 360 patients on HIV/AIDS and other illnesses. • Provide family planning services to 3,000 clients. • Monitor growth of 3,000 children under five. • Visit 2,000 terminally-ill patients per year
First Aid	First aid services at work place secured and public transport drivers and industrial workers trained in basic first aid and the Movement.	<ul style="list-style-type: none"> • Seek technical support for 3rd level first aid training. • Train 50 instructors in 3rd level first aid. • Train 100 public transport drivers per year in basic first aid and Red Cross knowledge. • Train DERT (Disaster Emergency Response Team). • Man 25 first aid posts. • Train 500 industrial workers per year in first aid and Red Cross knowledge. • Train correctional services staff in first aid. • Train existing and new staff on basic first aid. • Sell 1,000 first aid kits every year. • Acquire land, construct and equip first aid training centre. • Rehabilitate training centre at headquarters and divisions • Upgrade ambulance facility and equipment • Design, produce and distribute IEC material.

Project title	Expected results	Activities
Water and sanitation	Hygiene promotion/ sanitation promotion volunteers effectively cover target population of 40,000 by year 2008	<ul style="list-style-type: none"> Develop strategy, tactics and resources for participatory hygiene promotion/ sanitation promotion that have synergy with other sectors interventions
	4 sustainable sanitation promotion (hardware) units established in target area which distribute no less than 2000 SanPlats by 2008	<ul style="list-style-type: none"> Train and functionalize hygiene promotion/ sanitation promotion staff and volunteers
	400 viable and adequate latrines at households affected by HIV/ AIDS and at schools and health centres in target area by 2008	<ul style="list-style-type: none"> Build capacity in water supply, sanitation and hygiene promotion
	40 viable, fully functioning and adequate community managed water supplies in low income villages by 2008	<ul style="list-style-type: none"> Develop strategy, tactics and resources for a demand responsive, community managed approach to project implementation that have synergy with other sectors interventions
	40 community based operation and maintenance and cost recovery systems established and functioning by 2008	<ul style="list-style-type: none"> Complete participative demand assessment Train community management teams
	Water supply, sanitation and hygiene promotion projects efficiently and effectively implemented using demand responsive community managed approaches by 2008.	<ul style="list-style-type: none"> Build SanPlat⁹ construction yards Construct and distribute SanPlats Construct latrines Rehabilitate/construct boreholes/ hand pumps
	Increased resources for water/ sanitation and hygiene promotion projects, and contribution to sector policies, best practices, coordination and cooperation by 2008.	<ul style="list-style-type: none"> Advocate for sound sustainable water supply, sanitation and hygiene promotion for vulnerable populations Prepare for disasters requiring a water, sanitation and hygiene promotion response
	Capacity to respond, (and response if necessary) to disasters requiring water, sanitation and hygiene promotion response.	<ul style="list-style-type: none"> Monitor and evaluate project Federation support from regional delegation
Blood programme	Mobilized 10,000 blood donors.	<ul style="list-style-type: none"> Recruit 15,000 potential voluntary non-remunerated blood donors annually Produce and distribute IEC material.

[<Click here to access the Logical Framework Planning Matrix document for Health and Care>](#)

Disaster Management

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Background and achievements/lessons to date

The Baphalali Swaziland Red Cross has been involved in both floods and drought relief operations in the past and has gained important experience in areas of disaster management. With support from the Federation Southern Africa Regional Delegation (Harare), the national society responded to the Cyclone

⁹ SanPlat (sanitation platform) is a concrete latrine slab that can be integrated into any existing traditional latrine system.

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Eline floods in 2000, the cholera outbreak in 2003, and most recently to the emergency food insecurity situation that has hit the region. The main focus in disaster management is for the national society to be able to respond effectively to disasters. The Baphalali Swaziland Red Cross has recently finalized its disaster management policy and plans. A disaster manager has been hired to take charge of scaling up and coordinating all disaster management activities in the country.

The Baphalali Swaziland Red Cross disaster management capacity has greatly improved over the past two years in terms of developing its staff and volunteers:

- 26 staff and volunteers were trained in beneficiary selection and interview techniques (April 2003);
- three staff members were trained in VCA¹⁰;
- 11 staff and volunteers were trained as RDRT¹¹ members; and,
- one staff member was trained in HELP¹².

Further training of staff and volunteers in disaster management, consolidation and coordination of ongoing programmes will be one of the national society’s main priorities in the next two years in order to improve its response capacity.

By responding to emergencies like cholera outbreak in 2003 in Kaliba, the Baphalali Swaziland Red Cross has been able to use its trained RDRT members in carrying out credible needs assessment and intervention that has seen a number of lives being saved. Health education in Kaliba saw significant reduction of incidence of severe diarrhoea and vomiting.

The national society launched a food security pilot project to target the chronic food shortage situation in the country and to address the linkage between HIV/AIDS and food insecurity; the project was supported by the Federation and the Finnish Red Cross. The drought-related food security pilot project has seen the improved livelihood of the most vulnerable as they can now generate food for own consumption and raising income for other basic necessities.

Goal: The vulnerability of the people affected by natural disasters is reduced.

Objective: The capacity of Baphalali Swaziland Red Cross to provide appropriate and timely support to people threatened or affected by disasters is increased.

Expected results and related projects for this objective are:

Expected results	Activities
National society capacity in disaster management is strengthened and exhibiting minimum standards of a well-prepared national society.	<ul style="list-style-type: none"> • Establish a disaster management database and updates • Incorporate BPI (Better Programming Initiatives) and gender diversity into all training and programme activities • Design and produce a national society food security strategy. • Implement, monitor and evaluate the food security pilot project. • Share pilot project experience and learning with other national societies and other organizations in the region. • Develop and implement a disaster management situation-monitoring network including early warning system and community-based disaster management initiatives. • Provide customized training for disaster management officer and programme managers. • Establish partnership with other stakeholders within local communities through multi-sectoral and multi-disciplinary approach teams. • Formalize disaster management agreement with the government

¹⁰ VCA - Vulnerability and Capacity Assessment

¹¹ RDRT - Regional Disaster Response Team

¹² HELP - Health Emergencies in Large Populations

	and other partners. <ul style="list-style-type: none"> • Promote the use of SPHERE standards
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[<Click here to access the Logical Framework Planning Matrix document for Disaster Management>](#)

Organizational Development

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Background and achievements/lessons to date

The Baphalali Swaziland Red Cross Society has been more active in implementing its organizational development through its own change strategy. The major elements of the change process as from 2001 are the constitution review, the development of a strategic plan, and the financial support towards salary costs of senior management as an interim step until the full human resources review was done in 2002. The branch development support which enabled the national society to recruit more members and established 45 branches in five divisions, resulting in the election of new board members in 2001 and their induction respectively in 2002-2003 through governance workshops. The development of the youth and the volunteer draft policies that are now currently being discussed and will be adopted at the annual general assembly in March 2004.

A HIV/AIDS policy for the national society staff was developed in 2001 and was adopted in 2002 by the board. The policy is being disseminated to all staff. Implementation of the policy requires funds to establish a health unit providing counselling, psychological support and care for the affected staff and family members living with HIV/AIDS.

The change process and the number of programmes that national society has embarked on, such as the HIV/AIDS and the food security, has continued to increase the demand for a well-functioning national society with sound structures, systems and procedures.

In the year 2003, the national society has continued to receive support in the areas of financial management, branch development, volunteer management, governance and training. The impact of this support has been the translated constitution into the local language (SiSwati) for easy use by members. The review of the strategic plan is currently taking place and will be completed for the governing board meeting in the last quarter of 2003.

The Federation Capacity Building Fund is supporting human resources restructuring of the national society by supporting additional staff requirement, development, training and benefits. The capacity building funding is allocated 90% on salary costs and 10% for the support towards the creation of the functioning structure and systems. Additional resources are needed for programme planning, resource development, financial management, governance and volunteer management.

Goal: The lives of the most vulnerable in Swaziland are improved as Baphalali Swaziland Red Cross moves towards a well-functioning national society.

Objective: Baphalali Swaziland Red Cross becomes a well-governed and functional national society by 2007.

Expected results and related projects for this objective are:

Project title	Expected results	Activities
Branch development	<ul style="list-style-type: none"> • Baphalali Swaziland Red Cross has functional branches that are actively participating in project implementation and involving youths in all structures and activities 	<ul style="list-style-type: none"> • Respond to community request for new branch establishment • Establish new branches in disaster - prone and vulnerable communities. • Initiate and or scale up activities in HIV/AIDS, disaster management, food security, dissemination and early warning systems based on the results of VCA (Vulnerability and Capacity Assessments).

		<ul style="list-style-type: none"> • Train branch coaches on Red Cross principles and activities. • Recruit and train branch members and volunteers on project management. • Develop and produce volunteer manual and IEC material • Celebrate volunteer day annually. • Establish youth committees. • Adopt volunteer and youth policies. • Advocate on HIV/AIDS and gender issues to members and volunteers. • Conduct countrywide elections in 2004. • Establish and maintain income-generating projects in branches. • Undertake regular monitoring and evaluation.
Finance Development	<ul style="list-style-type: none"> • Skills of existing staff improved. • Comprehensive monthly financial reports produced • Qualified and competent staff recruited • Internal controls improved • Adequate equipment made available to finance unit, divisions and clinics 	<ul style="list-style-type: none"> • Appoint relevant and qualified staff. • Train financial staff on necessary skills. • Produce comprehensive monthly reports. • Review accounting system. • Review and update finance procedures and policy. • Monitor divisions on a monthly basis. • Conduct exchange visits with sister societies.
Administration	<ul style="list-style-type: none"> • Assets are easily identified • Buildings and equipment well maintained • Donations used in an optimal manner • More office space available 	<ul style="list-style-type: none"> • Appoint relevant and qualified staff. • Train financial staff on necessary skills. • Produce comprehensive monthly reports. • Review accounting system. • Review and update finance procedures and policy. • Monitor divisions on a monthly basis. • Conduct exchange visits with sister national societies.
Human Resource	<ul style="list-style-type: none"> • Conditions of service reviewed and implemented. • Human resource policy in place • All staff conversant with all national society policies by 2004 	<ul style="list-style-type: none"> • Develop and implement health and safety policy • Implement performance appraisal system • Review and update conditions of service • Develop and implement human resource policy • Have staff quarterly meetings • Train all staff members on first aid • Implement all job descriptions • Sensitize staff and implement all national society policies by 2004.
Resource Development	<ul style="list-style-type: none"> • Resource development strategy developed. • Investment policy developed. • Headquarters and divisions generate enough income to cover core costs. • Generated income invested to provide maximum returns 	<ul style="list-style-type: none"> • Project proposal creation team at headquarters. • Increased number of proposals sent to potential donors • Fundraise for national First Aid events. • Develop resource development annual plan of action • Train regional coordinators in income-generating activities and business skills • Revive and, or establish resource development divisional committees • Establish appeal writing committee • Train employees in project proposal writing skills • Host combined partnership meeting with Lesotho

		<p>for partner national societies.</p> <ul style="list-style-type: none"> • Conduct exchange visits with other national societies
Information systems	<ul style="list-style-type: none"> • Staff at headquarters and divisional level has been trained according to their levels • 50 volunteers have been trained and utilize the computer-based training programme in two regions • A reputable service maintenance company available • Security for all IT equipment provided at headquarters and in two regions 	<ul style="list-style-type: none"> • Train top and middle management in ICDL (International Computer Drivers License) • Identify and sign contract with credible company to service all computers at headquarters and divisional level • Keep logbook for all IT equipment at headquarters and divisional levels • Tag all computers – pilot capacity building team at Piggs Peak division • Train all new personnel at particular positions on ICDL

[<Click here to access the Logical Framework Planning Matrix document for Organizational Development>](#)

Coordination, Cooperation, and Strategic Partnerships

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Delegation Management

Given the relatively manageable size of the operational context of Swaziland as well as the organizational structures already in place at the national society, the Federation supported programs can and should be run primarily with local personnel and with support from the Regional Delegation (Harare), particularly on disaster management and organizational development. The relative independence of the Baphalali Swaziland Red Cross in managing these programs presumes:

1. Effective and professional local leadership in order to secure not only professional and disciplined implementation of the projects, but, also, continued support, financial and other from the Federation.
2. Assumption of individual responsibility for the assigned duties according to well defined job descriptions.
3. Relevant national society staff is kept up to date with required skills in the specific fields of intervention as well as in finance, accounting and logistics.
4. Periodic additional support, in form of consultancy and field visits, from the Federation during planning and evaluation of programmes as well as during kick-off phase of new interventions.
5. In certain cases, such as with the food security and ECHO, the donor requires the coordination and supporting presence of a Federation representative for the duration of the intervention.
6. Need to assist the national society on reporting and drafting of appeals.

For further information please contact:

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.18/2004

Name: Swaziland

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	61,321	0	0	0	0	0	61,321
Clothing & textiles	37,538	0	0	0	0	0	37,538
Food	77,112	0	0	0	0	0	77,112
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	108,600	0	0	0	0	0	108,600
Medical & first aid	102,624	0	0	0	0	0	102,624
Teaching materials	59,246	0	0	0	0	0	59,246
Utensils & tools	5,620	0	0	0	0	0	5,620
Other relief supplies	101,020	0	0	0	0	0	101,020
SUPPLIES	553,081	0	0	0	0	0	553,081
Land & Buildings	3,378	0	0	0	0	0	3,378
Vehicles	52,000	0	0	0	0	0	52,000
Computers & telecom	2,962	0	0	52,600	0	0	55,562
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	56,604	0	0	31,000	0	0	87,604
CAPITAL EXPENSES	114,944	0	0	83,600	0	0	198,544
Warehouse & Distribution	44,943	0	0	0	0	0	44,943
Transport & Vehicules	23,600	0	0	19,900	0	0	43,500
TRANSPORT & STORAGE	68,543	0	0	19,900	0	0	88,443
Programme Support	85,333	0	0	41,959	0	0	127,292
PROGRAMME SUPPORT	85,333	0	0	41,959	0	0	127,292
Personnel-delegates	0	0	0	0	0	0	0
Personnel-national staff	254,235	0	0	22,740	0	0	276,975
Consultants	4,027	0	0	19,000	0	0	23,027
PERSONNEL	258,262	0	0	41,740	0	0	300,002
W/shops & Training	36,039	0	0	133,000	0	0	169,039
WORKSHOPS & TRAINING	36,039	0	0	133,000	0	0	169,039
Travel & related expenses	36,592	0	0	70,936	0	0	107,528
Information	39,567	0	0	118,400	0	0	157,967
Other General costs	120,458	0	0	135,990	0	0	256,447
GENERAL EXPENSES	196,617	0	0	325,326	0	0	521,942
TOTAL BUDGET:	1,312,819	0	0	645,525	0	0	1,958,344