

# Appeal 2004



## SOUTHERN AFRICA REGIONAL PROGRAMMES

### Appeal no. 01.21/2004

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 text<sup>1</sup>, 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
<b>Strengthening the National Societies</b>	
Health and Care	2,578,715
Disaster Management	1,101,024
Organizational Development	954,409
<b>Coordination, Cooperation, and Strategic Partnerships</b>	
Coordination and Implementation	550,845
<b>Total</b>	<b>5,184,992<sup>2</sup></b>

Please note that objectives, expected results, and activities associated with the Humanitarian Values programme 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>](#)

<sup>1</sup> Identified by blue in the text.

<sup>2</sup> USD 3,894,098 or EUR 3,337,619.

## Regional Context

Southern Africa region has an estimated population of 135 million people, 90% of which are living below the poverty datum line. Prone to human-caused and other forms of natural disasters, Southern Africa, in 2002-2003, experienced the worst drought to hit the region in ten years. A massive intervention was called to avoid a humanitarian catastrophe from developing. An appeal was launched in May (revised in July 2002) seeking international support to provide food and non-food assistance to 1.3 million beneficiaries in Lesotho, Malawi, Swaziland, Zambia and Zimbabwe. As the food crisis continues, the International Federation has extended the food security intervention by launching an interim appeal in May 2003 to provide food assistance and integrated community care to some 347,000 vulnerable people affected by drought and HIV/AIDS in the region from August to December 2003. These interventions are now taken over by the annual appeals 2003-2004 in the region to address the longer-term needs.

### Food security situation in Southern Africa

Southern Africa experienced the worst food crisis in a decade in 2002. More than 15 million people in the region were affected by a combination of factors, mainly drought and the impact of HIV/AIDS on food production. Despite increased agricultural output, at least 6.2 million people in southern Africa are still in need of substantial assistance.<sup>3</sup>

### HIV/AIDS situation in Southern Africa

The principal long-term challenge in the region remains the scaling-up of HIV/AIDS activities to mitigate the impact of the disease that has already infected and affected a high proportion of the region's population. The Southern Africa region is disproportionately affected by HIV/AIDS: more than 25% of the adult population is HIV-positive<sup>4</sup>. Life expectancy has dropped to alarmingly low levels; the number of orphans and other vulnerable children (OVC) and dependents continues to rise as the disease takes its toll on the adult population. Socio-economic performance is deteriorating and development set back as the work force diminishes. Compounding the problem, people living with HIV/AIDS require a particularly nutritious diet for their survival and the widespread food shortages have brought increased hardships.

**Table 1: HIV/AIDS prevalence in selected Southern Africa countries (2001)**

Country	Estimated number of persons living with HIV/AIDS			New AIDS orphans	New AIDS deaths
	Total	Adults	Adult rate		
Angola	350,000	320,000	5.5%	100,000	26,000
Botswana	330,000	320,000	38.8%	69,000	24,000
Lesotho	360,000	330,000	31.0%	73,000	25,000
Malawi	850,000	780,000	15.0%	470,000	80,000
Mozambique	1,100,000	1,000,000	13.0%	420,000	60,000
Namibia	230,000	200,000	22.5%	47,000	13,000
South Africa	5,000,000	4,700,000	20.1%	660,000	360,000
Swaziland	170,000	150,000	33.4%	35,000	12,000
Zambia	1,200,000	1,000,000	21.5%	670,000	120,000
Zimbabwe	2,300,000	2,000,000	33.7%	780,000	200,000
<b>TOTAL</b>	<b>11,890,000</b>	<b>10,800,000</b>	<b>23.0%</b>	<b>3,324,000</b>	<b>920,000</b>

Source: UNAIDS 2002

### General linkages between HIV/AIDS and food security

It is now well recognized that household food insecurity in rural and urban Southern Africa cannot be properly understood unless HIV/AIDS is factored into the analysis. According to Carolyn Baylies (2002), HIV/AIDS can, on one hand, be treated in its own right as a shock to household food security, but on the other, it has such distinct effects that it is a shock like none other. The prevalence rates of HIV/AIDS are so high, and their linkages with food security so pronounced, that researchers have deemed Southern Africa food security as a "new variant famine" (de Waal, 2002) requiring new approaches towards understanding food security in the context of HIV/AIDS.

<sup>3</sup> Source: UN WFP (World Food Programme) and FAO (Food and Agricultural Organisation)

<sup>4</sup> UNAIDS Regional Situation Report No. 6 issued to SADC countries in April 2003, Gaborone, Botswana.

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According to FAO, there is evidence on production effects of HIV/AIDS on farming systems including decreases in area planted, declines in crop yields, changes in cropping patterns, and losses of agricultural knowledge. Economic impacts due to declines in household labour quality and quantity are identified as a result. Livelihood-based analysis of linkages between food security and HIV/AIDS show that the impact is systematic; it is affecting all aspects of rural livelihoods and effective analysis of causes and outcomes of HIV/AIDS requires a contextual understanding of livelihoods unique to a given area and social groups.

It is against this backdrop that the Federation has identified and developed new approaches that will address the issue of integration with HIV/AIDS at a programmatic level during implementation of food security activities. [Click here to access the document “Southern Africa – Not Business as Usual”](#)

**Table 2: Socio-economic overview for Southern Africa countries, 2002-2003 indicators**

	Life expectancy at birth	GDP per capita USD	People living with HIV/AIDS, (% age 15-49),	Access to affordable essential drugs	TB <sup>5</sup> cases per 100,000 people	Under 5 mortality rate/1000 birth	Access to improved Water and Sanitation		Adult literacy rate
<b>Angola</b>	40.1	2,040	5.5	0-49	197	300	38	44	42.0
<b>Botswana</b>	44.7	7,820	38.8	80-94	224	110	95	66	78.1
<b>Lesotho</b>	45.7	2,031	31.0	80-94	277	132	78	49	83.4
<b>Malawi</b>	40.0	615	15.0	0-49	242	183	57	76	60.1
<b>Mozambique</b>	39.2	1,140	13.0	50-79	125	197	43	57	44.0
<b>Namibia</b>	44.7	6,431	22.5	80-94	211	67	77	41	82.0
<b>South Africa</b>	50.9	11,290	20.1	80-94	237	71	86	87	85.6
<b>Swaziland</b>	44.4	4,492	33.4	95-100	627	149	-	-	79.6
<b>Zambia</b>	41.4	780	21.5	50-79	445	202	64	78	78.1
<b>Zimbabwe</b>	42.9	2,635	33.7	50-79	291	123	83	62	88.7

Source: UNDP Human Development Report 2003

## Red Cross and Red Crescent Priorities

### Movement<sup>6</sup> Context:

The mission of the Federation Southern Africa Regional Delegation is ‘to work as a coordinated Federation team with all members of the International Red Cross and Red Crescent Movement and external stakeholders to facilitate better use of regional resources, mutual learning and support between national societies and other partners in delivering relevant programmes in disaster preparedness and response, health and care in the community, and the promotion of humanitarian values’.

One of the most important roles of the Federation in the Southern Africa region is to strengthen the capacity of the national societies in order to empower them to reach more vulnerable people. The Southern Africa Regional Delegation in Harare prioritizes its work according to the expressed needs of the national societies. The Southern Africa Partnership of Red Cross Societies (SAPRCS) brings the ten national societies together with the Federation and ICRC every six months. This forum is an invaluable mechanism to assure the Federation remains responsive to its national society membership base. SAPRCS also brings together partner national societies collaborating with the regional delegation and the national societies. The regional delegation enables and facilitates knowledge sharing and lessons learned between the national societies and seek to replicate successful initiatives and programmes.

Also of high priority is the Federation’s role as coordinator of the Cooperation Agreement Strategy (CAS) process, which facilitates the harmonization of external Movement partnerships in support of national societies’ priority areas as described in their strategic plans.

<sup>5</sup> TB - Tuberculosis

<sup>6</sup> ‘Movement’ refers to the International Red Cross and Red Crescent Movement

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The Federation Southern Africa Regional Delegation (Harare) coordinates its activities closely with the ICRC regional delegations in Harare and Pretoria, and the Federation country delegation in Angola in order to harmonize activities together with the national societies. The Movement has identified Southern Africa for the implementation of the Strategy for the Movement in accordance with Council of Delegates resolution adopted in November 2002.

Growing social, health and educational needs that cannot be adequately met is overwhelming the economies in Southern Africa. As governments resources are over stretched to cope with the multiple problems they face, the role played by national societies to reach the most vulnerable is critical. For the Federation, there are still many challenges in helping to strengthen the national societies' capacities and activities in order to help fill this humanitarian gap. In response to these challenges, the Federation regional strategy will support the Southern Africa national societies in:

- Building and strengthening capacity and promoting accountability in programme management and implementation in national societies;
- Strengthening the national societies capacity to respond to rapid and slow onset disasters, and building effective link with international disaster response;
- Scaling up integrated HIV/AIDS, food security, community-based disaster preparedness and response, water and sanitation interventions through stronger volunteer management;
- Regional cooperation and knowledge-sharing;
- Cooperation agreement strategies based on national societies' priorities;
- Strategic partnerships beyond the Movement confines;
- Effective representation and advocacy on behalf of the vulnerable, and
- National society governance support.

In addition, the Federation's role is to represent its global membership on the international stage. The Federation was successful in mobilizing international assistance, both from partner national societies<sup>7</sup> and from international donors and developed significant representational capacity at the country level.

During 2004, the Federation intends to establish more presence at country level, to provide day-to-day support to the national societies in the critical functions of core area programming, organizational development, finance, reporting, advocacy and external relations.

### **National Society Strategy/Programme Priorities:**

The task of the Movement in assisting the vulnerable populations is addressed by the national societies in different ways with the support of the regional delegation. The main goal of the Secretariat is to act as a coordinating and facilitating body. The Federation has worked in the region for over 20 years and with different levels of representation, depending on national societies' needs and capacities. The Federation provided technical and financial support to the national societies in their operations to assist the most vulnerable including:

- Assistance during major natural disasters such as drought, cyclones and flooding operations for which the Federation launched international appeals.
- The development of regional advocacy and communication strategies in support of global policies and initiatives on behalf of the vulnerable.
- Support to strengthen and develop organizational capacities of the national societies.
- Programme support in the Federation core areas of disaster preparedness and response, health and care in the community and the promotion of humanitarian values and the Fundamental Principles of the Movement.
- Coordination of the optimal use of regional human resources, as well regional and country-level cooperation agreement strategies.

The priorities of national societies are derived from their own strategic plans and reflected in Cooperation Agreement Strategy documents negotiated and developed in collaboration with the Federation country and

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<sup>7</sup> Partner National Societies (PNS); more traditionally, Participating National Societies.

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regional delegation, ICRC and other partners. The various national societies' development plans and other related national societies' institutional documents are discussed at the Southern Africa Management Team (SAMT) and SAPRCS meetings with partners.

Please refer to Appendices 1-10 for an overview of each of the ten national societies in the region.

[<Click here to access Appendix number 1>](#)

## Strengthening the National Societies

### Health and Care

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#### Background and achievements/lessons to date

Since 1990, the Federation Southern Africa Regional Delegation has implemented a regional health programme aiming at building capacity of national societies and provides technical support, so as to enable them to respond effectively to public health challenges.

#### Health

The focus of the regional health programme will continue to be on CBFA<sup>8</sup> and communicable disease prevention and response. The strategy is aligned with the ARCHI<sup>9</sup> 2010 and **Ouagadougou Declaration**. Looking at the daunting problems in the region, community-based health care through CBFA has been identified as the most effective long run health response for the national societies. CBFA will be used to reduce vulnerability of communities to infectious diseases by promotion and advocacy, prevention and community action, referral and first aid initial response. The region is faced with a number of health problems: HIV/AIDS, TB, malaria, malnutrition, respiratory tract infections, cholera and other diarrhoea diseases. The situation is worsened by the increasing poverty, natural disasters and political instability.

Southern Africa harbours 25% of the world's HIV infected individuals. HIV promotes progression to active TB in people with mycobacterium tuberculosis infection, either acquired recently or in the past. TB is the leading cause of morbidity and mortality in people infected with HIV. In some countries up to 70 % of TB patients are co-infected with HIV. HIV/AIDS and TB programme integration is high on the agenda. Home-based care facilitators will be trained in TB prevention and encourage TB patients to follow strictly their treatment.

WHO estimates that more than 63% of the population in the Southern Africa region live in malaria infested areas and more than 23 million cases of malaria occur every year resulting in more than 200,000 deaths, of which 40,000 are school age children. The effect of malaria on individuals and families is well documented. An acute malaria attack will cause absenteeism for up to 14 days in a year. The negative impact of this is considerable among students and teachers in endemic areas where over 30% of school children are infected with malaria causing poor student concentration in class (WHO). Experience has shown that the incidence and severity of malaria increases with malnutrition in high-risk groups like under fives, pregnant women and chronically ill, for example, HIV/AIDS.

Cholera is another major problem in the region. Five countries (Malawi, Mozambique, South Africa, Zambia and Zimbabwe) out of ten countries experienced cholera outbreaks in 2001-2002. It is anticipated that due to increased cross-border activities in the region, cholera may spread to other countries if measures are not taken to harness the situation. Water and sanitation related diseases are on the increase as a result of the drought, causing water sources to dry and forcing people to use unsafe sources of water.

The relationship between emergency actions, long term structural problems and the links between poor nutrition and the high incidence of HIV/AIDS, and malaria represent a major challenge for the Federation.

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<sup>8</sup> CBFA – Community-based first aid

<sup>9</sup> 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/>)

**Goal: A sustainable improvement in the general health of the targeted vulnerable communities.**

**Objective: The capacity of national societies to assess, design, implement and monitor community-based health care projects is scaled up and strengthened.**

**Expected programme results and related projects for this objective :**

<b>Project title</b>	<b>Expected results</b>	<b>Activities planned to meet results</b>
Community Based Health	<ul style="list-style-type: none"> <li>• Nine national societies health programme officers oriented in project planning process and ARCHI strategy.</li> <li>• CBH project are targeting local vulnerabilities.</li> <li>• More integration of programmes at national society level with more holistic approach to community health problems.</li> </ul>	<ul style="list-style-type: none"> <li>• Train health programme officers from nine national societies on planning using Project Planning Process (PPP) tool, and ARCHI methodology</li> <li>• Follow up on outcome of training through visits and monitoring of new CBH projects.</li> <li>• National societies design their plan of action based on the information received during the training workshop.</li> <li>• Encourage the development of new branches through CBH activities</li> <li>• Provide support for national societies to conduct VCA (vulnerability and capacity assessment) and establish CBFA programme</li> <li>• Advocate for holistic approach through meetings and information sharing.</li> <li>• Encourage and support headquarters and branches to scale up community-based health care projects</li> </ul>
Community Based First Aid (CBFA)	<ul style="list-style-type: none"> <li>• Eight national society first aid teams are trained, established and are implementing CBFA projects in the communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct eight first aid training of trainers (ToT) workshops for 20 participants each.</li> <li>• Adapt regional first aid curriculum according to local vulnerabilities.</li> <li>• Establish impact criteria for first aid in the community.</li> <li>• Facilitate exchange visits to share first aid experiences in prevention, promotion and response to epidemics.</li> </ul>

Project title	Expected results	Activities planned to meet results
Disease Prevention and Response	<ul style="list-style-type: none"> <li>• National societies established community-based malaria interventions and activities in existing Home base care projects.</li> <li>• Eight national societies has established community TB DOT<sup>10</sup> (directly observed treatment) and integrated in the existing HBC projects</li> <li>• Support provided to national societies and responded to epidemics like cholera and other disasters.</li> <li>• Regional health programmes and national societies have partnerships with other organizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide technical support to Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe in malaria intervention.</li> <li>• Integrate malaria activities in the existing home-based care projects by providing training to HBC facilitators.</li> <li>• Train HBC facilitators in TB DOT intervention for HBC facilitators in cooperation with national TB programme and WHO regional and country offices.</li> <li>• Give technical support to national societies in responding to epidemics and other disasters.</li> <li>• Participate in co-ordination meetings.</li> <li>• Initiate joint ventures with other partners in areas of malaria, TB, water-borne diseases as well as other potential epidemic diseases.</li> <li>• Develop memorandum of understanding or cooperation linked to health activities.</li> <li>• Collaborate with other partners for the development and measurements of impact indicators.</li> </ul>

[\*<Click here to access the Logical Framework Planning Matrix document for Community-Based Health>\*](#)

### HIV/AIDS

As above mentioned, Southern Africa is the epicentre of the HIV/AIDS epidemic harbouring 25% of the world's HIV infected individuals and orphans. In the Southern Africa region, approximately 10 million adults and about 400,000 children are living with the virus. The number of orphans has risen to about 2.2 million that is proving to be unbearable for governments to sustain. Life expectancy in the region has plummeted to about 45 years from 65 years in 1996 (WHO/UNAIDS).

The AIDS epidemic has had profound impact on economic growth, income and poverty. Other impacts include reduced access to health care and increased expenditures on health care and funerals (at the expense of food and other basic expenditures). Families often remove children from school to care for sick relatives or assume other family responsibilities. Teachers have been severely affected by HIV/AIDS causing shortage of human resources in schools.

Stigma, silence, denial and discrimination significantly undermine prevention, care and treatment and further extend the impact of the AIDS epidemic on individuals, families and communities. Local beliefs about modes of transmission, and about people living with HIV/AIDS, all influence the ways people and communities react and respond to the epidemic.

The chronic food insecurity in households with PLWHA<sup>11</sup> will continue to be a priority for the southern Africa region. The food security operation activities are now fully integrated in HIV/AIDS project with a focus on nutritional gardens (organic). Seeds will be provided to clients and care facilitators to start the project. Care facilitators and clients will be trained on how to establish and maintain the nutritional gardens. There will be a strong collaboration with Fambidzinai (expert organization in nutritional gardens).

<sup>10</sup> DOT – Directly observed treatment

<sup>11</sup> PLWHA – Persons living with HIV/AIDS

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In line with ARCHI 2010 and the 2000 Ouagadougou Declaration, the Federation made a commitment to massively scale up HIV/AIDS advocacy, prevention and care activities.

The Southern Africa national societies declared HIV/AIDS a disaster and immediately set in motion strategies to scale up their response including the launch of an emergency appeal in July 2000. A regional HIV/AIDS coordinator was recruited in February 2001 and a coordinated baseline survey was carried out in ten countries in the second quarter of 2001. The main purpose of this exercise was to assess the HIV/AIDS situation and to develop country plans that were in line with the government's national HIV/AIDS policies, including the identification of key partners. The baseline surveys were also used to identify obstacles and challenges relating to programmatic development and implementation and the capacity of each national society to respond to the epidemic. Hence, issues related to the national societies' constitutions, strategic plans, human resources were examined. Branch development and volunteer management was identified as the key elements to scale up activities at the community level.

The regional delegation facilitated the sharing experience, ideas and best practices leading to the scaling up of HIV/AIDS activities. The delegation assisted the national societies to set up pilot projects in home-based care. The established home-based care (HBC) projects are now part of the national society HIV/AIDS programme. To date, 53 home-based care projects have been established with a total of 990 care facilitators providing support to 23,000 PLWHA and their families (115,000 family members). In addition, a total of 84 support groups for PLWHA are established with the purpose of providing psychological and social support to the group members. Each support group has an average of 30 people. Six national societies provide basic support to orphans and other vulnerable children (OVC).

Prevention is the key to stem the tide of the epidemic. To achieve acceptable levels of change in behaviour among the target group, there is need to expand activities addressing the behaviour of various target groups (for instances youth, police, army, prisoners, commercial sex workers and the general public). The goal is to reduce transmission among the target groups and is being addressed through the 1,335 peer educators who are disseminating knowledge on HIV/AIDS preventions. To date, a total of 322,300 people have been reached.

The regional HIV/AIDS project will continue to give technical support to the national societies to scale up the implementation of HBC, HIV/AIDS prevention and advocacy projects. It will also continue with its role of coordination, mobilizing of resources, promoting meaningful integration of activities and networking at all levels such as food security, water and sanitation, health and organizational development.

The Federation regional delegation has the following partnerships with other organizations:

- UNICEF (joint OVC projects in Malawi and Zimbabwe, IEC<sup>12</sup> material and condoms in Angola).
- SAFAIDS (IEC material production in Zimbabwe for the region).
- REPSSI (provision of psychological support to OVC in Namibia, South Africa and Zimbabwe).
- UNAIDS (development of monitoring and evaluation tools for HIV/AIDS project, prevention and peer education material, and ToT in the whole region)
- SADC (development of guidelines on HIV/AIDS government policies in the region)

Effort will be made to expand partnerships with the WHO on malaria and TB, WFP on provision of food to PLWHA clients, UNDP and UNFPA on PMTCT<sup>13</sup>.

A consortium of three donors in the region have pledged to support the HBC initiatives of the HIV/AIDS programme for the 2003-2008 period amounting to USD 10 million for the ten countries of Southern Africa. This appeal seeks funding support for HBC logistic and capital equipment support, prevention, food and nutrition, as well as OVC projects.

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<sup>12</sup> IEC – Information, Education and Communication

<sup>13</sup> PMTCT - Prevention of mother-to-child transmission

**Goal: The vulnerability of orphans and other vulnerable children, people living with HIV/AIDS and their families is reduced in the 10 Southern African countries.**

**Objective: The capacity of ten national societies to initiate, plan, implement, monitor and scale up HIV/AIDS community-based interventions is strengthened.**

**Expected results and related projects for this objective:**

Project title	Expected results	Activities planned to meet results
Community Home-Based Care (CHBC)	<ul style="list-style-type: none"> <li>• The capacity of ten national societies to provide quality care and support to PLWHA through CHBC projects is increased and strengthened.</li> <li>• Improved quality of life for PLWHA.</li> <li>• Improved access to HBC medical and hygiene care, psychological and material support for PLWHA.</li> <li>• Capacity of the ten national societies to address stigma and discrimination through appropriate affordable and acceptable strategies established.</li> <li>• National society skills to establish and monitor support groups and Income generating activities established and strengthened</li> </ul>	<ul style="list-style-type: none"> <li>• Provide technical support to national societies in establishing HBC projects.</li> <li>• Facilitate regional training for HIV/AIDS coordinators from national societies in HBC</li> <li>• Support the provision of HBC kits, soap and blankets to PLWHA</li> <li>• Provide counselling training to the HBC facilitators on psychological support.</li> <li>• Develop strategies on anti stigma, discrimination and advocacy for PLWHA</li> <li>• Conduct workshops for support groups for HIV/AIDS coordinators</li> <li>• Assist national societies to establish support groups and income-generating activities</li> </ul>
Prevention	<ul style="list-style-type: none"> <li>• The national society capacity to improve the knowledge, attitudes, practices and behaviours of various target groups strengthened</li> </ul>	<ul style="list-style-type: none"> <li>• Train peer educator in every target groups</li> <li>• Distribute IEC material and condom.</li> <li>• Train coaches in HIV/AIDS prevention.</li> <li>• Sensitize HIV/AIDS coordinators to promote VCT (voluntary counselling and testing) for people to go for HIV testing.</li> </ul>
OVC	<ul style="list-style-type: none"> <li>• Care and support for OVC is improved through the establishment of community-based OVC care projects.</li> </ul>	<ul style="list-style-type: none"> <li>• Organize regional workshops on OVC care and support for HIV/AIDS coordinators following Federation OVC guidelines.</li> <li>• Organize ToT trainings for lay counsellors</li> <li>• Organize ToT training for memory box projects.</li> <li>• Mobilize resources for OVC in ten national societies</li> </ul>
Integrated Food Security	<ul style="list-style-type: none"> <li>• Ten national societies have established and strengthened their capacity and skill to produce and provide food for the PLWHA and OVC</li> </ul>	<ul style="list-style-type: none"> <li>• Mobilize resources for national society to provide supplementary feeding to PLWHA and OVC</li> <li>• Assist national society to establish support groups to produce food from nutritional gardens</li> <li>• Train HIV/AIDS coordinators to promote backyards gardens for PLWHA</li> <li>• Train support groups to establish income-generating activities for procurement of food.</li> <li>• Collaborate with partner organizations (WFP)</li> </ul>

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<b>Project title</b>	<b>Expected results</b>	<b>Activities planned to meet results</b>
Project Coordination and Management	<ul style="list-style-type: none"> <li>• Sharing of best practices among the ten national societies promoted through exchange visits</li> <li>• Monitoring and evaluation tools developed and refined throughout the period.</li> <li>• National societies assisted with baseline surveys</li> <li>• Partnerships at local, regional, national and international level established</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate visit by volunteers and staff to national societies to share best practices</li> <li>• Document and share best practices in the region</li> <li>• Conduct regular supportive visits to national societies</li> <li>• Compile monthly, quarterly and annual reports from national societies</li> <li>• Conduct internal annual assessment of projects</li> <li>• Facilitate and organize evaluations by external consultants.</li> <li>• Encourage national societies to conduct baseline surveys before establishing projects.</li> <li>• Train HIV/AIDS coordinators in conducting baselines surveys</li> <li>• Contract consultants to assist in conducting baseline surveys.</li> <li>• Identify and collaborate with partners at regional level (UNICEF, WHO, UNAIDS, UNDP, UNFPA, REPSSI, SAFAIDS)</li> <li>• Promote and work with partners at national levels</li> <li>• Facilitate signing of agreements and MoU with partners</li> </ul>

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

**Water and Sanitation**

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. The role of government rural water agencies in the region has undergone a dramatic shift in the last decade from service provider to regulator and facilitator of improved access to safe and affordable water supply and sanitation. Rural and peri-urban communities are now responsible for improving their access to safe water and affordable water supply and sanitation but these communities require partners to build upon their capacities to enable them to do this. The Federation enables communities to improve their access to safe and affordable water supply and sanitation by building capacity and bridging the gap.

Five Southern Africa national societies implement water supply, sanitation and hygiene promotion projects in cooperation with the Federation: Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. As well, Mozambique, Namibia and Zambia Red Cross Societies implement projects bilaterally with partner national societies; Lesotho Red Cross implements with funding from the European Union.

The regional water and sanitation programme will build the capacity of these and other national societies in the region in the sector and to coordinate the Movement’s response to disasters in the region requiring a water, sanitation and hygiene promotion response.

The regional water and sanitation programme builds capacity by providing support for national societies in the region throughout the project management cycle. This support is provided from the regional delegation in Harare, through missions to projects, and via training of project staff.

The programme has established project implementation capacity over the past two years. What is required now is support to improve the “software” and evaluation aspects of project implementation. The software

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aspects include the training of the benefiting communities in management of their improved services and hygiene/sanitation promotion. The regional programme supports the development of projects implemented with participatory, community managed and demand responsive approaches. It encourages national societies to implement projects in areas where the Red Cross is providing home-based care services to people affected by HIV/AIDS. Thus the water supply and sanitation interventions provide synergy with other Red Cross health interventions.

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

**Goal: The vulnerable population of southern Africa has greater access to water supply, and sanitation.**

**Objective: Capacity of seven national societies to assess, design, resource, implement, monitor and evaluate water supply, sanitation and hygiene promotion projects in integrated health and care programmes is increased.**

### Expected results and related projects for this objective:

Project title	Expected results	Activities planned to meet results
Water Supply, sanitation and hygiene promotion	<ul style="list-style-type: none"> <li>Seven national societies in the region implement water, sanitation and hygiene promotion projects effectively and efficiently in line with sector best practices (community managed, demand responsive approaches) and creating synergy with other health and care projects</li> </ul>	<ul style="list-style-type: none"> <li>Support national societies in the development of strategy and tactics and resources for water supply, sanitation and hygiene promotion projects</li> <li>Support the national societies in their development of strategy and tactics and resources to provide health and care projects that have synergy</li> <li>Provide technical advice and assistance to national societies water supply, sanitation and hygiene promotion projects</li> </ul>
	<ul style="list-style-type: none"> <li>Sound, sustainable environmental services established for 500,000 most vulnerable in defined local government administrative areas by 2008 in hygiene promotion, sanitation, and water supply through the activities of the seven national societies in integrated health and care programmes</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate the Federation sectoral assistance to national societies</li> <li>Provide project management advice and assistance to national societies water supply, sanitation and hygiene promotion projects</li> <li>Support and advise national societies with donor relations and resource mobilization</li> <li>Support national societies with new project assessment, project proposal writing, monitoring and evaluation</li> </ul>
	<ul style="list-style-type: none"> <li>The seven national societies have capacity to respond, (and respond to) disasters requiring water, sanitation and hygiene promotion response</li> </ul>	<ul style="list-style-type: none"> <li>Support national societies with procurement for water supply, sanitation and hygiene promotion projects</li> <li>Advocate for sound sustainable water supply, sanitation and hygiene promotion for vulnerable populations in the region.</li> <li>Support national societies in the selection, recruitment and development</li> </ul>

Project title	Expected results	Activities planned to meet results
	<ul style="list-style-type: none"> <li>• The seven national societies are successful advocates for increased sector resources, and contributors to national sector policies, best practices, coordination and cooperation</li> </ul>	<p>of project staff</p> <ul style="list-style-type: none"> <li>• Support national societies with disaster management in the water supply, sanitation and hygiene promotion sector</li> <li>• Provide technical line management of water and sanitation delegates in the region</li> <li>• Maintain disaster response water supply and sanitation equipment and mobilizing in the event of a disaster requiring this equipment</li> </ul>

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

## Disaster Management

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### Background and achievements/lessons to date

The Southern Africa Regional Delegation has made progress in the way that it provides support to the national societies in the region. While building on the past and adopting new approaches, the regional delegation has retained its ability to provide practical leadership, international representation and coordination of operational assistance in order to ensure coherence within the Movement. The programme will continue to focus on building capacity to prepare and respond to disasters with timely and appropriate relief packages.

The programme adopted an integrated approach to disaster management (DM) that calls for harnessing of all sectors, allowing for well co-coordinated responses that maximize the use of available resources. This will include coordinating Federation response at a regional level to local disasters where national society capacities are overwhelmed. The DM programme also provides technical support to various programme activities in the different national societies. It also plays an important role in mobilizing and co-ordinating responses and the provision of resources from external sources.

Capacity building included training of national society staff and volunteers in customized disaster management modules as well as Regional Disaster Response Team (RDRT) members. Developing effective disaster response mechanisms, which includes operational deployment procedures for RDRT has been strengthened. In 2003, one RDRT was regionally deployed for the Namibia floods operation May 2003. An emergency appeal was launched following the assessment. The relief distribution of non-food items to approximately 12,000 flood victims was very successful. Additionally, four country deployments of RDRT took place in 2003: Swaziland cholera intervention in January 2003, Zambia floods in February/March 2003, Zimbabwe floods February/March 2003, Malawi floods in January 2003, Mozambique cyclone Japhet in February/March 2003. The regional delegation and food security support assisted the victims of those operations. The efficient and effective deployments of RDRT which resulted in credible needs assessment and intervention have indeed saved lives and alleviated the suffering of people made vulnerable by the disasters.

The regional DM programme will manage and coordinate RDRT deployments within the region, ensuring adherence to standing operating procedures (SOP) and principles agreed with the national societies.

The DM programme also acts as a communication link with the Federation, Southern Africa national societies, partner national societies and key regional stakeholders in the area of drought monitoring

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through early warning mechanisms, DMIS<sup>14</sup> and in ensuring the promotion and application of Code of Conduct and SPHERE minimum standards.

**Goal: The vulnerability of communities is reduced in Southern Africa region with respect to threat and impact of disasters.**

**Objective: Well-prepared national societies engage in mitigation/rehabilitation activities that facilitates long-term development/sustainability and respond appropriately to disasters with the participation of empowered communities ‘at risk’.**

### Expected results and related projects for this objective:

Project title	Expected results	Activities planned to meet results
Disaster preparedness	<ul style="list-style-type: none"> <li>National societies capacities in disaster management are strengthened and exhibiting minimum standards of well prepared national societies</li> <li>Considerations of BPI (Better Programming Initiatives), and gender diversity are integrated into all training and programme activities</li> <li>Community-based disaster management (CBDM) initiatives are in place</li> <li>Comprehensive contingency plans developed for likely emergencies/ key sites</li> <li>National societies working in partnerships with other stakeholders within local communities through integrated, multi-sector and multi-disciplinary approach teams and fora</li> </ul>	<ul style="list-style-type: none"> <li>Supporting five national societies in developing DM policies and plans.</li> <li>Support national societies in developing contingency plans for common disasters;</li> <li>Assist national societies to work with a national disaster management agreement;</li> <li>Support capacity building of national societies through human resources training in DM</li> <li>Disseminate best practice on disaster management to national societies.</li> <li>Facilitate the formulation of regional and national SOP for RDRT - including organization of training and human resource database for emergencies.</li> <li>Support national societies in establishing appropriate communication systems and channels.</li> <li>Facilitate national societies’ participation in the DMIS.</li> <li>Support national societies in undertaking an inventory of DM infrastructure including emergency stock pre-positioning and stock management.</li> <li>Establish and maintain regional emergency stocks</li> <li>Support national societies to conduct their national VCA (vulnerability and capacity assessment);</li> <li>Assist national societies to develop sustainable food security strategies and interventions.</li> <li>Promote gender diversity within national societies.</li> <li>Work with partners on EWS (early warning system) mechanism through CBDM including the establishment or consolidation of GIS (geographic information system) and MIS (management information system).</li> <li>Conduct annual RDRT training workshop for 35 national society staff</li> </ul>

<sup>14</sup> DMIS - Disaster management information systems

Project title	Expected results	Activities planned to meet results
Disaster Response	<ul style="list-style-type: none"> <li>• Regional disaster response capacity is improved</li> <li>• Roster of trained RDRT personnel established in the region and respond effectively when needed</li> <li>• DM agreements exists with national societies/governments/partners</li> <li>• National societies have smooth handovers, both in planning and at the end of emergency response</li> <li>• Federation and all national societies are participating in DMIS and promoting use of SPHERE standards.</li> <li>• Increased capacity to deliver quality services for refugees, IDP (internally displaced persons) and returnees within the region</li> </ul>	<ul style="list-style-type: none"> <li>• Participate closely with Federation DMC (Disaster Management Coordination) division in Geneva in responding to disasters following SOP.</li> <li>• Establish, maintain and disseminate RDRT database information.</li> <li>• Disseminate RDRT database information.</li> <li>• Coordinate RDRT deployment including calling in FACT (Field Assessment Coordination Unit) or ERU (Emergency Response Unit) in larger disasters, in coordination with national societies and the Federation Secretariat in Geneva.</li> <li>• Clarify the terms of references, roles and standards for RDRT deployments.</li> <li>• Establishing new disaster management agreements with national societies and partners.</li> <li>• Support national societies in their advocacy initiatives with relevant stakeholders.</li> <li>• Co-sign agreements with third parties where necessary.</li> <li>• Support national societies in creating partnerships/coordination issues.</li> <li>• Work with national societies in developing operational transitional plans to ensure effective handovers when necessary.</li> <li>• Promote the use of SPHERE standards in all service provisions.</li> <li>• Provide care and maintenance for ongoing refugee, IDP and returnee operations and engage in rehabilitation activities when appropriate.</li> </ul>

[\*<Click here to access the Logical Framework Planning Matrix document for Disaster Management>\*](#)

## Humanitarian Values

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### Background and achievements/lessons to date

The Federation has actively been building and strengthening the information capacity in the southern Africa region for the past two years. Its approach in communications has centred on:

- promoting the role, principles and activities of the Southern Africa national societies, and the Federation, and
- providing technical support, advice and training to develop the communications capacity of individual national societies in line with the direction set by Strategy 2010.

Together with strengthening information capacity of national societies, it is very much the role of the information department of the regional delegation to advocate to the outside world the problems that the vulnerable people in the region are facing, and at the same time promote the programmes of Southern Africa national societies which are aimed at alleviating the sufferings of the marginal groups of society.

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After experiencing the worst drought to hit the region in ten years, with more than 14 million people affected, the humanitarian value work largely focussed on the Federation food security operation – launched in 2002 in order to avoid a human catastrophe in the making. The information department of the regional delegation was involved from the very beginning in promoting the Red Cross intervention across the region. In the communication strategy laid out by the regional delegation, the Federation stressed the underlying factors of the food crisis from the very beginning of the operation, the prevalence of HIV/AIDS in the region being one of the main contributors to the disaster.

The Red Cross has been leading other agencies with a new approach where all Red Cross programmes in the region will be integrated to provide a more holistic way of addressing both socio-economical and health issues in the region. The Federation and the Southern Africa national societies have in the past year achieved global recognition for their approach in addressing the roots of the food crisis at the same time as alleviating the immediate results with general and targeted food distribution.

Although a marked progress has been made in raising the profile of the Movement in the region, the communications capacity of the national societies need to be further strengthened. Most national societies maintain only one communication officer at national headquarters, whose general role is to serve all communication and dissemination needs on a national level. This hampers the ability of the officers to plan their work and approach their tasks strategically.

In the year 2004, together with continuous high media visibility of the Red Cross, the primary focus for the humanitarian values work in the Southern Africa region will be to improve the technical skills of national society information officers through training and planning. This will be done in close cooperation with the ICRC.

More emphasis will also be put on producing print and video material from the region for promotion purposes. The regional programmes have received high profiling in international media through the launching of series of video news releases, and that method will be continued in order to ensure visibility.

**Goal: The Movement Fundamental Principles and humanitarian values are known and respected across the region and discrimination against vulnerable groups is reduced.**

**Objective: The capacity of national societies in Southern Africa to generate a high degree of visibility, credibility, cooperation and support for Movement activities is strengthened.**

### Expected results and related projects for this objective:

Project title	Expected results	Activities planned to meet results
Communication Capacity	<ul style="list-style-type: none"> <li>The national societies in the region have a strong and well developed communication capacity (planned in cooperation with the ICRC), and a regional communication network is in place</li> </ul>	<ul style="list-style-type: none"> <li>Hold joint communication workshops with the ICRC</li> <li>Conduct individual training at a regional leadership meeting, such as SAPRCS</li> <li>Train national society information officers in writing news stories and planning global campaigns, and use the regional information network as support</li> </ul>
Media Relations	<ul style="list-style-type: none"> <li>Links with the local and international media are further strengthened to ensure high profile of the Red Cross and secure continuous media coverage of Federation and national societies activities in the region</li> </ul>	<ul style="list-style-type: none"> <li>Train national society information staff in response to disasters, RDRT through joint ICRC/Federation workshop</li> <li>Train national society information officers to handle media and in preparation of Q &amp; A's and to be familiar with Federation official stands</li> <li>Announce press conferences and release press releases, statements and background information through the FCA (Foreign Correspondent Association) network</li> </ul>

Project title	Expected results	Activities planned to meet results
Raising Awareness of Humanitarian Values	<ul style="list-style-type: none"> <li>Increased awareness of Movement Principles and humanitarian values amongst key external stakeholders such as governments, authorities, embassies, the corporate sector, NGOs and the general public</li> </ul>	<ul style="list-style-type: none"> <li>Interact constantly with media on local and international level and post stories on Federation website to promote activities and programmes in the region</li> <li>Hold press conferences or seminars to mark the launch of World Disaster Report</li> <li>Hold workshops for national society information officers in cooperation with ICRC in Harare, Pretoria and Angola</li> <li>Regional Delegation provides necessary support for regional approach</li> </ul>
International Media Coverage	<ul style="list-style-type: none"> <li>Federation and national societies in the region will receive high media coverage at times of disasters or major events</li> </ul>	<ul style="list-style-type: none"> <li>Regional Delegation and national societies information staff are proactive in media relations</li> <li>Maintain active contacts with international media such as AP, APTN Reuters and other news agencies through submission of information material</li> </ul>
Integration	<ul style="list-style-type: none"> <li>Integration of communication component in all regional programmes</li> </ul>	<ul style="list-style-type: none"> <li>Include information session in all workshops and seminars held at regional level in order to expand the knowledge of importance of promotion and Movement visibility</li> </ul>

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

## Organizational Development

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### Background and achievements/lessons to date

Since 1997, the regional organizational development (OD) programme has strived to build Southern Africa national societies capacity to enable them to make a difference in the lives of the vulnerable through the delivery of relevant services. In the past, the programme focussed on programme management, namely planning, finance and reporting areas of support identified by national societies themselves and following the recommendations of past evaluations and consultancies.

An important achievement in 2003 was the establishment of Regional Capacity Building Teams (RCBT); the function of these teams is to document and exchange experiences and learning in programme management. The various regional OD planning meetings provided fora for the national societies to review their work, exchange information, ideas and experiences as well as plan joint activities.

All of the ten Southern Africa national societies now have their own strategic plans either in draft or completed form. Six national societies (Malawi, Mozambique, Namibia, Swaziland, South Africa and Zimbabwe) have completed their second-generation CAS. The regional delegation will take the lead in ensuring that completion of the remaining CAS is facilitated, and that compliance by all stakeholders to the CAS process is monitored and documented. Memorandums of Cooperation (MoC) have been developed in order to facilitate monitoring of joint projects between national societies, partner national societies and the Federation.

OD integration with all programmes is emphasized and promoted to ensure that activities contribute to develop branches. National societies in the region are now utilising the branch development manual to assist them in better defining the role of branches in supporting programmes.

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Substantial work has been done in developing common approach in sharing financial information and reporting. The demand for support in this area continues to grow. Financial management approach will be reviewed and country-specific. This will be reinforced in implementing recommendations from the resources mobilization workshop held in Johannesburg in 2003.

The OD department has facilitated exchanges visit among national societies within the region to share experiences in management and governance. Five secretaries general participated in international workshops on volunteer management or capacity building. The importance of gender issues has also been highlighted. Three national society officers within the region attended a training course on gender issues facilitated by the Federation.

Support to national societies will be provided with a capacity-building mindset. It is imperative that all programmes have integrated capacity-building elements and contribute to the strengthening of national society systems and structures.

**Goal: Strong and dedicated national societies are making an effective and positive difference in the lives of vulnerable people.**

**Objective: National societies manage vulnerability-focussed programmes and lead their organizational development processes.**

### Expected results and related projects for this objective:

Project title	Expected results	Activities planned to meet results
Integrated programming	<ul style="list-style-type: none"> <li>• Defined and addressed areas of capacity building in national society programmes contributing to greater programme impact.</li> <li>• Integrated capacity building teams providing relevant programme support to national societies.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist national societies in assessing, planning, reviewing, evaluating programmes and identify areas requiring capacity building.</li> <li>• Contribute to effective integrated planning processes both at regional and national societies level</li> <li>• Identify opportunities for more integration of programmes – establishing common objective and target groups for programmes aimed at vulnerable people.</li> <li>• Participate in regional OD meetings to ensure coherence with overall capacity building framework.</li> <li>• Disseminate the capacity building framework and promote adherence to the framework.</li> <li>• Conduct integrated capacity building training modules for regional teams and national society officers.</li> <li>• Organize the regional OD ‘think tank’ and other networks.</li> <li>• Assist national societies in the process of Federation Capacity Building Fund application, implementation, reporting, reviewing and monitoring.</li> <li>• Establish and support capacity building teams (CBT).</li> <li>• Contribute to the OD web site with lessons and best practices from the region.</li> </ul>

Project title	Expected results	Activities planned to meet results
National society Strategic Planning, Coordination and support	<ul style="list-style-type: none"> <li>National societies have well defined and relevant strategic plans, targeting local vulnerabilities, effectively supported by partners</li> </ul>	<ul style="list-style-type: none"> <li>Support national society strategic plan update where relevant.</li> <li>Ensure CAS is negotiated and facilitated in the region.</li> <li>Disseminate CAS process and documents among stakeholders in the region.</li> <li>Monitor and document CAS, identifying trends, best practices and areas of concerns.</li> <li>Disseminate Federation appeal and ensure multilateral, coordinated partnerships and bilateral support is maintained within agreed framework.</li> </ul>
Local Capacity Building	<ul style="list-style-type: none"> <li>Common approach to local capacity building is built and reflected in the impact of the work of national societies focusing at branch and local levels</li> </ul>	<ul style="list-style-type: none"> <li>Promote local capacity building.</li> <li>Adapt and disseminate knowledge on local capacity building branch development, governance, integrity and finance development.</li> <li>Assist national societies in building capacities for local resources mobilization to support scaling-up of programmes.</li> </ul>
Volunteer Management	<ul style="list-style-type: none"> <li>National societies have improved capacity to attract, manage and retain volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>Support national societies to develop their involvement of young people through sharing information and providing technical tools</li> <li>Implement activities following the Federation Volunteer 2005 plan of action and the regional plan</li> <li>Provide training and facilitation in international youth meetings.</li> <li>Attend and contribute to the Federation organized Volunteering Coalition and Youth meetings twice a year (international and regional), and report back learning.</li> <li>Contribute to greater impact of Young People Initiative on AIDS and HIV in Africa.</li> <li>Contribute to national societies preparation of the IAVE (International Association of Volunteering Efforts) and Volunteering Coalition meetings</li> </ul>

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## Coordination, Cooperation, and Strategic Partnerships

### Background and achievements/lessons to date

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The regional delegation remained a central coordinating and facilitating body for the Federation in the region. Our partners have hugely applauded this added value harnessed through the SAPRCS body and emphasized in the Strategy for Change. Over the past 15 years, the Southern Africa Delegation has demonstrated this added value by serving national societies' priority needs and facilitating all forms of partnership and cooperation. The regional delegation also led regional processes such as strategies and frameworks for cooperation, knowledge-sharing, best practice, advocacy and policy development.

The Cooperation Agreement Strategy (CAS) has been and will continue to be the key tool in the efforts to coordinate support to national society activities, programmes and strategies. CAS documents in Mozambique, Zimbabwe, Swaziland, and Malawi were completed in 2002 and will now require review during the planning period. Namibia's CAS is still awaiting final input by partner national societies before it can be approved by the national society's governing board. The Southern Africa regional delegation will take the lead in ensuring that CAS processes are facilitated in the remaining six national societies. In

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addition, resources and efforts will be allocated in monitoring and documenting CAS processes, and to contribute to improved coordinated support to the national societies.

The Southern Africa Regional Delegation will also promote the overall coordination of bilateral cooperation (programmes outside the Federation appeal planned by the national societies and supported by partner national societies). The appointment of Federation country representatives and heads of delegations in various Southern African countries is designed to tailor appropriate and coordinated assistance to the national societies. The Federation will ensure that regional delegates based in Harare spend appropriate time with the national societies to ensure customized programmes targeting local vulnerabilities.

While efforts will be directed at ensuring service delivery at country level, harmonization and integration of regional programmes will be paramount to successful programme management and coordination. To this end, a region-specific strategy that supports this thinking has been developed. The strategic plan newly endorsed by the Southern Africa Delegation Management Team, has now become operational. It is anticipated that by implementing the strategy, there will be increased knowledge of the work of the regional delegation. The credibility and capacity of the regional delegation to deliver services effectively will be further strengthened and this will facilitate the provision of appropriate support to the national societies.

Harmonization with the ICRC and the partner national societies will be encouraged mainly through CAS but also by supporting effective joint ventures across programmes and by sharing knowledge and best practices. To this end, the ICRC and Federation regional delegations will further explore the possibilities of harmonizing some of their systems and procedures to ensure efficiency and maximize the use of resources in the region.

**Goal: The Federation is working together effectively and efficiently improving the lives of the vulnerable people in Southern Africa.**

**Objective: The Southern Africa national societies achieve their humanitarian mandates through efficient frameworks of cooperation.**

### **Expected results:**

- The Federation coordination and facilitation of CAS processes have increased the impact of the Movement support to all national societies in the region.
- The CAS process is consolidated and extended to all national societies in the region.
- Regional cooperation and priorities are set through the SAPRCS forum and based on priorities as expressed in national societies' strategic plans.
- Regionally managed Federation assistance is coordinated and targets specific needs for support from each national society.
- Improved Southern Africa Regional Delegation coordination of the collective Federation disaster response.
- Improved harmonization of activities with the ICRC and the partner national societies including the development of joint ventures, joint planning and sharing of knowledge and best practices.
- Stronger ties are made between the regional delegation and partners to ensure adequate flow of resources to support programmes.

### **Effective Representation and Advocacy**

The Federation works to represent, promote and give visibility to the work of national societies in service delivery and advocacy in favour of the most vulnerable. It attempts to influence the humanitarian agenda by identifying critical issues and developing and advocating ideas and solutions. Through these activities, the aim is to position the Federation as a leading humanitarian organization that, in turn, creates the basis for more effective partnerships.

Contacts with governments, diplomatic missions, international organizations, NGOs, regional organizations in the Southern Africa region are maintained with a focus on Zimbabwe and South Africa-

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based offices. With a Federation representative now based in South Africa and Mozambique, heads of delegation in Angola, Lesotho, Malawi, Zambia and Zimbabwe, representation activities will be strengthened in the entire region. Many organizations have regional offices or missions covering several countries based in Pretoria and Johannesburg. Therefore, priority will be given to maintaining a semi-permanent Federation presence in Pretoria for profile raising, strengthening partnership opportunities and promoting Federation policies.

The regional delegation will continue to participate in regional and international for a for representational and networking reasons, as well as using global events to advocate Red Cross and Red Crescent positions and policies – both to the media and to governmental agencies and NGOs.

The launch of the World Disaster Report in the region has been a success and needs to be continued. Media contacts play an important part in publicizing the work of the Federation, and have been further strengthened through the Southern Africa food security operation. Advocacy issues need to be further promoted, building on the Federation's global launch of the Anti-Stigma Campaign. In 2004, greater emphasis will be placed on developing strategic links with partner organizations, particularly in the field of HIV/AIDS stigmatization and discrimination in order to support the aims of the global campaign to fight HIV/AIDS.

All regional programmes will be designed to be inclusive of components contributing towards the overall goal of the international representation. The Federation programme managers will continue to participate in inter-agency coordination mechanisms, information-sharing meetings and for a, conferences and seminars relevant to their programme areas.

The Federation Southern Africa Regional Delegation website (<http://www.southern-africa.ifrc.org>) has been established to promote national society activities in the region and to serve as an information resource base. The value of the website depends upon it being maintained as an easily accessible and up to date reference point.

While the Southern Africa Regional Delegation provides some leadership in addressing the above, there is a broader goal to build capacity within the national societies to advocate, communicate and establish their own external relations, including the critical relationship with their own governments.

Meeting the needs of the international donor community will be a priority. Emphasis will be placed on adopting an approach towards marketing the annual appeal and specific emergency appeals among the diplomatic community through regular meetings and targeted distribution of operational information together with the Federation publicity materials.

In order to consolidate the role of the Federation across Southern Africa, efforts will be made at the political level to secure legal status agreements with the national governments of Namibia and Malawi. Securing these status agreements will lead to enhanced relationships with the diplomatic community as well as greater financial advantages that will strengthen the Federation's operational effectiveness.

## **International Disaster Response**

Emergency disasters response, prediction and mitigation of the impact of disasters are central to the work of the Federation and its member National Red Cross and Red Crescent Societies around the world. The Federation has developed the following tools which are available to its members in times of disasters:

- **Emergency Response Units (ERU)** – pre-trained teams of specialist and pre-packed sets of standardized equipment ready for immediate use. The regional delegation has a mass water and sanitation ERU stored in Harare and ready for deployment.
- **Field Assessment and Coordination Teams (FACT)** – teams of experienced Red Cross and Red Crescent disaster managers with different areas of expertise. Team members are on standby to support sudden onset major disasters. Joint FACT and RDRT were deployed for the food security assessment as well as the Angola post-conflict assessment. There are six FACT-trained and one FACT team-leader trained members in the region.
- **Disaster Management Information Systems (DMIS)** – web-based working tool for Red Cross/Red Crescent personnel providing information on disaster trends, tools and databases. The

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region feeds information into DMIS on a regular basis. The national societies have been trained in using DMIS and are using the web site to access tools and information.

- **Disaster Relief Emergency Funds (DREF)** – unallocated contributions available from Geneva to the national societies and the Federation to support immediate disaster response in times of emergencies which can be recovered later through appeal launch. The region received DREF funding to initiate the Zambia cholera operation in September 2003.

The Federation has led the development of international disaster response law (IDRL) to facilitate the provision of appropriate and effective international humanitarian assistance. Access to people affected by disasters and the timely provision of relief supplies in the immediate aftermath of disaster is a challenge for all humanitarian actors. The project aims to facilitate a greater awareness, understanding and implementation of legal instruments and rules governing activities in times of disasters. The regional delegation has participated in the formulation of the policy with the IDRL<sup>15</sup> consultant.

### Governance Support

Over the past year, the delegation was able to provide support to the Federation governing board member from the region. Regular briefs on programme and policy developments in the region were provided to facilitate effective participation in the Federation board meetings. The board member is also an *ex officio* participant of the regional delegation management meetings. The Federation governing board member also assisted the South African Red Cross Society in its self-assessment process.

The regional delegation provided support to the implementation of the Zambia Red Cross recovery plan. The national society held a successful general assembly and elected a new board in January 2003. A similar process has also started in Botswana with the support of the regional delegation and the SAPRCS.

The regional delegation will continue to support the governing board member to participate in the Federation governing board meetings. The delegation will also ensure the board member updates board on developments in the region, and provides feedback to the Southern African national societies on the outcome of the meetings. In addition, the delegation will seek opportunities through this Federation governance support to improve the governance structures, roles and responsibilities of the national societies in the region.

### Delegation Management

The Southern Africa Regional Delegation supports programming and resources in ten national societies in Southern Africa. A food insecurity operation was established in July 2002 in Johannesburg to address coordination humanitarian needs in five countries (Lesotho, Malawi, Swaziland, Zambia and Zimbabwe). To support the operation and management of this operation, an Operation and Management Coordination Centre (OMCC) was established in Johannesburg and Federation personnel placed in the five countries of operation. The Southern Africa Regional Delegation in Harare assumes responsibility for programming needs linked to capacity building in the national societies, the health and care and information components of the operation. At this stage, the responsibility for the operation has been transferred to the Southern Africa Regional Delegation. The merger of the food security operation (OMCC) and the regional delegation offers a window of opportunity for better integration and programming at a regional level.

The Southern Africa Regional Delegation has placed a Federation representative in Cape Town with the South African Red Cross, a head of delegation in Zambia with six delegates supporting the national society assistance programme for Congolese refugees and food security operations. In Angola, a permanent Federation presence is established with the positioning of a head of delegation assisted by some three delegates supporting a post-conflict humanitarian assistance initiative. Furthermore, a country delegation in Mozambique phased out earlier 2003 has been replaced by a Federation representation. As part of the process of integrating the food security operation into the regional delegation programming, heads of delegations have been assigned to Lesotho, Malawi and Zimbabwe. These heads of delegations will also be responsible for all Federation activities in the respective countries including capacity building of the national society.

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<sup>15</sup> IDRL – International Disaster Response Law

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The regional delegation's finance and administrative functions will be further strengthened to provide quality and timely information for programme management. In addition, field management support will include capacity to provide services in human resources and the strengthening of reliable IT communications networks.

Planning, monitoring and accountability for all programmes in the region are an essential management functions. Donor identification with individual projects grows and donor reporting is becoming increasingly demanding. The need for skills and capacity to cover these needs is an essential management function.

The Federation Secretariat change process includes a shift of certain responsibilities and authorities from Geneva to the field. The implication of this change means that the field management must be robust and accountable to all stakeholders. The Southern Africa Regional Delegation has started to act as the business centre for the Secretariat in Southern Africa, overseeing the delivery of a range of services to national societies through the facilitation of a range of cooperation models and effective coordination of Federation resources.

The remaining pages of this Annual Appeal are summaries of each of the ten national societies in the Southern Africa region.

### ***For further information please contact:***

- *Andrée Houle, Federation Southern Africa Regional Programme Coordinator, Harare; Email [ifrczw33@ifrc.org](mailto:ifrczw33@ifrc.org); Phone 263 4 705 166 / 7; Mobile 263 4 91 24 0073; Fax 263 4 708 784*
- *Alasan Senghore, Federation Head of Southern Africa Regional Delegation, Harare; Email [ifrczw02@ifrc.org](mailto:ifrczw02@ifrc.org); Phone 263 4 705 166 / 7; Fax 263 4 708 784*
- *Richard Hunlédé, Federation Regional Officer, Geneva; Email [richard.hunlede@ifrc.org](mailto:richard.hunlede@ifrc.org); Phone 41 22 730 43 14; Fax 41 22 733 03 95*

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# BUDGET 2004

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.21/2004

Name: Southern Africa Regional Programmes

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	7,500	0	0	0	0	0	7,500
Medical & first aid	2,500	20,000	0	0	0	0	22,500
Teaching materials	3,000	0	0	0	0	0	3,000
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	20,000	0	0	0	0	20,000
<b>SUPPLIES</b>	<b>13,000</b>	<b>40,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>53,000</b>
Land & Buildings	0	5,000	0	0	0	0	5,000
Vehicles	0	0	0	0	0	0	0
Computers & telecom	44,269	4,313	0	7,806	-5,000	0	51,387
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	6,000	0	6,000
<b>CAPITAL EXPENSES</b>	<b>44,269</b>	<b>9,313</b>	<b>0</b>	<b>7,806</b>	<b>1,000</b>	<b>0</b>	<b>62,387</b>
Warehouse & Distribution	2,760	7,450	0	0	0	0	10,210
Transport & Vehicules	195,383	38,676	0	35,536	19,840	0	289,435
<b>TRANSPORT &amp; STORAGE</b>	<b>198,143</b>	<b>46,126</b>	<b>0</b>	<b>35,536</b>	<b>19,840</b>	<b>0</b>	<b>299,645</b>
Programme Support	167,617	71,567	0	62,037	35,805	0	337,024
<b>PROGRAMME SUPPORT</b>	<b>167,617</b>	<b>71,567</b>	<b>0</b>	<b>62,037</b>	<b>35,805</b>	<b>0</b>	<b>337,024</b>
Personnel-delegates	1,053,054	375,593	0	312,353	177,000	0	1,918,000
Personnel-national staff	326,320	156,826	0	149,086	213,400	0	845,633
Consultants	60,000	0	0	5,000	10,000	0	75,000
<b>PERSONNEL</b>	<b>1,439,374</b>	<b>532,419</b>	<b>0</b>	<b>466,439</b>	<b>400,400</b>	<b>0</b>	<b>2,838,633</b>
W/shops & Training	310,161	250,673	0	281,316	10,000	0	852,150
<b>WORKSHOPS &amp; TRAINING</b>	<b>310,161</b>	<b>250,673</b>	<b>0</b>	<b>281,316</b>	<b>10,000</b>	<b>0</b>	<b>852,150</b>
Travel & related expenses	178,422	67,485	0	37,465	24,900	0	308,272
Information	37,865	2,820	0	1,615	500	0	42,800
Other General costs	189,864	80,621	0	62,195	58,400	0	391,080
<b>GENERAL EXPENSES</b>	<b>406,151</b>	<b>150,926</b>	<b>0</b>	<b>101,275</b>	<b>83,800</b>	<b>0</b>	<b>742,152</b>
<b>TOTAL BUDGET:</b>	<b>2,578,715</b>	<b>1,101,024</b>	<b>0</b>	<b>954,409</b>	<b>550,845</b>	<b>0</b>	<b>5,184,992</b>

**Appendix 1: Angola Red Cross**

**Mission Statement**

The Angola Red Cross aims to improve the quality of life of the most vulnerable, thus alleviating human suffering where it exists.

<b>Recognition</b>	1986	Angola Red Cross established and recognized.
<b>Statutes/Constitutions</b>	1998	Adopted by its general assembly in July 1998
<b>Audit</b>	1999	Audit conducted in 1999.
<b>Strategic Development Plan</b>	2001	Angola Red Cross strategic plan 2002-2004 developed
<b>CAS document</b>		A second generation CAS by the end of 2004
<b>Self Assessment</b>	2002	Self assessment conducted as a SAPCRS initiative to assist the national society
<b>National society General Assembly</b>	2004	The 2002 general assembly did not take place. The next one will be held in May 2004.
<b>Staff</b>		165 staff at NHQ and provincial structures
<b>Volunteers</b>		Approximately 2,000 volunteers
<b>Number of functioning Branches</b>		18 branches (one provincial branch per province)

**Country context:**

Angola ranks 164 in the Human Development Index. More than 100,000 children below five years die each year from preventable diseases such as measles, current life expectancy at birth being 40.2 years and HIV/AIDS prevalence rate in adults has increased from 3.4% in 1999 to 5.5% in 2001.

**National society activities:**

The Angola Red Cross programme consists of:

- Community-based health services,
- HIV/AIDS,
- Water and sanitation and
- Community-based mine awareness.

**National society capacity building and priorities:**

The Angola Red Cross has established a three-year plan of action (2002-2004), which outlines the following main organizational development (OD) initiatives and priorities:

- Improve volunteer management and effective recruitment system.
- Improve administration procedures, finance and human resource management at headquarters, provincial and divisional levels.
- National and provincial assemblies and meetings.
- Develop a sustainable resource base.

**Primary support from the Movement in 2002-2003**

<b>Partner</b>	<b>Health and care</b>	<b>HIV/AIDS</b>	<b>Disaster Management</b>	<b>Humanitarian Values</b>	<b>Organizational development</b>
ICRC	X	X	X	X	
Federation	X	X	X		X
Danish RC		X			
French RC	X				
Norwegian		X			X
Portuguese RC	X		X		
Spanish RC	X	X		X	

[<Click here to access the country-specific Federation web page for Angola>](#)

<b>Appendix 2: Botswana Red Cross Society</b>
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<b>Mission Statement</b>
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To improve the lives of vulnerable people by mobilizing the power of humanity.

<b>Recognition</b>	1968	Founded in 1968 and recognized by ICRC in 1970
<b>Audit</b>	2001	
<b>Statutes/Constitutions</b>	2002	Constitution review planned for end of 2002
<b>Strategic Development Plan</b>	2002	
<b>CAS document</b>		In process after the VCA
<b>Self Assessment</b>	2002	VCA conducted in districts
<b>National society General Assembly</b>		Not as yet
<b>Staff</b>		51 staff members
<b>Volunteers</b>		420 Adult volunteers and at least 3000 youth volunteers
<b>Number of functioning Branches</b>		10 branches

**Country context:**

Botswana suffers from the highest percentage of HIV/AIDS cases with a HIV prevalence rate increasing steadily, from 35.5 % in 1999 to over 39% in 2002 among adults between 15-49 years. HIV/AIDS has caused an increase in the numbers of orphans and vulnerable children, and consequently, child-headed households. Common natural disasters in Botswana include drought and occasional floods.

**National society activities:**

The national society has established HIV/AIDS activities in Kanye, Moshupa and Good Hope districts focusing on youth peer education and mainly providing home-based care in Chobe district. The national society has been a major contributor to the provision of first aid training to the public and business community. The national society intends to roll out its community-based first aid activities into all areas where the HIV/AIDS programme exists. Malaria/TB will be another focal area in the coming years. The project will focus primarily on community education and sensitization, promotion of insecticide-treated mosquito nets, promotion of early detection of malaria among individuals and early treatment.

**National society capacity building and priorities:**

In order to achieve these priorities, the national society is committed to updating its legal foundation and capacity to effectively support its mission; improve project management capacity of staff and volunteers, enhance information dissemination and management systems, improve and strengthen financial resource development; and ensure that a good volunteer management system is in place and to mobilize the power of the youth.

**Primary support from the Movement in 2002-2003**

Partner	Health and care	HIV/AIDS	Disaster Management	Humanitarian Values	Organizational Development
ICRC				X	
Federation	X	X	X	X	X

*[Click here to access the country-specific Federation web page for Botswana](#)*

<b>Appendix 3: Lesotho Red Cross Society</b>
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<b>Mission Statement</b>		
To alleviate human suffering and improve the quality of life and communities affected by both natural and manmade disasters and to promote community self-reliance.		
<b>Recognition</b>	1971	Recognized by ICRC and joined Federation
<b>Statutes/Constitutions</b>	1998	Due for review
<b>Strategic Development Plan</b>	2002	10 year draft in place
<b>CAS document</b>	2003	Started in 2003
<b>Self Assessment</b>	2002	Finalized
<b>National society General Assembly</b>	2003	Election in 2004; national society is undertaking preparations.
<b>Audit</b>	2001	External audit carried by Ernst and Young
<b>Staff</b>		51 staff (9 in divisions)
<b>Volunteers</b>		20,000 volunteers as of 1998
<b>Number of functioning branches</b>		10 branches

**Country context:**

About 65.7% of the population survive on less than USD 2.00 per day. And two thirds of the population are living in the rural areas and rely on agriculture for their livelihoods. Erratic weather conditions including droughts, floods and heavy snow falls have severely affected agricultural production and food security leading to declining food availability and access. HIV/AIDS prevalence rate among adults is 30%.

**National society activities:**

Lesotho Red Cross is committed to address the needs of the most vulnerable in the main core areas:

- Health and care in the community and first aid
- Disaster preparedness and disaster response
- Promotion of the fundamental principles and humanitarian values.

**National society capacity building and priorities:**

In 2001, a financial analysis was carried out on the Lesotho Red Cross with financial support from the regional OD programme. This resulted in the development of a rescue and recovery plan. In order to achieve the above commitments, the national society recognizes the need to strengthen its institutional capacities in the following areas:

- Restructuring of the national society organizational structure
- Mobilizing resources to broaden the national society financial base
- Establishing MIS (management information system)
- Scaling up of volunteers and members.

**Primary Support from the Movement in 2002-2003**

<b>Partner</b>	<b>Health and care</b>	<b>HIV/AIDS</b>	<b>Disaster Management</b>	<b>Humanitarian Values</b>	<b>Organizational Development</b>
<b>ICRC</b>	X			X	
<b>Federation</b>	X	X	X	X	X
<b>American RC</b>	X	X	X		
<b>Germany RC</b>		X	X		
<b>Icelandic RC</b>					X
<b>Norwegian RC</b>		X	X		X
<b>Spanish RC</b>					X

[\*<Click here to access the country-specific Federation web page for Lesotho>\*](#)

## Appendix 4: Malawi Red Cross Society

Mission Statement		
Alleviating human suffering caused by natural and human disasters through provision of health and disaster preparedness and response, and dissemination of international humanitarian law.		
<b>Recognition</b>	1966	Founded in 1966 and recognized by ICRC in 1970
<b>Statutes/Constitutions</b>	1999	1966 Statutes are under revision since 1999
<b>Self Assessment</b>	1999	Scheduled for beginning of 2003
<b>Strategic Development Plan</b>	2001	Developed in 2001 and reviewed on annual basis
<b>CAS document</b>	2001	Development of 2 <sup>nd</sup> generation done 2001/2002
<b>National society General Assembly</b>	2003	Held annually in November/December
<b>Audit</b>	2003	Internal and external audit conducted on annual basis
<b>Staff</b>		170
<b>Volunteers</b>		30,000 volunteers across the country
<b>Number of functioning Branches</b>		27 divisions

**Country context:**

Both HIV/AIDS and prevailing food insecurity are jointly accounting for a rapid increase in the death rate and an increase in poverty. The life expectancy at birth is currently 49.5, among the lowest in the world, and only 29% of Malawians are expected to survive until the age of 65 years.

**National society activities:**

In the light of the current acute food insecurity crisis, the Malawi Red Cross has prioritized the food insecurity intervention. The national society is operating in several districts on behalf of, or with support from different donors with the distribution of food and non-food items. The programme is integrated with the HIV/AIDS home-based care programme. Additionally, the Malawi Red Cross has identified the following as their core programmes:

- Disaster preparedness and disaster response,
- Community-based health development programme (CBHDP),
- Water and sanitation.

**National society capacity building and priorities:**

In order to further develop its core business areas, the plan highlights the necessity to consolidate all resources (trained personnel, warehouse, transport and supplies) under one disaster management umbrella; to review and develop the constitution and human resource system; to improve and expand community-based health development programmes, develop a cholera strategy and to focus HIV/AIDS interventions and prevention, education, community-based health care and condom distribution.

**Primary Support from the Movement in 2002-2003**

Partner	Health and care	HIV/AIDS	DM/relief	Humanitarian Values	Organizational Development
ICRC			X	X	X
Federation	X	X	X		X
American RC		X	X		
Danish RC	X	X	X		X
German RC			X		
Icelandic RC		X			
Netherlands RC	X				
Spanish RC			X		X

[<Click here to access the country-specific Federation web page for Malawi>](#)

**Appendix 5: Mozambique Red Cross Society**

**Mission Statement**

To improve the living conditions of the most vulnerable people, alleviating human suffering wherever possible, by mobilizing an ever increasing number of volunteers, particularly youth.

<b>Recognition</b>	1988	Recognized in 1988 by the government and ICRC Joined the Federation in 1989
<b>Statutes/Constitutions</b>	1999	Statutes revised by the general assembly
<b>National society General Assembly</b>	1999	Next general assembly planned for 2004 (once in 5years)
<b>Audit</b>	2000	Annual global audits since 2000
<b>CAS document</b>	2001	CAS developed for 2002 – 2004
<b>Self Assessment</b>	2001	Conducted self assessment
<b>Strategic Development Plan</b>	2002	Strategic Plan revised for period 2003 – 2005
<b>Staff</b>		91 at HQ, 162 in provinces
<b>Volunteers</b>		Approximately 4,400
<b>Number of functioning Branches</b>		11 provincial branches and 98 district branches

**Country context:**

Mozambique continues to be one of the poorest countries in the world where nearly 70% live below the poverty line of USD 0.40/day. The 2000, 2001 and 2003, cyclones and drought contributed to poor sanitation and hygiene in the affected provinces, which increased numbers of cases of diarrhoea, cholera and aggravated an already pre-existing high rate of malnutrition. The food insecurity is more prominent in the southern and central parts of the country after four years of crop failure due to floods and drought.

**National society priorities and activities:**

- Contribute to a reduction in transmission of HIV/STD and to mitigate the spread of the disease in the country by consolidating and strengthening the community-based health programme, with particular emphasis on involvement of the community in health education, education on HIV/AIDS and other sexually transmitted diseases, as well as water and sanitation.
- Disaster management supporting the development of the communities in reducing their vulnerabilities

To achieve the priorities, Mozambique Red Cross needs to strengthen its financial resource development in order to cover at least its basic costs with its own resources; to consolidate and strengthen the social and youth area programme, promoting local initiative and the involvement of an increasing number of young people in activities that enable them to improve the living conditions of the people most at risk; and to improve volunteer management.

## Appendix 5: Mozambique Red Cross Society

continued

## Primary Support from the Movement in 2002-2003

Partner	Health and care	HIV/AIDS	Disaster Management	Humanitarian Values	Organizational Development
ICRC	X		X	X	
Federation	X	X	X		X
American RC	X				
Austrian RC	X				
Belgian/Netherlands RC	X	X	X		
British RC	X	X	X		X
Canadian RC					X
Danish RC	X	X	X		X
German RC	X	X	X		
Icelandic RC	X	X	X		
Norwegian RC	X	X	X		X
Portuguese RC			X		
Spanish RC	X	X	X		

*[Click here to access the country-specific Federation web page for Mozambique](#)*

## Appendix 6: Namibia Red Cross

Mission Statement		
To develop working partnerships with identified vulnerable communities to foster human dignity by addressing the basic needs of people in accordance with fundamental principles of the Movement		
<b>National society Foundation</b>	1993	Recognized by ICRC & Federation Member in 1993
<b>Statutes/Constitutions</b>	2001	Revised as per Federation guidelines
<b>Strategic Development Plan</b>	2001	Strategic plan developed for 2001-2005
<b>Self Assessment</b>	2001	Submitted annually by Federation
<b>CAS document</b>	2002	CAS 2002-2004 draft finalized
<b>National society General Assembly</b>	2003	Elections were held in June 2002
<b>Audit</b>	2003	Annual internal and external audit
<b>Staff</b>		92 staff, 26 at HQ, 66 in the regions
<b>Volunteers</b>		4,000 volunteers
<b>Number of functioning Branches</b>		7 regional offices

**Country context:**

Some 70% of the population of Namibia live in the rural areas, whereas 34.9% of the population lives below the income poverty datum line of one USD per day. According to UNDP Human Development Report 2003, the combination of poverty and food insecurity results to 33% of the population being classified as undernourished and highly vulnerable.

**National society priorities and activities:**

The Namibia Red Cross works in partnership with government ministries, other NGOs and the private and civil sectors to bring comfort, safe water, HIV/AIDS and health education, disaster response and preparedness activities in four of the most vulnerable regions in the country, namely Ohangwena, Caprivi, Kavango and Kunene. The programme will be extended to three regions in 2004-2007, Khomas, Opuwo and Oshakati. Namibia Red Cross is implementing countrywide activities in the field of dissemination of the fundamental principles and humanitarian values, and is managing a refugee camp in Osire.

**National society capacity building:**

As a support tool, Namibia Red Cross is embarking on a tele-centre project. The centres are strategically located facilities, providing rural and underdeveloped communities access to information computer-based services and applications for DP/DR activities. High staff turnover has been one of the main problems facing the national society. The Namibia Red Cross has acknowledged that human resource and capacity building is the key approach with a view to enhancing the national society's ability to deliver services and undertake an advocacy role.

**Primary Support from the Movement in 2002-2003**

Partner	Health and care	HIV/AIDS	Disaster Management	Humanitarian Values	Organizational Development
<b>ICRC</b>			X	X	
<b>Federation</b>	X	X	X		X
<b>American RC</b>	X	X			X
<b>Belgian RC</b>	X				X
<b>Canadian RC</b>	X				
<b>Germany RC</b>	X	X			X
<b>Spanish RC</b>	X	X			X

*<Click here to access the country-specific Federation web page for Namibia>*

**Appendix 7: The South African Red Cross**

<b>Mission Statement</b>		
To render services to prevent and alleviate human suffering and to foster human dignity in all communities by addressing the basic needs of the people in accordance with the fundamental principles of the Movement		
<b>Recognition</b>	1928	Founded in 1899, recognized by ICRC in 1928 and admitted to the Federation in 1929.
<b>Statutes/Constitutions</b>	1992	Statutes last revision 1992. Another revision planned in 2004
<b>CAS document</b>	1999	Second generation CAS to be reviewed in 2004
<b>Strategic Development Plan</b>	2001	Recovery Plan (2000-02). Strategic Plan will be reviewed in 2004
<b>Self Assessment</b>	2001	Expansion to regions and branches in 2003
<b>National society General Assembly</b>	2002	Next general assembly scheduled for October 2003
<b>Audit</b>	2003	Audit 04/2002-03/2003
<b>Staff</b>		165
<b>Volunteers</b>		3,730 active volunteers
<b>Number of functioning Branches</b>		5 regional offices, 29 branches and 80 local committees

**Country context:**

There are currently about five million people infected with HIV/AIDS in South Africa, the highest in the world, and over 600,000 maternal orphans. Life expectancy is predicted to drop from 55 to about 20 by the year 2010. In 2000, the country ranked 107 on the world list of human development index.

**National society priorities and activities:**

South African Red Cross is determined to become more responsive to local vulnerabilities. Given the high HIV/AIDS prevalence rate, the national society is committed to scaling-up its HIV/AIDS activities to be able to respond to the enormous humanitarian needs in the country:

- Scaling up HIV/AIDS HBC project and integrating food security component, psychosocial support to orphan and other vulnerable children, and anti-stigma sensitization for people living with HIV/AIDS
- Community-based first aid and health education
- Disaster management.

Capacity building efforts will focus on organizational development in order to ensure that the national society is able to deliver services to vulnerable people in accordance with its mandate. Capacity building efforts will aim at improving the governance-management practices, the strengthening of administration and financial management systems, branch development, human resource development, particularly youth and volunteer management, advocacy and resource mobilization.

**Primary Support from the Movement in 2002-2003**

<b>Partner</b>	<b>Health and care</b>	<b>HIV/AIDS</b>	<b>Disaster Management</b>	<b>Humanitarian Vales</b>	<b>Organizational Development</b>
<b>ICRC</b>		X		X	
<b>Federation</b>		X	X	X	X
<b>British RC</b>		X			
<b>Finnish RC</b>		X		X	X
<b>Icelandic RC</b>		X			X
<b>Norwegian RC</b>	X				X

*<Click here to access the country-specific Federation web page for South Africa>*

## Appendix 8: Baphalali Swaziland Red Cross Society

Mission Statement		
To prevent, alleviate suffering and facilitate development to vulnerable people in accordance with the fundamental principles of the Movement.		
<b>Recognition</b>	1979	Founded in 1933 and admitted to the Federation in 1979
<b>Statutes/Constitutions</b>	1999	Reviewed in 1999
<b>National society General Assembly</b>	2001	Successfully held and new team ushered
<b>CAS document</b>	2002	Four-year CAS finalized
<b>Self Assessment</b>	2002	Finalized for 2002
<b>Strategic Development Plan</b>	2003	Revised yet to be approved
<b>Audit</b>	Annually	Periodic internal and external audit
<b>Staff</b>		84 staff members
<b>Volunteers</b>		3,000 volunteers (mainly youths)
<b>Number of functioning Branches</b>		33 functioning branches

**Country context:**

Approximately 73.6% of the population live in the rural areas and the adult literacy is 79.6%. Swaziland is prone to droughts and cyclones. Vulnerable to natural disasters, the population of Swaziland is frequently at risk of losing their livelihood as agriculture and assistance farming play a pivotal role for the rural population.

**National society priorities and activities:**

The Baphalali Swaziland Red Cross focuses its work and programmes on alleviating the suffering of the people made vulnerable by natural disasters and diseases, and implements programmes mainly within the areas of disaster preparedness and response, HIV/AIDS and community health care. The national society is recognized by the government as a key player in health and disaster management and also enjoys a special mandate articulated to work with the government on key advocacy issues.

**National society capacity building:**

To successfully achieve its objectives, the national society has recognized the need to strengthen its organizational capacities in the following areas:

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

**Primary Support from the Movement in 2002-2003**

Partner	Health and care	HIV/AIDS	Disaster Management	Humanitarian Values	Organizational Development
ICRC				X	
Federation	X	X	X	X	X
Finnish RC		X			X
Germany RC		X	X		
Swedish RC					X
Swiss RC		X			

[<Click here to access the country-specific Federation web page for Swaziland>](#)

## Appendix 9: Zambia Red Cross Society

Mission Statement		
To improve the situation of the most vulnerable people – those that are at greatest risk from situations that threaten their survival and increase their capacity to live with an acceptable level of social and economic security and human dignity.		
<b>Recognition</b>	1966	Recognized by ICRC in 1996 and admitted to the Federation in 1997
<b>Statutes/Constitutions</b>	1999	Statutes revised in 1999
<b>Strategic Development Plan</b>	2002	Four-year plan developed. Detailed recovery plan now available
<b>National society General Assembly</b>	2002	Next general council national elections Dec 2002
<b>Audit</b>	2002	External audit carried out by KPMG
<b>CAS document</b>	2003	Still in it's infancy stage
<b>Self Assessment</b>	2003	Finalized.
<b>Staff</b>		77 (25 at HQ, 30 in refugee operation and 22 in branches)
<b>Volunteers</b>		1,500 volunteers (according to the national society recovery plan)
<b>Number of functioning Branches</b>		57 branches

**Country context:**

The country is affected by disasters including floods, droughts, epidemics and refugee influxes. In terms of refugees, the country is home to an estimated 50,000 refugees who fled the conflict in the DRC and another 100,000 Angolan, Congolese and Rwandan refugees settled in Mayukwayukwa, Mehebe, Nangweshi and Ukwimi refugee camps. While 62% of the population has no access to safe water, 25% has no access to health services and a further 29% with no access to sanitation. This is further worsened by the impact of HIV/AIDS which has been particularly devastating. Because of the HIV/AIDS pandemic, only 20% of the population is expected to survive to 65 years.

**National society priorities and activities:**

The Zambian Red Cross works in partnership with the government, ministries, other NGOs and the private sector and their priorities are health and care programmes which include HIV/AIDS prevention and care, water and sanitation and first aid, which include both commercial and community-based. Disaster preparedness and response is one of the core programme and some of the main activities are training, conducting vulnerability and capacity assessments and provision of relief to disaster affected populations. Another core area for the national society is the refugee assistance and the national society renders assistance to approximately 25,000 refugees with 38 refugees passing through Kaputa transit camp, Chiengi, Nsumbu and Mpulungu reception centres on a daily basis.

**Primary Support from the Movement in 2002-2003**

Partner	Health and care	HIV/AIDS	Disaster Management	Humanitarian Values	Organizational Development
ICRC			X	X	
Federation	X	X	X	X	X
American RC			X		
Libya RC		X	X		
Netherlands RC	X	X	X		
Norwegian RC	X	X			X
Swedish RC	X	X	X		

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<b>Appendix 10: Zimbabwe Red Cross Society</b>
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<b>Mission Statement</b>		
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To provide timely, appropriate and acceptable humanitarian services to the most vulnerable groups through well-managed programmes.

<b>Recognition</b>	1981	Founded and recognized by ICRC in 1982 and became member of the Federation same year.
<b>Statutes/Constitutions</b>	1982	
<b>Strategic Development Plan</b>	2000-10	Will be revised in 2003
<b>Self Assessment</b>	2001	
<b>CAS document</b>	2002	CAS 2002-2004 finalized in early 2002
<b>National society General Assembly</b>	2003	Held annually
<b>Audit</b>	Annually	External audit according to international standards
<b>Staff</b>		105 staff members
<b>Volunteers</b>		40,000 volunteers
<b>Number of functioning Branches</b>		420 branches

**Country context:**

Zimbabwe is suffering a complex humanitarian crisis caused by a combination of factors. The country has 2.3 million HIV positive adults and 780,000 orphans and vulnerable children. A 15 year old girl alive today has a one-in-three chance of surviving to her mid thirties. Half Zimbabwean people require emergency food aid. Food shortages mean that TB patients fail to maintain their courses of treatment. Malnutrition decreases the resistance of people living with HIV/AIDS to opportunistic infections.

**National society priorities and activities:**

The Zimbabwe Red Cross has identified the core strategic areas where programmes have maximum impact. These are:

- Health education and services with focus on HIV/AIDS, water and sanitation, and first aid training.
- Disaster preparedness and response – the DM policy and code of conduct adopted in 2001.
- Youth development designed to increase the socio-economic empowerment of youths. The programme is closely linked to the HIV/AIDS programme.
- Resource development to widen and expand their financial resource base.

**National society capacity building:**

The strategic plan of Zimbabwe Red Cross highlights six strategic priorities:

- Organizational image and quality of service delivery
- Organizational structuring and management
- Human resource management and development
- Resource mobilization and management
- Policy and legislation
- Management information systems.

**Primary Support from the Movement in 2002-2003**

Partner	Health	HIV/AIDS	Disaster Management	Humanitarian Values	Organizational Development
ICRC			X	X	
Federation	X	X	X	X	X
Iranian RC			X *		
Danish RC	X	X	X *		
Japanese RC	X	X			

- *one-off relief donation*

[\*<Click here to access the country-specific Federation web page for Zimbabwe>\*](#)