

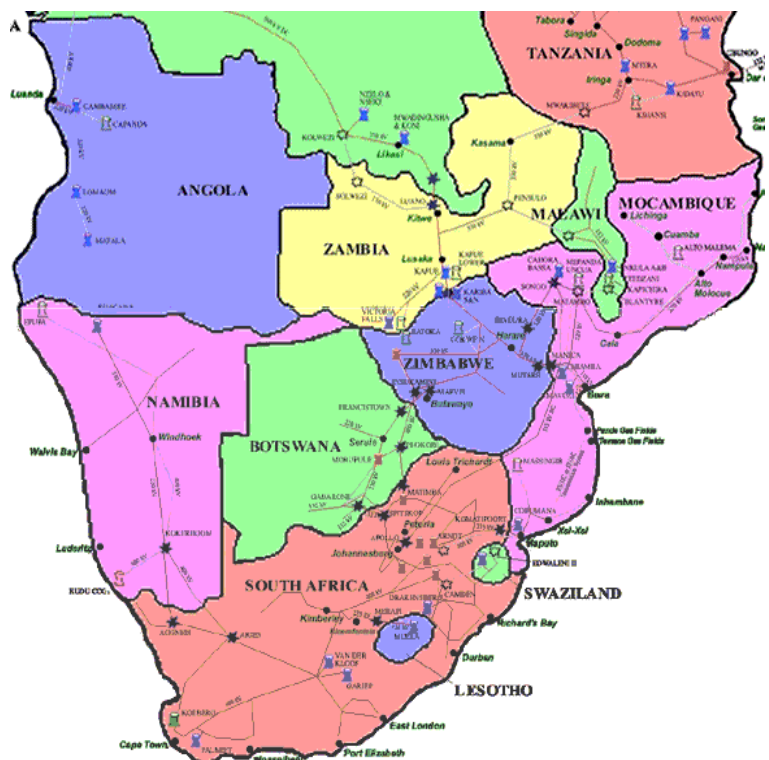
Plan 2009-2010



SOUTHERN AFRICA ZONE

Executive summary

The frequencies, complexity and magnitude of disasters in Southern Africa zone - such as drought, floods, hailstorms, cyclones and epidemics, HIV and AIDS in particular - as well as the socio-economic shocks, serve as triggers speeding up the plunge of extremely vulnerable households and communities over the edge of survival. Extreme weather conditions and climate change in some parts of the region severely influence the level of agricultural production. Other humanitarian consequences include increased mortality and morbidity rates, malnutrition, increased numbers of orphans and vulnerable children (OVC), and inadequate protection of the most vulnerable. The humanitarian consequences are further aggravated by a decline in the delivery systems and support services of the local authorities.



Approximately two-thirds of the regional population lives under the national poverty line. Angola, Mozambique, Zambia and Zimbabwe are among the 20 countries in the world with the highest Human Poverty Index (HPI-1)¹ rank out of the countries for which the index has been calculated. Recent regional vulnerability assessments confirm that poor economic conditions constrain livelihood options, leaving households across the region with depressed employment and poorer casual labour opportunities. High poverty rates together with gender inequalities, poor infrastructure, lack of investment in health, and endemic malnutrition has made increasing percentages of the populations in most Southern African countries more susceptible to diseases.

¹ HPI-1: A composite index measuring deprivations in the three basic dimensions captured in the human development index—a long and healthy life, knowledge and a decent standard of living.

Despite this gloomy prognosis there are success stories and the Red Cross in Southern Africa continues to play an important role in addressing these challenges. The flagship regional HIV and AIDS programme launched in 2006 by the International Federation of Red Cross and Red Crescent (IFRC) Southern Africa Zone office has given the Red Cross an opportunity to gain the respect and cooperation from marginalized communities. The water and sanitation programme for instance continues to reach an increasing number of people by providing potable clean water, adequate sanitation and promoting hygienic practices in all countries in Southern Africa. At the same time the Red Cross National Societies (NS) are working with strategic local, national and international partners on scaling-up activities and increasing impact through social mobilization campaigns to combat malaria, tuberculosis (TB), measles and other diseases. The NS committed to working closer with communities in training and provision of community-based First Aid approaches, whilst others have gained significant experience in the provision of First Aid services, promoting voluntary non-remunerated blood donation and building capacity in psychosocial support and road safety initiatives.

Similarly, the disaster management programme has been providing overall guidance, assistance and technical support on institutional and community-based disaster preparedness, community disaster risk reduction and mitigation, disaster response operations, food security and logistic services.

The IFRC Zone office will continue working through a coordinated approach within the Red Cross and Red Crescent Movement components and external stakeholders to facilitate scaling-up of programming, better use of resources and mutual learning in delivering relevant programmes. In order to remain relevant, credible and focused, the IFRC Zone office works according to the expressed and identified needs of the NS, particularly in capacity building. This process is enhanced through harmonization of internal and external Movement partnerships in supporting the NS development in programming.

In today's competitive environment, emphasis will be on showing more clearly the benefits of the Red Cross and Red Crescent programmes and how our actions and advocacy contribute to achieving the [Millennium Development Goals](#)² and other major global efforts to reduce poverty and inequity and promote sustainable human development. To accomplish this goal, the IFRC [General Assembly](#) adopted a new plan called the [Federation of the Future](#) in 2005 aiming at achieving the [Global Agenda](#)³, with [four goals](#) aligned to the core areas of [Strategy 2010](#). The Global Agenda demonstrates commitment to increasing the impact of our work by committing to scaling-up and improving the quality of our programming at both domestic and international level. As such, the NS plans for 2009-2010 are developed from national strategic plans at the same time are aligned to the Global Agenda's goals. As a membership organization, the IFRC's work is based on the capacities of its member NS, hence the [Global Programme for Africa](#)⁴ (GPA) will direct the implementation of capacity development at NS level.

The total budget for this IFRC Zone office support plan for 2009-2010 is CHF 7,107,098 (EUR 4,526,814 or USD 6,496,433)

[Click here to go directly to the attached summary budget of the plan](#)

² **Millennium Development Goals** – The UN Millennium Goals charter – states that by the year 2015, all 191 United Nations Member States have pledged to meet eight goals, thus, eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

³ **Global Agenda Goals:** Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

⁴ A capacity building strategy for Africa – 'provide an enabling framework to mobilise resources and enhance capacities to scale-up coverage, quality and impact of the programmes, in line with the priorities set in the Algiers Plan of Action and guided by the IFRC Global Agenda'

Table 1: Southern Africa Programme Map

Programme components	Outcome areas	Angola	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Zambia	Zimbabwe	Zone office
Goal 1: Disaster Management												
Disaster Preparedness	Volunteer and Institutional preparedness	X	X	X	X	X	X	X	X	X	X	X
	Technical skills mentoring	X	X	X	X	X	X	X	X	X	X	X
	Disaster Management Policy and Master plans	X	X	X	X	X	X	X	X	X	X	X
	Disaster Management Regional Database Development	X	X	X	X	X	X	X	X	X	X	X
	Commodity pre-positioning	X	X	X	X	X	X	X	X	X	X	X
	IDRL	X	X	X	X	X	X	X	X	X	X	X
Disaster Response	Logistics and procurement	X	X	X	X	X	X	X	X	X	X	X
	Recovery	X	X	X	X	X	X	X	X	X	X	X
	Commodity Tracking and reporting	X	X	X	X	X	X	X	X	X	X	X
	DREF and Emergency Appeal (resource mobilisation)	X	X	X	X	X	X	X	X	X	X	X
	Coordination, mentoring, coaching	X	X	X	X	X	X	X	X	X	X	X
	Monitoring and evaluation	X	X	X	X	X	X	X	X	X	X	X
Disaster Risk Reduction	Food Security		X	X	X	X	X		X	X	X	X
	Zambezi River Basin Initiative	X	X		X	X	X			X	X	X
	Marketing strategies	X	X	X	X	X	X	X	X	X	X	X
	Livelihoods strategies and Framework Development	X		X	X	X	X		X	X	X	X
	DRR interventions, Climate Change, Adaptation etc.	X		X	X	X	X			X	X	X
Goal 2: Health and Care												
HIV and AIDS	Prevention, Care and support, anti stigma & discrimination	X	X	X	X	X	X	X	X	X	X	X
	Community Based Health and First Aid	X	X	X	X	X	X	X	X	X	X	X
Community-Based Health	Traditional and Commercial First Aid	X	X	X	X	X	X	X	X	X	X	X
	Malaria	X	X		X	X	X			X	X	X
	Measles	X*	X*				X^	X^	X^	X^	X*	X
	Polio	X					X					X
	Tuberculosis			X			X	X				X
	Voluntary Non Remunerated Blood Donation (VNRBD)	X	X	X	X				X			X
	Mother and Child Health	X		X		X						X
	Road Safety									X		X
Health in Emergencies	Cholera and other infectious diseases	X				X	X				X	X
	Psychosocial Support Programmes (PSP)							X				X
Water and Sanitation	Water and Sanitation in Development and Emergencies	X	X	X	X	X	X	X	X	X	X	X
	Water supply			X	X	X	X		X	X	X	X
	Sanitation	X		X	X	X	X		X	X	X	X
	Hygiene promotion (PHAST)	X		X	X	X	X		X	X	X	X
Avian Influenza & Human Pandemic Preparedness (H2P)	Social mobilisation					X		X				X
	Production of IEC material					X		X				X
	Community outreach					X		X				X
	Advocacy					X		X				X
Goal 3: Capacity Development/Organisational Development												
Leadership and Management Development	Statutes (Review)							X	X	X		X
	Strategic Plans	X		X		X	X	X	X	X	X	X
	Governance and management roles (induction)	X		X	X	X	X	X	X	X		X
	Statutory Meetings (Technical support and fundraising)	X		X	X	X	X	X	X	X		X
	Leadership and senior management (skills training)	X		X	X		X	X	X	X		X
	Membership Drive (recruitment and maintenance)						X					
Well-functioning Organization	Human resources management	X	X	X	X	X	X	X	X			X
	Financial procedures, guidelines and training	X		X	X	X	X	X	X	X		X
	Policy and procedure – development/operationalization)	X		X	X			X				X
	Accounting, reporting and audits	X	X	X	X	X	X	X	X	X	X	X
	Internal and external communication	X		X								X
Branch/Units Development and services	ICT (policy and infrastructure)			X								X
	Volunteer management and youth development	X	X	X	X	X	X	X	X	X	X	X
	Volunteer Policy and guidelines	X	X				X					X
	Establishment/strengthening of new branches	X		X		X	X			X		X
	Branch leadership development											
Resource development - Financial sustainability	Role model from ICBF(Intensified Capacity Building Fund)				X					X		
	Resource Development Policy	X		X		X		X	X	X		X
	Fundraising and income generating projects	X	X	X		X						X
Programme and management capacity	Partnership development (locally)					X	X	X				
	Programme staff development plan on PMER	X	X	X	X	X	X	X	X	X	X	X
Partnership	Partnership				X							X
	Goal 4: Principles and Values											
Promotion of Principles and Values	Dissemination throughout NS structures	X	X	X	X	X	X	X	X	X	X	X
	Promotion among stakeholders	X	X	X	X	X	X	X	X	X	X	X
Operationalization of Principles and Values	Integration with programme activities	X	X	X	X	X	X	X	X	X	X	X
	Increasing local communities capacity in addressing vulnerabilities	X	X	X	X	X	X	X	X	X	X	X
Sexual and Gender based Violence (SGBV)	Streamline prevention of SGBV in all programmes	X	X	X	X	X	X	X	X	X	X	X
	Collaboration with stakeholders on SGBV projects	X	X	X	X	X	X	X	X	X	X	X
Respect for diversity and non-discrimination	Monitoring trends in population movement	X	X	X	X	X	X	X	X	X	X	X
	Advocacy and campaigns	X	X	X	X	X	X	X	X	X	X	X

*in 2009 only and ^ 2010 only

Zone Context

Despite a long record of economic growth and improvement in living standards across the globe, the incidence of such development has been extremely uneven. Southern Africa is still characterized by bleak development indicators and the persistence of poverty, hunger and malnutrition, ill-health and disease outbreaks. According to the UNDP Human Development Index (HDI) statistics (*table 2 below*), six countries in the Zone achieved medium level of human development, while four (Angola, Malawi, Zambia and Mozambique) are among the countries with the lowest HDI. Most of the population in Southern Africa live on an income less than US\$2 a day and are intrinsically vulnerable because they have fewer resources with which to manage risks. For example, 87.2 percent of Zambians live on an income less than US\$2 a day, while Zimbabwe has 83 percent of its population in this category.

Southern Africa also suffers an increasing number of chronic and acute health crises and is reflective of a continent, which bears a disproportionate burden of illness and diseases. Apart from the massive mortality and morbidity attributed to the HIV and AIDS pandemic, other diseases bring added death and misery. For instance 1.136 million people in Africa die from malaria every year – almost 90 percent of the world total, and tuberculosis is responsible for 586,911 deaths each year (35 percent of the world total). New and aggressive drug resistant strains could easily result in these figures doubling within a very short period, and South Africa is a particular concern in this respect.

Table 2: Statistics from the Human Development Report 2007/2008⁵ for Southern African Zone Countries

Country	Population, total (million), 2005	Life expectancy at birth, annual estimates (years), 2005	Adult literacy rate (% aged 15 and older), 1995-2005	Under-five mortality rate (per 1000 live births), 2005	One-year olds fully immunized against tuberculosis (%), 2005	One-year olds fully immunized against measles (%), 2005	HIV prevalence (% aged 15-49), 2005	Human Development Index value, 2005	Human Development Index rank, 2005	Human Poverty Index (HPI-1) value (%)	Human Poverty Index (HPI-1) rank	Population living below \$2 a day (%), 1990-2005	Population using improved water source (%) 2004	Population using improved sanitation (%) 2004
Angola	16.1	41.7	67.4	260	61	45	3.7	0.446	162	40.3	89	..	53	31
Botswana	1.8	48.1	81.2	120	99	90	24.1	0.654	124	31.4	63	55.5	95	42
Lesotho	2.0	42.6	82.2	132	96	85	23.2	0.549	138	34.5	71	56.1	79	37
Malawi	13.2	46.3	64.1	125	97	82	14.1	0.437	164	36.7	79	62.9	73	61
Mozambique	20.5	42.8	38.7	145	87	77	16.1	0.384	172	50.6	101	74.1	43	32
Namibia	2.0	51.6	85.0	62	95	73	19.6	0.650	125	26.5	58	55.8	87	25
South Africa	47.9	50.8	82.4	68	97	82	18.8	0.674	121	23.5	55	34.1	88	65
Swaziland	1.1	40.9	79.6	160	84	60	33.4	0.547	141	35.4	73	77.8	62	48
Zambia	11.5	40.5	68.0	182	94	84	17	0.434	165	41.8	96	87.2	58	55
Zimbabwe	13.1	40.9	89.4	132	98	85	20.1	0.513	151	40.3	91	83.0	81	53

Similar to its performance in other dimensions of development, Southern Africa lags behind in terms of the provision of clean water and sanitation facilities. Although South Africa has already beaten the 2015 Millennium Development Goal⁶ deadline on water and sanitation with coverage at 88 percent (water supply) and 65 percent (sanitation facilities) respectively, Mozambique's water supply coverage is at 43 percent and Namibia's sanitation coverage at 25 percent, which indicate that the region has a long way to go in achieving the millennium target.

⁵ UNHCR, Human Development Index Report 2007 - 2008

⁶ Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

According to the UNDP, Sub-Saharan Africa accounted for 67 percent of all people living with HIV (PLHIV) and for 72 percent of AIDS related deaths in 2007. Nine countries in Southern Africa continue to bear a disproportionate share of the global AIDS burden – 35 percent of HIV infections and 38 percent of AIDS deaths in 2007. Except for Angola, HIV prevalence among 15-49 year olds in this sub-region exceeds 14 percent. Approximately 43 percent of all children under 15 living with HIV are in Southern Africa, as are approximately 52 percent of all women above the age of 15 living with HIV. The highest prevalence was noted in Swaziland with an estimated 33.4 percent of adults aged 15-49 reported as HIV positive - the highest in the world.

Even though the HIV prevalence stabilized in sub-Saharan Africa, the actual number of people infected continues to grow because of new infections and increasing access to antiretroviral therapy (ART) that keeps people alive longer. The annual number of AIDS deaths has declined in the past two years (from 2.2 million in 2005 to 2.0 million in 2007), in part as a result of the substantial increase in access to HIV treatment. Most epidemics in the sub-region also appear to have stabilized with some favourable evidence in behaviour change: Zimbabwe provides a glimmer of hope where HIV prevalence in pregnant women attending antenatal clinics fell from 26 percent in 2002 to 18 percent in 2006. In Botswana, a drop in HIV prevalence among pregnant 15–19-year-olds (from 25 percent in 2001 to 18 percent in 2006), suggests that the rate of new infections could be slowing. HIV data from antenatal clinics in South Africa also suggest that the country's epidemic might be stabilizing, but there is no evidence yet of major changes in HIV-related behaviour⁷.

Provision of support to children made vulnerable by the epidemics remains very low, fragmented, and limited to meeting the basic material requirements of these children. As the HIV and AIDS epidemic strikes at the heart of family and community support structures, large numbers of older people are also assuming responsibility for child care, and should be targeted with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support. The severity of the epidemic in the region and the challenges that linger continue to highlight the need for intensified and accelerated action towards universal access to HIV prevention, treatment, care and support.

The above is a reflection of what forms the basis on which the IFRC Zone office's programme technical support is modelled for the ten countries. The Red Cross NS interventions are aimed at addressing immediate humanitarian needs by contributing to the Millennium Development Goals and the IFRC Global Agenda. In addition, the IFRC Zone office ensures that strong programme support structures are in place; these include the inter-related and cross-cutting support in communication, relations management and resource mobilisation, planning, monitoring, evaluation and reporting (PMER), finance development and human resource development. The IFRC Zone office has come to the understanding that in order to build relations with stakeholders, both internally and externally, it is vital to be consistent and clear in the communication strategy.

Priorities and current work with partners

The IFRC Zone office has developed a Support Plan for 2009-2010 based on the programmatic areas derived from the NS Strategic plans, and aligned to the IFRC Global Agenda goals' four main core programmes areas, namely Disaster Management, Health and Care, Organizational Development and Promotion of Fundamental Principles and Humanitarian Values. Its role in coordination, harmonisation, capacity development, programme performance measurement, tracking and management, information communication and technology (ICT) advocacy, and more importantly resource mobilisation will be increased. More critically, the IFRC Zone office will support the NS through;

⁷ All epidemiological data is extracted from UNAIDS 2008 Global Report www.unaids.org

- Strengthening capacity in programming, governance and management development;
- Scaling-up integrated programming through enhancing volunteer management, branch development, human resource skills, local and international resource mobilisation;
- Developing and promoting accountability in programme management and implementation;
- Encouraging zone cooperation, strategic partnerships, operation alliances and knowledge sharing.

Disaster Management

The first Global Agenda's goal is on disaster management and the IFRC Zone office endeavours to increase technical support to the NS in the main three programme components; disaster preparedness, response and risk reduction. **Food insecurity** remains a major cause of malnutrition and poverty in the Southern Africa region, as well as being responsible for high rates of morbidity and mortality in vulnerable communities. Causes of food insecurity include HIV and AIDS, climate change, population size, poor governance, decline in public services, decline in crop production, increasing inflation and debt. Lesotho, Malawi, Namibia Swaziland and Zambia have been selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa⁸ in order to reduce food insecurity amongst the most vulnerable groups. The NS will work, in accordance with the [Ouagadougou Declaration 2000](#)⁹, the Algiers Plan of Action and the new Food Security initiative to:

- Reduce the vulnerability of communities through longer-term support to livelihoods and food security;
- Strengthen livelihoods in order to improve food security and resilience, in alignment with our disaster risk reduction work;
- Further strengthen and integrate long-term food security plans in the areas of community-based health care, water and sanitation.

The IFRC Zone is also spearheading the new **Zambezi River Basin initiative** for seven countries (Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe) with communities vulnerable to recurrent floods, drought, food insecurity and health emergencies. The new initiative will take an integrated approach so as to provide holistic service or relief assistance to communities along the Zambezi River basin.

In order to achieve these DM objectives, the IFRC Zone office continues strengthening partnerships with governments through the NS on the development of national policies and programmes; in addition to enhancing strategic partnership with UN agencies (OCHA, FAO etc.), national Vulnerability Assessment Committees (VAC) within the SADC Research Unit, renowned regional metrological centres and universities with strong research and development links. The success of relief intervention effort over the past few years has been due to the high degree of integration and networking at the Zone level with the creation of DM taskforces (involving DM, health and care, finance, PMER, communication, resource mobilisation and human resources departments, as well as increased consultation with resident Partner National Societies (PNS) and other key stakeholders.

Health and Care

In line the Global Agenda 2, the Zone health and care (H&C) programme provides a platform from which the NS receive technical support in developing and implementing health initiatives, share experiences and lessons-learned in accordance to African Red Cross/Red Crescent Society Health Initiatives ([ARCHI](#)) 2010¹⁰ goal '*Better health for Africa's vulnerable individuals and groups served*

⁸ For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

⁹ **Ouagadougou Declaration** – The 5th Pan African Conference convened in Ouagadougou, Burkina Faso, from 21 to 25 September 2000 with delegates from 52 African National Red Cross and Red Crescent Societies in attendance. The conference focused on the key themes of the African Red Cross/Red Crescent Health Initiative (ARCHI 2010) and food security in Africa.

¹⁰ Refer <http://www.ifrc.org/what/health/archi/>

by the Red Cross/Red Crescent Societies (RC/RC) in Africa by mobilizing the power of humanity'. Consensus was reached on the major public health interventions which African NS should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries.

By 2010, National Societies will be recognised for their "niche" relating to **public health** priorities including **health in emergencies**. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and beyond. The decisions and experiences of the NS led to a formal ARCHI 2010 strategy approved at the 5th Pan African Conference in Burkina Faso in September 2000 and again reviewed and endorsed at the 6th Pan African Conference in Algiers in October 2004.

The Southern Africa NS have indicated the need to scale-up activities in social mobilization and advocacy around the main diseases recurrent in southern Africa (measles, tuberculosis, malaria and cholera), while improving capacity to prepare for and respond to avian and pandemic influenza. Most malaria and tuberculosis financial support will come in at the country level but the Zone H&C Programme will provide added value in assisting on social mobilization support and acting as interface with these major donor initiatives including the Presidents Malaria Initiative activities in Mozambique, the USAID supported TB activities in South Africa and with Eli Lilly and the Stop TB campaign.

Cholera is a predictable disease after seasonal flooding episodes. Experience has been gained and NS have been encouraged to include cholera prevention and response activities in their country-level plans. The Zone H&C programme will support skills sharing and by ensuring that cholera is given a high priority through DREF Appeal Planning and pre-positioning of IEC material and ORS throughout the Zone.

Whilst the Southern Africa Zone has not been a first priority for **Pandemic Preparedness Initiative** (PPI) global preparedness activities there is a pressing need to become more involved by accessing USAID grant finance. South Africa and Mozambique have been chosen as priority countries and activities are scheduled to start in late 2008.

A number of NS have identified voluntary **non-remunerated blood donation** (VNRBD) and "Club 25" methodology as a priority in their country-level planning. There has been a lot of work done already elsewhere on this including the development of monitoring and evaluation (M&E) toolkits and promotional campaigns, such that the prospects of success are very positive. With the 12th Colloquium on VNRBD to be held in Ethiopia tentatively in 2009, it is a good opportunity to showcase the Zone at this level and use Club 25 to capture more youth volunteers.

Valuable work has been initiated on **Psychosocial Support Programming** (PSP) within the HIV and AIDS Programme. There is a pressing need to mainstream PSP in disaster settings and discussions have begun with partners such as Danish and Finnish Red Cross as they have expressed an interest in lending support at a Zonal level.

Belgian Red Cross – Flanders have expressed an interest in supporting harmonization of **traditional First Aid** throughout the Zone beginning with Mozambique and Botswana. This is a key activity area for the majority of NS as reflected in the country plans for 2009-2010. All the NS have expressed interest to be more involved in community-based First Aid (CBFA), thus are scaling-up activities using the new material developed at a global level (with inputs from African NS). The Swedish, Norwegian and Finnish Red Cross have been valuable partners in this important initiative, which will be rolled-out initially in five countries in 2009 and a further five in 2010.

The **water and sanitation** (WatSan) component will be continued in six countries and initiated in few others. The six NS will be delivering quality water supply, sanitation and hygiene promotion projects within budget lines and through an integrated health and care programmes, in line with sector best practices (community managed, demand responsive approaches). Sound, sustainable environmental services will be established for 260,000 vulnerable people by 2010 and (370,000 by 2011) in hygiene promotion, sanitation and water supply, through the integrated health and care programmes. At the same time, five NS are targeted to capacity development in disaster response requiring water, sanitation and hygiene promotion relief services.

The ten NS will continue implementing the five year integrated **HIV and AIDS programme** (2006-2010), which is part of the Southern Africa Regional HIV and AIDS programme ([MAA63003](#))¹¹ and a component of the IFRC Global Alliance on HIV. The purpose of the of the programme is to reduce vulnerability to HIV and its impact through;

- preventing further infections through targeted community-based peer education and information, education, and communication activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent-to-child transmission prevention services (PPTCT);
- Scaling-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support;
- Addressing stigma and discrimination with targeted communication and advocacy activities.

In order to achieve these three outputs, a fourth output has been added so that the NS capacity is further strengthened to enable effective service delivery and expansion of outreach. The programme represents a quadrupling of the Red Cross effort in the region and targets to reach 50 million people with messages on prevention and reducing stigma/discrimination; provides services for 250,000 people living with HIV and 460,000 orphans and vulnerable children by 2010, representing approximately 10 percent of the current caseload in the region.

Key to building up Zone capacity to deliver high-quality health and care programmes is the strengthening of the SAPRCS¹² health sub-committee, giving this group a fresh impetus and support. In doing so, ensuring that this group is the one driving the Zone H&C programme using the commitments from the 7th Pan African Conference as their guide.

Capacity Development/Organisational Development

Aligned to the Global Agenda Goal 3, capacity development/organisational development (OD) framework seeks to empower NS in order to realise measurable progress towards the characteristic of a '*well functioning NS*'¹³, based on the NS capacity assessments conducted in the past two years in Southern Africa. Some of the OD support initiatives will be integrated with other programmes to ensure that implementation of NS activities is efficient, effective and contribute to their development. The critical programme support services include training, international fund raising, grant management, information and communication.

It has been highlighted that several NS have undergone leadership changes, thus would therefore need additional technical support with governance and management induction. This will be coordinated through the Southern Africa Partnership of Red Cross Societies (SAPRCS), which has become a more pro-active and engaged forum by the establishment of seven thematic technical sub-committees. They are the Southern Africa Regional AIDS Working Group (SARAWO), which includes a specific working group on OVC, the Southern Africa Communication Forum (SARCOF),

¹¹ For more information please refer to the Southern Africa Regional HIV and AIDS Programme ([MAA63003](#)) or follow the link <http://www.ifrc.org/appeals/annual06/MAA63003.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts

¹² **SAPRCS** – Southern African Partnership of Red Cross Societies

¹³ **WFNS** - Accountable leadership and management, quality programming and effective service delivery to vulnerable people

the Human Resources with sub-committees which include Volunteer Management and Youth Development (SAYNET), the Disaster Management, Organisational Development and Capacity Building, the Southern Africa Planning, Monitoring and Evaluation (SAPMER). The new sub-committees yet to be established are the Health and Resource Mobilisation. The IFRC Zone office acts as the secretariat of these working groups.

Principles and Values

Our actions are guided at all times by our Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. The purpose of promoting the Movement's Fundamental Principles and Humanitarian Values (P&V) is not simply to ensure that people – staff, volunteers, public and private authorities, or the community in general know of these Principles and Values, but to influence their behaviour through developing an understanding and raising awareness.

While the promotion of P&V is a core area in its own right, its integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent intervention. Promoting and respecting our P&V are indispensable if the Red Cross Red Crescent Movement is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the organisation to carry out its mandate. Operational programming based on, and in conformity with, our P&V is key to demonstrating the comparative advantage of the RC/RC versus other humanitarian actors.

Another encompassing improvement will be on information and communication through developing a regional information technology (IT) strategy that seeks to strengthen skills and competencies at NS and Zone levels. Through joint effort of the IFRC Zone office and ICRC Harare and Pretoria delegations in building and strengthening the information capacity at NS levels, the approach in Principles and Values will be centred on promoting the role, principles and activities of the Southern Africa NS, and the IFRC; and providing technical support, advice and training to develop the communications capacity of individual NS in line with the direction set by Strategy 2010 and new [Framework of Action](#)¹⁴.

Secretariat programme support in 2009-2010

Disaster Management

a) The purpose and components of the programme

Programme purpose
To reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme support plan budget for 2009-2010 is CHF 2,653,261 (EUR 1,689,975 or USD 2,425,284)

Programme: Disaster Preparedness
Outcome 1: The capacity of ten NS improved in skilled human, financial and material resources for optimal and effective disaster management.
Outcome 2: Disaster Management Master Plans (DMMP)/Disaster Management strategy developed and implemented in Angola, South Africa, Swaziland, Zambia and Zimbabwe.

¹⁴ **Framework for Action** - The Federation of the Future process has developed a Framework of Action of ten interlinked areas for improvement to help the IFRC successfully implement and deliver Strategy 2010 and achieve a greater impact for vulnerable people. These areas for improvements, grouped in four categories, provide a blueprint for change for the next five years and set out in broad terms the responsibilities for NS, the Secretariat and governance. <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

Outcome 3: Disaster Policies are reviewed and updated based on the DMMP process conducted in 2008 in Botswana, Lesotho, Malawi, Mozambique and Namibia.
Outcome 4: Logistics systems and controls are upgraded at Zone and NS level in line with IFRC standard procedures.
Outcome 5: RDRT training is conducted bi-annually and support given to national disaster response teams in five NS.
Outcome 6: Ten NS increasingly have shared knowledge and strategies on community-based disaster management aimed at reducing the impact of disasters.
Programme Component: Disaster Response
Outcome 1: Impact of disasters on communities reduced through improved NS coordination and management of disaster response interventions.
Outcome 2: Sustainable livelihoods are restored in communities affected by disasters (recovery).
Outcome 3: Resources for disaster response interventions are timely mobilised through use of IFRC Disaster Relief Emergency Fund (DREF) and if need be, the timely launching of emergency appeals.
Outcome 4: Capacity of ten NS capacity in delivering quality services for refugees, internally displaced persons (IDPs) and returnees is developed.
Programme Component: Disaster Risk Reduction (DRR)
Outcome 1: NS capacity increased to engage communities in disaster-prone areas activities that reduce risks and vulnerability to disasters and builds community self-reliance in disaster prevention.
Outcome 2: NS capacity developed to engage communities in food security interventions in areas prone to food insecurity.

The focus is on strengthening the disaster response, risk reduction programme currently running in all countries in the region, introducing activities on climate change adaptation and scaling-up livelihood recovery programmes/initiatives. In order to achieve the programme purpose, the DM department will support NS through an organized, systematic process of developing and implementing a Disaster Management Master Plan. Assistance is continual on resource mobilisation and deployment of RDRT, FACT and ERU during emergencies when the NS capacity is overwhelmed. Disaster response skills will be further developed through the annual Regional Disaster Response Team (RDRT) training, which involves participants from all NS. The DM task force system has been functioning well for the past two years and will continue its coordination role and development of contingency plans. The movement of relief items within and into the region need improvement on efficiency, therefore strengthening of logistic, stock movement, transportation and warehousing support is another priority.

b) Profile of Target Beneficiaries

The primary beneficiaries of the IFRC Zone DM department are the ten NS and their structures, as indicated in their Plans for 2009-2010. Technical support will go to Angola and Malawi implementing the DFID IS III projects; Angola, Botswana, Malawi, Mozambique Namibia, Zambia and Zimbabwe under the Zambezi River Basin, initiatives, Lesotho, Malawi, Namibia, Swaziland and Zambia under food security Africa initiative; DIPECHO planned projects in Malawi and Mozambique; as well as any country facing sudden onset disasters.

c) Potential risks and challenges

The frequency of disasters due to climate change is a great potential risk to the vulnerable communities particularly those living along the Zambezi River basin. In addition, DM activities are very difficult to market because donors tend to give short-term funding cycle without long-term commitments. Usually it is difficult to get funding for measuring impact and to increase livelihood recovery activities, which are priority programme component for most NS 2009-210 plans.

Another challenge in strengthening DM in Africa is the need to strengthen the planning process, timely and effecting response mechanisms and assets to deliver the desired results, while managing related risks. This will require an organized, systematic approach to change; this we

hope to achieve through the process of developing DM Master Plans. It should be recognized that despite all efforts to strengthen DM programming in Southern Africa, success will depend on the will and a well-functioning relationships with NS and partners.

Health and Care

a) The purpose and components of the programme

Programme purpose
To reduce the number of deaths, illnesses and impact from diseases and public health

The Health and Care programme support plan budget for 2009-2010 is CHF 2,600,616 (EUR 1,656,443 or USD 2,377,163)

Programme component: Community-Based Health
Outcome 1: Vulnerable communities are protected from malaria and TB through adequate surveillance, preparedness and response measures.
Outcome 2: Access to immunization services for children and mothers is improved at country level.
Outcome 3: The number of non-remunerated blood donors (VNRBD) increased through NS promotional activities and campaigns and in particular, the Club 25 Methodology.
Outcome 4: The number of NS working in First Aid increased with particular emphasis on harmonization of material and accreditation.
Outcome 5: The number of communities which are able to cope with health risks and hazards in their environment increased through NS community-based health and First Aid (CBH and FA) activities.
Programme component: Emergency Health
Outcome 1: The technical areas of First Aid, psychological support and water and sanitation are further developed and are included in NS emergency protocols.
Programme component: Water and Sanitation
Outcome 1: Six NS have increased capacity to deliver quality water supply, sanitation and hygiene promotion projects in line with sector best practices (community managed, demand responsive approaches) by 2010.
Outcome 2: Sound, sustainable environmental services are established in hygiene promotion, sanitation and water supply, through the projects implemented by the six NS in coordinated health and care programmes.
Outcome 3: All ten NS have capacity to respond to disasters requiring water, sanitation and hygiene promotion interventions.
Programme component: Avian and Human Influenza Pandemic Preparedness
Outcome 1: Selected NS have increased capacity in the areas of Avian Influenza and Pandemic Preparedness.
Programme component: HIV and AIDS Refer to Link: http://www.ifrc.org/appeals/annual06/MAA63003.pdf
Outcome 1: Further infections are prevented through targeted community-based peer education, information and communication (IEC) activities, and uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT) are promoted.
Outcome 2: Community home-based care for the chronically ill and support for vulnerable children are scaled-up through holistic support in education, food and nutrition, psychosocial support, social inclusion, and economic support.
Outcome 3: Stigma and discrimination is addressed through targeted communication and advocacy activities.
Outcome 4: NS capacity is developed to plan, implement, and manage the programme.

Table 3: Health and Care target beneficiaries through NS programmes

Community Based Health and First Aid	Approximately 30,000 persons reached in first year of roll out of new Community Based Health and First Aid activities in first phase NS.
Traditional and Commercial First Aid	Approximately 3,500 reached with First Aid courses.
Malaria	Approximately 200,000 persons reached with messages on malaria prevention throughout Zone.
Measles	Approximately 250,000 persons reached through social mobilization activities supporting national vaccination campaigns in Zone.
Polio	Approximately 20,000 persons reached with prevention messages in National Campaigns in Angola and Namibia.
Tuberculosis	Approximately 2,000 persons reached with TB (especially MDR-TB) messages throughout Zone but especially in South Africa, Lesotho, Namibia and Mozambique.
Voluntary Non Remunerated Blood Donation (VNRBD)	Approximately 1,000 new donors recruited in Angola, Lesotho, Malawi and Zambia in 2009. .
Road Safety	Approximately 2,000 persons reached with appropriate safety messages in Zambia pilot project.
Water and Sanitation	Approximately 400,000 persons reached with safe water, adequate sanitation and hygiene messages in Angola, Lesotho, Namibia, Mozambique, Swaziland, Zambia and Zimbabwe.
Human Pandemic Preparedness	Approximately 100,000 persons in high-risk communities reached with appropriate IEC material in South Africa and Mozambique.

The IFRC Zone office continues to work with an array of partners from the Red Cross fraternity, governmental, non-governmental, UN agencies and the private sector. The health sector benefits from the NS auxiliary role with their Ministries of Health and from the Global Memorandum of Understanding with the WHO. The IFRC also continues engaging with global consortiums such as the Global Malaria Initiative, the Stop TB Campaign, the ACP-EU Water and Sanitation Initiative and with UNICEF and other strategic allies. There is an urgent need to scale-up health initiatives particularly on containing cholera outbreaks, spread of malaria, HIV and tuberculosis. A contingency plan has been put in place for Avian Human Influenza, and improvements made on psychological support and CBFA.

b) Profile of target beneficiaries

Just like other IFRC Zone programmes, health and care priority role is to strengthen the capacity of NS staff and volunteers in the delivery of health services, particularly during emergencies. However, final

beneficiaries for the WatSan programme is 260,000 people living in rural areas in Lesotho, Mozambique, Namibia, Zambia and Zimbabwe. The beneficiaries will receive no less than 20 litres of safe drinking water per day according to SPHERE minimum standards, hygiene education and a sanitary platform (SanPlats) for the most vulnerable beneficiaries.

The primary beneficiaries for the Zone health and care programme will be the ten NS who will receive technical support as they scale-up activities throughout their Health and Care Programmes. In addition through the activities of individual NS, the beneficiaries listed in *Table 3* above will be reached.

c) Potential risks and challenges

Although funding is secured for a number of activities (especially water and sanitation and human pandemic preparedness), the risk remains of that other programme components (especially for the roll out of the CBFA package may not be well funded thus limiting impact. Some NS still do not have national health and care coordinators and this will also negatively impact on programme implementation at the country level unless funds are made available to recruit key health personnel.

Potential risks under the WatSan programme component include the increasing prices of materials, fuel, cement, water pumps. Therefore, the budgeting process should consider a factor on potential prices increase. Natural disasters in the project areas; floods, outbreak of diseases, food insecurity might result in low community participation in long-term health initiatives. It is important for NS and IFRC to maintain an effective consultative and participatory approach with the target groups in order to capitalise on community commitment and ownership.

Organisational Development/Capacity Building

a) The purpose and components of the programme

Programme Purpose
To increase local community and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The Organisational Development/Capacity Development support plan budget for 2009-2010 is CHF 849,665 (EUR 541,188 or USD 776,659)

Programme Component 1: Leadership and Management Development
Outcome 1: Capacity of ten NS leadership and management enhanced to develop Strategic Plans policies and internal control tools and mechanisms for optimal performance and accountability.
Programme Component 2: Well-functioning organization
Outcome 1: Effective and transparent human resources management practices are in place.
Outcome 2: Ten NS have in place effective internal and external communication systems.
Outcome 3: Effective financial management systems, procedures and tools are in place and systematically used by all NS.
Outcome 4: All NS are regularly using Navision Accounting Software for the production of quality and timely financial report.
Programme Component 3: Resource Development
Outcome 1: Capacity of ten NS increased to meet at least 25 percent of their core costs by the end of 2009 and 50 percent by the end of 2010 through local resource mobilisation.
Outcome 2: A wide range of Strategic partnerships are established with the public, private and other players in the third sector.
Programme Component 4: Branch Development and Volunteer Management
Outcome 1: NS who have benefited from Intensified Capacity Building (ICB) acts as role models and provide peer support for branch development in other member NS.
Outcome 2: Systems and procedures are established in every NS for systematic provision of technical support for branch development and volunteer management by their respective headquarters.
Outcome 3: Vibrant branches and local Red Cross units delivering quality services through their local volunteer and youth networks.
Programme Component 5: Programme and Management Capacity
Outcome 1: Effective PMER tools are developed and systematically used by all NS.
Outcome 2: Programme staff members' skills are enhanced to develop, run, improve and report on programmes and projects.
Outcome 3: The ten NS are the partner of choice for the public, private sectors and other agencies in the delivery of humanitarian assistance.

The main objective of the OD programme is to enhance the performance management of staff and volunteers to ensure that the NS meet the basic requirement of the characteristics of a well-functioning NS; the programme components include governance and management development, finance and administration, resource mobilization and systems development (information communication and technology, PMER, human resources management and logistics). The

programme components are expected to contribute to the Global Agenda's goal of increasing local community and NS capacity to address the most urgent situation of the most vulnerable people.

b) Profile of target beneficiaries

The target beneficiaries are the NS leadership, senior management, staff members and volunteers of the ten NS in developing programming, branch structures and volunteer work. Consequently, the NS will reach hundred thousands of people through community-based programme in a more efficient service delivery system.

c) Potential risks and challenges

From a historical perspective, a major risk is the high turnover of both leadership and the senior and middle management staff members. A major challenge will therefore be supporting NS to find a durable solution to high leadership and staff turnover.

Another risk is the shrinking voluntarism given that Red Cross work is based on volunteers' contribution in community-based activities. Red Cross Societies are training volunteers but are also losing a considerable number of them to other organisations offering better incentives. Through the volunteer management manual and the planned database, the IFRC Zone office is supporting NS in scaling-up volunteer recruitment, rewarding and retention.

Principles and Values

a) The purpose and components of the programme

Programme purpose
To promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The Principles and Values programme budget for 2009 – 2010 is CHF 100,535 (EUR 64,035 or USD 91,897)

Programme Component: Promotion of Humanitarian Values and Fundamental Principles
Outcome 1: The promotion of Fundamental Principles and Humanitarian Values is an integral part of all NS programmes and activities.
Programme Component: Operationalization of Humanitarian Values and Fundamental Principles
Outcome 1: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all NS programmes and activities.
Outcome 2: NS visibility increased and image improved as champion of the humanitarian cause.
Programme Component: Prevention of Sexual and Gender-based Violence
Outcome 1: Evidence of NS programmes that are gender sensitive (including both men and women participation) is increased.
Outcome 2: NS collaboration with other stakeholders and active role in civil society forums which seek to address gender-based violence is strengthened.
Programme Component: Promotion of respect for Diversity and Non-discrimination
Outcome 1: The ten NS increasingly engage their respective governments in dialogue to ensure the protection and humane treatment of migrants.
Outcome 2: Efforts of all NS increased in utilising special occasions (Women's Day; Refugees Day, Aids Day etc) to hold campaigns against stigma and discrimination against disadvantaged groups (women, migrants, PLHIV etc.).

b) Profile of target beneficiaries

The promotion of Humanitarian Values and Fundamental Principles programme targets governing board members, senior management, staff members, particularly the information and dissemination officers of all NS.

c) Potential risks and challenges

Some issues in this area influence and/or are influenced by political considerations and depending on the degree of political sensitivity, NS might feel constrained to take a position. A major challenge therefore will be to encourage and support NS to continuously engage their governments in dialogue on both emerging and ongoing issues.

Role of the Secretariat

The Secretariat Coordination and Implementation Budget for 2009-2010 is CHF 903,020 (EUR 575,172 or USD 825,430)

a) Technical programme support

The IFRC SA Zone is planning to increase in-country assistance through pro-active zonal technical support staff and the existing presence in IFRC representation. The field organisational structure is enabling for the scaling-up of programming at national level, with guaranteed technical support from the IFRC Zone programme and management team. It has been designed to reflect the humanitarian needs and is to be responsive to the demands of the work in the region. The Zone office functions will be expanded particularly in health and care, organisational development, and disaster management. All IFRC Zone programme support services have been revamped to meet the additional needs for communication, external relations, resource mobilisation, PMER, finance, administration and logistics.

IFRC presence will be renegotiated or maintained in all ten countries in Southern Africa. The IFRC representatives in the region will continue providing advice, services, coaching and mentoring to NS management and governance. Close cooperation has further strengthened between the NS and IFRC Southern Africa Zone management through regular contact and meetings. Practical support will also be provided to the new campaign, 'Believe in Africa' launched in October 2008 aiming at promoting a better and positive image of Africa.

Country	Country Representation	IFRC Representation office	Technical support
Angola		X	
Botswana			X
Lesotho			X
Malawi			X
Mozambique		X	
Namibia		X	
South Africa	X		
Swaziland			X
Zambia			X
Zimbabwe	X		

Communication: The IFRC Zone efforts on improving communication will be on articulating the Global Communication and Advocacy Strategy¹⁵, turning it into realistic and measurable plans on scaling-up communications in Southern Africa. The proposed plan of action has objectives, categorized according to the strategic priority that primarily address campaigns, publications, communication strategy, training, communication in emergencies, media tours, launching events, media relations. The objectives provide secondary and tertiary support to some of the strategic priorities/programmes.

¹⁵ The global communications and advocacy strategy, developed by the IFRC's communications department and endorsed by the Governing Board in 2007, provides an overarching framework for Red Cross Red Crescent communications.

In brief, the strategy aims to make the Red Cross Red Crescent **the global reference** when it comes to both the delivery of effective programmes of the highest quality to vulnerable people and clear advocacy on their behalf. It proposes to achieve this objective through five interrelated strategic directions:

- Creating a communications culture around the Global Agenda
- Developing advocacy messaging and campaigns
- Improving the internal communications process
- Strengthening decentralized capacities and services
- Streamlining communications membership services provided by the Secretariat

Resource Mobilisation and Relationship Management (RM&RM): The RM&RM focus is on assisting with fundraising initiatives and strengthening relationships with all stakeholders. The main outputs from the 2009-2010 support plan include;

- RM&RM plans for the ten NS and IFRC bi-annual plan and emergency appeals are developed and implemented.
- To ensure effective monitoring and management of pledges and reporting to donors (in cooperation with the PMER unit).
- To ensure updated information on current and potential sources of funding for the IFRC Zone office and monitored donor trends (Contributing to the Global Resource Mobilization Analysis).
- Knowledge management activities in the context of RM&RM are promoted and supported.
- Increased contacts and networking with embassies, UN, NGOs, corporate sector, will position the IFRC as a key humanitarian actor.

Planning, Monitoring, Evaluation and Reporting (PMER): Donor identification with individual projects has grown and donor reporting is becoming increasingly demanding. In response to this, the IFRC Zone office is working at enhancing accountability by complementing activity-based reporting with impact measurement. The newly repositioned Zone PMER department endeavours to facilitate the translation of Global Agenda's goals into specific plans and measurable targets, so as to improve the quality and effectiveness of Red Cross activities. Eight NS in southern Africa have recruited PMER officers in 2008 to spearhead country level performance, accountability tracking and measurement systems. The Zone PMER will increase relationships with Active Learning Network of Accountability (ALNAP), Africa Evaluation Association and with institutes of higher learning in order to foster knowledge learning and sharing.

A results-based PMER system has been developed for the HIV and AIDS programmes in southern Africa taking into account PMER demands that have arisen in the field. The tools are aligned to the international frameworks principles the IFRC subscribes to and the Global Alliance on HIV framework. The overall objective of these guidelines is to expand and strengthen the PMER system of the Red Cross HIV and AIDS programmes by identifying, assessing and refining indicators, methodologies and data collection and reporting tools. As such, ground work is being done by collecting baseline information in the ten countries.

Information Technology (IT): The IFRC Zone office has put in place a support mechanism on improving the IT systems at both the Zone and NS structures. The IT help desk ensures that the IT infrastructure is running according to the IFRC standards, at the same time meeting the clients' needs and expectations. The department also plans to conduct an IT needs assessment/survey in the NS in order to identify specific needs and subsequently design appropriate strategies for improving the system.

Human Resources Management (HRM): The primary role of HRM is to guide and support staff members on performance and their welfare at work, in line with the IFRC Human Resource Strategy. The Secretariat has adopted a Human Resource Strategy, which emphasizes "delivery through people" and outlines the key human resource profiles to support all key programme areas. Strengthening of human resource activities at operational zone level and decentralization of decisions to this level is a key priority for the organization. Efforts should also reach NS human resource development in support of capacity development.

Administration: The IFRC Zone administration department will enhance its service provision in office management, travel and accommodation arrangement, service to visitor and delegates in country services. The administration department ensures that the Zone office is running professionally and services are obtained from reputable and credible service providers, in line with the IFRC standards and policies and at the most cost effective rate.

Finance: The capacity of the IFRC Zone office finance has been increased in order to ensure stronger accountability and proper financial management systems across the zone. The NS will be supported on processing working advance returns as well as on budget holder analysis. Emphasis will be on cost effective and efficient utilisation of resources in the interest of the donors and the community we serve.

Security: The IFRC zone will further strengthen the security rules compliance both in Johannesburg and in the field. A security reporting system established in 2008 will be further enhanced by making all staff members accountable. The main focus will be on disseminating appropriate security guidelines and training on security regulations.

b) Partnership development and coordination

An organisation's reputation is derived from how stakeholders perceive the organisation, its communication and behaviour in the operating environment. The aim of partnership development and coordination is to support the ten NS and IFRC Zone office programmes to meet their objective and funding needs by engaging all relevant stakeholders. In 2009-2010 the aim is to achieve partnership and coordination through:

- Enhanced and systematically managed donor and other stakeholder relations in cooperation with senior management, programme manager/budget holders at zone level;
- Enhanced and further developed partnerships with relevant national and Zone level organizations in order to ensure wide coverage of programme budgets;
- Effectively managed relationships with the corporate and private sector through their Corporate Social Investment (CSI) and sponsorship programmes;
- Strengthening Movement Co-operation with ICRC and all NS, especially during emergencies.

c) Representation and Advocacy

The reputation and diplomatic status of the IFRC as a member of the international community must be carefully nurtured and maintained. To this end, the following expected results will be achieved throughout 2009 and 2010;

- Compliance with national and international protocol requirements and expectations for diplomatic missions;
- Systematic and efficient promotion of IFRC's work and humanitarian diplomacy is ensured with the representatives of PNS in the Southern Africa Zone and in cooperation with ICRC. (The target includes UN, Embassies, European Union, Development Banks, governments, other humanitarian organisations and corporate sector).
- Facilitation of accreditation and visa applications for Zone staff and delegates in the course of their work.

d) Governance and Management Support

IFRC Zone office will continue providing guidance to NS leadership, governance and management at the same time supporting their skills and knowledge development especially in negotiation and strategic thinking. The IFRC Zone office will continue coordination of the regional consultative forum – SAPRCS and providing assistance with preparations for general assemblies.

Promoting gender equity and diversity

The IFRC Zone office continues to represent, promote and give visibility to the work of NS in service delivery and advocacy in favour of the most vulnerable. It attempts to influence the humanitarian agenda by identifying critical issues such as stigma and discrimination and developing and advocating ideas and solutions.

Red Cross Red Crescent, through its global strategy, has acknowledged that stigma and discrimination, prevention, access to support, care and treatment are inseparable. Thus, any successful community-level strategy to prevent HIV and AIDS must address all these factors, and can only be achieved through operational partners working on service delivery and advocacy. Advocacy issues on HIV and AIDS treatment and stigma and discrimination need to be further promoted, building on the IFRC's global launch of the Anti-Stigma Campaign.

The Red Cross programmes put emphasis on improvement of gender equality and sustainability, as women and men play different roles and have specific needs in activities such as water supply and provision of adequate sanitation. Traditionally in the target communities, women are taking major responsibilities at household level such as fetching water, cooking, washing clothes, feeding children, health and care promotion. Participation and empowerment of women is vital for sustainable development at community level. Gender equity and diversity are also reflected in the IFRC Zone office staffing by ensuring fair and representative recruitment at all levels of responsibilities.

Quality, accountability and learning

The monitoring of the projects/activities progress is a permanent process for internal control and accountability. Midterm and final reviews (evaluation) will be conducted systematically for both emergency and long-term programmes, in close consultation with NS, PNS and ICRC as key stakeholders. The lesson learnt will be documented throughout the processes and continue with the publication of good practices from the Southern Africa Zone.

Apart from providing additional expertise, all IFRC delegates have a monitoring and reporting role, to ensure effective management of the project activities. The Zone PMER unit will take the lead on developing standard relevant performance measurement; tracking and reporting tool used at Zone level and adopted by the NS. The reporting systems will be further strengthened by closely monitoring the pledge management notes and MoUs with regards to reporting requirements of out various stakeholders.

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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