

# Programme Update



International Federation  
of Red Cross and Red Crescent Societies

## Southern Africa Zone

Appeal No. MAA63001

31 August 2009

This report covers the period  
01 January 2009 to 30 June  
2009.



Headquarters of the IFRC Southern Africa Zone office in Sandton, Johannesburg, South Africa

## In brief

The appeal MAA63001 covers the regional programmes and capacity building for the Southern Africa Zone of the International Federation of Red Cross and Red Crescent Societies. The HIV and AIDS programme is covered and reported separately under the five-year regional HIV and AIDS programme (2006 to 2010) ([MAA63003](#)).

### Programme purpose:

The International Federation of Red Cross and Red Crescent Societies (IFRC) Southern Africa Zone office (SAZO) aims to provide effective coordination of programmes and consistent quality technical support to the ten National Societies<sup>1</sup> on governance and management, performance tracking and accountability, finance development, disaster management, health and care, communication, advocacy, resource mobilisation and capacity development.

### Programme summary:

In the first half of 2009, the IFRC Zone office supported the National Societies through disaster response operations to floods and cholera outbreaks which wracked the region. Heavy rains in Angola, Botswana, Malawi, Namibia and Zambia, coupled with cholera outbreaks in Malawi, Mozambique, Zambia and Zimbabwe affected approximately 1,710,000 people in Southern Africa. Considerable damage to infrastructure (roads, bridges, schools and homes), crops and livestock was reported in all the affected countries.

<sup>1</sup> Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe.

The ten National Societies have focussed on consolidating programming and, with the support of the IFRC, building capacities in preparation for scaling-up responses in the four core programme areas, namely disaster management (DM), health and care, organizational development (OD) and the promotion of Fundamental Principles and Humanitarian Values.

The DM coordination programme focussed on five main areas: the development of the DM Master Plan (DMMP) and the integrated Zambezi River Basin Initiative (ZRBI), disaster risk reduction (DRR) activities, food security and improving disaster response systems at National Society level. Due to the magnitude of the cholera outbreak in Zimbabwe, the IFRC Country Representation office supported the coordination of the cholera operation, including obtaining government approval for the deployment of the seven emergency response units (ERUs), launching the emergency appeal and overall coordination of the operation. The DM department also coordinated the launch of a Floods Emergency Appeal for Namibia, a DREF and National Floods Emergency Appeals for Angola, Botswana, and Zambia.

The health and care programme has, over the past six months, gradually strengthened support to National Societies in key activity areas through the positioning of technical delegates in the areas of malaria and pandemic preparedness. In addition, technical counterparts in National Societies have been brought closer through the re-activation of the Southern Africa Zone Health and Care Network, which held its first meeting in January 2009. New methodologies, such as community-based health and First Aid (CBH&FA), have been introduced and standard activities strengthened: of note is the measles and polio eradication carried out in June 2009. New threats have arisen and are being faced, of which pandemic preparedness is a good example now that WHO has raised the alert to Level 6, and old threats such as cholera remain.

As part of OD objectives, regional society networks such as the Southern African Partnership of Red Cross Societies (SAPRCS)/CB/OD Working Group and SAYnet (Red Cross Youth Network), met in a peer learning process. Several National Societies furthered their internal and external capacity development to improve service delivery of programmes. South Africa, Zambia and Zimbabwe Red Cross Societies, supported by the field-based branch development delegates, strengthened their branches while Namibia Red Cross commenced implementation of the first year of intensive capacity building (ICB), financed by the capacity building fund (CBF). A main focus of the recently concluded branch development workshop in Caprivi, Namibia was the integration with CBH&FA. The Swaziland Red Cross, after a long delay and internal conflicts, conducted its annual general meeting, followed by the successful election of its National Executive Committee (NEC) in July 2009. The Botswana Red Cross conducted its OD baseline in January/February 2009, supported by several OD partner national societies (PNS) and IFRC, and articulated its desire to expand its branch network to improve its services nationwide.

New humanitarian diplomacy unit (HDU) was created in January 2009, incorporating external relations/protocol and communications, as well as the newly created resource mobilization function. Created in an environment of economic recession, the HDU builds a case for more funding, increased strategic dialogue with donors to access predictable volumes of funding and agreement on the humanitarian aid requirements and funding channels. The number of high profile humanitarian crises in the region demanded significant support from the HDU in terms of resource mobilization, external relations and communications. The HDU is in line with the IFRC's global restructuring (announced in late 2008 and implemented in mid 2009).

**Financial situation:** The total 2009 budget is CHF 3,887,814 (USD 3,662,566 or EUR 2,608,396), of which 35 percent is covered. The majority of funds have been earmarked for health and care, organisational development (OD) and disaster management (DM). As such, SAZO has excelled in providing support for disaster risk reduction (DRR), WatSan initiatives, pandemic preparedness, immunisation, CBH&FA and capacity building on a governance, branch and programme level. Donors under this plan thus far include the Finnish, Japanese, Norwegian, Spanish and Swedish Red Cross Societies, the Global Alliance Disaster Risk Reduction Fund and DFID, with USAID pledging USD 1 million towards the ZRBI.

[Click here to go directly to the attached financial report.](#)

See also emergency appeals launched during the reporting period:

**[MDRAO003](#)**: IFRC's Disaster Relief Emergency Fund (DREF) allocated CHF 182,567 to support the Angola Red Cross (ARC) in delivering assistance to some 2,000 families displaced by flooding along the Cuvelai basin affecting approximately 120,000 people, as well as for social mobilisation and information education and communication (IEC) campaigns.

**[MDRBW001](#)**: DREF funds (CHF 153,978) were allocated to support the Botswana Red Cross (BRCS) in delivering assistance to 620 families affected by flooding in seven districts in the central provinces of Botswana in June 2009, and to replenish pre-positioned stock used by the National Society in assisting another 200 families affected by the March 2009 flooding in the north-west provinces of Botswana.

**[MDRMW004](#)**: DREF funding (CHF 71,022) was allocated to support the Malawi Red Cross Society (MRCS) in delivering assistance to some 3,276 families displaced by floods in the districts of Nsanje and Phalombe in the south and Mzimba in the northern region; and in assisting the government in responding to the cholera outbreak in Lilongwe and Central Malawi.

**[MDRNA004](#)**: An Emergency Appeal seeking CHF 1,494,980 was launched, following the DREF allocation of 146,695, to support the Namibia Red Cross Society (NRCS) in assisting 4,000 households (20,000 people) affected by the flooding in the four north-western regions of Namibia traversed by the Cuvelai basin, and the cholera outbreak in the flooded Kunene region.

**[MDRZM005](#)**: DREF funding of CHF 60,959.70 was allocated to support Zambia Red Cross Society (ZRCS) in delivering assistance to 30,000 families affected by the cholera outbreak in areas of Lusaka, Mpulungu, Livingstone and Mazabuka.

**[MDRZM006](#)**: DREF funding of CHF 132,288 was allocated to support the Zambia Red Cross Society (ZRCS) in delivering assistance to some 1,000 households (6,000 beneficiaries) affected by flooding in the Western Province of Zambia, mainly affecting districts in the Zambezi River Basin.

**[MDRZW003](#)**: An Emergency Appeal was launched for CHF 12,204,474 to support the Zimbabwe Red Cross Society (ZRCS) to assist 198,360 beneficiaries with food security for 13 months (September 2008 – September 2009) in 23 districts in Zimbabwe's eight provinces.

**No. of people we help**: The IFRC Southern Africa Zone office serves the ten National Societies in Southern Africa (Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) through various programmes and interventions as outlined in this update.

#### **Our partners:**

So far, the regional plan **[\(MAA63001\)](#)** has received support within the Movement through multilateral funding from the Finnish, Japanese, Norwegian, Spanish and Swedish Red Cross Societies. Strategic partners outside the Movement include the UN agencies (OCHA, UNICEF, FAO, WFP, WHO, ISDR, etc.), Oxfam, DFID, ECHO and the World Bank. IFRC is also a member of the regional and national Interagency Coordination meeting, which provides a platform for the exchange of information on weather forecasts, the food security situation, and the coordination of regional preparedness and response. Members include the UN, international and national organisations, government disaster management units and other relevant departments. The DM department has partnered with the British, Danish, Finnish and Swedish Red Cross Societies, DFID, USAID, the University of Witwatersrand, the Global Alliance Disaster Risk Reduction Fund, the World Bank and government ministries. Under the health and care programme, partners include the Austrian, Irish, British, Swedish, Finnish, Norwegian and Belgian Red Cross Societies, the EU/ACP, Shell, and local governments and ministries. The OD department has partnered with the Danish, Finnish, Norwegian, and Swedish Red Cross Societies and the ICRC. Through the National Society structural arrangement, civil communities have become long-term partners in the planning, implementation and management of community-based programmes.

## Context

The ten countries in the Southern Africa Zone have a total population of 130 million. An increase in the frequency and magnitude of high profile natural disasters in the region, which saw Zimbabwe battling Africa's worst cholera outbreak in 15 years, communities in Angola, Botswana, and Namibia affected by some of the worst flooding seen in decades and Malawi, and Zambia devastated by both cholera and flooding, put a great deal of pressure on humanitarian support. Extreme weather conditions, influenced in part by climate change, also undermined food security. Other humanitarian consequences include increased mortality and morbidity rates, increased chronic and acute health crises, malnutrition, increased numbers of orphans and vulnerable children (OVC), and inadequate protection of the most vulnerable people.

According to the UNDP 2008 human development report, nine of the ten Southern African countries are poor. Poverty has a direct correlation to disaster vulnerability and exacerbates the susceptibility of communities across the region that is less likely to have the resources to withstand these crises, such as in Zimbabwe where humanitarian needs were increased due to food insecurity. The National Societies also faced the challenge of a sharp rise in the number of beneficiaries due to cholera and the complexity of delivering services.

This reporting period coincided with the consolidation of the global financial crisis. While the general sense prevailed among the international community that the humanitarian sector will not feel a notable impact of the current financial and economic downturn before 2010, given that much of the aid was budgeted and foreseen before the crisis, difficulties were experienced due to the global economic recession. The first half of 2009 saw the crisis reach Southern African economies. In May, South Africa officially entered its first recession in 17 years, with a first quarter drop in gross domestic product (GDP) of 6.4 per cent. This recession has severely affected the most vulnerable communities, impacting directly and indirectly on the cost of service delivery. The economic impact on the National Societies meant that the organizational costs (human resources, logistics and administration) have placed severe pressures on limited resources.

Politically the Southern African region witnessed three general elections, in Malawi, South Africa and Zambia, which were relatively peaceful, and had the effect of reducing mass population movements that normally characterise undemocratic elections. Zimbabwe has also agreed a government of national unity, which could see that country, begin a journey to economic and political stability. However, fears of xenophobic attacks are on the rise in South Africa.

Sound financial management systems, and accountability and transparency have become a competitive tool for increased donor funding. SAZO has identified strategic financial planning, effective budgeting systems and acceptable reporting methods to ensure the integrity accountability and transparency of programmes. The IFRC's role in the coordination, harmonisation, capacity development, programme performance measurement, tracking and management, information communication and technology (ICT) advocacy, and more importantly resource mobilisation has increased. More critically, the IFRC supports the National Societies through;

- 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.

# Progress towards outcomes

## Southern Africa Programme Map in 2009

Programme components	Outcome areas	Angola	Botswana	Lesotho	Malawi	Mozambique	Namibia	South Africa	Swaziland	Zambia	Zimbabwe	Zone office
<b>Goal 1: Disaster Management</b>												
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
Disaster Risk Reduction	Monitoring and evaluation	X	X	X	X	X	X	X	X	X	X	X
	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	
<b>Goal 2: Health and Care</b>												
HIV and AIDS	Prevention, Care and support, anti stigma & discrimination	X	X	X	X	X	X	X	X	X	X	X
Community-Based Health	Community Based Health and First Aid	X	X	X	X	X	X	X	X	X	X	X
	Traditional and Commercial First Aid	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
Health in Emergencies	Road Safety									X		X
	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
Avian Influenza & Human Pandemic Preparedness (H2P)	Hygiene promotion (PHAST)	X		X	X	X	X		X	X	X	X
	Social mobilisation					X		X				X
	Production of IEC material					X		X				X
	Community outreach					X		X				X
Advocacy					X		X					X
<b>Goal 3: Capacity Development/Organisational Development</b>												
Leadership and Management Development	Statutes (Review)							X	X	X		X
	Strategic Plans	X		X		X	X	X	X	X	X	
	Governance and management roles (induction)	X		X	X	X	X	X	X	X	X	X
	Statutory Meetings (Technical support and fundraising)	X		X	X	X	X		X			X
	Leadership and senior management (skills training)	X		X	X		X	X	X	X	X	X
Well-functioning Organization	Membership Drive (recruitment and maintenance)						X					
	Human resources management	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			
	Accounting, reporting and audits	X	X	X	X	X	X	X	X	X	X	X
Branch/Units Development and services	Internal and external communication	X		X								X
	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
Resource development - Financial sustainability	Branch leadership development											
	Role model from ICBF(Intensified Capacity Building Fund)				X					X		
	Resource Development Policy	X		X		X		X	X	X		X
Programme and management capacity	Fundraising and income generating projects	X	X	X		X						X
	Partnership development (locally)					X	X	X				
	Programme staff development plan on PMER	X	X	X	X	X	X	X	X	X	X	
	Partnership				X							X
<b>Goal 4: Principles and Values</b>												
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

## Disaster Management

The major programme areas for the DM unit are disaster preparedness, response and risk reduction.

### Expected results

- A reduction in the number of deaths, injuries and impacts from disasters.
- Sustainable livelihoods are restored in communities affected by disasters (recovery).
- National Societies' capacity to engage communities in disaster-prone areas with activities that reduce risks and vulnerability to disasters and builds community self-reliance in disaster prevention is increased.
- Ten National Societies have shared knowledge and strategies on community-based disaster management aimed at reducing the impact of disasters.
- Impact of disasters on communities reduced through improved National Societies coordination and management of disaster response interventions.

### Achievements

#### Disaster Preparedness

**Zambezi River Basin Initiative (ZRBI):** The ZRBI was launched during the World Disasters report presentation held on 25 June 2009. The initiative has been developed to reduce vulnerability and build community resilience against hazards and threats in their environment, targeting 700,000 people in seven countries along the Zambezi River. The initiative recognizes the relief-development continuum in an integrated framework across the traditional areas of work for seven National Societies. It also reflects a regional approach along the river basin, recognizing that communities in the seven countries share many of the same challenges and resources, and could therefore benefit from similar solutions, including regional support systems for the provision of information, methods and tools, and sharing lessons learnt. During the launch, the initiative was given a major boost by USAID committing USD 1 million, which will be used for the first phase of the ZRBI cycle of 2010-2012.

**Disaster Management Master Plan (DMMP):** The SAZO DM unit, in partnership with the University of Witwatersrand (South Africa), the DPP department in Geneva, and the British, Finnish, Swedish, and Danish Red Cross Societies, has assisted eight National Societies to prepare DMMPs. These plans are designed to ensure that National Society DM systems are in place to deliver quality and efficient responses and activities. The Finnish Red Cross has pledged to fund the DMMP process for Swaziland, to be conducted in September 2009. The Zimbabwe Red Cross DMMP process will be conducted before the end of the year.

#### Disaster Response

The higher than average rainfall received in Southern Africa between April and June 2009, coupled with already high soil moisture and overland flow due to decreased infiltration, caused localized and extensive flooding in Angola, Botswana, Namibia, Zambia, and Mozambique, affecting more than one million people since the beginning of this year and displacing thousands of people in some areas. The SAZO DM unit established a two-person operational team and coordinated the deployment of a regional disaster response team (RDRT) from Zambia to Namibia.

Zimbabwe's food aid operation targeted 200,000 people, while their cholera operation deployed seven ERUs – the largest deployment of its kind in Africa. However, an underwhelming response from donors resulted in the cholera operation being drastically downscaled. DREF was also allocated to Malawi, Mozambique, and Zambia in response to cholera outbreaks.

SAZO's strategy is to ensure that all ten National Societies use standard warehousing, fleet and procurement procedures, and have sufficient stock levels to respond to disasters within a 24-hour timeframe. In the last quarter of 2008, relief items to cater for 20,000 families (100,000 people) were prepositioned at nine of the ten National Societies in anticipation of the 2008/9 flooding season.

## Disaster Risk Reduction and Recovery

**Long-Term Food Security Initiatives:** The IFRC Zone supported National Societies in drafting food security strategies, influencing a shift away from a narrow food emergency response to a broad food security approach including food availability, access and utilization. Malawi, Namibia, Lesotho, Swaziland and Zambia have completed long-term proposals and resource mobilization frameworks as part of the IFRC's global food security initiative, mapping the needs of communities and identifying necessary action plans.

The five National Societies are also undertaking household baseline surveys to establish benchmarks for their food security initiative. Malawi Red Cross has completed a household baseline survey, Swaziland and Lesotho will complete at the end of September, and fieldwork for Zambia and Namibia will start soon. Furthermore, these National Societies have produced generic food security impact indicators to measure progress over time.

The Swaziland integrated food security project in Manzini and HhoHho districts, supporting 7,500 beneficiaries, will run from May 2009 to April 2010 with funding from the Finnish Red Cross. The Malawi and Finnish Red Cross Societies, together with IFRC have submitted a grant funding concept paper to the EU food facility grant. The overall objective of is to improve food security by ensuring sustainable food availability and accessibility to most vulnerable rural communities in the selected districts. The Malawi Red Cross food security coordinator delivered a presentation at the Global platform for food security meeting in Geneva.

**Disaster Risk Reduction:** The DM unit also provided technical guidance and coaching to various National Societies on the integration of disaster response and recovery to risk reduction, with a special focus on the climatic change (CC) and adaptation. Knowledge sharing has also been of great benefit to all National Societies, enabling them to learn from each other.

Institutional capacity building, which is funded by DFID through the British Red Cross, has improved the level of understanding on DRR and CC adaptation issues significantly in Malawi and Angola, which is in turn beneficial to the local communities. In Malawi, the National Society assists communities in constructing water reservoirs and using solar and wind energy to pump water for irrigation.

Malawi Red Cross also received funding from the World Bank for DRR assessments, which contextualised major risks and formulated a detailed risk reduction plan that addresses the countries' major disaster risks of flooding and droughts. The plan emphasises conservation interventions and the sustainable development of alternative agricultural mechanisms. A major component of this study is the promotion of indigenous knowledge systems (IKS) in the production and preservation of agricultural produce during the drought season. This assessment highlighted the need for innovative thinking in alternative interventions that are very basic and use readily available resources at community level, thus minimising costs. Disaster risk assessments are also being conducted in Swaziland and Botswana using funding from the Global Alliance Disaster Risk Reduction Fund, in order to develop a risk reduction programme for the two National Societies.

A training package on generic climate change issues was developed jointly with a student from the CC Department of the University Of Colombia (USA), in order to bring all DM and Health Care coordinators to the same level of understanding on the impact and effects of CC along the Zambezi River Basin. SAZO has also supported National Societies in disseminating DRR issues as part of learner education in schools. Mozambique and Angola Red Cross Societies, in partnership with their local departments of education, have developed training materials towards this end and Swaziland Red Cross was awarded a tender by their Department of Education and UNDP to develop DRR information, education and communication (IEC) materials for local schools.

## Challenges:

- The speedy delivery of stock from Dubai remains an issue, particularly during emergency response operations. Pre-positioning of stocks remains the best option, however thus far only the British Red Cross and the Shelter Department Geneva have allocated resources for this initiative.
- In Zimbabwe, the extreme humanitarian challenges have driven large numbers of people into neighbouring countries, influencing the spread of cholera in the region. Food insecurity, cholera outbreaks and post election violence will also have dire long-term consequences as the underlying causes e.g. the inflation rate and access to clear water, sanitation and health services have not been addressed.
- Despite a commitment to supporting DRR and food security programmes, very few donors have shown an interest in funding such activities.
- The SAZO DRR needs to strengthen its partnership with ISDR at a regional level.

## Health and Care Programme:

### Expected Results:

- Increase in number of National Societies working in CBH&FA with particular emphasis on the Zonal roll-out of the New CBFA material, tools and guides.
- Increase in number of National Societies working in First Aid (traditional & commercial) with particular emphasis on harmonization of material and accreditation.
- Women, men and children protected from malaria and tuberculosis through adequate surveillance, preparedness/prevention and response measures.
- Increased uptake of immunization services for measles and polio during both mass vaccination campaigns and routine immunization services and vulnerable populations are protected from polio.
- Access to curative and preventative health services improved in target area, especially in cholera and other diseases. People have access to psychosocial support services to reduce mental health morbidity, disability and social problems.
- Increase in the number of National Societies working on specific campaigns to increase the pool of voluntary non-remunerated blood donors (VNRBD) through the Club 25 methodology.
- All National Societies have increased capacity in the areas of avian influenza and pandemic preparedness.
- National Societies have improved capacity in water and sanitation, both in long-term development and in emergency operations.
- National Societies are working on campaigns supporting road safety initiatives.
- National Society health and care capacity is improved leading to National Societies carrying out focused high-quality health programmes throughout the Zone.

### Achievements:

The first Africa Master Facilitators Workshop for CBH&FA was held in Swaziland in late March with Swedish Red Cross funding leading to the training of 16 Master Facilitators from the eight English-speaking National Societies (plus two more from West and Central Africa Zone and two from MENA and Asia/Pacific Zones). These facilitators are now working within their National Societies to implement CBH&FA projects. A Portuguese-language Master Facilitators Workshop is planned for August using CBH&FA material translated into Portuguese and inviting Mozambique and Angola Red Cross Societies along with other Lusophone National Societies from West and Central Africa Zone. Funding has been secured for the roll-out of CBH&FA in Namibia (Emergency Floods Appeal and Intensified Capacity Building Fund finance); Swaziland, Lesotho and Malawi (Swedish Red Cross); and Zimbabwe (Finnish Red Cross).

The Belgian Red Cross–Flanders workshop to train 20 first aiders in advanced First Aid techniques in Botswana in April benefitted Botswana, Lesotho and Swaziland Red Cross Societies. Technical assistance was offered to Zambia Red Cross to prepare them for scaling-up their commercial First Aid capacity.

The annual Africa Malaria Meeting held in Johannesburg in January, with the full participation of the Zone National Societies, led to a focus on the roll-out of the Malaria Toolkit. The Malaria Toolkit roll out proposal has been developed and sent to donors for funding. SAZO recruited the Zone Malaria and community health delegate (shared with East Africa Zone) in January and he is working with priority National Societies in both Zones focusing on offering technical assistance – especially to those National Societies involved in the distribution of long-lasting insecticidal-treated nets (LLIN's). Specific malaria activities include 20,000 LLIN being distributed to home-based care (HBC) and OVC clients in three branches in Malawi in the coming few months, as well as the expansion of malaria activities in Namibia and Angola. Funding has been approved for South Africa Red Cross (Eli Lilly and second year USAID), Namibia (Eli Lilly) and Mozambique (Eli Lilly and Global Funds) for activities on protection from tuberculosis.

National Societies have become much more active in measles and polio social mobilization activities, with Angola Red Cross (polio and measles), Swaziland Red Cross (measles) and Namibia Red Cross (measles) all actively involved in National Measles and Polio Campaigns in June and planning for future activities in July 2009. In Namibia, the target population was set at 292,181, with Namibia Red Cross working in five low coverage areas with the assistance of 51 volunteers.

The first four months of 2009 focused on the response to the Zimbabwe cholera emergency. Although the situation in Zimbabwe escalated to just under 100,000 cases and under 5,000 deaths, making it the worst cholera outbreak in recent years in the Zone, the impact of interventions were well respected by the Ministry of Health (MoH), WHO and vulnerable communities. The IFRC operation, estimated at one stage to have constituted 60 percent of the country's entire cholera caseload, has since been prematurely downgraded. The seven ERUs deployed across the country have been demobilized, with responsibilities assumed by the Zimbabwe Red Cross. The focus now is on medium to long-term recovery and rehabilitation activities, measures to alleviate the impact of severely degraded civil society infrastructure, such as providing communities with semi-permanent access to clean water and basic sanitation. The threat of cholera remains very real in Zimbabwe and in other countries in Southern Africa.

Although Angola Red Cross launched their Club 25 initiative (in two branches) in April and trainings have been held in Botswana, and a number of National Societies do have an interest in scaling-up in VNRBD finance for the initiative has been scarce. SAZO has submitted a Zone Project Proposal to the Finnish Red Cross and is awaiting feedback.

The three priority human pandemic preparedness (H2P) National Societies (South Africa, Malawi and Mozambique) have received technical assistance from our newly appointed Zone Avian and Pandemic Preparedness coordinator, who began in the Zone in early March. So far the Malawi Red Cross proposal has been peer reviewed and approved with South Africa Red Cross and Mozambique Red Cross also on track. All National Societies in the Zone have been given information on pandemic preparedness and many have received follow-up visits as a result of the H1N1 (Swine Flu) pandemic. The Zone maintains regular communication with Geneva, OCHA, UNICEF, WHO, WFP, Ministries of Health and other stakeholders on this issue.

Mozambique, Namibia, Zambia and Zimbabwe National Societies have implemented long-term WatSan development projects with support from IFRC and funded by the EU and PNS. Malawi and Lesotho Red Cross Societies have implemented bilateral WatSan projects funded by PNS. Over the last six months, the five National Societies (Lesotho, Mozambique, Namibia, Zambia and Zimbabwe) have reached 22,752 beneficiaries through 15 new water points, seven old water points being rehabilitated, and 274 latrines being constructed. In addition, hygiene promotion activities have reached more than 23,000 beneficiaries.

The first Southern Africa Zone Health and Care Working Group Meeting was held in January 2009 with the participation of eight Zone National Societies and health and care advisors from the main PNS supporting health and care activities in the Zone. The meeting was successful in that it gave National Societies the opportunity to share experiences and lessons learned and gave SAZO the opportunity to share new tools and methodologies. It was also a very useful in allowing PNS to discuss areas of common interest with the National Societies in the area of health and care. In terms of measuring impact we have made progress, with the assistance of our performance and accountability department, in carrying out joint (DM, HIV and AIDS and Health and Care) baselines in a number of National Societies and will use this data to inform the progress within these National Societies, whilst extending baseline coverage to other National Societies.

### **Challenges:**

- The late disbursement of finance continues to be a constraint (the health and care allocation was only received in late June), resulting in National Societies having a six month implementation 'window' before close of year.
- In water and sanitation in particular, problems have been experienced with the increasing costs of construction materials especially cement, iron bars and fuel, and with contracting good drilling companies in Mozambique.
- There has been a high staff turnover in most National Societies. In June alone the health and care coordinators in Angola and Botswana Red Cross Societies left their respective positions.
- The funding stream for malaria activities have not been clarified, leaving the expansion of malaria activities in the National Society uncertain.

Ideally, finance would have to be disbursed earlier in the calendar year allowing for a more even implementation rate. For the malaria programming, moving forward to 2010 and 2011, a Zonal malaria budget would be advised in order to support the National Societies effectively and efficiently. Additional funding has been secured in some areas (tuberculosis and water & sanitation), but further finance is required if IFRC is to play a meaningful role in some other areas, notably in malaria prevention, preparedness and response.

## **Organisational Development**

### **Expected Results:**

- Capacity of National Societies' leadership and management enhanced to develop Strategic Plans, policies and internal control tools and mechanisms for optimal performance and accountability.
- Effective and transparent human resources management practices are in place.
- Effective financial management systems, procedures and tools are in place and systematically used by all ten National Societies.
- All National Societies are regularly using Navision Accounting Software for the production of quality and timely financial reports.
- Capacity of ten National Societies 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.
- A wide range of strategic partnerships are established with the public, private and other players in the third sector.
- National Societies who have benefited from ICB act as role models and provide peer support for branch development in other member National Societies.
- Systems and procedures are established in every National Societies for systematic provision of technical support for branch development and volunteer management by their respective headquarters.
- Vibrant branches and local Red Cross units deliver quality services through their local volunteer and youth networks.

## **Achievements:**

Swaziland Red Cross conducted its annual general meeting, where a National Executive Committee (NEC) was elected as well as drafting the Recovery Plan. A peer-to-peer capacity-building plan has been finalised for the leadership of National Societies, with the governance of Kenya and South Africa Red Cross Societies expected to kick-off in September 2009.

Four National Society leaders (presidents of the South Africa and Malawi Red Cross Societies and secretaries-general for the Namibia and Swaziland Red Cross Societies) have been accepted for the Leadership Development Course (LDC) to be held in Geneva in September 2009, and sponsored jointly by the IFRC/ICRC.

The Botswana Red Cross conducted its OD baseline in the first quarter of the year, supported by PNS and IFRC. South Africa Red Cross governing board has improved its approach in conducting board meetings, reducing their length and allowing for greater branch participation. Leadership training has been carried out in two of the nine provinces, facilitated by the IFRC branch development delegate. Provincial councils' committee members were educated on Red Cross knowledge, programmes, policies and procedures, and roles and responsibilities, capacitating them to work together towards well-functioning Red Cross branch and provincial structures.

The National Societies are in the process of developing and reviewing their Strategic Plans, with technical support from IFRC Zone OD unit. South Africa Red Cross drafted a standardised reporting tool, which has been adopted by the governing board. While most National Societies are facing challenges of high staff turnover, South Africa Red Cross has attracted and retained suitably skilled staff, adopted an effective and motivational performance management system, adopted and implemented a remuneration strategy, ensured employment equity within all aspects of human resources, and developed and adopted a performance management tool.

During this reporting period, National Societies have been urged to fast track the identification of in-country technical support on Navision as the Regional Service Level Agreement will lapse at the end of October 2009. To date, only five National Societies have access to local service providers. Namibia Red Cross has been supported with the acquisition of an antivirus. South Africa Red Cross also started the roll-out of the Navision accounting software, with all finance officers in nine provinces receiving Navision training and all branches implementing the standardised financial reporting template. However, the financial manual review led to the discovery of contradictions within the manual, which are now being addressed by the National Society. Zambia Red Cross, with support funds from Swedish Red Cross, conducted a refresher course on the use of Navision accounting systems for the National Society's finance manager, who has been capacitated to conduct training for newly recruited finance staff. This capacity will be helpful considering the high staff turnover in most finance departments and as part of the exit strategy for 2009.

Botswana Red Cross conducted post audit system's customisation with the development of a specific report for Belgium Red Cross-Flanders; this included a refresher course for the finance team. Mozambique Red Cross underwent the third internal audit (NGO benchmarking audit) conducted by Strategic Business Solutions from 21 to 24 April, as part of the New Partnerships of African Red Cross Societies (NEPARC) initiative, with a positive outcome of 86,4 percent. South Africa Red Cross managed to complete the long outstanding audit reports for the financial year 2006/2007, with a disclaimer from auditor PricewaterhouseCoopers due to the unavailability of supporting documents, and the 2007/2008 audit is almost complete. Consequently, the National Society changed auditors to Grant Thornton, who will commence work on 1 July 2009 on the audit for the fiscal year April 2008/March 2009.

Mozambique Red Cross was supported on information technology (IT) systems customisation, where an IT consultant installed anti-viruses on 50 computers. The Spanish and Danish Red Cross Societies supported the Angola Red Cross in their IT project which facilitated the completion of outstanding activities such as the installation of the server, from December 2008 to February 2009. Malawi Red Cross was also supported with a customised Navision system that has helped the National Society to produce an unqualified audit for 2008.

The MoH's withdrawal of administrative support for third-party counselling run by the Namibia Red Cross has placed the National Society in serious financial difficulties. Under pressure to solve its pressing need of funding while continuing to implement activities, Zambia Red Cross endeavoured to clarify its financial situation. The practice of inter-account borrowing within the National Society has reached extreme limits and returns from the working advance system have not been booked and validated. SAZO has made an unprecedented effort to assist the National Society in clearing its working advances.

While nine of ten National Societies have some form of core cost budget in place, there is no correlation of what qualifies as a core cost, posing a challenge to most National Societies of how to separate programme funding and core costs. Hence, National Societies that take resource mobilisation seriously to cover their core costs are being supported. Zambia Red Cross began an engagement with the Belgian Red Cross for support in capacity building related to the intensified implementation of the commercial First Aid project. South Africa Red Cross is reviewing and revising its Resource Mobilisation Strategy with financial and technical support from the British Red Cross over the next three years, recruiting a fundraising and marketing manager to drive the process. The process should see the National Society achieve its goal of self-sustainability and clear its historical debt of R13 million.

The first transfer of the ICB funds were received Namibia Red Cross, with technical support for implementation provided by the SAZO branch development (BD) delegate. As part of the primary ICB objectives, the first BD workshop held at the Caprivi branch was conducted to establish/re-establish branch committees and their functions and integration with CBH&FA.

A Southern Africa Partnership of Red Cross and Red Crescent Society (SAPRCS)-OD/CB Working Group was created during a meeting of Nine National Societies on Focal Points for Organisational Development and Capacity Building (CB), held on 28/29 May at SAZO. The working group will be supported to share knowledge and best practises on OD/CB across the zone and to enhance peer-to-peer support between the OD managers and officers of the National Societies. The SAZO OD coordinator has been designated Zone focal point, to provide close development support to Botswana and Swaziland Red Cross Societies.

The 3rd Red Cross Red Crescent World Youth Meeting was attended by 25 Red Cross youth representing nine National Societies, who interacted with youth from other regions and agreed on a Youth Manifesto. The regional Youth Network, SAYnet, representing the youth from 10 National Societies, met in February 2009 in Maseru, Lesotho and prepared a Work Plan. In South Africa Red Cross, a youth development programme addressed issues of leadership and independence, and also provided young women with business management skills and debating skills. While debates are aimed at creating a platform for young people to improve their public speaking skills, these skills will also enable them to negotiate and defend their sexual choices.

Malawi Red Cross is the only National Society in the region that has finalised the IFRC insurance procedure and payment, thereby receiving coverage for its volunteers. However, the demands from the insurance company (through the IFRC Geneva office) have not met the specific needs of National Societies for a Group Volunteer Insurance Policy.

### **Challenges:**

- Critical financial challenges, particularly in providing valid documentation for working advances and inter-account borrowing, cause delays in the reporting and implementation of projects and leave the National Societies open to risks of fraud.
- Non-compliance with constitutional rules and regulations can create tensions in relations between governance and management within National Societies.
- Some National Societies experience difficulty in covering their core costs.
- Human resource challenges and the lack of a staff retention policy led to a high staff turnover, with 19 people in finance having resigned last year and six resigning during this reporting

period, including one head of finance in Lesotho. Commitment is needed from senior management within National Societies in monitoring control systems.

- The lack of IT systems and antivirus programming pose a challenge to the security and efficiency of National Societies.

In providing support to the National Societies, the SAZO management has engaged relevant leaders on the above issues and conducted leadership mentoring and coaching through the branch development delegates based in South Africa and Zambia/Zimbabwe, and the SAZO OD coordinator.

## Humanitarian Diplomacy Unit

### **Communications:**

The focus for the reporting period has been on the promotion of the positions, work and activities of National Societies and the IFRC in Southern Africa. Between January and July 2009, this has involved significant efforts in terms of emergency communications that have at all times sought to ensure the progressive building of capacity of National Societies involved in the emergency operations. Support has also been provided to programmes (and through them National Societies) in terms of the marketing and communications of priority operations and programmes.

### **External Relations:**

The aim of the external relations activities in the zone has been to represent and promote the positions, work and activities of the IFRC and National Societies in Southern Africa. The focus has been on using advocacy and diplomatic activities, and in utilizing the access and the diplomatic status accorded to the IFRC globally, regionally and in each country in the Zone.

### **Resource Mobilization:**

The position of resource mobilization coordinator is new to the Zone and, during this reporting period, has focused on initialising systems and procedures while at the same time building relations with donors and partners. Humanitarian needs in the region are growing faster than resources are becoming available. Furthermore, there is increasing competition between humanitarian actors for funding at global, regional and national levels. In the past six months, resource mobilization efforts in the Zone have moved from the old 'episodic' approach to strategic fundraising activities. The overall aim, however, is to coordinate the mobilization of resources for the IFRC and National Society programmes in Southern Africa by engaging all stakeholders, in line with the IFRC's new humanitarian diplomacy approach.

### **Expected results:**

- The positions, work and activities of National Societies and the IFRC in Southern Africa have been promoted.
- The positions, work and activities of the IFRC and National Societies in Southern Africa are represented.
- Mobilization of resources for the IFRC and National Society programmes in Southern Africa has been coordinated.

### **Achievements:**

Sustained, aggressive and at times innovative communications saw the Zimbabwe Red Cross and the wider IFRC build and maintain high visibility in the context of the Zimbabwe cholera public health crisis. Quality footage, photographs and press materials were produced and distributed to media and throughout the IFRC, enabling PNS to engage more effectively within their own media markets. In May, as the media began to turn its attention away from Zimbabwe, the Zimbabwe Red Cross and IFRC launched an advocacy report, analyzing the factors behind the cholera outbreak and advocating for resources to address these factors. This report, one of the first of its kind, received significant media coverage as well as favourable responses from PNS, resource mobilization colleagues and senior IFRC management.

In support of operations and resource mobilization efforts for flooding in Namibia, the communications unit travelled to some of the worst affected regions, gathering footage, photographs and stories, and proactively engaging with the media. The footage was shared with the Associated Press's (AP) television service, who reported very high rates of interest from its customers (television stations) around the world. The communication efforts undoubtedly contributed to the very positive coverage of the emergency appeal.

In collaboration with the SAZO health and care unit, and with excellent support from the IFRC communications department in Geneva, the IFRC has been able to assume a lead role in terms of public communication around swine flu in South Africa. Working in collaboration with the ICRC and the IFRC's communications department in Geneva, SAZO also supported National Societies in the region in their roll out of the 2009 *Our World, Your Move* Global Campaign. Nine of the 10 National Societies applied for and received funding, and high profile launches were held in South Africa, Zimbabwe, Mozambique, Zambia, Namibia and Botswana.

A complete marketing and communications plan was designed and implemented for the ZRBI. The programme was launched at an event in Johannesburg that was built around a panel discussion on the importance of proactive and preventative humanitarian action. This event generated positive media coverage including print and television wire coverage, and local radio and television coverage. Importantly, the approach and materials have been adopted by the National Societies involved in the initiative, with some having already held their own successful launch events.

In collaboration with the other two African Zone offices, the Southern African communications unit has published a weekly analysis of key media issues on the continent. This document is shared consistently with all Red Cross Red Crescent actors in the region and has received positive feedback.

In order to carry out the key objective of developing core external advocacy messages that reflect humanitarian priorities in the region and that tie in closely with operational needs, an advocacy mapping process has begun. In the first phase of this process, a simple matrix was developed, to be used as a tool to help prioritize advocacy messages.

High level meetings have been held by the Head of Zone with Heads of Mission and diplomats for Angola, Namibia, South Africa and Zambia, at which the role of the IFRC in the region was explained and a thorough briefing on the relevant National Society given. These meetings have already led to increased interactions between the National Societies and their governments.

Consultations on the concept of humanitarian diplomacy have been held with leading South African figures, including Nobel Laureate Archbishop Desmond Tutu. An event to launch both the World Disaster Report 2009 and the ZRBI was attended by members of the diplomatic corps, UN representatives, corporate partners, academics and members of the media.

The Head of Zone represented the IFRC at the inauguration ceremony for the new President of South Africa, as well as at several national days and events organized by embassies in the country. The IFRC was represented by SAZO staff at various conferences and seminars, including the Head of Zone's attendance and intervention at the TICAD IV Follow-Up in Botswana, and the keynote speech given by the disaster management coordinator at the Peace-building and Humanitarian Assistance conference in Tokyo. The HDU has also successfully facilitated the accreditation and visa applications of Zone staff and delegates.

A lot of work has been done to clarify roles and responsibilities, although some communication gaps still exist within the IFRC system, for example messaging to donors could have more clarity and focus. This is about more than protocol: it is about the coordination of IFRC relations with donors. A database of donors and partners has been developed and information shared with Geneva as part of an effort to develop a similar, global database. All partners have been kept informed on new appeals and programmes in the region.

While the exact role of resource mobilization support to National Societies is not clear, SAZO has taken the initiative by drafting the terms of reference for the SAPRCS resource mobilization sub-committee and has supported National Societies in their own resource mobilization strategies and ad hoc requests. SAZO has been very careful in ensuring that the host National Society (the South African Red Cross) is kept informed of any resource mobilization activities within South Africa. A meeting was held with the South African Red Cross secretary-general to develop a *modus operandi* and rules of engagement for South African-based donors. At the same time, PNS have been kept informed on any discussions with missions, international organizations and corporations from their respective countries.

### **Challenges:**

- The communication delegate position remains unfunded. All funding for communication activities has come through programmes or operations and, more recently, through global communication budgets. This obviously undermines the capacity for communications to plan effectively in the longer-term, with a particular impact on efforts to build National Society capacity.
- HDU was unable to raise funds for its own budget and this constrained the achievement of planned activities and resulted in missed opportunities to attend various meetings with donors, stakeholders and partners. Effectively building relationships demands resources and time, both of which are lacking for the unit.
- The high communication staff turnover in National Societies has continued. During the reporting period, new communication staff members were appointed in Angola, Botswana and Swaziland.
- Most National Societies do not see resource mobilisation as a priority, which impacts negatively as most funding is granted at the country level.
- Information on current IFRC advocacy priorities and methods is lacking. The best resource has been a paper written for the governing board in 2001. Likewise, there is no recent information on IFRC messaging priorities: Strategy 2010 is vague on the subject, and Point of View papers available on FedNet were last revised in 2003. Crucially, there is no cohesion in this area between Geneva and the Zones, or among the various Zones. However, it is hoped that Strategy 2020 will provide clearer leadership in this regard.
- The overall quality, style and timeliness of donor reports need to be improved. Donors request that achievements be positioned against targets and highlight the impact. This information is not easy to capture in the current reporting systems. The system of timely delivery, especially of financial reports, needs to be improved.
- The limited staff complement in the resource mobilisation unit is affecting support services to the programmes. The innovative interim approach of engaging an intern (albeit for a short period) has offered some respite, but a longer-term solution is paramount. Plans to review market trends and better engage with corporations and foundations were not fulfilled due to the lack of human resources.

## **Working in partnership**

In order to achieve DM programme activities, the DM unit has strengthened partnerships with governments through the National Societies on the development of national policies and programmes. In addition, the DM unit has enhanced strategic partnerships with UN agencies (such as OCHA and FAO), 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 efforts 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, performance and accountability, communication, resource mobilisation and human resources departments, as well as increased consultation with PNS and other key stakeholders.

The health and care programme works closely with PNS (primarily Swedish, Finnish, Norwegian, American and Belgian-Flanders), ministries of health, the World Health Organization, UNICEF, OCHA, USAID and the private/corporate sector (primarily Eli Lilly) in bringing health and care services to vulnerable communities throughout the Zone. The Eli Lilly and USAID tuberculosis funding is a good case in point, where USAID have pledged funds to complement those received in South Africa by Eli Lilly for multi-drug resistant tuberculosis. Discussions with the private sector, (Syngenta and Bayer) are ongoing for possible collaboration in addressing malaria.

The on-going National Measles Supplementary Immunization Activities (SIAs) in Angola, Namibia and Swaziland are a perfect example of how the National Societies, working as auxiliaries to their Ministries of Health, bring added value to social mobilization campaigns. In Namibia, the National Society also received funding from UNICEF to provide volunteers to support social mobilization activities in a number of low coverage areas. In order to address malaria, Namibia Red Cross received 130,000 long life insecticide nets (LLINs) from MoH for distribution in 2008. The Namibian Red Cross have distributed all LLINs in their intervention areas. However, follow up on LLIN usage has not taken place. In Malawi, due to the work of the Malawi Red Cross in free distribution of LLINs in communities, the MoH changed its policy from paying for LLINs to distributing LLINs free of charge to all pregnant women and children under five years.

The general OD programme has received important financial and technical support from the DFID Partnership and the Swedish Red Cross, in providing consultants to National Societies such as Zambia. The finance management programme is currently supported mostly by the Norwegian and Swedish Red Cross Societies, while the Danish, Norwegian and the Swedish Red Cross Societies support the Botswana Red Cross OD baseline and the ICRC. The Japanese Red Cross made a financial contribution to the implementation of the objectives of the 2009 Plan. The BD delegate for Zambia and Zimbabwe is currently supported by the Swedish Red Cross, while the South African BD delegate is being supported by the Danish, Finnish, Icelandic, Norwegian and Swedish Red Cross Societies.

The HDU has made a formal offer of assistance to each National Society, providing a menu of services aimed at supporting the National Societies in their stakeholder management and external relations. In order to rationalize and formalize the relationship between IFRC and SAZO and the National Societies in the region, a project has been started in which separate Coordination Agreements are being prepared as a basis of negotiation and agreement with each National Society. A renewed focus has been placed on updating and rationalizing the Integration and Supplementary Services agreements between the IFRC and PNS active in the Zone, aimed at providing optimum support for the PNS and ensuring that IFRC core costs expended in providing such services are recovered. This is in line with the global strategies of the IFRC, including the New Operating Model. The IFRC will partner with the South African commercial news network, eNews, in the lead up to the November 2009 General Assembly in Nairobi, Kenya. This increasingly formalized relationship is the result of ongoing collaboration between IFRC and eNews, particularly around emergencies in the region. Relationships with all major national, regional and international news organizations in South Africa remain excellent.

## Contributing to longer-term impact

The exchange visits, mentoring and hands-on coaching support provided by SAZO has diversified skills and fostered an understanding of DM. A notable outcome of the programme is that it enhanced the National Societies' DM skills in general and risk assessment skills in particular, which helps to develop relevant meaningful risk reduction interventions. The programmes are community driven, with women in 65 percent of management positions at community level. The Zone has also assisted in the development of best practices.

Health and care, in conjunction with the HIV and AIDS department, have conducted baseline surveys in all the National Societies. The results of the evaluation of the baseline surveys will highlight the impact of interventions in communities. The week-long biannual Zone health meetings provide a platform for National Societies to share best practices and lessons learnt, as do exchange visits between National Societies. National Societies are also encouraged to be members of the Country Coordination Mechanism (CCM) and the different health taskforces in their respective countries as these are excellent fora for highlighting the work of the Red Cross and sharing best practices and lessons learnt with other organizations.

The OD unit's planned support of the seven countries participating in the ZRBI will strengthen the performance governance and management of the branches to facilitate the rollout of the initiative. The review of their five-year strategic plans will also help National Societies to realign their programmes in order to respond to the technological and natural disasters that currently affect the Southern African region. In order to fully cover and implement activities planned in the annual budget, additional funding partners are required.

Resource mobilization is less about asking for money than nurturing existing relationships, developing new ones and building partnerships. The past six months saw an intensification of building relationships with partners both inside and outside the Movement. Systems and procedures were put in place regarding the management of these relationships, especially with PNS, by providing regular feedback and reports, and maintaining informal contacts. It is envisaged that the relations created in this first year will have a positive effect beyond 2010.

## Looking ahead

DM programming approaches will be integrated regionally and globally, through mechanisms that are participatory and empowering to National Societies and communities, thereby laying the foundations to build sustainable community programmes. Over the second half of 2009, health and care will continue to scale-up activities in those areas showing concrete results (CBH&FA, measles/polio: water and sanitation; tuberculosis and malaria) whilst supporting and strengthening those areas that require further technical inputs (pandemic preparedness, First Aid, blood donation and road safety). Health and care will also work closely with DM on the ever-present cholera threat and on the ZRBI.

Technical and funding support for the OD programme is required to help National Societies in the region scale up capacities to address several key issues around leadership and management, strategic planning and statutes. The National Societies are also in the process of revising their strategic plans beyond 2010, thus needing technical help to realign their plans with the IFRC's strategy 2020.

As part of wider communication plans for the November 2009 IFRC statutory meetings in Nairobi, Kenya, SAZO is taking the lead on revising and reinvigorating the 'Believe in Africa' initiative. This will involve the drafting and promotion of a report exploring the challenges facing Africa and advocating community-based solutions, as well as a press competition for African and African-based journalists.

## 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.

## Contact information

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# International Federation of Red Cross and Red Crescent Societies

MAA63001 - Southern Africa Zone

Mid-year report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/6
Budget Timeframe	2009/1-2009/12
Appeal	MAA63001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	1,579,748	1,300,308	500,633	55,615	451,510	3,887,814
<b>B. Opening Balance</b>	245,750	294,285	345,476	325	-135,498	750,338
<b>Income</b>						
<u>Cash contributions</u>						
British Red Cross		-8,456				-8,456
Capacity Building Fund			-24,937			-24,937
Danish Red Cross (from Danish Government)			-949			-949
DFID Partnership grant	68,757		10,921		21,801	101,479
Finnish Red Cross	-912		85,168			84,256
Finnish Red Cross (from Finnish Government)	-5,168		-77,792			-82,960
Icelandic Red Cross			-1,360			-1,360
Irish Red Cross		-894				-894
Japanese Red Cross		54,868	65,842			120,711
Norwegian Red Cross		9,459	6,646			16,105
Norwegian Red Cross (from Norwegian Government)		85,129	69,592			154,721
Other			1,086			1,086
Spanish Red Cross			-38,886			-38,886
Sweden Red Cross			-143,711			-143,711
Sweden Red Cross (from Swedish Government)	-25,167		47,933			22,766
Unidentified donor		84,013				84,013
<b>C1. Cash contributions</b>	<b>37,511</b>	<b>224,119</b>	<b>-447</b>		<b>21,801</b>	<b>282,984</b>
<u>Outstanding pledges (Revalued)</u>						
DFID Partnership grant	73,437		34,927		23,285	131,650
Finnish Red Cross			-98,864			-98,864
Finnish Red Cross (from Finnish Government)			5,149			5,149
Sweden Red Cross (from Swedish Government)	-2,337	180,648	42,240		40,446	260,996
<b>C2. Outstanding pledges (Revalued)</b>	<b>71,100</b>	<b>180,648</b>	<b>-16,547</b>		<b>63,731</b>	<b>298,931</b>
<u>Other Income</u>						
Services					13,211	13,211
<b>C5. Other Income</b>					<b>13,211</b>	<b>13,211</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>108,611</b>	<b>404,766</b>	<b>-16,994</b>	<b>0</b>	<b>98,743</b>	<b>595,126</b>
<b>D. Total Funding = B + C</b>	<b>354,361</b>	<b>699,052</b>	<b>328,482</b>	<b>325</b>	<b>-36,755</b>	<b>1,345,464</b>
<b>Appeal Coverage</b>	<b>22%</b>	<b>54%</b>	<b>66%</b>	<b>1%</b>	<b>-8%</b>	<b>35%</b>

## II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	245,750	294,285	345,476	325	-135,498	750,338
<b>C. Income</b>	108,611	404,766	-16,994	0	98,743	595,126
<b>E. Expenditure</b>	-506,709	-466,094	-128,159		-112,456	-1,213,418
<b>F. Closing Balance = (B + C + E)</b>	<b>-152,348</b>	<b>232,958</b>	<b>200,322</b>	<b>325</b>	<b>-149,212</b>	<b>132,046</b>

# International Federation of Red Cross and Red Crescent Societies

MAA63001 - Southern Africa Zone

Mid-year report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/6
Budget Timeframe	2009/1-2009/12
Appeal	MAA63001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>1,579,748</b>	<b>1,300,308</b>	<b>500,633</b>	<b>55,615</b>	<b>451,510</b>	<b>3,887,814</b>	
<b>Supplies</b>								
Shelter - Relief		49,999	705				50,704	-50,704
Construction Materials			10,657	-288			10,369	-10,369
Clothing & textiles		-46,512	6,284			-23,046	-63,274	63,274
Food		776	3,723				4,500	-4,500
Water & Sanitation	7,400	29,971	25,732				55,704	-48,303
Medical & First Aid	10,000	125					125	9,875
Teaching Materials			150				150	-150
Utensils & Tools		-278					-278	278
Other Supplies & Services	220,000	122					122	219,878
<b>Total Supplies</b>	<b>237,400</b>	<b>34,204</b>	<b>47,252</b>	<b>-288</b>		<b>-23,046</b>	<b>58,122</b>	<b>179,279</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom		1,285	4,462	5,759			11,506	-11,506
Others Machinery & Equipment	2,000							2,000
<b>Total Land, vehicles &amp; equipment</b>	<b>2,000</b>	<b>1,285</b>	<b>4,462</b>	<b>5,759</b>			<b>11,506</b>	<b>-9,506</b>
<b>Transport &amp; Storage</b>								
Storage	15,360	11,975	5,744				17,719	-2,359
Distribution & Monitoring		28,277	462				28,739	-28,739
Transport & Vehicle Costs	16,153	14,589	7,550	-1,799		122	20,462	-4,309
<b>Total Transport &amp; Storage</b>	<b>31,513</b>	<b>54,841</b>	<b>13,756</b>	<b>-1,799</b>		<b>122</b>	<b>66,920</b>	<b>-35,407</b>
<b>Personnel</b>								
International Staff	1,205,860	130,108	151,125	39,342		81,178	401,753	804,107
Regionally Deployed Staff	48,000			11,312			11,312	36,688
National Staff	481,968	50,602	13,681	38,911			103,194	378,774
National Society Staff	26,400	83,602	3,148	32,928			119,678	-93,278
Consultants	44,800	67,086	17,993	11,813		10,690	107,583	-62,783
<b>Total Personnel</b>	<b>1,807,028</b>	<b>331,398</b>	<b>185,947</b>	<b>134,307</b>		<b>91,868</b>	<b>743,520</b>	<b>1,063,508</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	732,036	35,647	118,325	20,622		5,782	180,377	551,659
<b>Total Workshops &amp; Training</b>	<b>732,036</b>	<b>35,647</b>	<b>118,325</b>	<b>20,622</b>		<b>5,782</b>	<b>180,377</b>	<b>551,659</b>
<b>General Expenditure</b>								
Travel	433,950	14,190	99,781	59,415		7,384	180,770	253,180
Information & Public Relation	263,674	-5,446	14,192	2,525		70	11,342	252,332
Office Costs	9,420	3,603	6,359	34,505			44,466	-35,046
Communications	34,500	14,156	4,892	3,357		1,983	24,388	10,112
Professional Fees	6,732	56	578	42,245			42,879	-36,147
Financial Charges		-19,828	-6,471	-34,484		41	-60,742	60,742
Other General Expenses	-219,369	916	7,109	-2,672		325	5,679	-225,048
<b>Total General Expenditure</b>	<b>528,907</b>	<b>7,647</b>	<b>126,439</b>	<b>104,891</b>		<b>9,803</b>	<b>248,781</b>	<b>280,126</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		31,583					31,583	-31,583
<b>Total Contributions &amp; Transfers</b>		<b>31,583</b>					<b>31,583</b>	<b>-31,583</b>
<b>Programme Support</b>								
Program Support	252,708	33,092	32,867	9,103		7,310	82,371	170,337
<b>Total Programme Support</b>	<b>252,708</b>	<b>33,092</b>	<b>32,867</b>	<b>9,103</b>		<b>7,310</b>	<b>82,371</b>	<b>170,337</b>
<b>Services</b>								
Services & Recoveries		-2,304					-2,304	2,304
Shared Services	296,222	63,306	47,884			23,402	134,592	161,630
<b>Total Services</b>	<b>296,222</b>	<b>61,002</b>	<b>47,884</b>			<b>23,402</b>	<b>132,288</b>	<b>163,933</b>
<b>Operational Provisions</b>								

**International Federation of Red Cross and Red Crescent Societies**

MAA63001 - Southern Africa Zone

Mid-year report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/6
Budget Timeframe	2009/1-2009/12
Appeal	MAA63001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure						Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL	
A		B						A - B
<b>BUDGET (C)</b>		1,579,748	1,300,308	500,633	55,615	451,510	3,887,814	
Operational Provisions		-83,991	-110,837	-144,435		-2,785	-342,049	342,049
<b>Total Operational Provisions</b>		-83,991	-110,837	-144,435		-2,785	-342,049	342,049
<b>TOTAL EXPENDITURE (D)</b>	3,887,814	506,709	466,094	128,159		112,456	1,213,418	2,674,395
<b>VARIANCE (C - D)</b>		1,073,040	834,214	372,473	55,615	339,053	2,674,395	