

Plan 2009-2010



BOTSWANA

Executive Summary

At the time of its independence in 1966, Botswana was one of the ten poorest countries in the world. However, over the past three decades, this small landlocked nation has experienced rapid and sustained development. As a result of its mineral wealth, a disciplined approach to macroeconomic management, democracy and good governance and international support Botswana is now classified as middle-income country and is relatively wealthy by regional standards.¹



However, this progress does not tell the whole story. Botswana's mineral wealth and developmental gains have not been shared by all. Despite good levels of primary and secondary education, the country continues to face high levels of unemployment as well as large income disparities. Much of the country is covered by the Kalahari Desert, with only five percent arable land meaning that drought is a recurring hazard. With nearly 40 percent of its sexually active population being HIV positive, the HIV and AIDS epidemic also presents a formidable challenge that is weakening the economy and stalling the country's development record.

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 International Federation of Red Cross and Red Crescent Societies (IFRC) General Assembly adopted a new plan called the [Federation of the Future](#)³ (FoF) in 2005 aiming at achieving the [Global Agenda](#)⁴,

¹ Botswana 2008 Country Profile, *The Economist Intelligence Unit*, UK

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 **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

⁴ **Global Agenda Goals:** Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

with [four goals](#) aligned to the core areas of [Strategy 2010](#)⁵. 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 the both domestic and international level. Botswana Red Cross Society's (BRCS) plan for 2009-2010 addresses the four goals Global Agenda and the priorities outlined in the National Society's strategic plan (2006 – 2010).

The 6th Pan African Conference convened in Algiers, Algeria, in September 2004, under the theme '*Consolidating the role of Red Cross Red Crescent as a reliable civil society partner*', with delegates from 53 African National Red Cross and Red Crescent Societies in attendance. The National Societies assessed and reviewed the progress made since the [Ouagadougou Declaration](#)⁶ of 2000, and reaffirmed through the [Algiers Plan of Action](#)⁷ the following key interventions and decided to pursue them with renewed commitments, vigour and focus, to be implemented within the next four years: Food Security; Health; HIV and AIDS; Institutional Capacity Building as a cross-cutting issue. Essentially, the focus of the BRCS will be on building its institutional capacity aiming for a firm degree of sustainability by 2010 when most of the bilateral partner's agreements will be coming to an end.

This plan for 2009-2010 is seeking a total of CHF 1,216,667 (EUR 774,948 or USD 1,112,128)

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

Country Context

Botswana's economy is sustained by diamonds, which account for 30 percent of its gross domestic product (GDP). Over the last three decades, Botswana had one of the fastest growing economies in the world, sustained by fiscal discipline and sound management. Since diamonds are a finite resource, the need for economic diversification is one of the government's most pressing economic challenges in addition to tackling unemployment, income disparities, HIV and AIDS, as well as recurrent drought. Unemployment figures are estimated at 24.6 percent. In most cases only a few members from extended families have a paid job.

Population, total (million), 2005	1.8
Population, urban (% of total population), 2005	57.4
Population, under age 15 (% of total population), 2005	35.6
Life expectancy at birth, annual estimates (years), 2005	48.1
Adult literacy rate (% aged 15 and older), 1995-2005	81.2
Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005	69.5
GDP per capita (PPP US\$), 2005	12,387
Population undernourished (% of total population), 2002/04	32
Under-five mortality rate (per 1000 live births), 2005	120
Infant mortality rate, poorest 20% (per 1000 live births)	..
One-year olds fully immunized against tuberculosis (%), 2005	99
One-year olds fully immunized against measles (%), 2005	90
HIV prevalence (% aged 15-49), 2005	24.1
Human Development Index value, 2005	0.654
Human Development Index rank, 2005	124
Human Poverty Index (HPI-1) value (%)	31.4
Human Poverty Index (HPI-1) rank	63
Population living below \$1 a day (%), 1990-2005	28.0
Population living below \$2 a day (%), 1990-2005	55.5
Population living below the national poverty line (%), 1990-2004..	

Source: UNDP, Human Development Report 2007/2008¹

⁵ **Strategy 2010** - Is the IFRC's guideline framework for the decade 2000 to 2010. This overall strategy identifies the following four CORE areas as the cornerstone upon which the International Federation will continue to build its collective expertise and reputation: Humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

⁶ **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.

⁷ <http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf>

For background on APA visit <http://www.ifrc.org/meetings/regional/africa/6thpac/index.asp>

Only a few people earn very high income, whilst almost 30 percent of the population is classified as being income poor.⁸ Poverty is perpetuated by the fact that more than 60 percent of families are single parent. Gender disparities are only now being actively addressed through creation of employment opportunities and strengthening government structures to address gender issues.

Small scale livestock and agriculture are the most important sources of food for the majority of the population. However, the shortage of water and the lack of irrigation infrastructure weaken agricultural output. Most of the country is desert, which leaves little land for cultivation. Game parks are an important source of income as they attract a lot of tourists.

Botswana remains heavily dependant on South Africa. Botswana has good relations with its neighbours, and with the international community. The country hosts refugees from the Democratic Republic of Congo (DRC), Rwanda, Namibia and Zimbabwe. This number of refugees has recently increased due to the deepening economic crisis in Zimbabwe.

Botswana is plagued by persistent drought and the increased family dependency on the government. This is perpetuated by the increased number of households with chronic illnesses, disabilities as well as increased deaths resulting from HIV and AIDS related conditions. According to the UNDP, a 2000 assessment of the Macroeconomic Impacts of HIV and AIDS predicts that the epidemic could account for 10 percent of the number of poor people by 2010 and it could cause a 70-270 percent increase in health spending, a 20 percent reduction in government revenue and significantly reduce the rate of economic growth.

One of the Botswana government's greatest achievements has been the provision of almost universal free education. According to the UNDP statistics, adult literacy rose sharply from 34 percent in 1981 to 75 percent in 1999 and 81.2 percent in 2005 –well above the sub-Saharan average of 60.3 percent. Although life expectancy also rose from 46 years in 1966 to 67.5 in 1999 due to an accelerated programme of expanding access to public health services and improvements in incomes and nutrition, it has now decreased to 48 years mainly due to the impact of HIV and AIDS. Similarly, under-five mortality rate which fell from 151 deaths per thousand live births in 1981 to 49 in 1997 has now increased to 120 for the same reasons. GDP per capita was estimated at 12,387 in 2005, and an estimated 55.5 percent of the population live on an income of less than US\$2 per day. The HPI-1 index, which measures severe deprivation in health by the proportion of people who are not expected to survive age 40, gives Botswana a value of 31.4, which ranks 63 among 108 developing countries for which the index has been calculated. The Human Development Index (HDI) for Botswana, which rose from 0.63 in 1991 to 0.72 in 1997, has now decreased to 0.654 and gives the country a rank of 124th out of 177 countries with data. In order to address the socio-economic challenges of the vulnerable communities, BRCS will focus on the four global agenda goals.

National Society priorities and current work with partners

The plan 2009-2010 while addressing the four Global Agenda's goals, deliberately excludes HIV and AIDS component, which has been addressed separately under the Global Alliance submission. BRCS will continue implementing the five year integrated HIV and AIDS programme (2006-2010) ([MAA63003BW](#))⁹, which is part of the Southern Africa Regional HIV and AIDS programme ([MAA63003](#)) and a component of the IFRC Global Alliance on HIV. The NS is scaling-up its response to HIV and is committed to reducing vulnerability and increasing its impact by preventing further infections, expanding care, treatment and support and reducing stigma and discrimination. In order to achieve these three outputs, the capacity of BRCS is to be further strengthened through a fourth enabling output area on capacity development, designed to ensure expansion of effective service delivery to the most affected communities. The programme

⁸ UNDP, *Botswana Human Development Report 2006*

⁹ For more information please refer to the Southern African Regional HIV and AIDS Appeal ([MAA63003](#)) and country plan ([MAA63003BW](#)) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003BW.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

represents a quadrupling of the Red Cross effort in the country and targets to reach 700,000 people with messages on prevention and reducing stigma/discrimination; provides services for 250 people living with HIV targeting the refugee community and 12,000 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Botswana.

This plan also draws strategic direction from African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010)¹⁰ and the Algiers Plan of Action, as well as BRCS Strategic Plan. ARCHI 2010 goal is to '*Better health for Africa's vulnerable individuals and groups served by the RC/RC in Africa by mobilizing the power of humanity*'. Consensus was reached on the major public health interventions which African National Societies 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, BRCS will be recognized for its "niche" relating to public health priorities including emergencies. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and beyond.

The rationale for the capacity development appeal is to ensure BRCS has functional, sustainable and representative governance and management structures at all levels by end of 2009 – 2010. Focus is on implementing 2006 – 2010 strategy to reach the outlined goals, aimed at developing programming.

The priorities for organizational development in 2009-2010 should therefore be on building implementation and institutional capacity; with the following components;

- *Infrastructural development*: BRCS is currently limited in terms of office accommodation and storage facilities hence the need for expansion at the headquarters and regional offices.
- *Resource mobilisation*: to increase the funding base and engage more the local companies. Technical support is needed in developing a resource mobilisation strategy. In addition, BRCS needs to invest in sustainable projects and subsequently reduce donor dependence.
- *Information, communication and technology*: financial and material resources are needed to develop the ICT department. BRCS aims to increase its visibility through information sharing and being more accountable through meeting all reporting deadlines. As such, BRSCS requires a communication strategy.
- *Human resource development*: and recruitment of skilled and experienced programme particularly at branch and regional levels.
- *Branch development*: through strengthening leadership and management of programmes at that level, BRCS is therefore planning to recruit and retain at least 15 programme officers by 2010.
- *Logistics*: project implementation at branch level and support to branch activities is currently limited by lack of transport, thus needs strengthening.
- *Operational systems*: BRCS is working towards increasing capacity on human resource development, finance management, project management, information management systems as well as the development of performance measurement and tracking tools.
- *Service delivery systems*: The capacity of BRCS to address the needs of the vulnerable is currently very limited. There is need to strengthen this primary role through scaling programming and widening the beneficiary base, as well as strengthening collaboration with the government on community-based projects.

¹⁰ The decisions and experiences of the National Societies 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. Refer <http://www.ifrc.org/what/health/archi/>

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 P&V, 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, their 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 (RC/RC) intervention. Promoting and respecting our P&V is indispensable if the RC/RC is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. BRCS 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.

Secretariat Supported Programmes in 2009-2010

Disaster Management

a) Programme purpose and component of the programme

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

The Disaster Management programme budget for 2009-2010 is CHF 316,282 (EUR 201,454 or USD 289,106)

Programme Component: Disaster Preparedness
Outcome 1: BRCS capacity is improved in skilled human, and financial and material resources for effective disaster management
Outcome 2: Self-reliance of individuals and communities is improved to reduce their own vulnerability against to public health emergencies and disasters.
Programme Component: Disaster Response
Outcome 1: Quality of disaster response and humanitarian interventions is enhanced to meet the needs of refugees and communities affected by displacement.
Programme Component: Disaster Risk Reduction
Outcome 1: Vulnerability of communities in disaster prone areas is reduced through timely information, capacity and resilience building interventions.
Outcome 2: Nutritional condition within vulnerable communities is improved with special attention on women and child-headed households.

BRCS is working towards building community resilience and capacity to manage common disasters by active involvement of youth and has identified the need to empower youths in disaster risk reduction (DRR). Communities and their leaders have acknowledged their lack of techniques, knowledge in risk reduction, prevention, and response and are willing to be empowered.

During 2008, BRCS has been engaged in designing a comprehensive plan towards disaster management through engaging stakeholders and consulting with grassroots structures. This has culminated into a Disaster Management Master Plan with a realistic action plan. The focus is on preparedness for natural disasters particularly floods and droughts and training volunteers on community-based disaster management. Disaster preparedness also demands availability of adequate disaster relief items such as tents, which can immediately be distributed in the event of disaster.

In addition to natural disasters, BRCS is faced with a mammoth task of addressing refugee influx neighbouring countries such as Zimbabwe, as a result of political instability. Dukwi refugee camp has over 3,500 refugees receiving social support from BRCS. Although the challenge is great, BRCS has limited financial support in disaster management, which makes it difficult to implement some of these initiatives.

b) Target Population:

BRCS is targeting 1,000 people in disaster preparedness and 2,800 refugees in Dukwi Camp.

c) Potential risk and challenges

The recurrent floods and droughts posed a risk of diverting attention from the development to long-term programming to emergency operations. Another potential risk is human resource management and high turnover of volunteers. Volunteer support is needed particularly during relief operations.

Health and Care

a) Programme purpose and component of the programme

Programme Purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

The Health and Care programme budget for 2009-2010 is CHF 467,658 (EUR 297,871 or USD 427,475)

Programme Component: Community-based Health and Care
Outcome 1: The level of community health knowledge is increased through the development and distribution of health related information, education and communication (IEC) material.
Outcome 2: Mother and child health is improved through immunization services to children and mothers in areas of ZRCS operations.
Outcome 3: The number of communities which are able to cope with health risks and hazards in their environment is increased through integrated NS community based health and first aid activities.
Programme Component: Public Health in Emergencies
Outcome 1: Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.
Programme Component: Water and Sanitation
Outcome 1: Access to safe water and sanitation facilities is improved in identified vulnerable communities.
Programme Component: HIV and AIDS (Refer to Link http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003BW.pdf)
Outcome 1: Prevent 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);
Outcome 2: Scale-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;
Outcome 3: Address stigma and discrimination with targeted communication and advocacy activities; and
Outcome 4: Build the NS capacity to plan, implement, and manage the programme.

The focus on health has over the years been concentrated on HIV and AIDS, which had been a major challenge in the country. While this is still the case, there are other health related challenges that require attention; this includes control of communicable diseases such as – cholera, typhoid fever, diarrhoea, polio; measles control and other general public health education activities. BRCS has been a long-time partner to the government on addressing health issues and discussions are underway to enter into long term Memorandum of Understanding to formalize partnerships.

BRCS is one of the leading First Aid training agents in Botswana, with a broad objective of providing skills on emergency treatment to injuries and promoting safety at work. The NS coordinates all First Aid activities in the country including training on basic and commercial First Aid. Various stakeholders tasked the BRCS to develop a standard national First Aid training manual, which was finalised in December 2006.

At BRCS Tshimologo Stimulation Centre, as part of rehabilitation and stimulation, children are trained in physical skills such as, sitting positions, feeding positions, standing, walking and holding things with their hands. The centre also undertakes community-based rehabilitation at a number of places in and around Francistown. Also the Tshimologo Stimulation Centre has not yet attracted adequate funding hence is failing to reach the target of 8,000 children.

b) Target Population:

Through its health and care programme, the NS targets, 6,000 people to train in community-based First Aid, 10,000 people to be provided with mosquito nets, rehabilitation of 240 youth with disabilities and reaching 500 youth with life skills development projects.

c) Potential risk and challenges

Finding employment opportunities for young people with disabilities when they leave the rehabilitation centre and reintegrating within their home communities.

Organisational Development/Capacity Building

a) Programme purpose and components of the programme

Programme Purpose
Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The Organisational Development/Capacity Building programme budget is CHF 383,529 (EUR 244,286 or USD 350,575)

Programme Component: Leadership and Accountability
Outcome 1: BRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.
Programme Component: Well-functioning Organisation
Outcome 1: BRCS has well defined policies, systems and procedures in place for the effective management of the NS.
Outcome 2: BRCS performance is optimal through a stable staff establishment and a dedicated and competent management and staff officer corps.
Outcome 3: Effective financial management systems, procedure and tools are in place and systematically used.
Outcome 4: BRCS has capacity in planning, monitoring, evaluation and reporting (PMER) and programme design, monitoring, evaluation and reporting meet standards stipulated in the IFRC's "Performance and Accountability Framework".

Programme Component: Branch Development and Volunteer Management
Outcome 1: BRCS has vibrant branches and local units delivering quality services through their local volunteer and youth networks
Outcome 2: BRCS has well established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.
Programme Component: Resource Development
Outcome 1: Capacity to mobilise resources and its own sustainability is enhanced through the implementation of well designed income generating programmes.

Over the past year, 2008, BRCS has been engaged in building its systems and to a greater extent has reached workable state. Effective human resource and financial management system have been put in place. The challenge is now with making the systems work and become effective for the NS.

The BRCS Tlamelong Rehabilitation Centre focuses on physical therapy, skills training and economic empowerment, promotion of disability awareness, and empowering youth with disability on social skills and HIV and AIDS awareness for people living with disabilities. However, the programme has limited funding and BRCS engaged in fundraising activities to ensure self-sustainability. Tlamelong rehabilitation centre also provides peer counselling and organizes social activities including sporting activities such as football, snooker, basketball and chess.

Young adults with disabilities in a residential programme are also trained on life skills through two-year courses covering textiles, horticulture and cookery. BRCS rehabilitation centre successfully started a catering department as an income-generating project for the NS. BRCS also helps trained youth with disabilities in securing employment from local companies.

b) Target Population:

In capacity development, 4,000 volunteers will be trained, over 8,000 members, 13 governing board members and 64 staff will get better induction on the Fundamental Principles and Humanitarian values, roles and responsibilities.

c) Potential risk and challenges

The greatest challenge in organizational development will be on strengthening branch structures, as desirable within Red Cross/Red Crescent *modus operandi*. BRCS branch structures ‘nose-dived’ over the past few years when the NS was faced with both financial and leadership crisis. There is need to resuscitate the energies and capacities at branch levels for stronger volunteer base, which is a pre-requisite for a functional NS that has implementation capacity. To achieve this, the NS needs more financial and human resources, thus focus is drawn to increasing resource mobilisation and external relations capacity.

Principles and Values

a) Programme purpose and components of the programme

Programme purpose
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 49,198 (EUR 31,336 or USD 44,971)

Programme Component: Promotion of Humanitarian Values and Fundamental Principles
Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values is enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity)

Outcome 2: Target population is sensitized to Fundamental Principles and Humanitarian Values and changing behaviour.
Programme Component: Operationalization of Humanitarian Values and Fundamental Principles
Outcome 1: The dissemination of the Fundamental Principles and Humanitarian Values is an integral part of all NS programmes and activities.
Programme Component: Prevention of Sexual and Gender-Based Violence
Outcome1: BRCS mainstreams gender issues in all its programmes.

Through advocacy and publicity work, BRCS has been recognised as a reputable and credible humanitarian organisation. In 2009 and 2010, the NS will focus on;

- Increasing awareness and recognition among key humanitarian agencies;
- Highlighting the plight of beneficiaries in Botswana and the role that BRCS plays in addressing their challenges and needs;
- Promoting the BRCS strategic plan 2006-2010 as a new tool for humanitarian response in the country; and
- Promoting and raising the profile of the work of the Red Cross in Botswana.

Financial and material resources such as computer equipment and accessories are needed to support the programme covering activities such as production of information, education and communication (IEC) material (brochures, internet, Website, posters, billboards), newsletters, media tours and radio programmes.

Target Population:

The programme components will benefit the general population of Botswana and to be specific, the NS staff, volunteer, management, governing board members and the public authorities, communities and the beneficiaries of the BRCS programmes.

c) Potential risk and challenges

A biggest challenge is the lack of focal manager on the promotion and operationalization of the Humanitarian Values and Fundamental Principles. This entails that BRCS may not meet the demand now from the public and volunteers who require more training on International Humanitarian Law (IHL), anti-stigma and discrimination, sexual and gender-based violence.

Role of the Secretariat

The Secretariat's support role is covered through the IFRC Zone coordination budget.

a) Technical programme support

The IFRC Zone office will continue providing technical support in all areas based on the BRCS' priorities as outlined below;

- *Disaster Response:* Providing technical guidance, fundraising opportunities for disaster response operations for recurrent emergencies such as flooding and veldt fires;
- *Health and social welfare:* Providing training and guidance on home-based rehabilitation and care and income generating activities through selling services at the two rehabilitation centres for disabled people
- *HIV and AIDS:* Supporting initiatives on resource mobilisation and advocacy for the integrated HIV and AIDS programme.
- *First Aid:* Providing technical guidance in scaling-up and accessing sustainable funding support.
- *Youth development:* Support will be provided through the regional volunteer management and youth development working group. Youth empowerment is the main aim of the youth programme, which includes life and survival skills training.

- *Branch development*: Providing technical support towards branch capacity building focusing on membership recruitment, infrastructural and operating systems development and resource mobilisation.
- *Restoring family links (tracing)*: Supporting family re-unions and re-establishing contact for separated family members, with technical and funding support from the ICRC.

The IFRC Zone OVC delegate is resident in Botswana and will be the focal person to coordinate the provision of IFRC technical support, particularly on the HIV and AIDS programme. All Zone programmes coordinators are available for field and support visit to BRCS as required.

b) Partnership development and coordination

The funding gap in 2009-2010 also excludes First Aid, refugee programme, information and tracing activities, which have funding commitments from Belgian Red Cross, UNHCR and ICRC. The total budget is to cater for the activities of three programme areas being disaster management, community-based health and organizational development. Disaster management and health and care programmes have not attracted any funding over the past few years, while organizational development has been assisted by Partner National Societies (consortium of three partners namely Danish, Norwegian and Swedish Red Cross. Also supporting the disaster management programmes is the Danish and Norwegian Red Cross. This support has greatly assisted BRCS in putting in place sound Financial and Human Resource Management Policies and systems. However, there is still a gap in terms of harnessing the full potential of the systems, and continued support is therefore being sought for the next two years.

Promoting Gender Equity and Diversity

Gender sensitivity, anti stigma and discrimination elements will be incorporated in programme planning and implementation. The NS ensures that the vulnerable people its serves lives with dignity and services are compliant to the Sphere minimum standards, at the same time contributing to the Millennium Development Goals.

The Red Cross activities will enlist the participation of women and children as they are key actors in family health, and more specifically water and hygiene-related issues. WatSan interventions have decreased the amount of time spent by women and girls, collecting water from distant water points. This has improved their quality of life and they have more time for school activities and income generating projects.

BRCS programmes contributed to the Global Agenda by empowering people living with disability as a special group, and emphasising the involvement of PLHIV. Gender mainstreaming is incorporated in all programmes, which are implemented to ensure that the vulnerable people live with dignity.

Quality, Accountability and Learning

BRCS recruited a planning, monitoring and evaluation (PMER) officer whose main role is to ensure proper routine tracking of the key elements of programme performance through record keeping, regular reporting and surveillance systems, field visits, management meetings with community leaders and other stakeholders in order to prevent duplication of services to communities.

BRCS reporting systems include narrative and financial report to donors and partners. Accountability within programme implementation areas is enforced at various levels. The management will ensure that well trained staff and volunteers are in place at all levels of the NS. The impact and improved quality of life for beneficiaries will be monitored through monitoring tools adopted from the IFRC Zone PMER unit.

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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