

Annual report



International Federation
of Red Cross and Red Crescent Societies

Namibia

Appeal No. MAANA002

30 April 2010

This report covers the period
01/01/2009 to 30/12/2009.



Families at the relocation Camp in Ohangwena
Region

In brief

Programme purpose: The Namibia Red Cross Society's (NRCS) programmes are focused on alleviating the suffering of the most vulnerable people through contributing to the decline in deaths, injuries and impact from disasters, diseases and public health emergencies, as well as reducing intolerance and discrimination, while fostering respect for diversity and human dignity. NRCS aims to effectively and efficiently deliver services that are relevant, whilst directed by its strategic plan that contributes to achieving the International Federation of Red Cross and Red Crescent (IFRC) Global Agenda's goals and the Millennium Development Goals.

Programme(s) summary:

In 2009, the NRCS was confronted by a complexity of humanitarian challenges ranging from flooding at the beginning of the year, the food insecurity situation arising from the resultant crop devastation and challenges presented by the withdrawal of government support on the HIV and AIDS programme. These challenges presented a humanitarian catastrophe, which prompted some humanitarian agencies including the Red Cross to scale-up their response programmes. The **disaster management** department's focus was on disaster response in line with National Society's vision to improve quality of life of the vulnerable people through relief, development activities and dissemination of the Red Cross Movement's Fundamental Principles.

With the support of the IFRC Southern Africa Zone office, NRCS launched an Emergency Appeal on 25 March 2009, through which a mass sanitation emergency response unit (ERU) was deployed to support activities aimed at improving water supply and sanitation facilities. NRCS is one of the seven National Societies to benefit from the new [Zambezi River Basin Initiative](#), launched by the IFRC Southern Africa Regional Office to help improve lives of vulnerable people living along the river basin.

Despite the emergency operations, the long-term programmes continued through an integrated approach with community-home based care (CHBC) as the core programme. The **health and social services (HSS)** programme comprises of a comprehensive package, which is inclusive of prevention of further HIV infections, care and support through to HBC clients and orphan and vulnerable children (OVC), reduction of stigma reduction, water and sanitation (WatSan), community-based First Aid and primary health care. The WatSan programme continued in Kunene and Ohangwena regions funded by the European Union (EU), Belgian and Swedish Red Cross. Emergency WatSan activities were implemented as part of the floods operation catering for the immediate clean water and sanitation needs.

The prevention and control of tuberculosis (TB) focused on encouraging treatment, care and support of patients and prevention. Actions on community-based health and First Aid (CBHFA) were promoted and the main highlight being the workshop conducted in October 2009 with an objective to orient staff and volunteers on the new 'revitalized CBHFA *in action*' approach, and to develop an action plan for the implementation at branch level. NRCS also partnered with other stakeholders in community mobilization targeting communities in Khomas, Oshikoto, Otjozondjupa, Ohangwena, and Kunene through sensitisation on polio and measles vaccination services. CHBC volunteers were recruited for the measles campaign focusing on those areas where they normally work.

The **National Society development** programme focused on institutional capacity development, in volunteer management, strengthening of branches, resource mobilisation, financial development through the Navision accounting software training. The NS was also the first in the southern Africa region to pilot consolidated donor reporting system.

The promotion of **principles and values** was integral in the implementation of all NS development activities such as governance and management training, stakeholders meetings and youth camps. NRCS was also conscience to mainstream gender equality, anti-discrimination and social inclusion in all programmes and emergency operations. They also ensure equitable representation of females and males in volunteer recruitment, training and fostered the same in all youth structures.

Financial situation: The total 2009 budget was CHF 1,925, 527 of which 50 percent was covered. Expenditure overall was 50 percent. The majority of funds were earmarked for disaster response activities, HSS and National Society development. Donors under this plan thus far include the Netherlands, Spanish and Swedish Red Cross Societies, Eli Lilly Export Company (South Africa) and European Commission.

See also emergency appeals operational during the reporting period:

MDRNA004: An Emergency Appeal seeking CHF 1,149,980 was launched, following the IFRC Disaster Relief Emergency Fund (DREF) allocation of CHF 146,695. The DREF was for the provision of immediate assistance to 4,000 households (20,000) beneficiaries displaced by the floods. The appeal budget was revised to CHF 1,569,797 in the first operations update and to CHF 2,121,518 in the fourth operations update to include additional operational costs including the deployment of the mass sanitation ERU.

No. of people we help: NRCS reached a total of 222,000 in HSS programmes whilst disaster management reached 34,600 people through response operations. A total of 80 volunteers were mobilised and trained on participatory hygiene and sanitation transformation (PHAST) methodology and 200 volunteers on CBFA, prevention of gender-based violence and health actions in emergencies.

Our partners: The IFRC, ICRC, Belgian British German Irish Netherlands, Spanish and Swedish Red Cross Societies partnered with NRCS at various levels. The National Society in partnership with the Ministry of Health was a recipient of the Global Fund. NRCS also collaborated with various government ministries, non-governmental organisations, community-based organisations and other UN agencies such as UNICEF and WHO.

Context

Namibia continues to be dependent on agricultural production although threatened by the negative impacts of climate change. The main hazards in Namibia have been droughts and floods in some areas such as the Caprivi region affecting food production, livestock and water resources. The 2008 flooding in the northeast and western parts of Namibia were unusual, clearly indicating the effects of climate change.

In 2009, Namibia experienced its worst torrential rainfall in 40 years that caused flooding in the northern and north-eastern parts of the country affecting almost 700,000. The most affected areas included Oshana, Oshikoto, Ohangwena and Omusati, in the Cuvelai Basin, as well as the Kavango and Caprivi regions. The torrential rains began in February 2009 and raised the water levels in the Cuvelai basin, Chobe, Zambezi and Kavango rivers. The impact of these floods was cumulative, with more devastation and human suffering due to the prolonged nature of the disaster. The floods damaged public infrastructure, including roads and bridges that were still being repaired after the damage from 2008 floods. This resulted in reduced access of the affected population to health facilities, schools and market places.

As auxiliary to the local authority, NRCS was quick to respond all the emergencies, with its relief operation focussing on providing temporary shelter, clean water, and sanitation facilities and promoting health and hygiene practices. The government reported an influx of refugees from the Democratic Republic of Congo (DRC), Burundi and Zimbabwe at the rate of 40 asylum seekers per month, majority being young men and women as well as a few unaccompanied children. UNHCR estimates that there are 6,800 refugees living in the refugee camp with close to 1,400 living outside the camp.

Evidently, HIV and AIDS is reversing development gains, thus Namibia cannot hope to achieve economic growth and development without comprehensive efforts to deal with the pandemic across all sub-sectors. The number of OVC in Namibia is increasing and it is projected that by 2021, Namibia will have approximately 250,000 orphans under the age of 15. The rights of these children to health, education, a caring family environment and full participation in society may be under threat.

Despite the numerous challenges in the operating environment, including the HIV and AIDS pandemic that continues to impact negatively on the lives of those infected or affected, NRCS remained operational and focused on assisting the most vulnerable people, with the assistance of the IFRC country representation and other partners. The government through its various agencies and departments and in full partnership with the non-governmental organisations (NGOs) and private sectors have and will continue to develop and adopt pre-emptive, preventative and corrective actions to address environmental and climate change issues. The arid environment, recurrent drought and desertification have contributed to make Namibia one of the most vulnerable countries.

Progress towards outcomes

Disaster Management

Programme component : Disaster Preparedness

Outcome 1: NRCS keeps an up-to-date hazard map as a point of departure for the design and development of appropriate mitigation programmes and activities.

Outcome 2: Efficient mechanisms and improved capacities are developed for skilled human resources, financial and material resources for optimal disaster preparedness.

Achievements

Given the recurrent disasters caused by flooding and drought, enhancing capacity on disaster preparedness and response was a priority for the National Society. NRCS has a fairly well established human resource capacity in emergency preparedness and response, particularly in the north-eastern part of the country, which is prone to yearly flooding. The staff and volunteers in the branches along the disaster prone regions were trained on various disaster response actions as well as their own protection in partnership with the Ministry of Health, WHO and UNAIDS.

The IFRC Southern Africa Regional office facilitated the repositioning and the thereafter deployment of relief item. Complemented by the DREF, the National Society managed a quick response to the needs of families displaced by floods in the northern part of the country. Efforts are being made to replenish the relief stock in preparation of future disasters.

Programme component: Disaster Response

Outcome 1: Effective NRCS disaster response mechanisms are in place for timely response to minimise the impact of emergencies and disaster on affected populations.

Outcome 2: NRCS capacity is improved for the provision of assistance for the restoration of sustainable livelihoods in population affected by disasters.

Achievements

The NRCS emergency relief operation's focus was on providing temporary shelter, clean water, sanitation facilities and promoting health and hygiene practices. During the floods response operation, NRCS assisted approximately 9,000 families through the provision of non-food relief items (blankets, mosquito nets, kitchen sets, plastic sheets, water purification sachets, water containers and tarpaulins) in Caprivi, Kavango, Omusati, Oshana, Ohangwena and Oshikoto regions.

At the end of the operation, the National Society had exceeded its target in terms of coverage, thus reaching over 9,000 families instead of the target 4,000 due to the increasing needs. This was achieved by revising the original appeal budget in order to cover the additional costs. Complementary support was raised through local resource mobilization efforts.

One of the critical needs of the people in the relocation camps was proper sanitation. During the initial stage of the operation, NRCS mobilised and trained 80 volunteer in PHAST methodology, whilst over 200 volunteers were trained on CBFA, gender-based violence and health in emergencies. The volunteers committed to help reduce the risk of water-borne and other communicable diseases in the relocation camps set up by the government to temporarily shelter the displaced families. Although there were no major disease outbreaks reported in the flood affected regions, some incidences of acute respiratory tract infection (ARI) and diarrhoea were reported especially in Lusese A and B relocation camps in the Caprivi region. The situation was promptly contained with the assistance of the Ministry of Health and Social Services.

Programme component: Disaster Risk Reduction

Outcome 1: Community knowledge and awareness of the hazards and risks in their environment and the development of local risk reduction strategies built on traditional coping mechanisms is increased; as well as contemporary knowledge on the cause and effect of common modern day natural phenomenon.

Outcome 2: Reduction of the health, social and economic risks are observed amongst communities vulnerable to both natural and man-made disasters.

Achievements

Disaster Risk Reduction

Namibia being one of the countries along the Zambezi River has in the past eight years endured flooding in the basin, which resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it has been argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this argument, the IFRC Southern Africa regional office launched the Zambezi River Basin Initiative (ZRBI) project in June 2009 aimed at reducing vulnerability and building community resilience against hazards and threats for communities living along the basin in seven countries, including Namibia. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.

One of the key components of the ZRBI is strengthening the capacity of the Red Cross branches along the river basin in order to increase capacity to implement disaster preparedness, response and recovery operations. NRCS has developed a yearly operation plan with an initial focus of increasing the capacity development of the local branches to be vibrant and well functioning as well as increasing access and utilisation of local resources, towards low cost and high impact service delivery. For the implantation timeframe of three years, NRCS is targeting 24,000 people in Katima Mulilo and Kabbe districts of Caprivi province along the Zambezi River basin with an integrated project covering community-based health and First Aid (CBHFA), food security and livelihoods, water supply, sanitation and disaster risk reduction.

Food Security

Food insecurity remains one of the challenges facing Namibia, and this is aggravated by various social, economic and environmental factors. NRCS with funding from the Swedish Red Cross, ECHO and the Spanish Red Cross, has been implementing food generating activities targeting disadvantaged groups within the communities of Ohangwena and Caprivi regions to enhance food security. In the first half of 2009, 40 volunteers were trained on business management and agricultural production at the household level.

In the Ohangwena region, the National Society concentrated on improving the food security of the marginalised San community by assisting them to start agricultural activities aimed at increasing availability and access to food assets. In Ohangwena region, the food-for-work programmes, was established at Okapeleki and Omukukutu with a combined membership of 35 people. A total of 50 goats were purchased and distributed to the membership on a livestock income generating project.

The Spanish Red Cross bilaterally supported seven food-for-work associations with a total of 105 community members. A District Management Committee (DMC) was established with 15 members to coordinate and manage the activities of the seven associations. The associations were also involved in strengthening capacities of the communities on basic business management, agricultural production, hygiene promotion, preservation, chlorination and treatment of water and proper use of sanitation facilities.

In partnership with the Swedish Red Cross, NRCS implemented a post-flood recovery programme in Ohangwena region to ensure sustainability of food availability among the communities affected by floods. Seeds, fertilizers, hoes and two goats per household were distributed to 7,300 households. The post implementation survey conducted in 2009, to assess the impact of this intervention revealed a reduction in millet harvests due to floods over the last three years. Training on livestock management was conducted with the support of the Directorate of Agricultural Extension in the Ministry of Agriculture Water and Forestry. Manuals and pamphlets on small stock management were also developed and distributed to the beneficiaries of this programme.

Tracing, Repatriation and Family Visits

NRCS is a member of the Namibian Refugee Committee, represented by its national tracing coordinator. In 2009, the NS focused on creating a national tracing network to enable response during emergencies. In order to strengthen the capacities of the network, volunteers in Caprivi, Kavango, Ohangwena, Oshikoto and Kunene region were trained on various aspects of tracing, family reunification complemented by CBFA envisaged useful when visiting detainees.

Constraints or Challenges

- In trying to determine the number of people affected by floods and their needs, the data collection process was not efficient leading to variances in numbers provided by different stakeholders. The rapid assessment teams were obstructed by the limited access to the affected areas since the road network was seriously damaged. The National Society also experienced some teething problems in the early stages of the floods operation caused by delays and challenges in the procurement process. In addition, the prepositioned relief items were inadequate to cover the immediate needs.
- The disaster preparedness capacity needs strengthening since the National Society staff and volunteers were overstretched during the response operations. Their prolonged involvement affected the implementation of other long-term programmes as the human resources focused on the emergency.
- Gaps in coordination among stakeholders during emergency operations were also identified and NRCS is working at enhancing collaboration focusing on engaging other stakeholders in the planning stages of the operations, as well as enhancing the information and communication systems.

Health and Social Services (HSS)

Programme component: Community-based Health

Outcome 1: Number of “under-fives” with up-to-date records of the immunisation regimen has increased.

Outcome 2: Treatment compliance by clients on the directly observed (TB) therapy strategy (DOTS) therapy has increased.

Outcome 3: Stigmatisation of people living TB and HIV has reduced through effective advocacy, communication and social mobilisation interventions.

Outcome 4: Prevalence of malaria for children under five years, pregnant women and PLHIV has decreased in NRCS operating areas.

Achievements

Tuberculosis

Through the partnership between IFRC and Eli Lilly, funding was acquired to train HBC volunteers on TB to strengthen community TB control activities. NRCS trained 116 volunteers from Khomas, Oshikoto and Otjozondjupa regions on TB to fill the gap that was identified in TB knowledge among the volunteers. The trained volunteers complemented the community TB control programme of the Ministry of Health. The role of the trained volunteers was to ensure treatment adherence by all TB patients including those with multi-drug resistant TB throughout the duration of their treatment. The training also focused on capacitating the volunteers with issues related to MDR, and the necessary precaution they need to take with regard to self protection.

The community TB care project supported by the Global Fund – Round 5 also provided community awareness activities focused on adherence to treatment, prevention and referral for medical care. The co-infection was rate reported to be high and demanding attention to both TB and HIV prevention. In an effort to scale-up tuberculosis control programmes and integrating it into HBC programmes, NRCS trained 120 HBC volunteers on TB prevention and control, to ensure they are able to holistically support the patients.

The community TB care project implemented in Khomas, Oshikoto and Otjozondjupa was expanded to Caprivi region to accommodate six more health facilities. The activities also reach 92 health facilities including those in Omusati and Ohangwena.

In collaboration with the Ministry of Health, NRCS volunteers traced 95 out of 132 patient-defaulters back onto treatment. To complement the dietary and nutritional needs of malnourished TB patients, the NS provided nutritional supplement (e-pap) to 2,640 TB patients for six months. A total of 85 field promoters in Omusati and Ohangwena regions received refresher training on TB at the beginning of 2009. It is estimated that close to 9,400 patients have adhered to treatment, since the beginning of the project in June 2006.

First Aid

NRCS placed emphasis on emphasis on developing the commercial First Aid programme component. However, the needs on the ground demanded the development of community-based First Aid (CBFA) activities in order to better position communities in dealing with minor incidences and in caring for the HBC clients. Capacity was enhanced by ensuring the provision of human and material resources, with the support of the IFRC and the Belgian Red Cross-Flanders. A total of 340 volunteers were trained on CBFA, whilst dissemination continued through use of public media, manly the national radio stations.

Immunisation

Child immunisation has been one of the government's health initiatives, which is consistent. In support of the government, NRCS volunteers contributed to educating the communities through social mobilisation during the national immunisation campaigns. Plans are in place to integrate the education on measles and polio on the health education curriculum for the HBC volunteers.

Programme component: Water and sanitation¹

Outcome 1: Access to safe water and sanitation facilities in identified vulnerable communities has improved.

Achievements

Water and Sanitation

Only 41 percent of the Namibian population have access to adequate sanitation and 82 percent to safe water sources. Given this situation, NRCS continued developing the WatSan programme to reach more vulnerable people, targeting Kunene and Ohangwena regions. The WatSan programme is supported by the EU, Belgian and Swedish Red Cross Societies, and technical support from the IFRC.

A total of 64 borehole pumps were re-habilitated in Kunene region, whilst 36 latrines were constructed for nine schools (four toilets per school) and 91 constructed at household level, out of the 250 planned. In Ohangwena 160 VIP latrines for the vulnerable households were also constructed, out of the 350 latrines planned. In an effort to ensure community participation and ownership, a total of 91 water point committees, which constitute 52 percent of the 175 planned established in Kunene.

¹ Global WatSan Programme supported by EU under the Federation Global Water and Sanitation Initiative

A total of 77 water point committees (WPC) were formed from these associations and members of 71 committees were trained in maintenance and management of water points. PHAST activities reached 160 villages in Kunene and 176 villages in Ohangwena.

Programme component: Emergency Health

Outcome 1: Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.

Achievements

In response to the high immediate demand for clean water and sanitation facilities at the relocation camps set for families displaced by floods, the IFRC facilitated the deployment of a light Mass Sanitation Module (MSM20) to Caprivi and Kavango regions between 22 April 2009 and 19 June 2009. The ERU support ensured immediate construction of latrines and bathing shelters, whilst the National Society jointly with government started the treatment of water. The volunteers were immediately trained and carried hygiene promotion campaigns within the relocation camps.

The MSM20 ERU further trained the volunteers through a refresher course on hygiene promotion. Consequently, the volunteers helped the families in the relocation camps to ensure clean surroundings and proper use of clean and safe water, plus hygienic use of sanitation facilities and waste disposal. The improved access to clean and safe water thus contributed to a reduction of disease outbreaks in the relocation camps. Alongside the hygiene promotion activities, the volunteers distributed information, education and communication (IEC) material on health and hygiene. The volunteers also conducted social mobilization campaigns using drama and display of banners with key hygiene promotion messages in the relocation camps. The capacity of the volunteers was hence strengthened and complemented PHAST and community based disaster management previously done through disaster preparedness initiative. In the post floods operation phase, NRCS revised the IEC material to emphasis lessons of hand washing, cleaning and disinfecting latrines and surroundings.

Programme component: HIV and AIDS

(Refer to Link <http://www.ifrc.org/appeals/annual06/MAA63003NA.pdf>)

Outcome 1: Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) 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.

Outcome 4: Build the NS capacity to plan, implement, and manage the programme.

Achievements:

The achievements of the HIV and AIDS programme have been reported under the regional Southern Africa Zone HIV and AIDS programme (MAA63003), which is a component of the Global Alliance on HIV. The report link is <http://www.ifrc.org/docs/appeals/annual09/MAA6300309ar.pdf>

Challenges

Food insecurity remains a big challenge for HBC clients, OVC and TB patients on treatment, which regress the efforts volunteers. There is a need to give refresher training to the health educators and update them on the new developments in the field of HIV and Aids such as male circumcision as well as multiple concurrent partnerships.

National Society Development

Programme Component: Branch Development and Volunteer Management

Outcome 1: NRCS branches are viable and vibrant and with sound volunteer and local youth network management systems in place and routinely implemented.

Outcome 2: NRCS has sound systems and procedures for the provision of systematic managerial and technical support to the branches by the headquarters.

Achievements

The organisational development focussed on strengthening the membership and volunteer management. To increase its membership base, more than 1,000 new members were recruited. Volunteer management was strengthened by installing a database management system in Kavango, Kunene, Ohangwena, Caprivi and Otjozondjupa regions. Data capturing started in the second quarter of the year and is expected to improve the management of volunteers.

NRCS embarked on strengthening its regional structures such that Kunene and Kavango regions have functioning youth structures. The regional level annual general meetings (AGM) were conducted in Kunene, Kavango and Caprivi regions, with elections of regional committees.

Programme Component: Well functioning organisation

Outcome 1: NRCS has well defined policies, systems and procedures in place for the effective management of the NS.

Outcome 2: NRCS performance is optimal through a stable staff establishment and a dedicated and competent management and staff officer corps.

Outcome 3: Effective financial management systems, procedures and tools are in place and systematically used.

Outcome 4: NRCS has capacity in planning, monitoring, evaluation and reporting (PMER) and programme design, monitoring, evaluation and reporting meet standards stipulated in the Federation's "Performance and Accountability Framework".

Achievements

Programme staff members were trained in advanced project cycle management and report writing at headquarters level. To enhance staff computer skills, refresher training was given on basic computer (IT). Efforts were placed on the development of policies and guidelines, resulting in the adoption of the Volunteer Management Policy by the governing board in April 2009.

Programme Component: Resource Development

Outcome 1: NRCS record of performance and accountability acts as a pull factor for potential strategic partnerships and local resource mobilisation.

Outcome 2: NRCS is able to meet at least 25 percent of core costs by end of 2009 and 50 percent by end of 2010 through local resource mobilisation.

Outcome 3: NRCS has a well functioning internal and external communication system, supported by a reliable information technology infrastructure.

Achievements

NRCS signed a Memorandum of Understanding with the Namibia Airports Company in February 2009, which allowed the National Society to place donation collection boxes at the three airports in the country. Through hotel and airport collections, NRCS raised a total of NAD 15,500. The National Society has also launched the raffle ticket competition with the aim of generating additional funds. Through its local fundraising campaign, NRCS raised NAD 1.8 million for the floods operation.

Constraints or Challenges

- Lack of funding support for the restructuring process in some branches has constrained progress in capacity development initiatives.
- Setting up structures in some regions has been difficult due to low membership.
- Lack of general information about the Red Cross makes the recruitment of members difficult, which calls for aggressive dissemination throughout the country.

Principles and Values

Programme component: Promotion of Fundamental Principles and Humanitarian Values

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 and gender).

Outcome 2: The Fundamental Principles and Humanitarian Values are internalised and practised at all levels of the organisation (leadership, management, staff corps and the communities served).

Achievements

NRCS ensured that the regional branches are strengthened and have capacity to disseminate the Red Cross principles, values and mandate by continuously training the volunteers. 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 principle and values, but to influence their behaviour through developing an understanding and raising awareness.

Programme component: Operationalization of Fundamental Principles and Humanitarian Values

Outcome 1: NS leadership and management actively engage public authorities in matters of concern in the event of a breach of humanitarian principles and values regardless of the source.

Outcome 2: The dissemination of the Fundamental Principles is an integral component in all NS programmes and activities.

Achievements

The dissemination of principles and values has been supported by the ICRC and local media at regional and national levels. The NS is in the process of repackaging the activities on the operationalization of the P&V, through close consultation with the ICRC. In addition, the ICRC supported the tracing activities in three regions with refugee programmes. The national society continued to disseminate humanitarian values through a radio programme aired on National Radio every Thursday which covered Red Cross operations and programmes.

Programme component: Respect for diversity and non-discrimination

Outcome 1: Communities internalise humanitarian principles and values through a structured programme of dissemination.

Achievements

In order to address gender inequalities in relief assistance the UNFPA seconded a gender focal person to work with the volunteers during the floods operation. The UNPA assisted the NS in assessing and addressing the needs of the different groups in the relocation camps, thus ensuring ensure equity in relief assistance.

Reproductive health, especially focusing on teenage girls in the relocation camps was also a focus of this initiative. Two workshops on gender-based violence and reproductive health were conducted in Caprivi and Kavango, where 53 volunteers and community development committee members received training. The trained volunteers played a big role of sensitizing the affected communities on gender and reproductive health matters.

Communication

The information department issued press releases and stories in the Namibian Newspapers on the Red Cross coordinated floods response operation. The visibility of NRCS was enhanced following stories, interviews and press releases that were carried out during 2009.

In addition, the information officer undertook media tours with journalists to the flood affected areas of Kavango and Caprivi to familiarise and gather information, which profiled the humanitarian work of Red Cross. Journalists also held a number of interviews with NRCS volunteers and staff members. The publicity material included leaflets on food security and RC membership as well as the quarterly newsletters. The website was updated on monthly basis, thus was kept as a reliable information sharing tool.

The information department coordinate the Red Cross Day commemorations held on the 8th of May, 2009. The main event was held at the UN Plaza in Windhoek, while regional branches conducted similar activities in their respected regions. A breakfast meeting attended by NRCS partners was held to commemorate the 150th anniversary of the battle of Solferino.

Constraints or challenges

Although progress has been made in raising the profile of NRCS, the communication capacity of the National Society need to be further strengthened. Lack of funds hampers the effective implementation of the communication office.

Working in partnership

The IFRC technical support to the National Society enhanced capacity to achieve its goals of serving the vulnerable communities in Namibia. Importantly, the financial and technical support from the partnership with Netherlands, Spanish, German, Swedish and Belgium Red Cross Societies and the Global Fund, and government department ensured continuity and sustainability of programmes. The NS also collaborated with government departments and NGOs operating in the same field, thereby strengthening relationships and coordination. There is however a need to formalise these partnerships through the signing of Memoranda of Understanding, to ensure effectiveness and sustainability of programmes.

Contributing to longer-term impact

The NRCS programme departments endeavour to find synergies within national and international strategies which are relevant to the priority needs in the country. Community empowerment programmes will be continuously targeted at women than men following the increase of female-headed households, as a result of HIV related mortality.

With capacity building in floods response aspects, the volunteers and staff are better prepared to respond to future disasters. The good collaboration among the WatSan partners resulted into greater impact among the targeted communities. Collaboration between the NRCS, Ministry of Agriculture at the regional level has greatly improved.

Looking ahead

The priority for 2010 will be the integration of CBHFA and other existing programmes such as the HIV and AIDS programme, so that synergy and cohesion is created. Strengthening disaster preparedness of the NS is also one of the top priorities, given the recurrent emergencies in the northern parts of the country. In terms of National Society development, the priority is on membership recruitment and strengthening of regional committees.

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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International Federation of Red Cross and Red Crescent Societies

MAANA002 - Namibia

Draft Annual report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAANA002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	366,222	1,227,882	81,909	21,836	227,678	1,925,527
B. Opening Balance	0	0	0	0	0	0
Income						
<u>Cash contributions</u>						
<i>Eli Lilly Export SA</i>		19,800				19,800
<i>European Commission, Europe Aid</i>		666,951				666,951
<i>Netherlands Red Cross (from Netherlands Government)</i>	7,454					7,454
<i>Spanish Red Cross</i>			10,034			10,034
<i>Sweden Red Cross (from Swedish Government)</i>	145,920		69,470			215,389
C1. Cash contributions	153,373	686,751	79,504			919,628
<u>Outstanding pledges (Revalued)</u>						
<i>European Commission, Europe Aid</i>		623,266				623,266
<i>Netherlands Red Cross (from Netherlands Government)</i>	7,439					7,439
C2. Outstanding pledges (Revalued)	7,439	623,266				630,705
C. Total Income = SUM(C1..C5)	160,813	1,310,017	79,504	0	0	1,550,333
D. Total Funding = B + C	160,813	1,310,017	79,504	0	0	1,550,333
Appeal Coverage	44%	107%	97%	0%	0%	81%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	0	0	0	0	0
C. Income	160,813	1,310,017	79,504	0	0	1,550,333
E. Expenditure	-154,753	-729,708	-73,281		-0	-957,742
F. Closing Balance = (B + C + E)	6,060	580,309	6,223	0	-0	592,592

International Federation of Red Cross and Red Crescent Societies

MAANA002 - Namibia

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Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAANA002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination			
A		B						A - B	
BUDGET (C)		366,222	1,227,882	81,909	21,836	227,678	1,925,527		
Supplies									
Seeds,Plants	13,200	207					207	12,993	
Water & Sanitation	7,230							7,230	
Teaching Materials	482							482	
Total Supplies	20,912	207					207	20,704	
Land, vehicles & equipment									
Vehicles	17,352							17,352	
Computers & Telecom	7,000							7,000	
Total Land, vehicles & equipment	24,352							24,352	
Transport & Storage									
Transport & Vehicle Costs	55,950	969					969	54,981	
Total Transport & Storage	55,950	969					969	54,981	
Personnel									
International Staff	139,700		38,370				38,370	101,330	
National Staff	33,228		3,671				3,671	29,557	
National Society Staff	343,422	22,131					22,131	321,291	
Consultants	7,712							7,712	
Total Personnel	524,062	22,131	42,041				64,172	459,890	
Workshops & Training									
Workshops & Training	179,160		12,391	5,362			17,754	161,406	
Total Workshops & Training	179,160		12,391	5,362			17,754	161,406	
General Expenditure									
Travel	57,104	39	2,407				2,446	54,659	
Information & Public Relation	16,712							16,712	
Office Costs	67,888	706					706	67,182	
Communications	8,599	150	5,075				5,226	3,373	
Professional Fees	723							723	
Financial Charges	300	-10,389	-795	540		-2	-10,645	10,945	
Other General Expenses	1,966	-1				2	1	1,965	
Total General Expenditure	153,292	-9,494	6,687	540		0	-2,266	155,559	
Contributions & Transfers									
Cash Transfers National Societies	842,641							842,641	
Cash Transfers Others			663,176				663,176	-663,176	
Total Contributions & Transfers	842,641		663,176				663,176	179,465	
Programme Support									
Program Support	125,159	10,059	4,325	4,822		0	19,205	105,954	
Total Programme Support	125,159	10,059	4,325	4,822		0	19,205	105,954	
Operational Provisions									
Operational Provisions		130,881	1,088	62,557			194,525	-194,525	
Total Operational Provisions		130,881	1,088	62,557			194,525	-194,525	
TOTAL EXPENDITURE (D)	1,925,527	154,753	729,708	73,281		0	957,742	967,786	
VARIANCE (C - D)		211,469	498,174	8,629	21,836	227,678	967,786		