

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

NAMIBIA

Executive summary

The impacts of HIV and AIDS, tuberculosis, malaria, poor water supply, inadequate sanitation facilities and health emergencies are among the leading drivers of vulnerability in Namibia. The country's HIV prevalence rate has risen of late to 19.9 per cent, with the impact of the pandemic placing increasing and overwhelming burden on all levels of society. More than 14 percent of children under the age of 14 have been orphaned as a result of HIV and AIDS.

The country has more than 70 percent tuberculosis (TB) and HIV co-infection rate. Over the past five years malaria has caused an average of 510,000 outpatient and 33,000 inpatient cases, as well as 1,300 deaths. Only 41 percent of Namibians have access to adequate sanitation and 82 per cent to safe water.



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](#)¹ 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)'s General Assembly adopted a new plan called the [Federation of the Future](#)² (FoF) in 2005 aiming at achieving the [Global Agenda](#)³, with [four goals](#) aligned to the core areas of [Strategy 2010](#)⁴. The Global Agenda demonstrates commitment to increasing the impact of our work by committing to scaling-up and improving the quality of our programming at both domestic and international level. As such, the Namibia Red

¹ **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.

² **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

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

⁴ **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>

Cross Society (NRCS) programme plans for 2009-2010 are developed from national strategic plans at the same time are aligned to the Global Agenda's goals.

The plan also draws strategic direction from African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010)⁵ and the Algiers Plan of Action⁶, as well as Namibia's own development strategy 'Vision 2030'. African Red Cross/Red Crescent Society Health Initiatives (ARCHI) 2010 goal is '*Better health for Africa's vulnerable individuals and groups served by the Red Cross/Red Crescent Societies (RC/RC) in Africa by mobilizing the power of humanity*'. Consensus was reached on the major public health interventions which African NS should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries. By 2010, NRCS 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 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 NS assessed and reviewed the progress made since the [Ouagadougou Declaration](#)⁷ of 2000, and reaffirmed through the Algiers Plan of Action 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. Therefore, this plan aims to assist NRCS efforts to improve the quality of life of vulnerable people and contribute to the socio-economic development of Namibia.

With a recent change in leadership, NRCS is in need of intensified technical and financial support from and through IFRC Secretariat so as to ensure better programming, effective leadership, branch development and increased volunteerism. In order to facilitate this, the IFRC has appointed a Country Representative to Namibia. NRCS efforts will focus on marginalised and vulnerable communities in nine of Namibia's 13 regions.

This plan for 2009-2010 is seeking a total of CHF 3,472,480 (EUR 2,211,771 or USD 3,174,113)

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

⁵ 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/>

⁶ <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>

⁷ **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.

Country context

According to the last Population and Housing Census conducted in 2001, the life expectancy at birth declined from an average of 62 years in 1991 to 49 years, largely due to the effect of HIV and AIDS. For example, the IMF projected that life expectancy in Namibia might decline to around 38.5 years by 2015. 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. Namibia has one of the highest tuberculosis (TB) incidences in the world. The need to promote community contribution to care as part of National Tuberculosis Programme activity is particularly urgent. Due to the magnitude of the TB epidemic and its correlation with HIV and AIDS, the situation demands the mainstreaming of TB into the broad national response to HIV and AIDS.

Extreme poverty is common in rural areas and in northern regions (which are also predominantly rural). Namibia is the most arid country in sub-Saharan Africa with 80 percent of the land classified as arid, and 20 percent as semi-arid. This makes the country prone to recurrent droughts and food deficits. Maize is imported to supplement local production. Lack of adequate natural fresh water resources also exacerbates food production capacity and increases vulnerability among communities. Half of the population depend on agriculture (mainly subsistence) for its livelihood. The 2006 Namibia Demographic Health Survey (NDHS preliminary) nutritional data indicate that a total of 29 percent of under-fives were stunted nationally. Targeted poverty alleviation strategies including skills training for the youth, income generation for the poor communities (disaster risk reduction) are some of the strategies recommended by the National Development Plan of Namibia, some of which NRCS is implementing, complementary to the government's efforts.

The anticipated effects of climate change could have potentially negative impacts on the ability of the government to fulfil its developmental obligations. The government through its various agencies and departments and in full partnership with the non-governmental 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. The economy is very dependent on agricultural production and this is threatened by the negative impacts of climate change. The main hazards in Namibia have been droughts and floods in some areas such as Caprivi, affecting food production, livestock and water resources. The 2008 flooding in the northeast and western parts of Namibia were unusual in these areas and clearly indicate the effects of climate change.

Population, total (million), 2005	2.0
Population, urban (% of total population), 2005	35.1
Population, under age 15 (% of total population), 2005	39.1
Life expectancy at birth, annual estimates (years), 2005	51.6
Adult literacy rate (% aged 15 and older), 1995-2005	85.0
Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005	64.7
GDP per capita (PPP US\$), 2005	7,586
Population undernourished (% of total population), 2002/04	24
Under-five mortality rate (per 1000 live births), 2005	62
Infant mortality rate, poorest 20% (per 1000 live births)	36
One-year olds fully immunized against tuberculosis (%), 2005	95
One-year olds fully immunized against measles (%), 2005	73
HIV prevalence (% aged 15-49), 2005	19.6
Human Development Index value, 2005	0.650
Human Development Index rank, 2005	125
Human Poverty Index (HPI-1) value (%)	26.5
Human Poverty Index (HPI-1) rank	58
Population living below \$1 a day (%), 1990-2005	34.9
Population living below \$2 a day (%), 1990-2005	55.8
Population living below the national poverty line (%), 1990-2004..	

Source: UNDP, Human Development Report 2007/2008

National Society priorities and current work with partners

NRCS disaster management unit has been the most active in the past two year, responding to floods and health emergencies. In 2008, the country experienced the worst floods in the last 20 years in the northeast and northwest parts of the country. These floods are estimated to have affected more than 60,000 people. Households were flooded and some destroyed, access to services such as schools and clinics was cut, bridges destroyed, crops in the fields submerged. With the support of the IFRC Zone office in Southern Africa, an emergency appeal was launched to mobilise resources for assistance to the affected communities. NRCS also mobilised resources locally, which recorded a great success in its history.

Given the increase in emergencies, enhancing capacity on preparedness and response is a priority area for NRCS with continuous effort on capacity building and pre-positioning of relief stocks. NRCS urgently needs to build capacity of staff, volunteers and communities - empowering them through community-based risk reduction interventions. The absence of the disaster management focal person, for the last few years has always made it difficult to integrate and co-ordinate all disaster related activities. Financial and material resources are therefore needed to strengthen the disaster preparedness, risk reduction and response capacities for effective service delivery during emergencies.

Food insecurity remains a major cause of malnutrition and poverty in the Southern African region, as well as being responsible for high rates of morbidity and mortality in vulnerable communities. Causes of food insecurity include HIV and AIDS, climate change, population size, poor governance, decline in public services, decline in crop production, increasing inflation and debt. Namibia is among the five countries in Southern Africa (Lesotho, Malawi, Namibia Swaziland and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa⁸ in order to reduce food insecurity amongst the most vulnerable groups. The NS will work, in accordance with the Ouagadougou Declaration 2000, the Algiers Plan of Action and the new Food Security initiative to:

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

Currently the food security programme is implemented in two regions and is funded by the Spanish and Netherlands Red Cross Societies. In the Ohangwena region it is concentrating on improving the food security of the San community (marginalised) by assisting them to start agricultural activities aimed at addressing food insecurity among these communities. There is a need to integrate food security into the disaster risk reduction interventions using HBC as an entry point where possible. The food security projects should target both the beneficiaries and volunteers because there is general food insecurity for the poor communities in the country.

NRCS will continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003NA)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

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

⁹ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003NA) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003NA.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

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 NRCS 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 represents a quadrupling of the Red Cross effort in the country and targets to reach 450,000 people with messages on prevention and reducing stigma/discrimination; provides services for 7,600 people living with HIV and 8,500 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Namibia.

Through the community tuberculosis (TB) care project, NRCS has been involved in community awareness activities, mainly focused on adherence to treatment, prevention and referral for medical care. The projects are strong in two regions and supported by the Global Fund – Round 5. Plans are underway on training volunteers on caring for TB patients in the HBC projects. The co-infection rate is high and demanding attentions to both TB and HIV prevention. In addition, malaria has been a threat to the HBC clients; and insecticide treated nets (ITNs) have been distributed in the malaria endemic regions (supported under the Global Fund – Round 6).

In terms of water and sanitation, only 41 percent of the Namibian population have access to adequate sanitation and 82 percent to safe water sources. NRCS actions will intensify its interventions in this regard to reach more of the vulnerable communities. Clean water supply and sanitation activities are being implemented in the Kunene and Ohangwena regions with funding from the European Union (EU), Belgian and Swedish Red Cross. The recurrent floods in Caprivi region have raised the need for the Participatory Hygiene and Sanitation Transformation (PHAST) training in that area, to avoid the outbreak of potential disease during emergency. This recommendation came out of the post disaster review that was conducted in October 2007.

In the last few years, NRCS has been putting more emphasis on developing the commercial First Aid programme component. However, the needs on the ground have demanded the development of community-based First Aid (CBFA) activities, so that communities are better positioned to help themselves during minor incidences and in caring for the HBC clients. The capacity of the First Aid unit in terms of human and material resources needs to be strengthened as it is currently limited in its functionality. The first point of call is rolling out community-based training among volunteers and staff.

Child immunisation has been one of the government's health initiatives, which is consistent. NRCS volunteers greatly contributed with educating the communities through social mobilisation during the national immunisation campaigns. The future plan is to integrate the education on measles and polio on the health education sessions of the HBC volunteers.

NRCS will ensure that the regional branches are strengthened and have capacity to disseminate the Red Cross principles, values and mandate. 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. NRCS 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. The dissemination programme has been supported by the ICRC, local media at regional and national levels. However, the programme 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 supports the tracing activities in three areas with refugee programmes.

The organisational development focus will be on strengthening the membership of the NS and the improvement of volunteer management throughout the country. This in turn will enable NRCS to scale-up its services to the vulnerable and in more efficient and effective way. The NS leadership works towards ensuring that the regional branches are strengthened in promotion and operationalization of the P&V. Its mandate and activities and the legal base under which the Red Cross is established will be the priorities of the NS.

Secretariat supported programmes in 2009-2010

Disaster Management

a) The purpose and components of the programme

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

The Disaster Management programme budget for 2009-2010 is CHF 692,162 (EUR 440,868 or USD 632,689)

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.
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.
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.

NRCS has embarked on significant interventions to address the effects of climate change through the disaster risk reduction programme. The strategy is to establish a strong disaster management unit that will have an overall responsibility and capability of coordinating all issues related to disaster management. The new establishment would ensure integration of related activities as well as channelling technical support from the IFRC Zone office in southern Africa.

b) Profile of target beneficiaries

The target population is 90,000 people of Caprivi region and San communities (marginalised) who are living in disaster prone areas. Caprivi region is prone to recurrent floods and on annual basis many inhabitants of that region are displaced as a result. The San communities are the most marginalised communities and have the least human development indicators in the whole country. The two communities will benefit from trainings on early warning systems, and community disaster risk reduction activities such as distribution of seeds and farming implements.

Relief items will also be pre-positioned in the strategic areas for the communities who are likely to be affected by disasters. The staff and volunteers of NRCS will benefit from the trainings aimed at building their capacity in disaster preparedness and response. To make sure that there is community involvement and participation, the whole project planning, implementation and monitoring will be done together with communities. Tools such as of the Vulnerability Capacity Assessment (VCA) would be used to maximise the community involvement and enhance ownership.

The disaster management contingency plan will be developed with the support of the IFRC Zone office. The Contingency planning will be benefiting 65,000 people along the Zambezi River basin and Cuvelai Delta.

c) Potential risks and challenges

Namibia is classified as a middle income country, which makes it difficult to attract donors. This has a potential risk of most of these programmes not being funded. The other problem is lack of long term funding which makes it difficult to measure success and define sustainability. However, measures will be put in place to ensure that local fundraising is strengthened and that communities are involved in all the interventions. Local partnership with all the relevant stakeholders will be strengthened to ensure the continuity and sustainability of interventions.

Health and Care

a) The purpose and components 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 2,344,888 (EUR 1,493,559 or USD 2,143,408)

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.
Programme component: Emergency Health
Outcome 1: Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.
Programme component: Water and sanitation¹⁰
Outcome 1: Access to safe water and sanitation facilities in identified vulnerable communities has improved.
Programme component: HIV and AIDS (Refer to Link http://www.ifrc.org/appeals/annual06/logframes/africa/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).

¹⁰ Global WatSan Programme supported by EU under the Federation Global Water and Sanitation Initiative

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.

b) Profile of target beneficiaries

The target beneficiaries of this programme will be the TB patients in the three areas of Omusati, Ohangwena and Katima Mulilo. The programme will target about 60,000 people in all the three areas. The population living within the catchments areas of these clinics would benefit from general health education on TB.

Populations within the malaria endemic regions will benefit from the provision of mosquito nets as well as information dissemination on prevention. Children under five in the targeted areas will also benefit from the immunisation social mobilisation for the measles and polio.

Approximately 65,000 people will benefit from the water and sanitation programme in three areas of Kunene, Ohangwena and Caprivi. Emergency health services will be provided to all the people who find themselves as direct or indirect victims of emergencies and who are at risk to disease outbreaks.

c) Potential risks and challenges

The Global Fund support is envisaged to continue in the next two years, failure of which will inhibit the continuation of the TB prevention programme. In addition, the water and sanitation programme is under threat of failure to limited absorption capacity at the branch level.

Organisational Development/Capacity Building

a) The purpose and components of the programme

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

The Organisational Development/Capacity Building programme budget for 2009-2010 is CHF 164,079 (EUR 104,509 or USD 149,981)

Programme component: Leadership and management development
Outcome 1: The NRCS has an effective and efficient leadership (governance and management).
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, procedure 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".
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.
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.

The organisational development and capacity building work within the NRCS needs greater attention in order to build a strong base for scaling-up its programming. The NS has to maintain stability in its leadership and ensure continuity and sustainability of its programme throughout the country. To realise this, emphasis is on improved, co-ordinated membership drive, volunteering, restructuring and branch development as well as the development of policies and procedures. The organisational development aspect has been neglected in the last few years, with no focal person to attend to the related issues. Therefore, financial and material resources are needed to fund the IFRC in country support cost and the NS capacity development initiatives.

b) Profile of target beneficiaries

The direct beneficiaries of the programme will be the NS decision makers and implementers (governing board, management, staff and volunteers). Indirectly, all the beneficiaries (155,000) of the Red Cross will benefit from the improved services of the NRCS structures.

c) Potential risks and challenges

Support is expected from all stakeholders in order to see NRCS succeed in the restructuring process. The new leadership is also anticipated to be committed to the turn around of the NS, thus to become a well-functioning NS.

Principles and Values

a) The 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 43,672 (EUR 27,817 or USD 39,920)

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).
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 integral component in all NS programmes and activities.
Programme component: Respect for diversity and non-discrimination
Outcome 1: Communities internalise humanitarian principles and values through a structured programme of dissemination.

Information and dissemination on the Red Cross Principles and Values has been the weakest component and has resulted in little or no understanding, thus limited support to Red Cross activities. Investing in efforts and resources is a prerequisite for this programme component in order for the NS to increase its credibility, visibility and the understanding of its roles and responsibilities in alleviating the suffering of vulnerable communities.

b) Profile of target beneficiaries

The programme will benefit the general population of Namibia, to be specific - staff and volunteers, public authorities and communities within the targeted areas (beneficiaries of the NRCS programmes and 200,000 from the general population).

c) Potential risks and challenges

The main internal risk is that increased operational demands reduce the amount of time on issues around the promotion of Humanitarian Values and Fundamental Principles. This risk is managed through close cooperation with the disaster management and health programme managers, with a strong emphasis on integration. The external risk expected is reluctance of community leaders to allow discussions and activities around the reduction of discrimination and violence. This is similarly tackled through ensuring cooperative efforts including all sections of the community, with a special emphasis on engaging with community leaders.

Role of the Secretariat

The Secretariat's budget for its support role in 2009-2010 is CHF 227,678 (EUR 145,018 or USD 208,115)

a) Technical programme support

The IFRC country representative mandate is to provide technical support and co-ordination to NRCS and the tasks are geared towards strengthening branches, increasing membership, restructuring and developing various policies, procedures and guidelines. Other support includes those for logistics, information, and planning, reporting and human resource management. Ad-hoc technical support is derived from various departments at the IFRC Zone office at the request of the NS and based on the needs.

b) Partnership development and co-ordination

The IFRC country representative also facilitates relationship building between NRCS and its stakeholders including Movement components (PNS, IFRC, ICRC) and humanitarian agencies. The office of the IFRC country representative advises and coaches the NS leadership on strategic development issues.

NRCS is formalising partnerships with its local partners through the signing of the Memoranda of Understanding. A fundraising committee at the governing board level will guide and direct all the fundraising efforts. A partnership forum will be created for all the stakeholders to come together and explore ways of collaborating and co-ordinating. The combination of resources and efforts would maximise the collective impact for the services being delivered. Support from the IFRC is needed on improving co-operation and co-ordination, utilising the Co-operation Agreement Strategy (CAS) to develop a country level cooperation strategy that aligns NS needs, capacities and priorities as well as the support received from partners.

c) Representation and Advocacy

The NS leadership guided by the IFRC representative will ensure the NS is well represented at all strategic national fora on humanitarian issues and social development. The IFRC representative is dedicated to assisting the NS enhance capacity in crisis management in the event of such. In that regard, the IFRC representative provides guidance in media and public relations.

Promoting gender equity and diversity

There is limited male participation in all the programmes and this disparity is being addressed by mobilising the male volunteers at community level. Community empowerment programmes are targeted at accommodating more women than men following the increase of female-headed families as a result of the HIV and AIDS pandemic. The incorporation of messages addressing gender violence would be done in all the campaigns and commemorations. The dissemination of the Red Cross principles would be strengthened to promote the respect for human dignity.

Quality, accountability and learning

The NS strives to become a successful national organisation by ensuring that it has and will continuously develop its five fundamental assets which are: competent people, relevant programmes, efficient organisational structure, adequate resources and effective ways of working. NRCS endeavours striking a balance between programme design and the implementing capacity in order to enhance quality on programming.

Accountability is through tracing the performance of programme, measuring and sharing the impact with the stakeholders. The impact and improved quality of life for beneficiaries will be monitored through a simple but systematic collection and examination of data. NRCS has recruited the planning, monitoring, evaluation and reporting (PMER) officer, who is taking care of issues related to programme performance and tracking. Annual donor consultative meeting will be held to create the platform for programme review and planning by all the stakeholders.

How we work

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

Global Agenda Goals:

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

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