

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

SWAZILAND

Executive Summary

Tiny Swaziland, tucked-in between South Africa and Mozambique, is the holder of an unwanted record. According to 2005 United Nations Development Programme (UNDP) estimates, Swaziland's 1.1 million people have the world's highest HIV and AIDS infection rate of 45.3 percent. The ravages of the pandemic are widespread. Population growth is in a freefall, life expectancy now sits at 40 years and an increasing number of elderly people are now caring for the many orphans of the virus.

In addition, despite Swaziland's predominantly subtropical climate and good access to water, drought is an increasing challenge for communities in the lowveld. The country also faces large income disparities, declines in economic growth and availability of food and increasing socio-political tensions.

The Baphalali Swaziland Red Cross Society (BSRCS) is operating in an environment awash with humanitarian challenges. In today's competitive environment, emphasis will be on showing more clearly the benefits of the Red Cross and Red Crescent (RC/RC) 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) 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



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>

programming at both domestic and international level. As such, BSRCS programmes are designed to address challenges highlighted in its Strategic Plan (2008-2011) and aligned to the mission and vision and IFRC Global Agenda.

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](#)⁵ of 2000, and reaffirmed through the [Algiers Plan of Action](#)⁶ 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, BSRCS programming focus is on improving health and care services in the community, enhancing psychosocial support, building safer and healthier communities through community-based First Aid, sanitation and hygiene promotion. BSRCS is also focusing on food security, disasters response and increased resilience through disaster risk reduction initiatives. The programmes will be implemented across Swaziland’s five divisions, covering 10,750 households, driven by 114 staff with assistance of 1,975 volunteers. In order to accomplish its goals, BSRCS will need the combined efforts and participation of all stakeholders, particularly in regards the strengthening of its institutional capacities.

This plan for 2009-2010 is seeking a total of CHF 1,177,400 (EUR 749,936 or USD 1,076,234)

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

Country Context

Swaziland recently surpassed Botswana as the country with the world's highest HIV infection rate among the 15-49 year olds. People living with HIV (PLHIV) is estimated at 230,000 (2006, UNAIDS Annual Report), HIV and AIDS – deaths is 24,000 (UNAIDS 2004) and children who are made vulnerable and are orphaned because of HIV and AIDS are estimated at 120,000 by 2010 (the number might double by 2015) and 5,000 children die of HIV and AIDS related illnesses every year (2004 UNAIDS Report).

According to the UNDP statistics, adult literacy rose from 72 percent in 1990 to 79.6 percent in 2005. HIV

Population, total (million), 2005	1.1
Population, urban (% of total population), 2005	24.1
Population, under age 15 (% of total population), 2005	39.8
Life expectancy at birth, annual estimates (years), 2005	40.9
Adult literacy rate (% aged 15 and older), 1995-2005	79.6
Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005	59.8
GDP per capita (PPP US\$), 2005	4,824
Population undernourished (% of total population), 2002/04	22
Under-five mortality rate (per 1,000 live births), 2005	160
Infant mortality rate, poorest 20% (per 1,000 live births)	..
One-year olds fully immunized against tuberculosis (%), 2005	84
One-year olds fully immunized against measles (%), 2005	60
HIV prevalence (% aged 15-49), 2005	33.4
Human Development Index value, 2005	0.547
Human Development Index rank, 2005	141
Human Poverty Index (HPI-1) value (%)	35.4
Human Poverty Index (HPI-1) rank	73
Population living below \$1 a day (%), 1990-2005	47.7
Population living below \$2 a day (%), 1990-2005	77.8
Population living below the national poverty line (%), 1990-2004	..

Source: UNDP, Human Development Report 2007/2008¹

⁵ **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.

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>

prevalence among 15-49 year olds was estimated at 33.4 percent in 2005, and life expectancy at birth has fallen from 49.6 years between 1970 and 1975 to 40.9 years in 2005. According to the *Economist Intelligence Unit*, the probability of a Swazi aged 15 years today reaching the age of 40 is now only 26 percent. Swaziland's gross domestic product (GDP) per capita was estimated at US\$4,824 in 2005, and an estimated 77.8 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 Swaziland a value of 35.4, which ranks 73 among 108 developing countries for which the index has been calculated. Moreover, the Gini⁷ coefficient measure of income inequality for Swaziland is 60.9, one of the highest in the world. The country's ranking in the UNDP's human development index is 141 out of 177 countries. Its ranking has fallen in recent years because of the high incidence of HIV and AIDS.

The global climate change has adversely affected Swaziland, which has experienced its worst drought, since 1991/2. An assessment conducted by a joint team from the FAO, WFP and the local Vulnerability Assessment Committee (VAC) revealed that 410,000 people will require humanitarian assistance such as food, agricultural inputs, water and sanitation (WatSan), health and nutritional services as well as livelihood recovery. Prices of agricultural inputs and other basic household necessities have dramatically increased and are beyond the reach of most vulnerable households. According to the VAC and the WFP/FAO joint assessment teams, the country's maize deficit is at 41 percent, and the most vulnerable subsistence farmers will require external assistance in order to produce an adequate amount of food for the next season. The severity of the situation led to the declaration of a drought by the government in the first week of June 2007.

National Society priorities and current work with partners

This plan also draws strategic direction from African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010)⁸ and the Algiers Plan of Action, as well as BSRCS Strategic Plan. ARCHI 2010 goal is '*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 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, BSRCS 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.

BSRCS will continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003SZ)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 BSRCS 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 500,000 people with messages on prevention and reducing stigma/discrimination; provides services for 6,150 people living with HIV and 6,300 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Swaziland.

⁷ A value of zero represents perfect equality and a value of 100 perfect inequalities

⁸ 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/>

⁹ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003SZ) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003SZ.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

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. Swaziland is among the five countries in Southern African (Lesotho, Malawi, Namibia Swaziland and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa.¹⁰ BSRCS will work, in accordance with the new Food Security initiative to:

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

The present drought situation has already had an adverse effect on PLHIV on antiretroviral therapy (ART) as they require good nutrition to complement their medication. Young girls from poor households are reported to be engaging in negative coping strategies including transactional sex, thus leading to an increase in sexually transmitted infections (STIs). There is also an increase in cases of gender violence, school dropouts, skin diseases, diarrhoea, and child abuse reported.

Secretariat Supported Programmes in 2009-2010

Disaster Management

a) The purpose and components of the programme

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

The Disaster Management programme budget for 2009-2010 is CHF 479,814 (EUR 305,614 or USD 438,587)

Programme Component: Disaster Preparedness
Outcome 1: Capacity is increased in skilled human, financial and material resources for effective disaster management.
Outcome 2: BSRCS capacity and ability in disaster management is strengthened and exhibiting standards stipulated in Disaster Policy by 2010.
Programme Component: Disaster Preparedness
Outcome 1: BSRCS designs appropriate programmes and activities and engages communities in preparing for disasters.
Programme Component: Disaster Risk Reduction
Outcome 1: Vulnerability of communities in disaster prone areas is reduced through timely information, capacity building and resilience to disaster risks.
Outcome 2: Nutritional condition of the most vulnerable population is improved with special attention to women and child-headed households.

In order to ensure effective disaster response and build community resilience, BSRCS will train divisional staff on food security and livelihoods recovery initiatives. Focus in on increasing household food provision in the long-term through community-based food production activities such as backyard and community gardening and keeping of small livestock. The beneficiaries will receive fencing materials, treated poles, nails, farming inputs, gates and drip kits for the backyard

¹⁰ For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

gardens and fencing materials, nails, treated poles, farming inputs gates and two water pumps for the communal gardens.

b) Profile of target beneficiaries

BSRC aims to address the capacity building needs of 114 staff members and volunteers on disaster management in five project divisions. Community disaster preparedness activities will reach 2,200 households yearly. The direct beneficiaries of the programmes are HBC clients and child-headed households in the five divisions and BSRCS clinic catchments areas in rural communities.

The integrated food security programme will target 1,250 households to be assisted with the establishment of backyard gardens and 40 communities with the establishment of community gardens. The five divisions of BSRCS will each undertake baseline studies and the participatory development of divisional plans that will be a basis for community mobilisation.

In order to strengthen disaster response, a warehouse with storage capacity for relief items for 5,000 beneficiaries will be strategically positioned in disaster prone areas. In order to ensure effective disaster response and build community resilience, the NS will train divisional staff on food security and livelihoods recovery initiatives.

c) Potential risks and challenges

The potential challenges likely to be faced while implementing the disaster management project is the non-availability of finances and adverse climate change (i.e. too little or too much rainfall prohibiting the community members from working on the projects).

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 340,140 (EUR 216,650 or USD 310,914)

Programme Component: Community-based Health and Care
Outcome 1: The level of communities` knowledge of health issues is increased through the development and distribution of health related information, education and communication (IEC) material.
Outcome 2: Communities are increasingly able to cope with health hazards and risks in their environment through engagement in integrated community-based health and First Aid activities.
Outcome 3: Blood donation awareness and a pool of voluntary non-remunerated blood donors (VNRBD) increased through the Club 25 Methodology.
Programme Component: Water and Sanitation
Outcome 1: Access to safe water and sanitation facilities is improved among the target population, according to the Sphere minimum standards.
Programme Component: HIV and AIDS (Refer to Link http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003SZ.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.

BSRCS health and care programme will continue providing basic services to its beneficiaries through the Red Cross clinic in four districts. Programme activities will be scaled-up and improved to deliver quality care services to HBC clients, while improving community nutrition status and availability of food particularly fresh vegetables. The programme will also train the identified communities on food preparation and preservation.

b) Profile of target beneficiaries

The First Aid programme targets 1,000 industrial workers, 200 road drivers, 500 pupils and 63,000 community members to be reached through the BSRCS First Aid posts. The NS will also train 15 First Aid instructors on basic occupational health and safety at work with the installation of 63 fully equipped First Aid posts and kits.

The immunisation programme will reach 11,000 children under five years, in collaboration with the Ministry of Health. A total of 5,000 pregnant women will receive antenatal care services through the three Red Cross clinics. Approximately 3,600 women will receive management of STIs in order to improve quality of service. A total of 5,000 men and women in the reproductive age group will be reached with family planning awareness campaigns.

The bilateral water and sanitation project targets 20,000 people to receive information, education and communication (IEC) material on health and hygiene, and 2,000 households will benefit from the construction of latrines. The NS will advocate that approximately 3,000 children receive intestinal worm drugs from the government.

c) Potential risks and challenges

The potential risk is the challenges imposed by the unavailability of technical experts to support the health and care initiatives due to brain drain. The NS requires technical support particularly in the WatSan programme which is envisaged to scale-up.

Organisational Development/Capacity Building

a) The 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 298,824 (EUR 190,334 or USD 273,148)

Programme Component: Leadership and Accountability
Outcome 1: BSRCS has sound and functional structures and systems at all levels, governance, management and local volunteer networks for optimal organisational performance and accountability.
Outcome 2: BSRCS has well defined policies and guidelines in programming, finance, logistics and human resources development.
Programme Component: Well-functioning Organisation
Outcome 1: BSRCS has viable governance, management, branch and volunteer network structures conducive to optimal organisational performance in service delivery.

Outcome 2: BSRCS has the capacity for planning, monitoring, evaluation and reporting (PMER) and these functions are executed in an effective manner and according to laid down standards.
Outcome 3: Effective financial management system, procedure and tools are in place and systematically used.
Programme Component: Branch Development and Volunteer Management
Outcome 1: BSRCS has vibrant branches and local units delivering quality services through their local volunteer and youth networks
Outcome 2: BSRCS 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: BSRCS 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 2: BSRCS has a well-functioning internal and external communication system, supported with a reliable information technology infrastructure.

The capacity development programme aims to strengthen systems and procedures at the headquarters and division levels, at the same time enhancing management and corporate governance. Experience has shown that both governance/staff as well as volunteers/members are more effective if their roles and responsibilities are clear, therefore BSRCS is reviewing its human resource structure and revamping the operating system. With support of the IFRC part-time organisational development (OD) delegate, BSRCS has started developing policies and standard procedures, which complement the restructuring process started in 2007.

The NS requires resources in 2009 – 2010 to support initiatives towards becoming a well-functioning NS¹¹. Focus is on governance and management development and further defining roles and responsibilities of the leadership. In addition to technical support in health and disaster management, the IFRC Zone office will continue supporting organisational development at all levels through in-country support.

Quality reporting and financial management is necessary for meeting donor requirements. This area will be improved by developing finance policies and moving to Navision accounting software. The change to Navision accounting software package started in 2007 and will be rolled out to the divisions in the next two years. The finance development programme will focus on information, communication and technology (ICT) development and efficient accounting and human resource management systems.

The NS recently developed a Resource Mobilisation Strategy through which it will increase and diversify the sources of funding, while practising effective financial management. BSRCS is embarking on the recovery plan following a severe leadership crisis in 2007¹² and it is envisaged that the role of the IFRC representative Zone office technical experts will be improved in supporting priority programmes and in fostering the humanitarian agenda in the country.

b) Profile of target beneficiaries

The capacity development programme aims to strengthen systems and procedures at the headquarters and division level, at the same time enhancing management and corporate governance. Through this programme and the input of the IFRC OD delegate, the priority programmes of the NS will be enhanced and the humanitarian agenda strengthened.

¹¹ **WFNS** - Accountable leadership and management, quality programming and effective service delivery to vulnerable people

¹² **Recovery Plan** – Programme developed and supported by donors to turn-around the NS to a well-functioning and credible organization that can deliver services to the vulnerable people. The 'Road-Map' to recovery is largely supported by the IFRC's Intensified Capacity Building Fund (ICBF).

c) Potential risks and challenges

Some of the board members and senior management may be retrenched as a result of the change management and capacity development programmes, which will be initiated through this plan. This may create reluctance to change, undue litigations and loss of direction for the NS.

BSRCS in general and particularly in the past few years has not had enough attention from donors and PNS; this may be primarily due to the size of the country but also its limited absorption capacity. Consistency and continuity in leadership is required for the NS in order to be more proactive, responsible and accountable to partners and donors.

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 58,624 (EUR 37,340 or USD 53,587)

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 internalised Fundamental Principles and Humanitarian Values leading to positive change in behaviour.
Programme Component: Operationalization of Humanitarian Values and Fundamental Principles
Outcome 1: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.
Outcome 2: BSRCS increased visibility and image as champion of the humanitarian cause.
Programme Component: Prevention of Sexual and Gender Based Violence
Outcome 1: BSRCS has mainstreamed gender issues in all its programmes.

This programme aims to reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity in the Kingdom of Swaziland. The activities towards dissemination of the Fundamental Principles and Humanitarian Values have been supported by the ICRC, including creating awareness on International Humanitarian Law to stakeholders and the general public.

b) Profile of target beneficiaries

BSRCS aims to address the capacity building needs of 114 staff members and volunteers on disaster management in five project divisions. Capacity development and promotion of Fundamental Principles and Humanitarian Values will reach all membership of BSRCS up to 50,000 people, specifically targeting youth, volunteer and management leadership. The direct beneficiaries of all programmes will be reached with dissemination activities through an integrated programming approach.

c) Potential risks and challenges

Resource mobilisation for the promotion of Principles and Values has been difficult for the society given the formulation of specific activities under this programme component. More is achieved through integrating the promotion of principles and values with the implementation of other programmes such as disaster response, community-based health and care, and capacity development.

Role of the secretariat

The Secretariat's budget for its support role for 2009-2010 is covered under Organisational Development programme.

a) Technical programme support

The IFRC Zone office will support the OD delegate part-time in Swaziland in fostering the humanitarian agenda and also positively representing the NS in international field through advocacy on priority issues and needs. The OD delegate position will be phased out in 2009 in line with the increased capacity of the NS. The IFRC Zone office will directly support the NS. However, the implementation solely remains the responsibility of BSRCS. The secretary general is responsible for all operations and reports directly to the governing board, as well as sharing information with other stakeholders. The IFRC Zone office will continue providing technical support in programming, particularly capacity development, through technical support and monitoring visits on respective programme areas, upon request and needs of the NS.

b) Partnership development and coordination

In line with the Algiers Plan of Action, BSRCS together with other African NS have committed to partner with their governments and also with corporate sectors. BSRCS has started reviewing its Cooperation Agreement Strategy (CAS) and has been through a process of consultation with its partners. Most of the PNS collaborate on a bilateral basis and in order to strengthen that, the NS will adopt the creation of an operational alliance¹³, firstly for the HIV and AIDS programme.

BSRCS has multilateral and bilateral partnerships with the IFRC, ICRC and Partner National Societies (PNS), which include the Finnish, German, Italian, Spanish and Swiss Red Cross. The bilateral projects include ICRC projects on promotion of Principles and Values, International Humanitarian Law, and Children of the World on Holistic Support for OVC. Finnish Red Cross supports projects on HIV and AIDS, livelihoods, Swiss Red Cross has also projects on HIV and AIDS prevention, care, support and treatment, capacity building, resource mobilisation and human capital development. German Red Cross initiated a First Aid centre, which still requires further feasibility study construction. The Spanish Red Cross funded a food security project. The Italian Red Cross has commenced building capacity for addressing the issue of drugs through the Rome Consensus on Humanitarian Drug Policy. Multilateral relations coordinated by IFRC with the Finnish and Norwegian Red Cross and the Royal Netherlands are on food security and HIV and AIDS.

Partners in the United Nations are WHO, UNICEF, WFP and FAO. WFP projects are on technical advice and food aid and distribution. UNICEF is supporting a holistic care and support programme OVC as well as training and provision of psychosocial support, shelter, child protection, PMTCT projects and food security in the form of backyard gardening. The FAO supports food security and water harvesting structures. The European Union (EU) is a partner in the HIV and AIDS Care and Prevention (HAPAC).

BSRCS coordinates with the assembly of Non-Governmental organization (NGO), Ministry of Health and Social Welfare, Ministry of Natural Resources and Energy, Swaziland National AIDS Programme for local partners, Swaziland National Youth Programme and Alliance of Mayors Initiative is at local level. Relationship with the government departments includes the collaboration with the National Disaster Management Agency on food security, vulnerability assessments, and relief assistance in the case of drought, floods, storms and fire. The Ministry of Health provides an annual subvention through the Central Medical Stores, which distributes ARV and the Public

¹³ **Operational Alliance** - An Operational Alliance is a grouping of Federation members (Secretariat and National Societies) who agree to cooperate together. If appropriate, the Alliance will cooperate with external partners (e.g. EU, WHO).

Health Unit, which provides vaccines for immunization and family planning commodities combined with training.

Collaborative efforts with NGOs also include staff training by the Coordinating Assembly on NGOs (CANGO). CANGO also provides a networking platform and collaboration on issues of gender, food security, HIV and AIDS, disaster management, child protection and human rights. The local Coordination Committee Mechanism (CCM) also supports Red Cross with endorsement on HIV programme and technical advice on proposal writing, whilst NERCHA provides capacity resources for HIV and AIDS projects. Red Cross also collaborates with Alliance of Mayors Initiative for Community Action on AIDS at the Local Level (AMICAALL) on complementary HIV and AIDS programmes, youth development, food security and advocacy. Although insignificant, relations with the private sector include projects funded by companies such as the Swaziland Post and Telecommunications Corporation, the Royal Swaziland Sugar Corporation, the Swaziland Electricity Company and Swaziland Building Society.

c) Representation and Advocacy

The IFRC Zone office and through coordination of the country-based delegate will support BSRCS by strengthening its advocacy work. The NS assessed and reviewed the progress made since the Ouagadougou Declaration and Algiers Plan of Action, reaffirmed the following key interventions and decided to pursue them with renewed commitments, vigour and focus, food security; health; HIV and AIDS; institutional capacity building as a cross-cutting issue.

In this programme, the IFRC will support BSRCS in fostering its unique status of *“auxiliary in the humanitarian services of their government”*. This status means that BSRCS will have a legally and more pronounced and defined relationship with His Majesty’s Government, based on supporting its humanitarian work, established in the International Humanitarian Law and the Act the BSRCS Act of 1970 (Act 41 / 1970).

Promoting Gender Equity and Diversity

BSRCS has an obligation to promote gender equity and equality, denounce gender violence, conduct gender mainstreaming and advocacy in all programmes. Children and women for example, are more vulnerable in the context of HIV and AIDS, hence the interventions ensures gender equity, respect, reducing stigma and discrimination. Programming also strives to redress the gender imbalance of carrying the burden in dealing with the effects of disasters by promoting the participation of men in activities traditionally carried out by women, such as providing care in the home.

Quality, Accountability and Learning

Prior to commencement of the projects, it is important that all heads of department are well versed with the programme activities and the expected outcomes. Secondly, the NS will engage community leaders through meetings in project areas to further understand the needs of the vulnerable people. Lessons learned from the projects will be shared with the communities and other stakeholders through meetings and reports. The targeted population will be involved from project design to monitoring and evaluation.

The NS will ensure compliance to its objectives and expected results and that programmes are run within the context of the Red Cross standards and achievement of the Federation of the Future and Global Agenda.

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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