

# Plan 2009-2010



International Federation  
of Red Cross and Red Crescent Societies

## SOUTH AFRICA

### Executive Summary

South Africa is a middle-income, emerging market with an abundant supply of natural resources and a steadily growing economy. The gross domestic product (GDP) growth in 2005 was five percent - the highest recorded since the end of apartheid. It is also one of the few African countries with a favourable "investment grade" rating from the international credit-rating agencies and a higher fiscal and monetary stability.

But behind this progress lies undeniably humanitarian needs. South Africa is among the countries worst affected by HIV and AIDS. According to UNAIDS estimates, the number of people infected with HIV and AIDS climbed from 5.3 million in 2003 to 5.5 million in 2005 (the world's highest tally and 14 percent of the global total). In the same period, the number of deaths due to AIDS climbed from 290,000 to 320,000. Life expectancy has dropped to 50 years and population growth has been cut to less than one percent<sup>1</sup>.



Almost ten million South Africans still live in slums, 16 per cent of the population does not have basic shelter and 41 percent has no access to basic sanitation.<sup>2</sup> South Africa is also faced with many man-made and natural risks and hazards. What is more is a rise in the number of informal settlements, high levels of unemployment, a lack of basic amenities and resources, unequal patterns of wealth and land distribution, and environmental degradation have combined to increase the vulnerability of millions of South Africans.

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](#)<sup>3</sup> and other major global efforts to reduce poverty and inequity and

<sup>1</sup> Statistics South Africa: [www.statssa.gov.za](http://www.statssa.gov.za)

<sup>2</sup> USAID South Africa 2005 Annual Report

<sup>3</sup> **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

promote sustainable human development. To accomplish this goal, the IFRC General Assembly adopted a new plan called the [Federation of the Future](#)<sup>4</sup> (FoF) in 2005 aiming at achieving the [Global Agenda](#)<sup>5</sup>, with [four goals](#) aligned to the core areas of [Strategy 2010](#)<sup>6</sup>. 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 SARCS plans for 2009-2010 are developed from national strategic plans at the same time are aligned to the Global Agenda's goals.

The 6<sup>th</sup> 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](#)<sup>7</sup> 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.

With the support of IFRC Secretariat and partners, SARCS has made significant progress in the past few years towards becoming a well functioning organisation, able to effectively serve vulnerable communities. SARCS headquarters was relocated from Cape Town to Pretoria in 2008 at the same time appointing a new secretary general. The National Society (NS) headquarters is now strategically positioned to meet and interact with international humanitarian organisations also based in Pretoria. The IFRC country representation office is also housed at the new SARCS headquarters.

SARCS transition process, however, is not yet complete; efforts and resources are needed to address the organisational capacity, especially at the provincial and branch level. This plan is therefore only in need of financial resources to support the IFRC country representation office organisational development initiatives for SARCS because the NS decided on another strategy to fund its programmes reaching CHF five million.

**This plan for 2009-2010 is seeking a total of CHF 436,421 (EUR 277,975 or USD 398,922)**

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

---

maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

<sup>4</sup> **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

<sup>5</sup> **Global Agenda Goals:** Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

<sup>6</sup> **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>

<sup>7</sup> **Ouagadougou Declaration** – The 5<sup>th</sup> 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

Despite a generally optimistic economic outlook, South Africa is characterised by economic dualism, making it one of the most unequal societies in the world. The disparity between rich and poor is extremely high. For instance, infant mortality rate among the African population is high –on a par with that for Bangladesh –whereas the rate for whites is similar to that in Organisation for Economic Co-operation and Development (OECD)<sup>8</sup> countries. The largest proportion of South Africans are living below the poverty line with the worst affected being the black rural population, especially women in rural areas and the disabled. In 2007, the unemployment rate was 23 percent peaking between the ages of 15-24 years. According to the UN Development Programme's *Human Development Report*, two-thirds of total income is concentrated in the hands of the richest 20 percent of the population.<sup>9</sup> Since the dissolution of apartheid, South Africa has conducted three democratic elections and has witnessed progress in judicial, health, educational and governance systems as well as in free trade. The most notable progress has been made in terms of the economy, which has grown steadily.

A significant proportion of the population of its neighbouring states have migrated to South Africa to find work. Others seek refuge from conflict and instability in their home countries. In May 2008, xenophobic violence broke out in townships, seen by many to have been caused by a perception that foreigners were taking scarce housing and jobs from poor South Africans. These attacks spread throughout the country and claimed the lives of many people and left tens of thousands homeless.

The high rate of poverty is also a contributing factor to the HIV and AIDS pandemic, which is one of the greatest challenges. South Africa has the highest number of people living with HIV (PLHIV) in the world and, according to Joint United Nations Programme on AIDS (UNAIDS) estimates, there are almost 1,000 HIV-related deaths occurring every day. Using the results of several surveys, including the South African Department of Health's antenatal study, UNAIDS and the World Health Organization (WHO) have made their own estimate of an 18.8% prevalence in those aged 15-49 years old, as at the end of 2005.<sup>10</sup>

An estimated 5.5 million South Africans were living with HIV at the end of 2005. Data collected from the latest antenatal clinic surveillance suggests that the HIV infection levels might be decreasing, with prevalence among pregnant women at 30 percent in 2005 and 29 percent in 2006<sup>11</sup>. In addition, the decrease in HIV prevalence among young pregnant women (15–24 years) suggests a possible decline in the annual number of new

|  |        |
|--|--------|
| Population, total (million), 2005  | 47.9   |
| Population, urban (% of total population), 2005  | 59.3   |
| Population, under age 15 (% of total population), 2005                                 | 32.1   |
| Life expectancy at birth, annual estimates (years), 2005                               | 50.8   |
| Adult literacy rate (% aged 15 and older), 1995-2005                                   | 82.4   |
| Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005 | 77.0   |
| GDP per capita (PPP US\$), 2005  | 11,110 |
| Population undernourished (% of total population), 2002/04                             | ..     |
| Under-five mortality rate (per 1000 live births), 2005                                 | 68     |
| Infant mortality rate, poorest 20% (per 1000 live births)                              | 62     |
| One-year olds fully immunized against tuberculosis (%), 2005                           | 97     |
| One-year olds fully immunized against measles (%), 2005                                | 82     |
| HIV prevalence (% aged 15-49), 2005  | 18.8   |
| Human Development Index value, 2005  | 0.674  |
| Human Development Index rank, 2005   | 121    |
| Human Poverty Index (HPI-1) value (%)  | 23.5   |
| Human Poverty Index (HPI-1) rank   | 55     |
| Population living below \$1 a day (%), 1990-2005                                       | 10.7   |
| Population living below \$2 a day (%), 1990-2005                                       | 34.1   |
| Population living below the national poverty line (%), 1990-2004..                     |        |
| Population using improved water source (%) 2004  | 88     |
| Population using improved sanitation (%) 2004  | 65     |

Source: UNDP, Human Development Report 2007/2008<sup>1</sup>

<sup>8</sup> OECD [http://www.oecd.org/countrieslist/0,3351,en\\_33873108\\_33844430\\_1\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/countrieslist/0,3351,en_33873108_33844430_1_1_1_1_1,00.html)

<sup>9</sup> South Africa 2007 Country Profile, *The Economist Intelligence Unit*, UK.

<sup>10</sup> UNAIDS [www.unaids.org](http://www.unaids.org)

<sup>11</sup> Department of Health Monitoring Review, 2004

infections. In 2007, the life expectancy for males was 49 years and 52 years for females living in South Africa.<sup>12</sup> In addition to the 240,000 children under the age of 15 living with HIV in 2005, there are many more suffering from the loss of their parents and family members from AIDS. UNAIDS estimated that there were 1.2 million South African children orphaned due to AIDS in 2005, compared to 780,000 in 2003.<sup>13</sup> These children are then also likely to face poverty, poor health and lack of access to education.

Rapid and uncontrolled urbanisation has resulted in high population densities on the fringes of cities and these communities are at high risk of floods and fires. These areas have limited health facilities, poor roads, inadequate drainage systems, and tend to have communal sanitary facilities. The conditions in these settlements pose a health risk of communicable diseases breaking out. There are indications that the manifestations of climate change will result in increased numbers of natural disasters, particularly drought in South Africa. Institutional arrangements and capacities to deal with these disasters have been limited in the past, and are still minimal in many parts of the country. In 2007, bush fires ravaged several provinces, claiming lives and destroying livestock. A total of 30 people died; 13 in KwaZulu Natal and 17 in Mpumalanga. Households were destroyed, grazing lands and plantations were affected and jobs were lost<sup>14</sup>. The Eastern Cape was also severely hit by floods in 2006 and 2007. In 2006, approximately 7,000 people were relocated to community halls in Port Elizabeth and in East London in the Eastern Cape. A number of animals were also rescued by authorities and volunteers.

Therefore, SARCS has adopted a transformation process, becoming more relevant to the needs of the vulnerable people and has established structures focusing community-based activities. This process has come at a cost to the NS, as many of its assets were disposed of during the transformation at no gain to the NS. Traditional sources of funding support faded over time, leaving limited funding for growth and emphasising a real need for support for capacity-building at all levels.

## National Society priorities and current work with partners

African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010)<sup>15</sup> 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, SARCS will be recognised 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 priority in disaster management (DM) is to strengthen disaster preparedness and response capacities, and formulate strong partnerships with the government and other sector agencies at local, district and national levels in accordance with the DM Policy and framework of the country. The primary objective is to recruit an experienced national DM coordinator to lead the process. Strengthening the DM capacity will enable more effective, expanded and direct outreach to vulnerable communities.

---

<sup>12</sup> WHO 2006 World Health Report

<sup>13</sup> UNAIDS 2006 Report on the Global AIDS Epidemic, [www.unaids.org](http://www.unaids.org)

<sup>14</sup> Mail & Guardian [www.mg.co.za](http://www.mg.co.za)

<sup>15</sup> The decisions and experiences of the NS 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/>

SARCS will continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003ZA)<sup>16</sup>, 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 SARCS 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 22.3 million people with messages on prevention and reducing stigma/discrimination; provides services for 110,000 people living with HIV and 120,000 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in South Africa.

The organisational development (OD) and capacity-building programme forms the over-arching framework for the continued development of SARCS into a well-functioning NS (Accountable leadership and management, quality programming and effective service delivery to vulnerable people). Substantial progress has been made since 2003. The major achievements include:

- stability in governance and clearer roles and responsibilities between governance and management at various levels;
- a revised five-year strategic development plan (2006-2010);
- revised statutes and the development of rules of procedure for implementation of statutes;
- developed and adopted 15 Policies and the Code of Conduct for staff and volunteers;
- repaid the soft loan obtained from the IFRC in 2000;
- paid statutory contribution arrears to the IFRC;
- revised the Red Cross Act in South Africa passed into law by Parliament in August 2007;
- finalised the memorandum of understanding (MoU) between the Government of Republic of South Africa and SARCS;
- Increased in local resource mobilisation; over 50% of its funding is received in-country.

The institutional capacity-building approach is a cross-cutting issue throughout SARCS programming; thus the priorities for 2009-2010 still remain on branch development and volunteer management, communication and advocacy, stakeholder management and resource mobilization as well as finance and administration development. The finance department has been strengthened by the appointment of a qualified financial manager, as well as additional qualified finance staff. The newly elected NS president served in the finance commission for the last two years and chaired the internal audit committee and is therefore well positioned to lead the improvement of the finance management. A human resources manager was appointed in April 2007; however additional capacity is needed on administration.

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, the integration of the Fundamental Principles and Humanitarian Values 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 are indispensable if the RC/RC is to be perceived as

---

<sup>16</sup> For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003ZA) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003ZA.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. SARCS 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. Through the induction and dissemination of P&V and International Humanitarian Law (IHL), SARCS will be contributing to the Global Agenda goal of promoting and respecting human dignity, diversity and reducing intolerance, discrimination and social exclusion.

In 2007, SARCS made a landmark in many ways, where the SARCS and Legal Protection of Certain Emblems Act were passed into law in August 2007. SARCS, supported by the ICRC, also embarked on an Emblem Campaign to promote the correct use of the Red Cross Red Crescent emblems in South Africa.

## Secretariat-supported Programmes in 2009-2010

### Disaster Management

#### a) The purpose and components of the programme

|   |
|---|
| <b>Programme Purpose</b>  |
| To reduce the number of deaths, injuries and impact from disasters. |

SARCS will locally fundraise for the disaster management programme budget (CHF 962,000 or EUR 612,739 or USD 879,342), multilaterally with support of the ICRC, government and bilaterally from the Partner National Societies (PNS); therefore is not seeking for funding support through the IFRC Secretariat.

|  |
|--|
| <b>Programme Component: Disaster Preparedness</b>  |
| <b>Outcome 1:</b> Capacity of SARCS improved in terms of a skilled human, financial and material resource base for effective disaster management in South Africa.      |
| <b>Outcome 2:</b> A degree of self-reliance of individuals and communities increased to reduce their vulnerability to public health emergencies and disasters.         |
| <b>Programme Component: Disaster Response</b>  |
| <b>Outcome 1:</b> SARCS has effective mechanisms in place to timely respond to disasters which from time to time affect communities.                                   |
| <b>Outcome 2:</b> SARCS capacity has improved capacity in providing assistance for restoring sustainable livelihood of populations affected by disasters.              |
| <b>Outcome 3:</b> SARCS capacity for the delivery of quality service for refugees, internally displaced persons (IDPS) in South Africa has increased.                  |
| <b>Programme Component: Restoring Family Links (RFL)</b>   |
| <b>Outcome 1:</b> Capacity of SARCS RFL infrastructure is enhanced to better serve the needs of victims of armed conflict and displaced people living in South Africa. |

The SARCS has the capacity to ensure adequate and timely response to emergencies as demonstrated during the country-wide urban violence operation in 2008. SARCS was the lead humanitarian organization in the operation and has been the preferred partner to the local authorities and many other stakeholders. Through restoring family links, SARCS has the capacity to deliver a comprehensive RFL service, which includes an established tracing system and a limited social welfare component.

SARCS aims to improve existing capacity to becoming more effective in DM and hence increase its impact. The DM Policy was adopted in 2006 and subsequently developed a framework for implementation in 2007. Historically, SARCS has responded to a number of disasters, including,

flooding, the township violence of the early '90s (with ICRC), the cholera outbreak in KwaZulu Natal in 2001, the distribution of emergency relief goods in a number of provinces from 2003 to the present and the Langa (Cape Town) fires in 2006 and 2007, and the recent xenophobia on 2008. Through the emergency response operations, SARCS has become a credible partner of the government in disaster management. The NS response plans will be integrated with the government's local, provincial and national disaster response plans through the existing framework.

Vulnerability capacity assessments (VCA), capacity-building and the establishment of disaster response teams (branch, provincial and national levels) will be a priority. Additional staff, volunteers and community members will be trained in community-based disaster management. SARCS in collaboration with the ICRC are putting in place a contingency plan for possible violence related to the upcoming national elections in April 2009, amid indicators of a significant risk of such violence.

**b) Profile of target beneficiaries**

The DM programme targets community members vulnerable to and affected by disasters, whilst the RFL component targets:

- family members separated by conflict and disaster;
- refugees, asylum seekers and their families; and
- unaccompanied minors, separated children and refugee/asylum seeker youth.

These include separated persons with relatives in countries in armed conflicts and other situations of violence that should both know of and have access to the tracing service of ICRC and SARCS.

**c) Potential risks and challenges**

Effective and systematic stakeholder management and resource mobilization has continued to be a challenge for SARCS. Success has been registered in local resource mobilisation through local appeals launched for emergency funding. However, challenges are in securing long-term funding for community-based disaster risk reduction, mitigation and preparedness (SARCS successfully raised over ZAR 10 million towards the urban violence operation in May 2008).

## Health and Care

**a) The purpose and components of the programme**

|  |
|--|
| <b>Programme Purpose</b>   |
| Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. |

SARCS will locally fundraise for this programme budget (excluding the HIV and AIDS component) for CHF 840,000 or EUR 535,032 or USD 767,824 in-country and bilaterally. Therefore SARCS is not seeking financial support through the IFRC Secretariat for health and care initiatives.

|   |
|---|
| <b>Programme Component: Community-based Health</b>  |
| <b>Outcome 1:</b> Psychosocial support is provided to the community-based volunteer caregivers, primary caregivers, and OVC.  |
| <b>Outcome 2:</b> Women, men and children are protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.                           |
| <b>Outcome 3:</b> The capacity of SARCS volunteers and staff and community members is increased, in order to promote and provide community-based First Aid (CBFA) services. |
| <b>Programme Component: Water and Sanitation</b>  |
| <b>Outcome 1:</b> Access to safe water and sanitation services is improved in the target areas, according   |

|   |
|---|
| to the Sphere minimum standards.  |
| <b>Programme Component: Avian and Human Influenza Pandemic Preparedness<sup>17</sup></b>  |
| <b>Outcome 1:</b> SARCS has increased capacity in the areas on Avian Influenza and pandemic preparedness.   |
| <b>Programme Component: HIV and AIDS</b><br>(Refer to Link <a href="http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003ZA.pdf">http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003ZA.pdf</a> )  |
| <b>Outcome 1:</b> 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). |
| <b>Outcome 2:</b> 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.  |
| <b>Outcome 3:</b> Address stigma and discrimination with targeted communication and advocacy activities.  |
| <b>Outcome 4:</b> Build the NS capacity to plan, implement, and manage the programme.   |

The health and care programme has an integrated approach, encompassing project on HIV and AIDS, nutrition, TB, water and sanitation, First Aid and primary health care. A new element in this programme is the psycho-social support component being strengthened through an academic research process to develop a model used to support the caregivers in the field. First Aid training is another sector to be strengthened and SARCS commercial First Aid project needs accreditation as a training service provider in preparing for World Cup 2010 and beyond. A contingency plan has been put in place for Avian Influenza which will benefit from the global campaign.

### **b) Profile of target beneficiaries**

The community-based First Aid project primarily targets communities vulnerable to health emergencies. The project is targeting training 1,500 community members per year. The benefits to the community include training on how to identify health hazards and social mobilisation on reduction of risk to health emergencies.

### **c) Potential risks and challenges**

It is important that SARCS structures are well developed and programming priorities in health and care are strengthened, especially in the areas of implementation and reporting, in line with formal arrangements with stakeholders. (Standard reporting is done on a quarterly and annual basis and made available according to specific arrangements or more generally through the distribution of published reports and availability on SARCS own website).

An assessment is needed to gauge SARCS capacity to implement projects in the areas of water and sanitation and food insecurity. The level of poverty in South Africa, which affects vulnerable communities, poses a major challenge to sustainable programme interventions aimed at reducing vulnerability. If managed well, the commercial First Aid project should significantly improve the income generation of the NS given the potential as indicated by the demand for such services.

<sup>17</sup> Part of the Avian and Human Influenza Pandemic global programme, coordinated by the IFRC Zone office

## Organizational Development/Capacity-building

### a) The purpose and components of the programme

|   |
|---|
| <b>Programme Purpose</b>  |
| Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. |

SARCS will cover its organisational development needs (CHF 2,817,800 or EUR 1,794,777 or USD 2,575,686) through in-country funding sources and bilaterally agreements with partners. Therefore SARCS is not seeking for funding support through the IFRC Secretariat.

|   |
|---|
| <b>Programme Component: Leadership and Management Development</b>   |
| <b>Outcome 1:</b> Capacity of SARCS governance and management is improved for effective programming at all levels.  |
| <b>Outcome 2:</b> SARCS has well defined policies and guidelines in programming, finance, logistics and human resources development.                            |
| <b>Programme Component: Well-functioning organisation</b>   |
| <b>Outcome 1:</b> SARCS capacity in finance and administration is improved at all levels for effective management.  |
| <b>Outcome 2:</b> Capacity in planning, monitoring, evaluation and reporting (PMER) is improved and meeting the standard requirement of quality and timeliness. |
| <b>Outcome 3:</b> SARCS capacity in managing, developing and retaining human resources is increased.  |
| <b>Programme Component: Resource Development</b>  |
| <b>Outcome 1:</b> SARCS capacity to mobilise resources and ensuring its own long-term sustainability has improved.  |
| <b>Programme Component: Branch Development and Volunteer Management</b>   |
| <b>Outcome 1:</b> SARCS branches are developed to ensure improved service delivery and volunteer management.  |
| <b>Outcome 2:</b> SARCS youth is developed with a focus on leadership, life-skills, and self-development and gender issues.                                     |
| <b>Outcome 3:</b> Effective provision of emergency medical aid and disaster management services is enhanced for 2010 World Soccer Cup.                          |

The organizational development and capacity-building programme is geared towards enhancing skills and performance of management, staff and volunteers to ensure that SARCS meets the basic characteristics of a well-functioning NS. The programme components include governance and management development, finance and administration, stakeholder management and resource mobilization, branch and youth development and volunteer management. The programme components are expected to contribute to the Global Agenda goal of increasing local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Intensive assistance and guidance has been provided through the IFRC Country Representation office particularly at national level governance and management. The IFRC support has focused on strategic development, legal framework and partnership development, as well as policy formulation and operationalization. Special emphasis has been placed on assisting SARCS through its complex transition and change process towards a more diverse and better functioning NS.

## b) Profile of target beneficiaries

The capacity development programme targets governance and management, staff, volunteers and youth – particularly young women – throughout its 35 branches and 100 local committees, by providing training and skills development. Additional human resource management support will enhance performance of staff at all levels, resulting in better programme implementation, monitoring, and evaluation and reporting and greater benefits to the most vulnerable communities.

## c) Potential risks and challenges

The main institutional challenge is implementing programmes relating to capacity-building at all levels, monitoring and evaluation of impact and reporting back to partners and donors. The main risk is that the NS will not be able to raise adequate resources required to improve institutional capacity.

Whilst SARCS has experience in relevant programming, capacity of the organization has not kept pace with the expanding programme, at the national, provincial levels and branch levels, where in the past two years additional staff members have been engaged. This process will continue as more resources become available and the partnerships, especially with the in-country partners, strengthen.

## Principles and Values

### a) The purpose and components of the programme

| <b>Programme Purpose</b>  |
|---|
| Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion. |

SARCS is not seeking for funding (CHF 262,000 or EUR 166,879 or USD 239,488) through the IFRC as the Principles and Values programme components are adequately covered by ICRC.

| <b>Programme component: Promotion of Humanitarian Values and Fundamental Principles</b>   |
|---|
| <b>Outcome 1:</b> Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values is enhanced at all levels of the organisation (non-discrimination, non-violence, tolerance and respect for diversity). |
| <b>Outcome 2:</b> Target population internalises humanitarian Principles and Values.  |
| <b>Programme component: Operationalization of Humanitarian Values and Fundamental Principles</b>  |
| <b>Outcome 1:</b> Promotion of Fundamental Principles and Humanitarian Values are integrated into SARCS operational programmes (disaster management, health and care, and organisational development).                                  |
| <b>Outcome 2:</b> Local community, civil society, and SARCS capacity increased to address the most urgent situation of vulnerability  |

The programme aims to raise the profile of SARCS and effectively disseminate Red Cross principles throughout all its structures, programmes and communities as well as to address the issues of gender based violence, anti-discrimination and violence prevention/reduction. Recent focus has been on developing and improving dissemination training and educational materials and incorporating a dissemination component into every training workshop. This should ensure continuous exposure to the Fundamental Principles, Humanitarian Values and IHL.

### **b) Profile of target beneficiaries**

The promotion of Humanitarian Values and Fundamental Values programme targets staff, volunteers, beneficiary communities and the general public by providing training, education and dissemination to improved awareness and knowledge of the Red Cross, gender-based issues, anti-discrimination, violence prevention/reduction and related subjects.

### **c) Potential risks and challenges**

A biggest challenge is the lack of focal manager on the promotion and operationalization of the Humanitarian Values and Fundamental Principles. This entails that SARCS may not meet the demand now from the public and volunteers who require more training in IHL, anti-discrimination, violence prevention /reduction and xenophobia, considering the recent xenophobic violence that took place in May 2008.

## Role of the Secretariat

**The Secretariat's budget for its support role in 2009-2010 is CHF 436,421 (EUR 277,975 or USD 398,922)**

### **a) Technical programme support**

There are currently two IFRC delegates based in South Africa, namely:

- The part-time IFRC country representative for South Africa (since August 2002), and since August 2008 for 50 percent of time as support to national level institutional capacity-building process, representing the IFRC in South Africa and acting as a focal person for the 7<sup>th</sup> Pan-African Conference 2008 preparations. As from January 2009, the delegate will be full time on SARCS programmes.
- The Branch Development and Volunteer Management Delegate (since March 2007) is focusing his capacity building efforts at the provincial and branch level.

The IFRC country representative ends mission in July 2009 and branch development/volunteer management delegate in March 2010. IFRC assistance is sought only for the delegate and in-country costs for CHF 380,873 in 2009 and CHF 55,547 in 2010. The country representation is already fully funded to the end of July 2009 by the Finnish Red Cross and it is expected that the support to the branch development delegate will continue at the current level with the current partners i.e. Danish, Finnish, Icelandic, Norwegian and Swedish Red Cross Societies until March 2010.

The country representation will be phasing out by July 2009 now that the stable management has been put in place for the NS. The technical branch development delegate is expected to continue to support organisational development at the provincial and branch level until March 2010. SARCS OD counterpart to be appointed in 2008 will then take full responsibility of the programme at national level.

### **b) Partnership development and coordination**

SARCS is operationalizing the Co-operation Agreement Strategy (CAS) and has been through a consultation with partners. A number of PNS (mostly bilateral partners) have already signed the CAS and the new Secretary General is determined to get all partners formally on board through CAS and Operational Alliance processes.

The Red Cross Movement partners supporting SARCS are the IFRC, ICRC, British, Icelandic, Danish, Finnish, Norwegian, Spanish and Swedish Red Cross Societies. Capacity-building support is provided on request, including skills transfer, training and development of key SARCS staff/volunteers and providing short-term PNS staff-on-loan or consultants for specific tasks.

Other partners include the South African Government at all levels (national, provincial, district), Belgian Embassy, Canadian International Development Agency and the European Union in cooperation with the Finnish Red Cross.

SARCS is striving to significantly scale-up programming based on the needs of the country and available funding. The success of SARCS programmes is largely dependent on the integration of specific services with the resources of the government, community- and faith-based organizations, non-governmental organizations and the corporate sector. SARCS often takes the lead in developing the network and obtaining the commitment of other role-players.

Coordination of roles and cooperation is done within stakeholder forums at local, provincial and national levels. SARCS works closely with government, mostly at district level, and is included in the national disaster management planning fora. The new Disaster Management Act is gradually being implemented throughout the country and SARCS is the primary implementing partner.

### **c) Representation and Advocacy**

The new management and leadership of SARCS puts a lot of emphasis on communications and advocacy as well as on stakeholder management and resource mobilization and has demonstrated its ability to advocate for vulnerable community, especially during the ongoing urban violence operation, profiling the Red Cross as a credible role player in the humanitarian field. National representation and advocacy activities are easier to undertake now that Society's national office has moved from Cape Town to Pretoria where the majority of the stakeholders in the humanitarian sector are based.

The NS is in the process of developing a donor database management system, with support through a short-term bilateral delegate from the American Red Cross. This will ensure SARCS provides regular information to all relevant partners. The web site has been also revised to better share the information about the Red Cross in South Africa.

## **Promoting Gender Equity and Diversity**

SARCS takes specific gender issues and particular vulnerable groups into account when developing programmes. Children and women are, for example, more vulnerable in the context of HIV and AIDS and they are as a specific target group. The programme includes interventions aimed at reducing these vulnerabilities. Examples include interventions such as promotion of gender equity and respect, establishing support groups, reducing stigma and discrimination and improving the care and psychosocial support for children. Programming also strives to redress the gender imbalance of carrying the burden of 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.

SARCS has specific projects aimed at developing leadership and life-skills in young women and has also recently developed and adapted policies promoting gender equity and diversity in SARCS and its programmes. The Society adopted two policies in 2007 in this regard, namely the Gender and Diversity Policy and a Non-discrimination Policy.

## **Quality, Accountability and Learning**

SARCS reporting systems include periodic narrative, statistical and financial reports to donors, partners and within NS leadership. Accountability within programme implementation areas is enforced at various levels and is often dependent on the community and authority structures within the area. SARCS participates in local stakeholder forums made up of communities, government and other stakeholders' representation, during which programming issues are discussed.

In some areas SARCS is accountable to the local community leadership, or in the rural areas, the village authorities and therefore for the beneficiaries at the community level. Community members and beneficiaries also participate in the actual programmes, thus being part of the programming. An important development for SARCS in 2009 - 2010 is the establishment of a planning, monitoring, evaluation and reporting (PMER) unit. There is need for capacity building in programme performance measurement, monitoring and reporting at all levels.

While the secretary general is responsible for overall programme implementation, the process is managed at all levels, a national programme coordinator still needs to be recruited. The number of provincial project coordinators is increasing, hence the need for a national coordinator. SARCS currently a staff member complement of some 400 and approximately 3,000 volunteers are active in programme implementation or support.

| <i>How we work</i>  |   |
|---|---|
| <p>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".</p>  | <p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul> |
| <i>Contact information</i>  |   |
| <p><b>For further information specifically related to this plan, please contact:</b></p> <ul style="list-style-type: none"> <li>• In <b>South African Red Cross Society:</b> Mandisa Kalako-Williams, Secretary General; Pretoria, Email: <a href="mailto:mandisak@redcross.org.za">mandisak@redcross.org.za</a>; Phone: +27.83.286.2933; +27.12.431.2000; +27.12.431 2002/3/4/7; Fax: +27.12.431.2006</li> <li>• In <b>South Africa:</b> Seija Tyrninoksa, IFRC Representative; Johannesburg<br/>Email <a href="mailto:Seija.tyninoksa@ifrc.org">Seija.tyninoksa@ifrc.org</a>; Phone: Tel: +27.11.303.9726</li> <li>• In <b>Southern Africa Zone:</b> Françoise Le Goff, Head of Zone Office, Johannesburg;<br/>Email <a href="mailto:francoise.legoff@ifrc.org">francoise.legoff@ifrc.org</a>; Phone: Tel: +27.11.303.9700; +27.11.303.9711;<br/>Fax: +27.11.884.3809; +27.11.884.0230</li> <li>• In <b>Geneva:</b> Busi Tshili; Officer (Management Support Team), Coordination and Programmes Division;<br/>Email: <a href="mailto:busiwe.tshili@ifrc.org">busiwe.tshili@ifrc.org</a>; Phone: Tel: +41.22.730.4207; Fax: +44.22.733.0395</li> </ul> |   |

## Annex 1:

**South Africa Plan 2009 – 2010: Annex 1**  
**Extract from the SARCS 5-YSDP 2006-2010**

| Millennium Development Goal                                       | Red Cross and Red Crescent Activities  | SARCS Activities   |
|---|--|--|
| <b>Goal 1</b><br>Eradicate extreme poverty and hunger             | <ul style="list-style-type: none"> <li>▪ Income generating projects, skills and vocational training, micro-credit, run within Disaster Management (DM), Health and other.</li> <li>▪ Disaster Management: Food security programmes, agricultural training.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Promotes income generating activities, skills development and vocational training in several core programmes.</li> <li>▪ Working to establish food production clusters in vulnerable communities.</li> <li>▪ Working with households to develop small food gardens to provide sustainable nutritional support.</li> <li>▪ CHBC Facilitators and Volunteer Caregivers work to assist community members with training and education on nutrition and food relief.</li> <li>▪ Emergency food parcels are distributed to the most vulnerable following a disaster situation.</li> </ul> |
| <b>Goal 2</b><br>Achieve universal primary education              | <ul style="list-style-type: none"> <li>▪ Providing education facilities in disaster situations.</li> <li>▪ Water and sanitation projects – essential to keep schools open.</li> <li>▪ Literacy programmes for girls and women.</li> <li>▪ OVC School fees and other support</li> </ul>   | <ul style="list-style-type: none"> <li>▪ School fees and education support are provided for OVC.</li> <li>▪ SARCS networks with schools, community structures, social welfare and other service providers to improve support for OVC.</li> <li>▪ Water and sanitation projects assist in keeping schools open.</li> </ul>  |
| <b>Goal 3</b><br>Promote gender equality and empower women        | <ul style="list-style-type: none"> <li>▪ “Humanitarian values” activities to reduce discrimination, promote tolerance and diversity.</li> <li>▪ Skills training and other income generation projects for women.</li> <li>▪ Sexual and reproductive health programmes.</li> <li>▪ Water and sanitation projects allow women to take part in economic and social life, instead of fetching water.</li> </ul> | <ul style="list-style-type: none"> <li>▪ SARCS has developed the Empowerment of Youth, Focus on Young Women in Development Project as part of its organizational development programme.</li> <li>▪ Young women are trained in leadership, life skills, self-development and gender issues.</li> <li>▪ Once a year a national Young Women in Development (YWID) Conference held.</li> <li>▪ Sexual and reproductive health education is provided through the Health and Care Programme.</li> </ul>  |
| <b>Goal 4</b><br>Reduce child mortality                           | <ul style="list-style-type: none"> <li>▪ Measles, malaria and polio campaigns.</li> <li>▪ Support to government integrated child health programmes.</li> <li>▪ Child health programmes and centres.</li> <li>▪ Training Traditional Birth Attendants (TBA) and Community Based First Aid (CBFA) volunteers.</li> <li>▪ Water and sanitation and blood donation programmes.</li> </ul>                      | <ul style="list-style-type: none"> <li>▪ The Health and Care Programme includes a component of Community Health Education and Community First Aid.</li> <li>▪ The health education provided is geared towards addressing local needs and health issues.</li> <li>▪ The extensive Volunteer Caregiver base can be utilized in health emergencies and used to support government health initiatives.</li> </ul>  |
| <b>Goal 5</b><br>Improve maternal health                          | <ul style="list-style-type: none"> <li>▪ Maternal health care programmes and centres in many countries.</li> <li>▪ Volunteer TBAs and CBFA volunteers trained in maternal health care.</li> <li>▪ Water and sanitation and blood donation programmes.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Maternal health care issues are addressed in the Health and Care Programme through home based care activities as well as health education activities.</li> <li>▪ Volunteer Caregivers receive training which does include maternal health.</li> </ul>   |
| <b>Goal 6</b><br>Combat HIV and AIDS, malaria, and other diseases | <ul style="list-style-type: none"> <li>▪ HIV and AIDS and TB programmes at national and international levels, focused on (1) reducing stigma; (2) prevention; (3) care and treatment.</li> <li>▪ Other diseases: related programmes worldwide (see goal 4).</li> <li>▪ Water and sanitation and blood</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Extensive national Health and Care Programme incorporates HIV and AIDS and TB project which focuses on (1) reducing stigma; (2) prevention; (3) care and treatment.</li> <li>▪ Through volunteer caregivers, disease prevention and health education information is provided to the most vulnerable communities.</li> </ul>   |

|   |  |   |
|---|--|---|
|   | <p>donation programmes.</p>  | <ul style="list-style-type: none"> <li>▪ The HIV and AIDS Youth Peer Education Project works to increase awareness promote prevention and reduce discrimination amongst youth.</li> <li>▪ The Community Health Education and Promotion project works to provide health education and promote active disease prevention.</li> </ul>  |
| <p><b>Goal 7</b><br/>Ensure environmental sustainability</p>          | <ul style="list-style-type: none"> <li>▪ Many risk reduction programmes include environmental sustainability aspect.</li> <li>▪ Advocates for incorporating risk reduction in national disaster plans.</li> <li>▪ Disaster response aims to minimise environmental damage, in cooperation with UNEP.</li> <li>▪ Many IFRC and NS programmes worldwide, both in emergency and development context, with plans to greatly increase developmental water and sanitation by 2015.</li> <li>▪ NS extend their health, disaster management and anti-discrimination activities across their entire country, including slums.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ SARCS is developing its risk reduction components of Disaster Management and is working to establish communication with the Disaster Mitigation for Sustainable Livelihoods Programme, the academic world, government and other strategic partners to design and implement capacity development initiatives.</li> <li>▪ SARCS focuses their activities in the most vulnerable communities, thereby working to improve the conditions in slums.</li> </ul>  |
| <p><b>Goal 8</b><br/>Develop a global partnership for development</p> | <ul style="list-style-type: none"> <li>▪ The main strategic objective of the IFRC in Strategy 2010 is to work in partnerships.</li> <li>▪ The Red Cross and Red Crescent is a global network of humanitarian partnerships that can facilitate other partnerships for development.</li> <li>▪ Many UN agencies and other humanitarian organizations have formalised their partnership with the IFRC at regional and international levels.</li> <li>▪ National Societies are national organizations, already working in the countries with special needs mentioned in targets 13 and 14.</li> <li>▪ Youth volunteer programmes support youth development.</li> <li>▪ Equal access to medicine is a key priority in the IFRC's HIV and AIDS policy and action. Support to be provided too many ART programmes in many countries.</li> <li>▪ Establish partnerships with key private sector technology companies to help national societies build their capacity.</li> </ul> | <ul style="list-style-type: none"> <li>▪ SARCS is placing considerable focus on relationship development.</li> <li>▪ Working to develop its Cooperation Agreement Strategy to consolidate its relationships with its Partner National Societies, the IFRC, the ICRC and the South African Government.</li> <li>▪ The Red Cross Act will be passed in parliament in 2006 to establish the commitment of the South African government to supporting SARCS.</li> <li>▪ SARCS has developed Memorandums of Understanding and Project Contracts to ensure smooth partnership development, based on clear communications and understanding.</li> <li>▪ Actively working to develop new partnerships and is working to incorporate operational alliances.</li> <li>▪ SARCS has now been elected to the IFRC Governing Board for a four-year term (one of only 20 National Societies out of 183) providing networking opportunities.</li> <li>▪ In 2008, SARCS will be the host for the 7<sup>th</sup> Pan African Conference, affording SARCS a greater opportunity for forging partnerships within Africa.</li> </ul> |