

Revised Plan 2011



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. HIV prevalence rate has of late risen to 17.8 per cent, with the impact of the pandemic placing increasing and overwhelming burden on all levels of society. Only 33 per cent of Namibians have access to adequate sanitation and 87 per cent to safe water. 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 Namibia Red Cross Society (NRCS) is implementing, complementary to the government's efforts.



The NRCS is committed to contribute to the International Federation of the Red Cross and Red Crescent Societies (IFRC) 's [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#), signed at the 7th Pan African Conference held in Johannesburg under the theme 'Together for Action in Africa', and attended by representatives from all African National Societies. The Africa National Societies leadership re-affirmed their commitment to the development in Africa. The theme "Together for action in Africa" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African National Societies, have advised the IFRC secretariat in modelling its membership support programmes.

The IFRC support to NRCS plan for 2011 will be through its Southern Africa Regional Representation Office (SARRO) based in Johannesburg. Through its membership service mandate, SARRO concentrates on coordination, representation, facilitation, humanitarian diplomacy and National Society (NS) capacity development. This NRCS plan for 2011 also focuses on resourcing for long-term programmes whose funding is ending in 2010 such as the HIV and AIDS programme, integrating HIV and AIDS programming under the Health and Care portfolio, consolidating activities under the [Zambezi River Basin Initiative](#), (ZRBI) rolling out the new concept for national society development adopted in June 2010 and aligning the new strategic plans to the priorities of the Johannesburg Commitment.

Country context

Table 1: Statistics from the Human Development Report 2007/2008¹ for Namibia

Population, total (million), 2005	2.0
Life expectancy at birth, annual estimates (years), 2005	51.6
Adult literacy rate (% aged 15 and older), 1995-2005	85.0
Under-five mortality rate (per 1000 live births), 2005	62
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 \$2 a day (%), 1990-2005	55.8
Population using improved water source (%) 2004	87
Population using improved sanitation (%) 2004	25

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 51.9 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. Currently, more than 14 per cent of children under the age of 14 have been orphaned as a result of HIV and AIDS. The rights of these children to health, education, a caring family environment and full participation in society may be under threat. In addition, Namibia has one of the highest tuberculosis (TB) incidences in the world; recording 15,244 tuberculosis (TB) cases in 2007.² Malaria has claimed 950 deaths over the past three years. 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 per cent of the land classified as arid, and 20 per cent 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.

¹ UNDP, Human Development Report 2007 - 2008

² MoHSS, National TB Annual Report, 2007/8.

The 2006 Namibia Demographic Health Survey nutritional data indicates that a total of 30 per cent of under-fives were stunted nationally. 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.

National Society priorities and current work with partners

With the recent changes in leadership and support from the IFRC Country Representation and other Movement partners, NRCS has made significant progress in the past three years towards becoming a well-functioning organisation, able to effectively serve marginalised and vulnerable communities in nine of Namibia's 13 regions.

Disaster Management Priorities



Namibia Red Cross worked jointly with local government to provide care and support to families displaced by flood in the northern part of the country.

NRCS disaster management department has been the most active in responding to floods and health emergencies. For the two consecutive years, 2008 and 2009, the country experienced the worst floods in the last 50 years in the northeast and northwest parts of the country. These floods are estimated to have affected more than 100,000 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 Southern Africa Sub-Zone Office (SAZO), 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 recurrent 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 training of its staff, volunteers and communities - empowering to be resilient and reduce the risk of disaster. Financial and material resources are therefore, needed to help in strengthening these priority areas so that response operations are effective and timely.

The Zambezi River crosses seven countries in southern Africa among which is Namibia and in the past eight years, flooding in the basin has resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. This represents a humanitarian challenge amongst southern Africa National Societies, who have also a common vision of maximising the impact of Red Cross interventions in an integrated and holistic way. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the ZRBI project was developed aimed at reducing vulnerability and building community resilience against hazards and threats. The ZRBI project was endorsed by the seven affected countries including Namibia (Angola, Botswana, Malawi, Mozambique, Zambia and Zimbabwe)³ in June 2009. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.

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. Among other factors, 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 African (Lesotho, Malawi, Namibia Swaziland and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa.⁴ NRCS 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.

Health and Care Priorities

HIV and AIDS remains a priority for National Societies in sub Saharan Africa which is at the epicentre of the epidemic. According to the UNAIDS outlook report, 70 percent of the burden of the disease, new infections and deaths all occur in the southern Africa region and countries with the highest infection rate in the world are in southern Africa. A total of 11.4 million PLHIV are found in the region and about 5 million children have lost one or both parents due to AIDS.

In April 2010, the Southern Africa Regional Representation Office (SARRO) conducted a midterm review of the 2006–2010 regional HIV and AIDS implemented under the Global Alliance on HIV framework. The results of the review indicated that the Global Alliance on HIV has been well understood and adopted by all National Societies in the form of the 'seven ones'.⁵ However, the implementation of the Global Alliance is at different levels among National Societies, with many National Societies appreciating the benefits of the 'regionality' concept, especially the sharing of common materials, manuals, good practices and lessons. Weaknesses were highlighted in branch and volunteer management, capacity building efforts at branch levels and sustainability. It was also noted that the targets and budgets for the programme were very ambitious in terms of National Societies' absorption capacities and resource mobilisation prospects.

³ For more information on ZRBI refer to: http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf

⁴ For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

⁵ The Global Alliance and its partners abide by the 'seven ones', namely: one set of working principles, one national HIV and AIDS plan, one set of objectives, one division of labour understanding, one funding framework, one performance tracking system and one accountability and reporting system.

In 2009, an HIV and AIDS budget was developed as part of the 2010-2011 Namibia country plan. The assumption then was that the HIV and AIDS programme ([MAA63003NA](#))⁶, which is part of the southern Africa Regional HIV and AIDS programme ([MAA63003](#)) would continue into 2011. As it became clearer that the appeal MAA63003, which ends in December 2010 was not going to be re-launched, a decision was made for all National Societies in the region to come up with four year (2011-2014) HIV and AIDS country plans which were subsequently presented at a meeting of the regional HIV and AIDS working group (SARAWO) held in September 2010.

The budget from the original plan will be revised through an update in the first quarter of 2011. However, for this revised 2011 plan, the NRCS' HIV and AIDS activities will be guided by the priorities espoused in the four year plan and the recommendations of the 2009 rapid assessment and the HIV and AIDS programme mid-term review.

Taking into consideration the findings and recommendations of the midterm review and in line with the Global Alliance approach, NRCS has developed a four year HIV and AIDS plan and budget. The plan and budget is also aligned to the recommendations of the rapid assessment⁷ conducted in 2009 and decisions made by secretaries general and presidents from the region in June 2009 to scale-down or maintain existing beneficiary targets. The four year plan also takes into perspective the country priorities with regard to the magnitude of the epidemic by ensuring that under prevention activities, NRCS will focus on the most at risk populations and key drivers of the epidemic.

Under treatment, care and support, it was recognised that with the advent of antiretroviral treatment, the need for nursing care has gone down and the four year plans will focus on treatment literacy and adherence, nutrition, psychosocial support and livelihoods support. Nursing care will be for a reduced number of clients with chronic illnesses as many PLHIV are no longer bed-ridden and are living normal healthy lives. NRCS will also strengthen its efforts to reducing stigma and discrimination by engaging in advocacy, promotion of human rights, tackling sexual and gender-based violence at community level including promotion and implementation of work place programmes for staff and volunteers.

Support for **orphans and vulnerable children** (OVC) remains a critical aspect of the HIV and AIDS programme. NRCS will focus on quality rather than quantity in the provision of services for OVC, which support include educational, material, livelihoods, psychological and social support. The NS will place more emphasis on building the capacity of families and communities to support the children and to build the resilience of children to cope with the challenges they face. NRCS will also strengthen community structures such as the grannies/guardians clubs and Red Cross child care committees and advocate for the rights of children. Child protection will become a priority and a key activity will be the implementation of the Child Protection Strategy.

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 with the support of Eli Lilly. 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).

⁶ 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/MAA63003NA.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

⁷ A Rapid Assessment was conducted in November 2009 in response to the recommendations of the June 2009 SAPRCS meeting attended by Secretaries General and Presidents of the southern Africa National Societies. The rapid assessment results recommended the need to scale down or maintain the 2006 – 2010 appeal and integrate into Health and Care.

In terms of water and sanitation, only 33 percent of the Namibian population have access to adequate sanitation and 87 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. The introduction of hygiene promotion programmes in the region will build on the work done by the ERU team deployed during the 2009 operation.

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.

National Society Development/Capacity Building Priorities

In June 2010, as signatory to the Rundu Commitment, NRCS committed itself to the new concept of NS Development which is which is framework through which the sustainable development of the NS will be determined and driven by the NS itself. NRCS has adopted the new approach towards its sustainable development that *inter alia* emphasises the use of national, sub-regional and regional capacities to address humanitarian and development challenges.

A key aspect of this approach is the establishment of sub-regional groupings that will bring together National Societies with similar challenges and historic ties to work more closely but within the greater objectives of the Southern African Partnership of Red Cross Societies (SAPRCS). The sub-regional groupings will utilise the capacities and competencies within a group of three to four NS to enable a common definition and prioritisation of challenges, joint approaches as well as the sharing of resources. It works with and complements the objectives of SAPRCS while ensuring NRCS takes ownership of its own development in a sustainable manner. Whilst it is the responsibility of NRCS to be accountable for its own development, a small sub-group offers opportunities for synergies and learning.

NRCS is in the same sub-group with Angola and Botswana⁸. The group will have a technical person who will be a staff on loan from any one of the members of the group. The sub-regional groupings will take full responsibility of their own coordination and management. The IFRC and PNS will financially support the salary of the staff on loan, the operational activities and coordination meetings of the sub-regional groupings. The staff on loan while contractually being a national society staff will have a dual reporting line to the sub-group committee and to the IFRC Southern Africa regional representative. The focus for NS development in 2011 will be on rolling out the new concept for national society development adopted by NRCS in June 2010 and at the same time developing strategies to deal with existing and predicted vulnerabilities.

⁸ The New Approach to Sustainable Development of National Societies in Southern Africa (June 2010)

The organisational development effort 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 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. It is also to be reckoned that there are four pilot branches that will be given close attention to build up strong structures all the way from the grassroots level to the national headquarters. This will be done through the support awarded to the NRCS by the IFRC Intensified Capacity Building (ICB) programme.

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.

Secretariat supported programmes in 2011

Disaster Management

a) The purpose and components of the programme

Programme purpose
Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

The Disaster Management programme budget for 2011 is CHF 661,669.

Programme component: Community-Based Disaster Preparedness	
Outcome 1	The human, financial, material resources, and disaster management systems and procedures are enhanced through the implementation of a Disaster Management Master Plan (DMMP).
Outcome 2	The capacity and efficiency of disaster management mechanisms are improved to ensure optimal disaster preparedness.
Programme component: Disaster Response	
Outcome 1	Disaster response mechanisms are improved to ensure timely response to minimise the impact of emergencies and disasters on affected populations.
Programme component: Community-Based Disaster Risk Reduction (DRR)	
Outcome 1	Community knowledge and awareness of the hazards and risks enhanced and

	development of local risk reduction strategies built on traditional coping mechanisms is increased.
Programme component: Zambezi River Basin	
Outcome 1	The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
Outcome 2	Access to adequate and nutritious food commodities increased among communities along the Zambezi River basin.
Outcome 3	The number of deaths, illnesses and impact from diseases reduced among communities along the Zambezi River basin.
Outcome 4	NRCS capacity to implement disaster preparedness, response and recovery operations is increased.
Programme component: Food Security	
Outcome 1	Household food availability is improved.
Outcome 2	Household food utilisation is improved.
Outcome 3	Household access to food is improved.

NRCS has embarked on significant interventions to address the effects of climate change and food insecurity through the above programmes. The strategy is to establish a strong disaster management department that will have an overall responsibility 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 SAZO.

b) 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 current global financial crisis is another factor limiting programme funding. 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	
Enable healthy and safe living	

The Health and Care programme budget for 2011 is CHF 438,166. The budget for the HIV and AIDS component of the programme will be revised in the first quarter of 2011.

Programme component: Community-based Health	
Outcome 1	Communities' capacity to reduce their own vulnerability to health hazards and injuries through knowledge of community-based health and first aid (CBH&FA).
Outcome 2	Access to immunisation services to children under five increased in NRCS target areas.
Outcome 3	Communities are protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.
Outcome 4	Prevalence of malaria in children under five years, pregnant women and people living with HIV (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 sanitation⁹	
Outcome 1	Access to safe water, sanitation facilities and hygiene promotion in identified vulnerable communities is increased.
Programme component: HIV and AIDS)	
Outcome 1	Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary counselling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).
Outcome 2	Provide nursing care in homes and communities for chronic illnesses that still require it. Provide support for PLHIV and children who are on antiretroviral therapy (ART) through counselling on adherence, ART literacy, nutrition, psychosocial support, Livelihoods and support groups. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support and ensure implementation of the regional Child Protection Strategy.
Outcome 3	Reduction of stigma and discrimination by engaging in advocacy, promotion human rights, tackling sexual and gender based violence at community level including promotion and implementation of work place programmes for staff and volunteers.
Outcome 4	Strengthen planning, monitoring, evaluation and reporting (PMER), training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines, good practices, organizing country and regional meetings and facilitating participation in regional and international conferences and seminars.

b) 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 coming to an end in October 2010 and this poses uncertainty about its continuation.

National Society 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 NS Development programme budget for 2011 is CHF 137,487.

Programme component: Leadership and Management Development	
Outcome 1	NRCS leadership (governance and management) capacity increased in developing and implementing policies and strategies for optimal organisation, performance and accountability.
Programme Component: Well-functioning organisation	
Outcome 1	NRCS has well defined statutes policies, systems and procedures in place for the effective management of the NS.
Outcome 2	Financial management systems, procedures and tools are in place and effectively and systematically used.
Outcome 3	NRCS capacity in performance tracking and reporting meets standards stipulated in the Federation's "Performance and Accountability Framework".
Outcome 4	NRCS has a well functioning internal and external communication system, supported by a reliable information technology infrastructure.

⁹ Global WatSan Programme supported by EU under the Federation Global Water and Sanitation Initiative

Programme Component: Branch Development and Volunteer Management	
Outcome 1	NRCS branches are viable, and vibrant with sound volunteer and local youth network management systems.
Programme Component: Resource Development	
Outcome 1	NRCS resource base is improved and ensures sustainability of programmes.
Outcome 2	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 since its inception, with no focal person to attend to the related issues. Therefore, continued financial and material resources are needed to cover the IFRC in country support cost and the capacity development initiatives.

b) 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 turnaround process, 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 2011 is CHF 26,173.

Programme component: Promotion of Fundamental Principles and Humanitarian Values	
Outcome 1	Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are 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	The dissemination of Fundamental Principles is incorporated into all NS programmes and activities.

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) 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 gender violence. This similarly is 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 2011 is covered under the NS development budget.

a) Technical programme support

The IFRC's 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. Technical support is provided by the programme departments and support service units at IFRC Sub-Zone Office as the presence of the country representative in Namibia will be discontinued in 2010 as part of the plan to give space to the NS on the ground.

b) Partnership development and co-ordination

The IFRC also facilitates relationship building between NRCS and its stakeholders including Movement components (PNS, IFRC, ICRC) and humanitarian agencies. NRCS is formalising partnerships with its local partners through the signing 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. 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 NRCS leadership supported by the IFRC will ensure the NS is well represented at all strategic national fora on humanitarian issues and social development. In that regard, the IFRC 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 and Values would be strengthened to promote the respect for human dignity.

Quality, accountability and learning

NRCS 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 programmes, 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. The performance and accountability unit takes 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.

[click here to view the budget summary below](#)

How we work	
<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>Global Agenda Goals:</p> <ul style="list-style-type: none"> 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.
Contact information	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none"> In Namibia: Dorkas Kepembe-Haiduwa; Secretary General, Email secgen@redcross.org.na; Phone: Tel: +264.61.235.216; Fax: 264.61.228.949 In Southern Africa Region: Ken Odur, Regional Representative, Johannesburg, Email: ken.odur@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230 In Africa Zone: Asha Mohammed; Head of Operations, Johannesburg; Email: asha.mohammed@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230 <p><i>For Resource Mobilization and Pledges enquiries:</i></p> <ul style="list-style-type: none"> In IFRC Africa Zone: Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email: ed.cooper@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230 <p><i>For Performance and Accountability (planning, monitoring, evaluation and reporting (enquiries):</i></p> <ul style="list-style-type: none"> In IFRC Africa Zone: Terrie Takavarasha; Performance and Accountability Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230 	

MAANA002 - Namibia

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	266,340	133,916				400,256
Land, vehicles & equipment						
Transport & Storage	32,445	7,124				39,569
Personnel	131,668	155,059	78,712	6,750		372,189
Workshops & Training	87,586	61,223	12,400	9,434		170,643
General Expenditure	100,622	52,363	37,438	8,288		198,711
Depreciation						
Contributions & Transfers						
Programme Support Services	43,009	28,481	8,937	1,701		82,127
Contingency						
Total Budget 2011	661,669	438,166	137,487	26,173		1,263,495