

Revised Plan 2011



International Federation
of Red Cross and Red Crescent Societies

South Africa

Executive summary

South Africa Red Cross Society (SARCS) plan focuses on capacity building to facilitate effectiveness in the implementation of core programme areas. The National Society (NS) has significantly achieved in local resource mobilization and through the International Federation of Red Cross and Red Crescent Societies (IFRC), is only seeking support for its NS development initiatives.

The SARCS 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 SARCS 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 NS capacity development. This SARCS 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 and 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.

The total 2010-2011 budget is CHF 939,007

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

Country context

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

Population, total (million), 2005	47.9
Life expectancy at birth, annual estimates (years), 2005	50.8
Adult literacy rate (% aged 15 and older), 1995-2005	82.4
Under-five mortality rate (per 1000 live births), 2005	68
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 \$2 a day (%), 1990-2005	34.1
Population using improved water source (%) 2004	88
Population using improved sanitation (%) 2004	65

South Africa held its fourth democratic election in April 2009, and elected a new President. The new administration has tabled creation of new job opportunities through the expanded Public Works' Programme, whilst the government ministers are accountable through the creation of four new ministries namely National Planning Commission and Performance (both ministries in the Presidency); Higher Education and Training, Human Settlement, and Rural Development and Land Reform. The new administration has also promised to keep interest rates at a minimum in order to combat the global recession, which the government has acknowledged is affecting the economy and vulnerable communities who dependant on social grants.

South Africa has had sound macro-economic principles and fiscal monetary policies in place that has facilitated steady economic growth leading to improved business confidence and increased foreign investment. However, recently the government had to lower its interest rates in response to the global economic turndown. At the same time, the country is faced with significant challenges including high crime rates, income inequality, poverty, HIV and AIDS pandemic, which is one of the most significant problems facing South Africa today. Two thirds of the total income of South Africa is concentrated among 20 percent of the population and the poorest have only two percent, making South Africa the third most unequal country in the world.²

In 2008, South Africa experienced urban violence which displaced foreign nationals due to employment competition and access to other services. One of the new administration's priorities is to address the issue of population movement particularly from Zimbabwe, which has seen many Zimbabweans illegally crossing into the country in large numbers. The government of South Africa has so far responded by granting temporary work permits and removing the visa restriction to enable 90 days' travel.

¹ UNDP, Human Development Report 2007 - 2008

² SA-EC Country Strategy Paper 2003-2005

HIV and AIDS have also affected many facets of society in South Africa through the knock-on effects on poverty, crime, health care and economic growth. Job losses are expected to increase in 2009 in both the white and blue collar sectors as the economy responds to the global economic challenges. However, this is likely to change later in 2010 as the country hosts the FIFA World Cup soccer matches, which should boom the economy.

South Africa faces environmental disasters such as drought, severe fires and floods. Rapid and uncontrolled rural to urban migration is resulting in high population densities on the outskirts of cities. The new areas have limited health facilities, poor roads, inadequate drainage systems, and tend to have communal sanitary facilities. Institutional arrangements and capacities to deal with these disasters have been extremely limited in the past, and are still minimal in some parts of the country. A number of disused mines have also tended to attract illegal miners who have risked their lives in search of a better life (over 60 people in 2009). The new communities are at high risk of floods and fires. The nature and positioning of these settlements poses a health risk as the risk of communicable diseases breaking out is extremely high. The attempt to provide new services is resulting in existing services being neglected and therefore the Government and its partners' efforts need to increase to address the existing and growing needs in the humanitarian sector.

SARCS has also gone through a long and complex period of transformation reflecting the general development process in the country. It has become more relevant to the needs of the country by establishing structures within vulnerable communities and focusing on programmes that are based on community needs. This capacity building process is ongoing in a systematic way as described below.

National Society priorities and current work with partners

With the support of the 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. The leadership of the NS has also changed; new President of the governing board, Secretary General and at programme level, recruited finance manager, programmes director, relief and preparedness officer. The National Office was relocated from Cape Town to Pretoria in mid 2008 and is now strategically positioned to meet and interact with the Government and international humanitarian organisations, which are mostly based in Pretoria and Johannesburg.

National Society Development Priorities

In June 2010, as signatory to the Rundu Commitment, SARCS 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. SARCS 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 compliments the objectives of SAPRCS while ensuring SARCS takes ownership of its own development in a sustainable manner. Whilst it is the responsibility of SARCS to be accountable for its own development, a small sub-group offers opportunities for synergies and learning.

SARCS is in the same sub-group with Lesotho and Swaziland Red Cross³. 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 SARCS in June 2010 and at the same time developing strategies to deal with existing and predicted vulnerabilities.

With the support from the IFRC and other Movement components, the organisational development/institutional capacity building has in the past seven years been focussing on six projects namely development of governance and management; administration and finance management; human resources management; resource development and marketing; branch development and volunteer management; and youth development. The focus has been on streamlining the strategic direction, stabilising the legal framework, developing partnerships as well as on Red Cross Policy formulation and implementation. Special emphasis has been placed on assisting SARCS through its complex transition and change process towards a more diverse and better functioning NS.

The priorities for 2011 will be the continued development of governance and management, especially at the provincial and branch levels, finance management and resource development. Greater emphasis is being placed on branch development, volunteer management including youth development in order to facilitate improved service delivery at the community level. Therefore, technical advice and support in training, coaching and mentoring from the IFRC is still crucial, to ensure sustainable local capacities.

Ascribed to its success in local fundraising is SARCS' bottom-up approach in planning, which revolves around an intensive consultative process. Areas for improvement remain that of performance tracking and accountability at branch level. Technical advice is needed to further develop and roll-out the new developed reporting system.

Resource mobilisation initiative will be supported directly from IFRC Southern Africa Regional Representation Office (SARRO) to ensure policy and guidelines development. SARCS has however initiated a process on developing a comprehensive plan on resource mobilisation with support from the British Red Cross.

The Governing Board elected in March 2006 was the first to function under the revised Constitution. The term of office of the general members is now three years, as compared to the previous one year mandate. In the year, governance and management development focus is on capacity building and orientation of the members.

SARCS' branches had previously been operating at different capacity levels, however with the technical support of IFRC since March 2007 there has been a more focused approach in compliance and accountability. Nevertheless, strengthening of branch structures and volunteer management still remains a high priority in order to support implementation of activities and resource mobilisation.

³ The New Approach to Sustainable Development of National Societies in Southern Africa (June 2010)

The table below show SARCS' current and potential partners in organisational development:

Programme Component	Current/Anticipated Partners
Governance and management development	Finnish Red Cross, Norwegian Red Cross, British Red Cross (bilateral). IFRC technical support
Financial management development	Finnish and Norwegian Red Cross (bilateral). IFRC technical support
Human resource development	British and Norwegian Red Cross (bilateral). IFRC technical support
External relations and resource mobilisation/fundraising development	British Red Cross, Spanish Red Cross (Soweto IG), Danish Red Cross.
Branch development and volunteer management	IFRC, Finnish Red Cross, Norwegian Red Cross, Swedish Red Cross / Danish Red Cross (negotiation process ongoing with Icelandic Red Cross). Spanish Red Cross (Soweto Branch only). Corporate sector.
Empowerment of youth, focus on young women in development	IFRC with the support of the Finnish Red Cross, Corporate sector.

Actions are guided at all times by the 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. 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.

Disaster Management Priorities

The Disaster Management (DM) programme will focus on increasing preparedness and response national capacity by ensuring that systems, structures, human resources and equipment are made available to all 35 branches. The focal points will include: performing DM audits on an annual basis to ensure effective disaster response (DR) teams at grassroots level, monitoring and addressing issues on migration, disseminating DM policies and plans, and cooperation through a MoU with the local DM line ministry.

SARCS as a valuable First Aid training service provider will increase focus achieving nationwide accreditation. First Aid is a Red Cross core function and a significant income generating activity at the provincial and branch level, hence is equally important that remains viable and sustainable.

Health and Care Priorities

The community-based health and First Aid (CBH&FA), like in other National Societies is also being revamped and developed at divisional level. Focus is on building capacities on health promotion at community level. Most of the CBH&FA activities will be integrated into emergency health services and mother and child health.

In 2011 with USAID support, SARCS will provide MDR-TB services including direct observed treatment (DOTS) to 150 patients in the marginalised communities of the Eastern Cape and Western Cape Provinces. SARCS will also provide appropriate nutritional and psychosocial support to patients and prevention messages to their families and the wider community. This project is fully funded by USAID.



SARCS has a successful programme for orphans and vulnerable children, providing assistance in terms of resources, education and health services

With the support of Eli Lilly pharmaceutical company, SARCS will continue to train staff and volunteers in MDR-TB in association with key strategic partners including the SA Nurses Association (DENOSA) and the Department of Health at national, provincial and municipal levels. This training is fully funded by Eli Lilly.

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'.⁴ 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.

⁴ 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.

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.

In 2009, an HIV and AIDS budget was developed as part of the 2010-2011 South Africa country plan. The assumption then was that the HIV and AIDS programme ([MAA63003ZA](#))⁵, 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 SARCS' 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, SARCS has developed a four year HIV and AIDS plan and budget. The plan and budget is also aligned to the recommendations of the rapid assessment⁶ 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, SARCS 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.

SARCS 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. SARCS 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. SARCS 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.

⁵ 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/MAA63003ZA.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

⁶ 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.

Secretariat-supported programmes in 2011

After phasing of the IFRC Country Representation office, the SARRO will directly support SARCS through the OD Unit. SARCS has therefore developed this plan focused on the IFRC support in OD process as SARCS' programmes (disaster management, health and care, promotion of Principles and Values) are already funded bilaterally and multilaterally.

Disaster Management

a) The purpose and components of the programme

Programme purpose	
Save lives, protect livelihoods, and strengthen recovery from disaster and crises.	
Programme component: Disaster Preparedness	
Outcome 1	Capacity of SARCS is improved in terms of skilled human, financial and material resource base for effective disaster management in South Africa.
Outcome 2	SARCS capacity is enhanced to promote social cohesion amongst host and migrant communities and foster a culture of non violence 'UBUNTU'
Programme component: Disaster Response and Recovery	
Outcome 1	Disaster response mechanisms are efficient and effective in meeting the needs of those affected by disasters.
Outcome 2	A degree of self-reliance of individuals and communities increased to reduce their vulnerability to public health emergencies and disasters.
Programme component: Disaster Risk Reduction (DRR)	
Outcome 1	SARCS has effective mechanisms in place to timely respond to disasters which from time to time affect communities.
Outcome 2	SARCS capacity has improved capacity in providing assistance for restoring sustainable livelihood of populations affected by disasters.
Programme Component: Restoring Family Links (RFL)	
Outcome 1	Capacity of SARCS RFL infrastructure is enhanced to better serve the needs of victims of armed conflict and displaced people living in South Africa.

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

Degrading poverty, diminishing natural resources, and increasing joblessness all contribute to ethnic and social tensions. Unless these are addressed South Africa will remain a high risk country in terms of urban violence and social unrest.

National Society Development/Capacity Building

a) The purpose and components of the programme

Programme purpose
The SARCS meets the basic requirements of the characteristics of a well-functioning NS and is a recognised player in the humanitarian sector in South Africa.

The NS Development programme budget for 2011 is CHF 288,427.

Programme component: Leadership and Management Development	
Outcome 1	South African Red Cross Society (SARCS) leadership (governance and management) has increased capacity in developing and implementing policies and strategies for optimal organisational performance and accountability.
Programme component: Well-functioning Organisation	
Outcome 1	SARCS has in place well defined policies in programming, human resource management, financial management and coordination.
Outcome 2	Financial management systems, procedures and tools are in place, effectively and systematically used.
Outcome 3	SARCS has in place well defined policy and guidelines on human resource development by December 2010.
Programme Component: Branch Development and Volunteer Management	
Outcome 1	Structures, systems and procedures developed, approved and disseminated at the branch level to enable effective functioning of branches and service delivery among vulnerable people.
Outcome 2	Volunteer management system defined, approved and disseminated throughout the South African Red Cross structures.
Programme component: Youth Development - Focus on Young Women in Development (YWID)	
Outcome 1	South African Red Cross Society youth development programme is developed and is strong on leadership, life-skills, self-development and gender mainstreaming.
Programme component: Resource Development	
Outcome 1	SARCS resource base is improved and ensures sustainability of programmes.

The organisational development and capacity building programme is geared towards enhancing the skills and performance of management, staff and volunteers to ensure that SARCS meets the basic requirements of the characteristics of a well-functioning NS. As stated above, the priority areas in terms of this plan are the continued strengthening of governance and management, administration and financial management, branch development, volunteer management, and youth. It is anticipated that local and external bilateral partners will continue supporting the other programmes in the foreseeable future.

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. Human resource management support will enhance performance of staff at all levels, resulting in better programme implementation, monitoring, and evaluation, reporting and greater benefits to the most vulnerable communities.

c) Potential risks and challenges

The main institutional challenges are 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 is unable to raise the resources required to improve its institutional capacity.

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 650,580.
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 and Care	
Outcome 1	Communities have capacity to reduce their own vulnerability to health risks and hazards in their environment through knowledge of local community-based health and First Aid (CBH&FA).
Outcome 2	Mother and child health is improved through immunization services to children and mothers in areas of SARCS operations.
Outcome 3	The level of community health knowledge is increased through the development and distribution of health related information, education and communication (IEC) materials.
Outcome 4	Psychosocial support is provided to the community-based care facilitators, primary caregivers and OVC.
Outcome 5	Women, men and children are protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.
Programme component: Public Health in Emergencies	
Outcome 1	Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.
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) Profile of target beneficiaries

The MDR-TB programme targets mostly marginalised Xhosa speaking communities outside the major city centres of the Eastern Cape and Western Cape Provinces. These communities mostly live in informal settlements or sub-standard housing. The HIV and AIDS programme targets OVC, youth and people with chronic illnesses. With the advent of antiretroviral treatment most of these people are no longer bedridden and do not require home-based nursing care.

c) Potential risks and challenges

Maintaining close relations with the donors is vital for the long-term sustainability of projects. Whilst much progress has been made on improving service delivery it is vital that SARCS addresses issues around retention of skilled volunteers.

Role of the secretariat

a) Technical programme support

The IFRC Country Representation was phased out in July 2009 after achieving stability in the NS leadership. The newly recruited OD counterpart will continue under the coaching by the IFRC technical branch development/volunteer management delegate to prepare him to take full responsibility of the programme.

In the future, technical support will be directly from IFRC SARRO programmes. The aim is that technical advice for each core area will be brought closer to the implementers in order to avoid gaps in performance tracking and measurement.

b) Partnership development and coordination

SARCS will continue to integrate the relevant international strategies into its programme components, as well as continuing its commitment to the Millennium Development Goals (MDGs). The NS values enhanced networking and partnership development, hence will enhance its operational alliances.

The Movement partners supporting SARCS include IFRC, ICRC and the British, Danish, Finnish, Icelandic, 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 short-term PNS staff-on-loan or consultants are provided for specific tasks. The Cooperation Agreement Strategy (CAS) has been through a consultative process and a number of partner national societies (PNS) have already signed. The new Secretary General is determined to ensure that all partners are formally on board through the CAS and operational alliance processes. CAS is crucial for SARCS because most of the seven PNS involved are on bilateral basis.

Other partners include the South African government at all levels (national, provincial, district), the Belgian Embassy, the Canadian International Development Agency, European Union in cooperation with the Finnish Red Cross and the Royal Netherlands Embassy and Swedish International Development Agency on HIV and AIDS programme. Coordination of roles and cooperation occurs within stakeholder forums at local, provincial and national levels, and with government mostly at district level, and is included in the national disaster management planning forums. The New Disaster Management Act is gradually being implemented throughout the country and SARCS is the primary implementing partner.

SARCS is striving to scale-up the programme significantly based on the needs of the country and the funding required will increase for this reason. The success of SARCS' programmes is largely dependent on the integration of specific services with the resources of the government, community- and faith-based organisations, non-governmental organisations and the corporate sector. SARCS often takes the lead in developing the network and obtaining the commitment of other role-players.

c) Representation and Advocacy

The new management and leadership of SARCS place great emphasis on communications and advocacy, as well as on stakeholder management and resource mobilisation. The leadership has demonstrated their ability to advocate for vulnerable communities, profiling the Red Cross as a credible role player in the humanitarian field. National representation and advocacy activities are easier to undertake now that the National Office is in Pretoria, near Johannesburg where the majority of the stakeholders in the humanitarian sector are based.

Through the Kids Africa donor database management system, which is now being rolled out to all the structures, and through the capturing of the numbers of volunteers and members SARCS aims to provide regular information for advocacy purposes to all relevant external partners. As more resources become available to the Society as a result of the transformation process and stabilisation, it is important that representation, communication and advocacy remain high on the agenda for development.

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 a specific target group. The programme includes interventions aimed at reducing these vulnerabilities. Examples include interventions such as the promotion of gender equity and respect, establishing support groups, reducing stigma and discrimination and improving the care of and psychosocial support for children. Programming also strives to redress the gender imbalances 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. SARCS 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 stakeholder representation, during which programming issues are discussed.

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

How we work

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

Global Agenda Goals:

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

Contact information

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MAAZA002 - South Africa

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		90,000				90,000
Land, vehicles & equipment						
Transport & Storage		60,000	16,080			76,080
Personnel		170,000	216,339			386,339
Workshops & Training		192,000				192,000
General Expenditure		96,292	37,260			133,552
Depreciation						
Contributions & Transfers						
Programme Support		42,288	18,748			61,035
Services						
Contingency						
Total Budget 2011		650,580	288,427			939,007