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Annual report South Africa

 International Federation
of Red Cross and Red Crescent Societies

MAAZA002

01/07/2012

**This report covers the
period 01/01/2011 to
31/12/2011.**

*The floods that caused
havoc in 8 out of 9 provinces
in South Africa/SARCS*



In brief

Programme outcome

The South African Red Cross Society (SARCS), which is a member of the International Federation of the Red Cross and Red Crescent Societies (IFRC), has existed since 1897, though it was only officially recognized in 1921. Since then, SARCS has been delivering humanitarian services predominantly within the areas of Disaster Management and Health. Responding to community needs whilst at the same time aligning itself to the transformation imperatives of the country, the organisation encountered some challenges and has had to operate sometimes at a level of fast dwindling human, material and financial resources while at the same time responding to growing humanitarian needs.

Programme(s) summary

The year began with heavy floods which resulted in 8 provinces being declared disaster areas by the Department of Cooperative Governance and Traditional Affairs (COGTA). The Federation's Disaster Relief Emergency Fund (DREF) released funding which enabled the national society to respond to the disaster in three provinces, namely, Free State, Northern Cape and North West. The operation was successfully concluded and all returns submitted. This operation was then followed by the BHP Billiton donation which covered the entire country, the Agreement of which was concluded in April 2011.

In May, SARCS structures celebrated the World Red Cross day by engaging their communities with various activities all geared towards focusing on Humanity and Voluntary Service. During 2011, the Society did not only focus on humanitarian interventions in South Africa alone. The Society also mobilized ordinary South Africans and private sector to focus on humanitarian interventions abroad, e.g. the Japanese earthquake/tsunami and the famine in the Horn of Africa. The SARCS National Office handed over a donation to the Deputy Ambassador of Japan from the South African public and from Vodacom Foundation, the private cellular company.

In May, the South African public embarked on a series of service delivery protests and urban violence prior to the municipal election on May, 18th. The SARCS disaster relief teams were on alert and some were stationed closer to the voting stations on the voting day whilst others were part of the Provincial Joint Operation Committee (J.O.C) which planned and provided information on events regarding the elections. This allowed for a smooth flow of information between the National Office Disaster and Communications departments and the regular reports were shared with both the IFRC and ICRC. Media interviews with SARCS personnel were also facilitated.

In June, two provinces were affected by disasters in the Eastern Cape. Incidents of Urban Violence and attacks on foreign nationals were reported which necessitated the involvement of the National Office. In addition, seasonal rains caused a considerable damage to some parts of the Province.

SARCS and the International Committee of the Red Cross (ICRC) hosted a regional Restoration of Family Links workshop where 8 National Societies in the region participated.

The latter part of the year marked the beginning of the new era for SARCS with the departure of Secretary General, Ms. Mandisa Kalako Williams and the resignations of the Finance and Administration Manager as well as the Human Resources Manager. This process was followed by two significant processes; the National Office skills Audit and the National Strategic Planning which will replace the last 5 years developmental plan and the Recovery Plan, Dream Believe Achieve (DBA).

Financial situation

Donor	Actual
British Red Cross	R 732,681
Norwegian Red Cross	R 523,603
Belgian Red Cross – Flanders	R 1,770,801
Finnish Red Cross	R 4,767,620,
Spanish Red Cross	R 5,076
Department of Health	R 3,374,233
US Aid	R 705,432
Eli Lilly Foundation	R 300,000
Astra Zenica	R 1,252,496
ICRC	R 932,396
IFRC	R 1,232,887

[Click here to go directly to the financial report.](#)

No. of people we have reached

A total of 98,216 people benefited from SARCS interventions in 2011. These interventions include prevention activities, caring for orphans and vulnerable children, community home-based care and programmes and activities which have sought to prevent or limit stigma & discrimination.

Our partners

SARCS continued to work with Movement partners including the IFRC, ICRC, Belgian, British, Finnish and Norwegian Red Cross Societies who have either provided technical or financial support. The National Society partnered with the British Red Cross on capacity building in resource

mobilisation and financial support for fundraising activities, management salary as well as leadership development which has entered into its second year. The Belgian Red Cross – Flanders has contributed significantly to the revamping of the SARCS training department and ensuring SARCS compliance to the Health and Welfare SETA (HW SETA) accreditation requirements. Other partners include the South African government, the European Union (in partnership with the Finnish Red Cross), UN agencies, and many companies from the private sector, i.e. Vodacom SA/Vodafone, BHP Billiton SA, Eskom, South African Aids Trust and the general public.

Context

The Society launched an Emergency Appeal in January 2011 after the above normal rainfall had devastated 32 Municipal areas which were declared Disaster Areas. Later in the year, in June 2011, two areas, Duduza (Johannesburg) and Ficksburg (Free State) were hit by a tornado resulting in damage to property and displacement of community members. This allowed SARCS to increase its coverage of areas that were not initially covered by SARCS services. There were sporadic cases of violence during the course of the year which saw attacks on non-nationals as well as the government's deportation of illegal Zimbabwean immigrants.

The Health and Care Programme had an exceptionally busy year as well, the Psychosocial Support Project (PSS) was successfully concluded in July and the Team presented a DVD and a Coffee Table book documenting the impact of the PSS project on volunteers, staff and community members to the EU and the Finnish Red Cross. The MDR TB project funded by USAID through IFRC was renewed although it will be implemented in the Eastern Cape Province only.

The Belgian Red Cross – Flanders OVC project was initiated in Limpopo Province where a total of 300 Orphaned and Vulnerable Children would be recruited and be placed in the programme. The Programme also participated in the ICASA conference in Ethiopia which drafted the Regional Strategy for Orphaned and Vulnerable Children in the Southern Africa Region. The roll-out of Epidemic Control Training for Volunteers was also carried out during the year.

SARCS had increased media coverage in the past year as it hosted two Round Table Discussions as a precursor to COP 17 in Durban. The Round Table Discussion was attended by leaders in various fields including migration and food (in) security in the country and in the continent. During COP 17, SARCS successfully hosted two side events at the African Pavillion and the IFRC Secretary General, Mr Bekela Geleta was interviewed on E-TV on the role of humanitarian organizations in a changing climate.

The SARCS also participated in the 31st International Conference in Geneva. The Society also supported the review of the International Disaster Risk Law and participated in the analysis of legislation related to Disaster Risk Reduction in South Africa. Media interest grew with increased media coverage of SARCS activities and its mandate. At the end of 2011, the National Society concluded its Strategic Plan for 2012–2017 and the National Office Organizational Audit process was concluded.

Progress towards outcomes

Disaster Management

Outcome(s)

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 disaster
Programme Component: Disaster Risk Reduction (DRR)	
Outcome1:	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	
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.

Achievements

- SARCS trained 1,630 staff and volunteers in Training of Trainers (ToT) workshops across the provinces who then rolled out the training programmes in Disaster Management (DM) and Restoring Family Links 734, Community Based Health & First Aid (CBH&FA) 438, Participatory Health and Sanitation Transformation (PHAST) 391 and Voluntary Counselling 67 people.
- A total of 11,774 beneficiaries were reached with basic relief items including food parcels, hygiene packs, blankets and jerry cans.
- Media coverage has increased for the South Africa Red Cross Society as the result of our visibility and rendering quality service to the affected communities. The SARCS DM unit serves on the National Disaster Management Centre (NDMC) as well as Provincial and Local Joint Operation Centres (JOC).
- Throughout the operation, all SARCS Provinces have identified the vulnerable areas within their jurisdiction. These areas will continue to be targeted through the Phase 2 training as per the SARCS operational plan. This will enable communities to identify risks in their communities, and for them to become first responders.

- The close working relationship between the Disaster Management and Restoring Family Links project has resulted in 436 people being trained on RFL. The number of tracing requests increased to 350 during the reporting year. RFL focal people have been identified and equipped to carry out the RFL activities in 5 provinces.
- SARCS footprint has grown to areas that did not previously have access to Red Cross services. This included the training of Municipal employees on Disaster Preparedness and local communities in being First responders in case of disaster.

Health and Care

The focus in 2011 was on prevention and campaigns were conducted throughout the provinces to raise awareness on HIV prevention interventions including MTCT, HCT, condom-use, benefits of male circumcision, reproductive health, and screening for TB. This was aligned to the commemoration of the 16 days of activism and World Aids Day.

Activities linked to treatment adherence for both TB and HIV were carried out through the HBC programme. Volunteers continued to work with individuals, families and clinics ensuring that clients take their medication as prescribed, attend to their appointments, applying hygiene promotion strategies and identifying early signs and symptoms of TB. Psycho-social support interventions were also provided to individuals in the form of counselling, support groups, food supplements and hygiene packs.

The Health and Care Programme managed to assist communities in 24 project sites in 9 provinces on co-infection prevention messages, DOTS, HCT campaign, IEC material distribution. In 2011, the project has supported 24,988 PLHIV on treatment adherence and on positive, healthy, as well as providing PSS services to at least 19,988 OVCs, helped 4,745 TB clients to adhere to their daily treatment routine and daily visits to support 251 MDR-TB clients to take their medication and to give other support to them and their families.

National Data

Outputs	Achieved: January - December 2011
TB	4 745
TB and HIV (Co-infection)	1892
MDR and XDR TB	251
HBC Clients HIV positive	24,557
OVC Clients	19,988
HBC Caregivers	1,734

The MDR-TB Project in the Eastern Cape is focusing on 3 implementation sites; Port Elizabeth, East London and Uitenhage. A total number of 251 patients of which 137 are considered most vulnerable MDR-TB patients are assisted by a team of 34 care givers across the province that provide care, support and treatment adherence monitoring during home visits. The care givers have conducted information sessions with patients and family members. These care givers are supervised by 4 team leaders/facilitators.

Various patient patterns have been identified which has helped to determine the needs of the patients including:

- Weekend Drinking: 43 clients (Particularly males) are weekend drinkers and this result in some of them defaulting on Mondays when they are supposed to go to the clinics to fetch their treatment
- Defaulters due to hunger: some clients still report that they default because sometimes there is not enough food at home. Some clients live in very overcrowded conditions and the food parcels they receive do not last long because they share the food with others in the household (In one case there are 23 people living in a two roomed house. Almost all the adults are HIV positive , 2 are infected with TB and one is an MDR-TB patient)
- Treatment Fatigue: at least 3 clients are complaining that they are overwhelmed with the duration of treatment and find it too much to go to the clinic every morning to receive their treatment. In such cases, intense counselling takes place to motivate the client to continue with his / her treatment. There are positive results due to the interaction of SARCS caregivers in assisting to change these patient patterns.

A total of 8,220 home visits took place during the reporting period. Health Care Workers start at the clinics in the morning to monitor adherence to treatments and where defaults are observed, a visit to the client's home is carried out to find out why the client has defaulted.

During home visits, clients receive counseling and some are referred back to the clinics where problems are observed. Caregivers also work with family members to teach them how to monitor adherence to treatment and where necessary, family members are also referred to clinics for TB testing.

Side Effects reported include headaches, sore eyes, convulsions, dizziness, nausea, fatigue, deafness, painful feet & legs, pins & needles in legs and feet, bloating. Clients are advised on how best to manage the side effects including suggestions and demonstrations on how to do reflexology exercises as well as eating natural yoghurt to ease stomach ailments.

In 2011, procurement of Food Parcels was covered by 2010 funding. New procurement will start in the 2nd quarter (January –March) of 2012. A total of 84 hygiene packs clients were procured end of the year to be distributed early 2012. Procurement of 85 Infection Control Kits for care givers was done and these items will also be distributed early 2012.

Working in partnership

The South Africa Red Cross Society supported by IFRC works closely with RC/RC Movement partners through bilateral agreements. The bilateral support through the IFRC enabled the SARCS to respond to the needs of the vulnerable individuals across the country by providing health services, food distribution and community awareness projects. The institutional support provided to branches enabled SARCS staff to continue to work with vulnerable communities on the ground and share information with the government departments.

The partnership between the SARCS and the National Department of Health (NDoH) was renewed again this year and the Memorandum of Understanding signed by both parties. This has led to discussions with other departments including the National Department of Transport (NDoT), Department of International Relations and Cooperation (DIRCO) and Department of Corporative Governance and Traditional Affairs (COGTA).

The SARCS remains the leading humanitarian organization in the country with good support from a number of private institutions which have responded positively to appeals including the floods appeal as well as the drought in the Horn of Africa. Supporters include, but not limited to, the following: BHP/Billiton SA, Vodacom Foundation, Mutual and Federal and Deloitte and Touche SA.

The Health and Care programme continues to engage with local clinics and other stakeholders in rendering services to vulnerable communities. The SARCS is the member of National Action Committee on Children Affected by HIV and AIDS (NACCA). The Disaster Management continues to work with the National Disaster Management Centre and the South African Weather Services.

Contributing to longer-term impact

The SARCS has pioneered a number of interventions to ensure that the Society collects reliable and accurate data for reporting as well as for programme management improvement. This was piloted in Duduza, where Volunteers were empowered with Mobile phones who were GPS enabled in order to conduct field assessments. This has greatly increased turnaround time due to knowing the exact numbers of affected people and the exact location of where the disaster occurred.

The Health and Care programme and the British Red Cross (BRC) undertook a scoping exercise in Gauteng Province. This was done as part of scaling up of the BRC funded initiative in the country. The process entailed sharing information and lessons learnt from the KwaZulu Natal HIV/AIDS project. Lastly, the SARCS Strategic Plan for 2012 – 2017 is centred on key instruments which are the SA's governments National Strategic Plan for 2012 – 2015, IFRC' strategy 2020 and ICRC' strategy 2011 – 2015 as well as the Millennium Development Goals. This is done in ensuring that our programmes are responsive to the needs of our communities and are based on sound research.

The IFRC works with its partners to ensure that technical and material support is provided to SARCS at all levels to enable it to engage with the communities in the management and response to floods, outbreaks of disease and dealing with situation of non-violence and social cohesion. Longer-term recovery interventions and disaster risk reduction in areas that are prone or susceptible to flooding is instrumental to building community resilience and saving lives.

Looking ahead

The SARCS 5 Year Strategic Development Plan (5YSDP) 2012 – 2016 was put together by a national team with representatives from all provinces in December 2011. Amongst the documents that were reviewed for this exercise, was the “Dream Believe Achieve” document that had been developed in 2009/2010 as a financial recovery plan for SARCS as well as the review report of the 2006 – 2010 SARCS strategy. IFRC Strategy 2020 was also consulted to ensure SARCS alignment of programmes and approach to that of IFRC.

SARCS 5YSDP has three strategic objectives and four enablers. The enablers are the tools with which SARCS will be able to achieve strategic objectives. These include:

Strategic Objective 1: To save lives, protect livelihoods and strengthen recovery from disasters and crises

Strategic Objective 2: To enable healthy and safe living

Strategic Objective 3: To promote social inclusion and a culture of non-violence and peace

The following enablers are linked to tools and assigned targets for purposes of measuring the organization's performance:

Enabler 1: Build a strong National Society

Enabler 2: Build a sustainable and financially viable world class organization

Enabler 3: Strengthen Fund Development to raise undesignated funds

Enabler 4: Create a successful business entity to sustain the organization

For the National Society to be well-functioning, SARCS will strengthen its programmes in Health and Care, Disaster Management, Humanitarian Values and in Youth Development. The governance oversight sub-committees have been set up which will support and monitor programme milestones and report to the SARCS Governing Board. This will assist in identifying challenges earlier and allowing for adequate solutions before it is too late. It also means a closer support and monitoring at Provinces and Branches by both senior staff and governance.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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