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# Annual report Zimbabwe

 International Federation  
of Red Cross and Red Crescent Societies

**MAAZW001**

**17/05/2012**

**This report covers the period 01/01/11 to  
31/12/11**

*ZRCS youth first aiders assisting injured athletes at a sporting  
event/ Photo ZRCS*



## **In brief**

### **Programme outcome**

Zimbabwe Red Cross Society (ZRCS) programmes have contributed to the reduction in the suffering of the most vulnerable communities. The activities of the organisation contribute to the reduction of numbers of deaths, injuries and impact from disasters, diseases and public health emergencies. Through its programmes such as the Disaster Management, Community-Based Health and Care, Water and Sanitation (WatSan) and Food Security and Livelihoods projects, the ZRCS is contributing to addressing the most urgent situations of vulnerability and reducing intolerance, discrimination, social exclusion and promoting respect for diversity and human dignity.

### **Programme summary**

Zimbabwe Red Cross Society (ZRCS) has been implementing programmes in food security and livelihoods, water and sanitation (WatSan), disaster management and community-based health and care, to alleviate the suffering of the vulnerable groups within communities. The ZRCS programmes have contributed to the reduction in the numbers of deaths, injuries and impact from disasters, diseases and public health emergencies. The ZRCS, in 2011 was focusing on strengthening the capacity of communities to deal with situations of vulnerability through enabling healthy and safer living, protecting livelihoods, and reducing intolerance and discrimination. The National Society (NS) at the same time is committed to the Fundamental Principles thus encouraging respect for diversity and human dignity.

The Disaster Management programme continued with CBHFA programmes in Tsholotsho, Kariba, Gokwe North and Gokwe South districts enhancing disaster risk reduction. The major focus was on

the empowerment of vulnerable community members to define disaster related problems and provide local level sustainable solutions.

In 2011 the projects implemented under water and sanitation were mainly relief/emergency response to disasters rather than developmental projects. The food security WatSan activities for the previous year 2010 were finalized and the report on activities were captured in the MDRZW003 final report. The main project for the year 2011 was a response to the cholera outbreak in Chipinge's two wards namely Chibuwe and Checheche where more than 6,000 Households benefitted from Non Food Item distribution, prevention messages and trainings on health and hygiene education. 300 household and institutional latrines were constructed and 38 water points as well as 50 wells were rehabilitated in the two wards.

The main focus on Organisational Development in 2011 was capacity building of the NS on finance issues targeting the finance commission, national finance office, provincial administration and finance secretaries and programme officers. The strategy was focused on reinforcing the foundation for full implementation of the Navision accounting system. The other major centre of attention in 2011 was youth development, branch development and strengthening of the NS's capacity to deliver in all areas of youth programming, resource development for young people and youth governance.

### Financial situation

The total 2011 budget is CHF 4,447,230, of which CHF 3,422,418 (77%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 2,277,060, corresponding to 51% of the budgeted amount and 67% of the available funding.

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

### Number of people we have reached

Title	Target Population	Beneficiaries Assisted
Food security and Livelihoods	Food Insecure, ART, widowed, elderly, Pre-ART, TB, HBC clients	13,185 (WFP) 9,000 (British Red Cross) 10,000 (Japanese Government)
	Livelihood volunteers	950
Health and Care	HBC clients	750
Disaster Management	CBHFA awareness sessions	200, 000
Water and Sanitation	Community members	333,580 (under Food Security programme) reached with hygiene promotion
	Health Promoters	180
Organisational Development	Team Building	68

## Our partners

Partner	Area of Collaboration
IFRC	Coordination, resource mobilisation, technical and programmes support
ICRC	Technical and programmes support
WFP	Food security
In-country Partner National Societies (PNS) - Danish, Finnish, French, Japanese, Netherlands, Norwegian and Swedish Red Cross Societies	Technical and programmes support
Ministry of Health and Child Welfare (MOHCW)	Technical support, policy and coordination
World Health Organisation	Technical assistance on trends, outbreaks and response in collaboration with the MOHCW.
Agricultural Extension Services (AGRITEX)	Food security livelihoods
District Development Fund (DDF)	Technical support on WatSan
Relevant Government Ministries and local authorities	Technical partners in the food security and livelihoods, WatSan and disaster management

The IFRC and ZRCS wish to thank partners for their collaboration and support during the year.

## Context

Despite overall improvements in Zimbabwe's humanitarian situation, the country continued to face considerable challenges. Throughout 2011, an estimated six million people remained vulnerable after almost a decade of socio-economic decline. An equal number still lacked access to safe water and sanitation. Zimbabwe is currently ranked 173 on the UNDP's Human Development Index.<sup>1</sup> With unemployment levels at very high rates of above 80%, half of the population in the country lives below the poverty datum line. They have difficulties in accessing cash to purchase basic commodities and pay for services. The food security situation in some parts of the country remained fragile in 2011 following poor harvests by the majority of farmers in the communal areas due to a prolonged dry spell between the months of December 2010 to February 2011 normally the peak of the wet season.

The humanitarian community in Zimbabwe is paying close attention to a number of key concerns, including cholera, typhoid and malaria outbreaks, poverty alleviation and food insecurity. Addressing cholera and malaria outbreaks is a high priority for humanitarian partners. In response to these outbreaks, water, sanitation and hygiene (WASH) and health partners are implementing community health promotion programmes. Work continues at the local and district level to increase awareness and disinfection activities. Cholera and malaria outbreaks have affected the country on a large scale mainly due to the breakdown of the country's health system and dilapidation of the water supply infrastructure and sanitation facilities. Rebuilding the health system and basic facilities requires further financial support. Intervention contexts have shifted from emergency to recovery and the

<sup>1</sup> <http://hdrstats.undp.org/en/countries/profiles/ZWE.html>

Zimbabwe Red Cross Society in conjunction with the IFRC is exploring new approaches of supporting vulnerable communities.

## Progress towards outcomes

### Disaster Management

#### Outcomes

#### Programme Component 1: Community-based Disaster Preparedness

##### Outcome 1

Human, financial, material resources and disaster management systems of procedures enhanced through Disaster Management Master Plan (DMMP) implementation.

##### Outcome 2

ZRCS has efficient mechanism and improved capacity on logistics and warehousing for optimal disaster preparedness

#### Programme Component 2: Disaster response and recovery

##### Outcome 1

Disaster response mechanism is effective and efficient in meeting the needs of those affected by disasters.

ZRCS capacity to provide assistance in restoring sustainable livelihoods among population affected by disaster is improved.

#### Programme Component 3: Community-based disaster risk reduction

##### Outcome 1

Communities have in place local risk reduction strategies building on traditional coping mechanisms as well as contemporary knowledge on the cause and effects of natural phenomenon due to climate change

#### Programme Component 4: Zambezi River basin initiative Programme Component 4: Disaster Management

##### 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

National Society Capacity to implement disaster preparedness, response and recovery operations is increased.

## Achievements

### Warehousing

The Westwood Warehouse at national level with support from the Swedish Red Cross has been completed, except for the construction of a retaining wall which was not part of the project agreement. The retaining wall was needed due to the foundation and the whole structure being built on sloped terrain which resulted in the upper side of the hill which had been dug into being almost at the same level with the roof of the warehouse. This necessitated the need to prevent the unprotected steep soil collapsing and affecting the whole building. The other warehouse in Gweru urban, Midlands province with support from the Norwegian Red Cross was completed besides additional works outside the project agreement. These include ceiling for the toilets which are inside, septic tank, fencing and skirting.

### DREF Cholera Outbreak

There was no major cholera outbreak but sporadic cases in Chipinge district of Manicaland province and Chiredzi district of Masvingo province. The ZRCS applied for a Disaster Relief Emergency Funds (DREF) to assist the communities of the two wards to improve the health/hygiene standards by carrying out hygiene education campaigns, improving waste disposal and water supply. The DREF addressed awareness in selected wards where awareness and rehabilitation of boreholes and construction of Blair toilets for selected households. Previously trained Community Based and Health in Action volunteers were at the forefront linking development to previous outbreak experiences.

The following DREF activities were carried out under the three main objectives namely:

#### Water Supply

- 1) The broader objective of the water supply action was to improve safe water for 30 000 people (6000hhs) by the end of the project timeframe.
- 2) Sanitation  
The broader objective was to improve hygiene practices and awareness for 30 000 people in the targeted cholera affected areas
- 3) Health and hygiene Education  
The objective was to build volunteer and community capacity in prevention, detection, managing and treatment of cholera.

The following items were distributed under the DREF Cholera project

Item	Target	Actual Quantity	Households that benefited
Soap bars	40,000	40,000	4,624
Jerry Cans	4,624	4 624	4,624
Water Purification Tablets	10,000	10,800	6,666
Oral Rehydration Salts	10,000	10,000	500
Dust bins	100	100	Market place - 50 at each ward
Hard Brooms	30	30	Market place - 15 at each ward
Water maker sachets	50,000	50,000	4,624

A total of 6,666 Households received the NFIs especially soap, jerry cans to store clean water. This was also reinforced by community health sessions where community members were trained on the

use of the NFIs as well as health and hygiene education. Local communities also received Health and Hygiene education, thus there were no further new cases after the intervention.

**TRAINING**

Training	Ward 20		Ward 24		TOTAL
	Male	Female	Male	Female	
Volunteer PHHE	19	11	16	14	60
Local leadership	9	7	14	4	38
School Heads and Health masters	12	2	13	1	28



Volunteers who were trained in a Participatory Health and Hygiene Education course in Chipinge

**LATRINE CONSTRUCTION**

ACTIVITY	Target	Actual Checheche Ward 24	Actual Chibuwe Ward 20	Total
Household latrine	200	100	100	<b>200</b>
School latrine	100	50	50	<b>100</b>

The provision of latrines at schools helped by reducing child latrine ratio from 1:40 in some schools to 1:25. For those constructed at households level, included health and hygiene education, thus increased the use of toilets, thereby reducing defecation in open spaces.

**Food Aid**

## Beneficiaries and Households Reached – Food Aid

Province	HBC + households	NSART + households	OVC + households	Total
Mash Central	2,509	6,101	4,575	13,185

A total of 13,185 beneficiaries received food aid, under WFP health and nutrition based food assistance programme in Bindura District. The assistance helps clients with nutrition recovery, adherence to Antiretroviral and Tuberculosis (TB) treatment thereby increasing treatment success rate.

### Agriculture Recovery and sustainable livelihoods

This is a bilateral programme supported by British RC and covering two provinces, Mashonaland West and Midlands. The NS managed to distribute inputs; maize (10kg) and groundnuts 5kg to 9,000 households. Trainings in improved farming techniques were cascaded to 9,000 households. 450 livelihood volunteers trained beneficiaries in conservation farming, nutritional gardening, livestock production, natural resource management and practices, four Sand water abstractions were constructed.



### Japanese supported Food Security and livelihoods

A total of 6,000 households were assisted with agricultural inputs (vegetable seed and maize, ground nuts and fertilizer). Livelihood trainings conducted to 500 livelihoods volunteers and training cascaded to 10,000 households including conservation farming, seed storage, nutrition and vegetable garden management. A total of 4,000 households received a monthly USD\$20 food voucher over four months; this amount is enough to buy 20kg maize meal, 750ml cooking oil, and 2kg beans.

### Constraints or Challenges

- In order to fully realise impact of agricultural recovery projects and sustainable livelihoods more time for implementation of projects is required.
- Some stakeholders were unwilling to participate in the implementation processes as they would require incentives for them to participate.
- In some hard hit food insecure areas e.g. Buhera District and Mutare rural, beneficiaries were complaining of hunger which prevented them from working effectively e.g. for conservation farming which involves hard labour. It would be recommended that they also get food.

### Zambezi River Basin Initiative

The initiative is focusing on five districts but during the year under review only one district of Kariba was covered through financial support from the IFRC Regional office. Two other districts; Binga and Hwange were covered during the first quarter with support from the Swedish Red Cross. A baseline was conducted for the two districts and the CBHFA module cascaded by the volunteers in their respective communities. The American Red Cross came on board to support Binga district starting in October 2011. The approach is more on community-based disaster risk reduction with less emphasis on health. The health component is not a stand-alone but included in the prevailing disaster needs within the respective community.

## Health and Care

### Outcomes

#### Programme Component 1: Community Health

##### Outcome 1

Communities have capacity to reduce their own vulnerability to health hazards through knowledge of local community-based health and First Aid (CBHFA).

##### Outcome 2

Vulnerable populations, children under five years of age, pregnant women and PLHIV in targeted areas are protected from Malaria.

#### Programme Component 2: Emergency Health

##### Outcome 1

ZRCS targeted communities with increased capacity to cope with health emergencies

#### Programme Component 3: Water and Sanitation

**Outcome 1** Access to safe water and sanitation services in identified vulnerable communities is increased.

#### Programme Component 4: HIV and AIDS

##### Outcome 1

Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).

##### Outcome 2

Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.

##### Outcome 3

Address stigma and discrimination with targeted communication and advocacy activities.

##### Outcome 4

Build the National Society capacity to plan, implement, and manage the programme.

### Achievements

#### Community Health

A baseline survey was conducted in Gokwe and Tsholotsho districts for the Community-Based Health and First Aid (CBHFA) in Action programme in the month of October. The findings pointed out to a clear need for the CBHFA programme as the results indicated low levels of knowledge on

prevention of diseases, e.g. % of respondents who could describe at least three ways of preventing Diarrhoea was 38% in Gokwe North, 40% in Gokwe South, and 25% in Tsholotsho District<sup>2</sup>.

Community Health Sessions were held simultaneously with meetings to sensitize the volunteers on the programming for the year. The district field officers used the community health sessions as an opportunity to re-orient the volunteers to the annual activities as well as to chart the way forward for the community health sessions. These meetings were attended by ward stakeholders, volunteers and other community members. Volunteers identified specific health related activities in their areas stemming from the previous community assessments they had conducted. The priority health needs were identified as hygiene promotion, water and sanitation and these activities were earmarked for health sessions. Edutainment in the form of drama, training sessions and awareness campaigns were suggested as modes for the health sessions. Other identified practical and improved measures such as water point rehabilitation and construction of low cost (using locally available materials) latrines, for the very vulnerable households e.g. child headed households, elderly and destitute families were proposed.

Community health sessions managed to contribute positively to the volunteers' efforts towards prevention of water borne infections which are rife and characteristic of the rainy season. These activities were aimed at raising awareness on and prevention of cholera, typhoid and the other potential diarrheal/water borne infections. Hand washing, safe disposal of waste, fruit and produce refuse and use of clean safe water were the core themes of these health sessions. Educating volunteers and community members on the construction and use of tip taps as hand washing points was the main feature of the health sessions.

### Constraints or Challenges

The CBHFA programme in Midlands and Matabeleland North had no budget for vehicle hire, thus relied on provincial vehicles as and when there were free. Some of these vehicles however are not suitable for the terrain in Gokwe North, Gokwe South and Tsholotsho Districts therefore delays in implementation could not be avoided.

### Emergency Health

#### Typhoid outbreak

Typhoid outbreak was experienced in Dzivarasekwa high density suburb in Harare where 81 suspected cases were reported. More surfaced as those who had sort treatment were identified. Zimbabwe Red Cross Society responded to the outbreak among other organizations. The residents of the suburb were reportedly getting water from unprotected water sources. This was due to the inconsistent municipal water supply and poor sanitation facilities.

The following was provided:

- 240 bars of green soap
- 480 units of chlorine
- 120 000 water makers ( sachets for the treatment of water)
- 52 blankets

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<sup>2</sup> Zimbabwe Red Cross Society, Disaster Management and Organisational Development Baseline survey Report, 2011

A total of 14 volunteer nurse aids were seconded to the clinics in Dzivarasekwa to assist in hygiene education and caring for the patients.

### WatSan

Under the DREF Cholera project in Chipinge a number of water points were rehabilitated.

### WATER POINTS REHABILITATION

	Target	Checheche-Ward 24	Chibuwe-Ward 20	Total
Rehabilitated water points	50	19	19	38
Wells	50	25	25	50

The community's main sources of water were shallow wells and boreholes fitted with bush pumps. Most of the borehole pumps were broken down and the wells were open without lifting pumps/devices. A total of 50 wells were fitted with windlasses and properly constructed with covering and apron and water run way channels. Another 38 borehole bush pumps were rehabilitated and aprons and water run way channels constructed. The target of 50 could not be met as the remainder of 12 were rehabilitated by another non-governmental organisation working in the adjacent ward.



Mrs Makaya from Ward 20 Chipinge, at a rehabilitated family well, being assisted by a Red Cross volunteer

### HIV and AIDS

#### Provide Educational Support to OVC

A total number of 560 OVC received educational support in Mashonaland West, Manicaland and Matebeleland North, for the year 2011 with support from the Netherlands and Norwegian Red Cross Societies.

Gender	Mashonaland West	Manicaland
Male	54	117
Female	61	143
<b>Total</b>	<b>115</b>	<b>260</b>

The children were also supported with uniforms and school shoes and seven tertiary education students (five male and two female) were supported with tuition and accommodation and stationery. The OVC are monitored by the volunteers to ensure that they attend school every day, thus volunteers also provide psychosocial support to the children.

A total of 20 peer educators (12 Female and 8 Males) were trained in Manicaland and this included members of the Apostolic Sect, who normally (due to religious beliefs) do not visit the clinic. Another 3,517 people (1,927 Females and 1,590 Males) were reached through in school and out of school peer education activities. Although there is still a lot of work to be done, the peer education activities have been continued from the previous HIV programme, with clinic staff confirming that this has contributed to a slight decrease in teenage pregnancies.

#### Beneficiary figures for Hygiene Articles

District	Female	Male	Total
Mashonaland West	27	41	68
Matabeleland North	34	32	66
Manicaland	-	-	-
<b>Total</b>	<b>61</b>	<b>73</b>	<b>134</b>

A total of 134 children received hygiene articles. Because the distribution happened when schools were closed, it was not possible to mobilise all the OVCs. At the end of 2011 94 children from Matabeleland North were still to receive the hygiene articles. Manicaland will distribute the hygiene articles in the first quarter of 2012.



OVC and a guardian in Zvimba District after receiving their hygiene articles

### Memory and Hero Work

50 teachers, volunteers and guardians were trained in OVC in Memory and Hero work in Matabeleland North and Mashonaland West. The cascading of the training to the other guardians and OVC will start in the first quarter of 2012.

### OVC Psychosocial Support Camp 2011

In 2011 each province had the choice to host an OVC camp. These camps are characterised by life skills training workshops, team building exercises, cultural displays, Sports, recreation and psychosocial support. The programmes drew participants aged from 10-17 years. This platform enabled youths to exchange experiences with their peers in a conducive setting away from home and acquire new social skills which would help the youths to cope with everyday challenges. A total of 48 youths (28 female and 20 male) attended the youth camps in Mashonaland West and Matabeleland North.



Camp participants setting up camp in Mashonaland West: 2. Camp participants in Mash West

## Organisational Development/ Capacity Building

### Outcomes

#### Programme Component 1: Well-functioning organisation – Institutional Capacity Building

##### Outcome 1

ZRCS has functional and strengthened structures in branch development, governance, management and volunteer management according to the characteristics of well functioning national society (WFNS).

##### Outcome 2

ZRCS has in place well defined policies in programming, human resource development, finance development and coordination.

##### Outcome 3

ZRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure

#### **Programme Component 2: Branch Development and Volunteer Management**

##### **Outcome 1**

ZRCS has vibrant branches and local units delivering quality service through their local volunteer and youth networks.

#### **Programme Component 3: Resource Development**

##### **Outcome 1:**

ZRCS resource base is improved and ensures sustainability of programmes.

## **Achievements**

### **Finance Commission Meeting/Treasurer's Workshop**

A finance commission meeting was conducted to discuss on various financial matters affecting the NS. A treasurer's workshop was also conducted in December 2011. There were 16 participants; 14 provincial treasurers and secretaries and four members of National Governance Board. The main objectives for the workshop were: dissemination of Red Cross Movement knowledge, history, and structure of ZRCS and information on the ICRC and the Federation. Other areas were strengthening existing skills in finance management and the budgeting process. Dissemination of key aspects of ZRCS finance manual in addition to open discussions were done to explore the financial management support required for resource mobilisation and sharing of financial internal control good practice in managing income generating projects (IGPs) and volunteers role in these activities.

### **Team Building Workshop**

A one-day team building workshop was conducted at the National Training Centre. The workshop was facilitated by the Finance Development Delegate. A total of 68 Participants including the IFRC Country Representative, ZRCS board members, management and staff from all provinces participated in the exercise.

The workshop was conducted in order to bring about organisational integration and improved performance. The innovative techniques used were easily understood, relevant and practical in helping participants to appreciate the importance of teamwork and co-ordination.

### **Programme Officers Workshop on Finance Issues**

A Navision refresher course was conducted and facilitated by an ERP Consultant from Statigix Solution from South Africa. The ZRCS finance manager, four headquarters bookkeepers and three provincial administration and finance secretaries from provinces where Navision has been cascaded, attended this course.

### **Financial Management Workshop**

A financial management workshop was conducted at the ZRCS National Training Centre in West wood from the 21 – 23 June 2011. The participants included the ZRCS board members, management, programme officers; IFRC officers and a delegate from Madagascar Red Cross. Areas covered during the workshop included organisational development, financial management and accountability, corruption, governance, sustainability and resource mobilisation. Other topics

included information on, terms of reference for the Finance Commission and IFRC Working advances, Returns and Disbursements. The workshop was facilitated by the Norwegian Red Cross Finance Development Advisor for Africa.

### **Navision Monitoring and Supervision**

Monitoring and support visits were done during the period under review. The objectives were to monitor effective utilisation and upgrading of the accounting system and giving refreshers to provincial administration and finance secretaries on Navision accounting data capturing and posting so that they are acquainted with using the system.

### **Valuation of Assets**

The Internal Asset Valuation was conducted by the Property Management and Administration departments. The National Society (NS) started with the internal assessment to check on the existence and ownership of the assets at Headquarters, National Training Centre and Red Cross House. In addition, assets from all provinces nationwide were assessed, listed and tagged and an external valuer has been engaged to value all fixed assets of the NS. The goal of the asset valuation process is to understand the market capitalization position of the NS which is a requirement for better reporting of the annual financial position of the organization.

### **Working in partnership**

The ZRCS with technical support from the International Federation of the Red Cross (IFRC) has been working closely with other Movement partners to provide humanitarian assistance to vulnerable households in Zimbabwe. These include the ICRC, and partner Red Cross Societies i.e. British, Finnish, French, Japanese, Netherlands, Norwegian and Swedish Red Cross. The NS also worked closely with the Ministry of Health and Child Welfare, National AIDS Council, relevant government ministries and local authorities and technical partners on programmatic issues. There were also strong collaborations with United Nations agencies such as WFP on food security programmes.

### **Contributing to longer-term impact**

Monthly monitoring of the programmes, periodic assessments and reviews across all programmes was done. The results were used to strengthen the interventions planned for 2012. Monitoring was done at the same time that trainings were conducted which reduced the time and costs needed for field visits. Baselines were also done for the CBHFA project sites in order to establish baseline information and guide implementation.

### **Looking ahead**

The ZRCS is building its capacity at branch level with support from the IFRC Zimbabwe Country Representation and other Red Cross Movement partners through measures such as strengthening governance capacity, youth and volunteer structures and resource mobilisation and through income-generating activities to ensure sustainability. Priority areas for the NS include institutional capacity building, resource mobilisation, food security and health interventions.

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## 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 (NGOs) 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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Saving lives, changing minds.



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 non-violence and peace