

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

ZIMBABWE

Executive Summary

The humanitarian situation in Zimbabwe has dramatically deteriorated in recent years, with a combination of social, economic and political factors creating a complex humanitarian situation and a highly vulnerable population. Shortages of basic food commodities and unpredictable rainfall patterns have threatened the food security of millions across the country. The situation has been made worse by the contraction of economic activity in all sectors, inefficient health delivery system, water supply shortages and poor sanitation facilities. These factors are in turn further compounded by the debilitating impacts of the HIV and AIDS pandemic.



In today's competitive environment, emphasis will be on showing more clearly the benefits of the Red Cross and Red Crescent (RC/RC) programmes and how our actions and advocacy contribute to achieving the [Millennium Development Goals](#)¹ and other major global efforts to reduce poverty and inequity and promote sustainable human development. To accomplish this goal, the International Federation of Red Cross and Red Crescent Societies (IFRC) General Assembly adopted a new plan called the [Federation of the Future](#)² (FoF) in 2005 aiming at achieving the [Global Agenda](#)³, with [four goals](#) aligned to the core areas of [Strategy 2010](#)⁴. The Global Agenda demonstrates commitment to increasing the impact of our work by committing to scaling-up and improving the quality of our programming at both domestic and international level. As such, the Zimbabwe Red Cross Society (ZRCS) programme plans for 2009-2010 are developed from national strategic plans at the same time are aligned to the Global Agenda's goals.

¹ **Millennium Development Goals** – The UN Millennium Goals charter – states that by the year 2015, all 191 United Nations Member States have pledged to meet eight goals, thus, eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

² **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

³ **Global Agenda Goals:** Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

⁴ **Strategy 2010** - Is the IFRC's guideline framework for the decade 2000 to 2010. This overall strategy identifies the following four CORE areas as the cornerstone upon which the International Federation will continue to build its collective expertise and reputation: Humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

The plan also draws strategic direction from African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010)⁵ and the *Algiers Plan of Action*⁶. ARCHI 2010 goal is 'Better health for Africa's vulnerable individuals and groups served by the Red Cross/Red Crescent Societies (RC/RC) in Africa by mobilizing the power of humanity'. Consensus was reached on the major public health interventions which African NS should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries. By 2010, ZRCS will be recognized for its "niche" relating to public health priorities including emergencies. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and beyond.

The 6th Pan African Conference convened in Algiers, Algeria, in September 2004, under the theme 'Consolidating the role of Red Cross Red Crescent as a reliable civil society partner', with delegates from 53 African National Red Cross and Red Crescent Societies in attendance. The NS assessed and reviewed the progress made since the *Ouagadougou Declaration*⁷ of 2000, and reaffirmed through the Algiers Plan of Action the following key interventions and decided to pursue them with renewed commitments, vigour and focus, to be implemented within the next four years: Food Security; Health; HIV and AIDS; Institutional Capacity Building as a cross-cutting issue. Therefore, this plan aims to assist ZRCS efforts to improve the quality of life of vulnerable people and contribute to the socio-economic development of Zimbabwe.

The total budget for this plan 2009-2010 is CHF 4,638,280 (EUR 2,954,318 or USD 4,239,744)

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

Country Context

Zimbabwe, with a population of approximately 13 million people and a literacy rate of 89 percent (the highest in Southern Africa), has been facing many socio-economic challenges in recent years. The quality of service delivery is now at its lowest since independence in 1980. Water and sanitation (WatSan) services are suffering due to lack of adequate funding and deteriorating infrastructure (only 72 percent of people in rural areas have access to safe water). The health sector is short staffed due to the emigration of qualified medical staff, compounded by the prevalence of HIV (15.6 percent) which has directly or

Population, total (million), 2005	13.1
Population, urban (% of total population), 2005	35.9
Population, under age 15 (% of total population), 2005	39.5
Life expectancy at birth, annual estimates (years), 2005	40.9
Adult literacy rate (% aged 15 and older), 1995-2005	89.4
Combined gross enrolment ratio for primary, secondary and tertiary education	52.4
GDP per capita (PPP US\$), 2005	
2,038 Population undernourished (% of total population), 2002/04	47
Under-five mortality rate (per 1000 live births), 2005	132
Infant mortality rate, poorest 20% (per 1000 live births), 1999	59
One-year olds fully immunized against tuberculosis (%), 2005	98
One-year olds fully immunized against measles (%), 2005	85
HIV prevalence (% aged 15-49)	20.1
Human Development Index value, 2005	0.513
Human Development Index rank, 2005	151
Human Poverty Index (HPI-1) rank	91
Human Poverty Index (HPI-1) value (%)	40.3
Population living below \$1 a day (%), 1990-2005	56.1
Population living below \$2 a day (%), 1990-2005	83.1
Population living below the national poverty line (%), 1990-2004	34.9

Source: UNDP, Human Development Report 2007/2008

⁵ The decisions and experiences of the National Societies led to a formal ARCHI 2010 strategy approved at the 5th Pan African Conference in Burkina Faso in September 2000 and again reviewed and endorsed at the 6th Pan African Conference in Algiers in October 2004. Refer <http://www.ifrc.org/what/health/archi/>

⁶ <http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf>

For background on APA visit <http://www.ifrc.org/meetings/regional/africa/6thpac/index.asp>

⁷ **Ouagadougou Declaration** – The 5th Pan African Conference convened in Ouagadougou, Burkina Faso, from 21 to 25 September 2000 with delegates from 52 African National Red Cross and Red Crescent Societies in attendance. The conference focused on the key themes of the African Red Cross/Red Crescent Health Initiative (ARCHI 2010) and food security in Africa.

indirectly affected most people in Zimbabwe. The situation is made worse due to political instability and the difficult economic environment with high unemployment (80 percent) and hyperinflation of unprecedented levels (11 million percent by September 2008).

Basic demographic and socio-economic statistics for Zimbabwe according to the UNDP's Human Development Report (2007/08)⁸, are briefly presented below. The HPI-1 index, which measures severe deprivation in health by the proportion of people who are not expected to survive past 40 years, gives Zimbabwe a value of 40.3, which ranks 91st among 108 developing countries for which the index has been calculated. Similarly, according to the 2005 Human Development Index (HDI), the HDI value for Zimbabwe is 0.513, which gives the country a rank of 151st out of 177 countries with relevant data. Out of the 156 countries with both HDI and GDI (Gender-related Development Index) values, 108 countries have a better ratio than Zimbabwe's.⁹ Owing to the drastic decline in living standards, the impact of HIV and AIDS, food shortages and the collapse of medical care, Zimbabwe has one of the lowest life expectancies in the world, estimated by the United Nations at just 34 years for women and 37 years for men. This compares with a Sub-Saharan average of 46 and 47 years, respectively.

National Society Priorities and Current Work with Partners

ZRCS programmes have been formulated with a focus on reducing the suffering of the most vulnerable communities through the implementation of community-based health and care, water and sanitation¹⁰, disaster preparedness, food security and livelihoods projects. This is in line with IFRC programming strategy as outlined in the Ouagadougou Declaration (2000), ARCHI 2010, Strategy 2010 and the Algiers Plan of Action (2004). The demand for humanitarian services is on the increase following the social and economic crisis that Zimbabwe is undergoing. Through strengthening of ZRCS branches, a decentralisation strategy has been embarked upon to ensure that beneficiaries are more involved in implementation and community participation is enhanced.

The NS is scaling-up its programming using an integrated approach to effectively deliver the most needed services to a wider vulnerable population as expounded in the ZRCS Strategy 2005 - 2010. The aim is to reach approximately 44,000 households for water and sanitation services, 20,000 households for agriculture recovery, 25,000 households for livelihoods interventions, 50,000 people for disaster management and one million people with dissemination on the Fundamental Principles and Humanitarian Values. ZRCS has maintained stability in its leadership, which has ensured continuity and sustainability of programmes.

Under the health and care programme, ZRCS is part of the global malaria programme to be implemented both in 2009 and 2010. ZRCS will also continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003ZW)¹¹, which is part of the Southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The NS is scaling-up its response to HIV and is committed to reducing vulnerability and increasing its impact by preventing further infections, expanding care, treatment and support and reducing stigma and discrimination. In order to achieve these three outputs, the capacity of ZRCS is to be further strengthened through a fourth enabling output area on capacity development,

⁸ http://hdrstats.undp.org/countries/data_sheets/cty_ds_ZWE.html

⁹ UNDP, Human Development Index, http://hdrstats.undp.org/countries/country_fact_sheets/cty_fs_ZWE.html

¹⁰ Water and sanitation (WatSan) activities in Mount Darwin district are funded under the European Commission – African, Caribbean and Pacific (EU/ACP) 2006 – 2010 water initiative and are therefore not included in this plan. The initiative seeks to address the water and sanitation deficiencies in line with meeting the Millennium Development Goals and Federation Global Agenda 2. The programme is being implemented for three years in Zimbabwe (2006 – 2009). At the end of the programme, ZRCS would like to have provided safe drinking water to more than 100,000 people in Mt Darwin, including HBC clients and OVC. The WatSan activities in this plan should be seen as a continuation of the all ready ongoing activities beyond 2009.

¹¹ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003ZW) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003ZW.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

designed to ensure expansion of effective service delivery to the most affected communities. The programme represents a quadrupling of the Red Cross effort in the country and targets to reach five million people with messages on prevention and reducing stigma/discrimination; provides services for 34,000 people living with HIV and 110,000 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Zimbabwe.

In August 2008, ZRCS with support of the International Federation of Red Cross and Red Crescent Societies (IFRC) Zone office in Southern Africa launched an emergency food security and livelihoods appeal to support 260,100 people infected or affected by HIV and AIDS and therefore chronically vulnerable to food shortages. The deteriorating food security situation is expected to affect the plans of the ZRCS and the IFRC in Zimbabwe well beyond 2010.

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 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. 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.

ZRCS is operating in a politically sensitive environment, thus dissemination activities need to be strengthened in order to increase visibility and outreach. With technical support from the IFRC, the ZRCS will continue strengthening the dissemination of information on P&V and the International Humanitarian Law (IHL) in close collaboration with the ICRC.

Secretariat Supported Programmes in 2009-2010

Disaster Management

a) The purpose and components of the programme

Programme Purpose
To reduce the numbers of deaths, injuries and impact from disasters in Zimbabwe.

The Disaster Management programme budget for 2009 – 2010 is CHF 1,142,965¹² (EUR 728,003 or USD 1,044,758)

Programme Component: Disaster Preparedness¹³
Outcome 1: Knowledge and coping capacity increased in communities in disaster prone areas.
Outcome 2: Emergency relief stocks are pre-positioned for rapid and more cost effective disaster response by the end of 2010.
Outcome 3: Logistical capacity is enhanced through the establishment of field based warehousing facilities and the development dispatch and reporting systems.
Programme Component: Disaster Response
Outcome 1: ZRCS disaster response mechanism improved to meet the needs of the most affected population in any emergency situation.

¹² This is continuation of the previous plan (2008) assumed to be fully funded.

¹³ This programme component is part of the ZRCS Disaster Management Master Plan which is currently being finalised.

Outcome 2: ZRCS capacity improved in providing assistance on restoring sustainable livelihood of populations affected by disasters.
Programme Component: Disaster Risk Reduction (DRR)
Outcome 1: Vulnerability of communities in disaster prone areas is reduced through timely information, building capacity and resilience to disaster risks.
Outcome 2: Nutritional condition of the most vulnerable population along the Zambezi river is improved, with special attention to women and child-headed households.

b) Profile of Target Beneficiaries

- 10,000 households (50,000 people) affected by natural and man-made disasters - emergency relief stocks will be pre-positioned and managed throughout the country.
- 2,400 households (12,000 people) - Information will be disseminated by the end of this planning cycle in 2010 on disaster risk reduction strategies in identified disaster prone districts.

c) Potential Risks and Challenges

- Lack of community commitment.
- Late arrival of relief stocks due to challenges in the logistics chain.
- Occurrence of a disaster that outweighs response capacity.
- Political environment that prevent or limits access to disaster prone area.

Health and Care

a) The Purpose and Components of the Programme

Programme Purpose
Reduce the number of deaths, illness and impact from diseases and public health emergencies

The Health and Care programme budget for 2009-2010 is CHF 1,298,499 (EUR 827,069 or USD 1,186,928)

Programme Component: Community-based Health
Outcome 1: The number of communities which are able to reduce their own vulnerability to health threats and hazards is increased through knowledge of local community-based health interventions and First Aid.
Outcome 2: Vulnerable populations, children under five years of age, pregnant women and PLHIV are protected from Malaria.
Programme Component: Emergency Health
Outcome 1: Well-designed First Aid, psychosocial support and WatSan programmes that are integrated into emergency operations protocols.
Programme Component: Water and Sanitation
Outcome 1: Access to safe water and sanitation services is improved for 44,000 households in seven targeted provinces of Zimbabwe by the end of 2010.
Programme Component: HIV and AIDS (Refer to Link http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003ZW.pdf)
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 NS capacity to plan, implement, and manage the programme.

b) Profile of Target Beneficiaries

The WatSan programme is targeting 44,000 vulnerable households in rural communities with limited access to clean water supply and sanitation facilities. The WatSan activities will be integrated in the food security and livelihoods and home-based care programmes in seven provinces namely; Manicaland, Mashonaland East and West, Matebeleland North and South, Masvingo and Midlands. This is in line with the ZRCS Strategy 2005 – 2010. The plan is to gear this project up while phasing out the on-going European Union African, Caribbean and Pacific (EU/ACP) water and sanitation project in Mt Darwin, which is scheduled to end by mid 2009. Communities prone to malaria will be targeted under the global malaria programme.

c) Potential Risks and Challenges

- The operating environment is challenging in terms of high operating cost, procurement, shortages in fuel and depleted manpower.
- Internally, the NS needs improvement on the project management, particularly on the project monitoring and evaluation system.

Organisational Development

a) The purpose and components of the programme

Programme purpose
To increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

The Organisational Development/Capacity Building programme¹⁴ budget for 2009-2010 is CHF 676,471 (EUR 430,873 or USD 618,346)

Programme Component: Well functioning organisation
Outcome 1: ZRCS has functional and strengthened structures in branch development, governance, management and volunteer management according to the characteristics of a well functioning NS.
Outcome 2: ZRCS has in place, well defined policies in programming, human resources management and finance development.
Programme Component: Branch Development and Volunteer Management
Outcome 1: ZRCS has vibrant branches and local units delivering quality services through their local volunteer and youth networks.
Outcome 2: ZRCS has well established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.
Programme Component: Resource Development
Outcome 1: ZRCS is able to meet at least 25 percent of core costs by end of 2009 and 50 percent by end of 2010 through local resource mobilisation.
Outcome 2: ZRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure.

b) Profile of Target Beneficiaries

The key targets of the OD/CB programme are the branch leaders, volunteers, and staff. However, the ultimate beneficiaries are the same as those reached through other programme activities. The longer term impact on the provision of services to vulnerable people will be measured through the indicators at programme purpose level for disaster management, health and principles and values programmes. However, the immediate impact of the OD/CB programme must be measured in terms of its reach to NS staff and volunteer systems.

¹⁴ This programme is in line with the ZRCS OD Strategy currently under development in liaison with IFRC.

c) Potential Risks and Challenges

- For the NS capacity building programme to succeed, there is need for undiluted commitment to the strategy.
- The programme also needs consistent funding support in order to sustain the developmental period throughout the planned implementation timeframe.

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 2009-2010 is CHF 130,161 (EUR 82,905 or USD 118,977)

Programme Component: Promotion of Fundamental Principles and Humanitarian Values
Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values is enhanced at all levels of the organisation (non-discrimination, non-violence, tolerance and respect for diversity).
Outcome 2: Target population has internalised Fundamental Principles and Humanitarian Values, leading to positive change in humane behaviour.
Programme Component: Operationalization of Fundamental Principles and Humanitarian Values
Outcome 1: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.
Outcome 2: ZRCS increased visibility and image as champion of the humanitarian cause.

b) Profile of target beneficiaries

- One million people countrywide.
- 90 percent of all beneficiaries in the integrated HIV and AIDS programme in 27 project areas.

c) Potential risks and challenges

- Inadequate stakeholder support.
- Political environment preventing the dissemination of information due to inaccessibility and sensitivity.

Role of the Secretariat

The Secretariat's budget for its support role is for 2009-2010 is CHF 1,390,185 (EUR 885,468 or USD 1,270,735)

The IFRC Secretariat's support to ZRCS aims to;

- Enhance cooperation which is mutually beneficial for ZRCS and all its stakeholders;
- Increase the quality and volume of long-term partnerships in support of ZRCS emergency and developmental programming.

a) Technical programme support

The IFRC Country Representation's mandate is to provide technical support and coordination to ZRCS to effectively deliver humanitarian assistance with maximum efficiency and results. Ready support includes that for logistics (procurement, warehousing and transportation), finance, information, reporting, water and sanitation, health and care, disaster management, and human resource management and resource mobilization. The IFRC Zone office can provide any back-up support when needed.

b) Partnership development and coordination

The IFRC Country Representation office facilitates relationships between the ZRCS and stakeholders including Movement members, the international community, media and other humanitarian agencies. The office also guides the NS on strategic directions, coordinates effective response and mobilizes resources on the national society's behalf.

ZRCS works with the IFRC, ICRC, and several Partner National Societies (PNS) namely the British, Danish, Japanese, Finnish, Swedish and Norwegian Red Cross Societies in bilateral and multilateral programmes. Partners have also provided additional in-country technical support to the WatSan, HIV and AIDS, livelihoods programmes and emergency operations.

c) Representation and Advocacy

With effect from January 2008, IFRC Country Representation office was opened in Zimbabwe in accordance with a request from the ZRCS. The IFRC Country Representation office is dedicated solely to supporting ZRCS in programming and enhancing the capacity of staff members on service delivery to the vulnerable people. The IFRC Country Representative will also advocate on issues of concern in the country on behalf of ZRCS.

d) Promotion of Fundamental Principles and Values

With technical support from the IFRC Zone and Country offices, the ZRCS will continue strengthening the dissemination of information on the Red Cross Movement Fundamental Principles and Humanitarian Values and the International Humanitarian Law (IHL). This will be done in close coordination with the ICRC. The ZRCS is operating in a political sensitive environment thus dissemination activities needs to be strengthened in order to increase visibility and space for the NS to manoeuvre in.

Promoting Gender Equity and Diversity

ZRCS is gender sensitive in the implementation of its programmes. An example of this is the HBC programme where about ten percent of care facilitators are male and plans are underway to increase male involvement to at least 50 percent. Efforts have been made to ensure gender aggregation when planning and reporting, in order to ensure equity between men and women and gender sensitivity in programme development.

Participatory hygiene and sanitation transformation (PHAST) approaches in WatSan activities provide appropriate technology choices that ensure equal participation of men and women. The provision of water sources and sanitation facilities enables women and girls to focus on other life skills activities, including increasing school attendance of the girl child.

Most agriculture activities in rural communities are managed by women. ZRCS will continue to train women and household members to manage and monitor their own activities. This will promote community participation and ownership. The integrated approach to programmes will ensure that beneficiaries are made aware of gender issues.

Quality, Accountability and Learning

The ZRCS has established a monitoring and evaluation (M&E) unit at national level. The department is focused on capacitating staff and volunteers in effective programme monitoring. This will help in the production of quality, impact-based reports through the development of indicators, M&E plans, and development of databases and mapping of strategies to meaningfully involve beneficiaries. The M&E system is the premise for continuous performance tracking and strategy review. This is in line with the IFRC's development of a performance accountability framework.

Research will be conducted annually in line with results and lessons learnt in order to support interventions and explore new approaches. All programmes will have a beneficiary baseline done and this will be accompanied by a needs assessment and implementation planning. Mid term reviews will be conducted both internally and as per donor request. End of phase reviews and impact evaluation will also be carried out for every intervention.

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	
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