

Plan 2010-2011



Zimbabwe

Executive summary

Zimbabwe has been undergoing serious socio-economic crisis since 2000 which has led to a rise in vulnerability in communities throughout the country. This has been characterised by contraction of the economy and breakdown of basic services including health care, education, water supply and sanitation (WatSan). Zimbabwe is lagging behind on the attainment of the Millennium Development Goals (MDGs). Due to the economic decline there has been large scale outward migration of skilled



human resources to neighbouring countries and abroad in search of improved livelihoods and more secure conditions. This reduction in human capital together with declining agro-industrial production has weakened the country's self sufficiency capacity.

Zimbabwe Red Cross Society (ZRCS) is scaling-up its programming in an integrated approach to effectively holistically deliver the most needed services to a wider vulnerable population as expounded in its Strategy 2005 - 2010. The Strategic Development Plan will be revised taking into account priorities of the [Johannesburg Commitment](#) adopted by Red Cross and Red Crescent Leaders in the 7th Pan African Conference (PAC).

To accomplish its goal of providing support to the National Society, the IFRC has reviewed its strategic direction by developing the new global strategy – [Strategy 2020](#): developed through an extensive consultation process with active participation of all National Societies, including meetings in all Zones. Strategy 2020 is based on three mutually-reinforcing strategic aims for 2020;

1. Save lives, protect livelihoods, and prepare for and recover from disasters and crises;
2. Enable healthy and safer living;
3. Promote social inclusion and a culture of non-violence;

and three enabling actions to deliver Strategic Aims

1. Build strong National Red Cross Red Crescent Societies;
2. Pursue humanitarian diplomacy to prevent and reduce vulnerability;
3. Function effectively as the International Federation.

This plan for 2010-2011 is seeking a total of CHF 5.2m (EUR 3.4m or USD 5.0m)

[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 Zimbabwe

Population, total (million), 2005	13.1
Life expectancy at birth, annual estimates (years), 2005	40.9
Adult literacy rate (% aged 15 and older), 1995-2005	89.4
Under-five mortality rate (per 1000 live births), 2005	132
One-year olds fully immunized against tuberculosis (%), 2005	98
One-year olds fully immunized against measles (%), 2005	85
HIV prevalence (% aged 15-49), 2005	20.1
Human Development Index value, 2005	0.513
Human Development Index rank, 2005	151
Human Poverty Index (HPI-1) value (%)	40.3
Human Poverty Index (HPI-1) rank	91
Population living below \$2 a day (%), 1990-2005	83.0
Population using improved water source (%) 2004	81
Population using improved sanitation (%) 2004	53

Zimbabwe was ranked 151 out of 177 on the UNDP Human Development Index in 2007/ 2008 but has since been dropped due to difficulties with income estimates. The impact of the prevailing socio-economic crisis is thus hard to quantify.² Deterioration of the health sector and infrastructure are compounded by critical shortages of staff, medical supplies and equipment making it difficult for the majority of people to access basic health care. Many people have either left the country because of poor salaries and working conditions, whilst large numbers in the reproductive and productive age group are either chronically ill or deceased due to HIV and AIDS. Significant progress is being made in scaling-up access to treatment, care and support and in behavioural change interventions particularly prevention.

Food insecurity is of major concern and has been partly due to erratic rainfall, shortage of agricultural inputs and lack of adequate incentives for farmers over several years. There is a change in focus towards broader food security issues instead of food aid and medium-term interventions at all levels of humanitarian aid. According to the WFP Country Office, the number of people in need of food increased to almost seven million receiving food assistance during the peak lean season until the expected harvest in April/May 2009. A joint FAO and WFP Crop and Food Supply Assessment Mission in June 2008 had initially estimated that in the first quarter of 2009, 5.1 million people would require food assistance. UN agencies, the Ministry of Agriculture and various humanitarian organisations have been collecting data on agriculture and food security indicators at field level to reflect the 2009 harvest and predict expected crop yield for 2010. The findings of a food security assessment carried out jointly by FAO/WFP, whose results were released in May 2009, forecasts a food deficit in the period 2010-2011. Following this forecast, efforts will be directed at ensuring that vulnerable communities in high risk areas continue to receive food and livelihood support. In that view, ZRCS deem it necessary and appropriate to extend its food security operation until the next harvest.

¹ UNDP, Human Development Report 2007 - 2008

² (18 Dec 2008 - http://www.who.int/hac/crises/zwe/zimbabwe_profile_dec2008.pdf)

Cholera is also endemic and the situation is compounded by deteriorating water supply and sanitation infrastructure rendering the country susceptible to water borne diseases such as cholera. Cholera is a preventable and treatable disease, which unfortunately in late 2008 and early 2009 resulted in close to 100,000 cases and just under 5,000 deaths in Zimbabwe. The impact of HIV and AIDS continues to exacerbate vulnerabilities among the affected families, already faces by food shortages and with limited access to primary health care.

A government of national unity was formed in February 2009 with power sharing between the three main political parties with a general expectation that conditions will improve for the majority. However, the issues affecting the country are deep rooted and can only be resolved in the long-term despite commitment from the government to improve fiscal policies, service delivery and the livelihoods of the general population. The Inclusive Government devised the Short-Term Emergency and Recovery Programme (STERP), meant to pave the way for the country's rehabilitation, reconstruction and to stimulate economic growth. The government is attempting to persuade the US and Western Europe to release billions of dollars to help rebuild collapsed infrastructure. Donors are reluctant to provide large-scale assistance without tangible reforms, including human rights, press freedom, and fiscal policies to guarantee that funding will reach intended beneficiaries.

National Society priorities and current work with partners

ZRCS as auxiliary to the local authorities is scaling up community-based programme in order to increase service to the most vulnerable people. The demand for humanitarian services is on the increase following the social economic crisis in Zimbabwe. To strengthening ZRCS branches, a decentralisation strategy has been embarked upon to ensure that beneficiaries are more involved in implementation and community participation is enhanced. Continuous effort is placed on improving quality and outreach through the programmes in community-based HIV and AIDS (CBHA), water and sanitation (WatSan), disaster preparedness, food security and livelihoods.

Disaster Management Priorities



To mitigate the impact of prevailing food insecurity, ZRCS will develop the activities started during the emergency phase of the food security emergency operation (MDRZW003)³ into sustainable livelihood projects. The programme will continue targeting home-based care (HBC) clients and orphaned and vulnerable children (OVC) and their households. The food security operation target was revised to 198,360 beneficiaries following a beneficiary verification process conducted in December 2008 by a joint IFRC/ZRCS/WFP team. Agricultural production and livelihoods activities such as distribution of seeds, rehabilitation of water points and relevant trainings will be scaled-up responsively. The ZRCS food security operation benefits from an agreement with WFP, in which WFP provides food relief that is distributed by the Red Cross, as well covering related operational costs.

ZRCS volunteers during a food distribution. Work of the Red Cross volunteers is a backbone in delivering service to the most vulnerable people

³ <http://www.ifrc.org/docs/appeals/annual08/MDRZW003pa.pdf>

Although the Field Level Agreement (FLA) signed between IFRC and WFP is in effect until May 2009, discussions are underway on an extension until the end of September 2009. Within the Red Cross Red Crescent Movement, this operation is supported bilaterally by the Belgian, Danish and Finnish Red Cross Societies through in-kind food aid and technical support.

The Zambezi River crosses seven countries in southern Africa among which is Zimbabwe and in the past eight years, flooding in the basin has resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. This represents a humanitarian challenge amongst southern Africa National Societies, who have also a common vision of maximising the impact of Red Cross interventions in an integrated and holistic way. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the ZRBI project was developed aimed at reducing vulnerability and building community resilience against hazards and threats. The ZRBI project was endorsed by the seven affected countries including Zimbabwe (Angola, Botswana, Malawi, Mozambique, Namibia and Zambia)⁴ in June 2009. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.

Health and Care Priorities

In 2010, ZRCS will be in its final year of implementing the five-year integrated HIV and AIDS programme (MAA63003ZW)⁵, which is part of the southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The ambition to scale-up has not necessarily translated into capacity for increased resource mobilization and implementation. It is unlikely in the current economic context that ZRCS will be able to raise additional funding foreseen to scale-up HIV interventions by the end of 2010. Most of the funding from the IFRC and PNS existing agreements are coming to an end in 2010. In addition, the annual income either through the IFRC or direct to National Societies is expected to decrease (perhaps by 30 percent if not more), primarily due to the financial crisis that has engulfed all sectors (government, private sector, foundations and Movement partners).

ZRCS leadership progressively discussed the future of the HIV programme at the Southern Africa Partnership of Red Cross Societies (SAPRCS) meeting held in June 2009. The leaders agreed on the urgent need to integrate HIV and AIDS activities with other community-based health and care activities, while ensuring alignment with government priorities. SAPRCS also commissioned a rapid assessment to determine the implications of doing so; develop a detailed plan and budget that will take into consideration the transition of the programme management and activities. Therefore, in 2010, the HIV and AIDS programme will continue supporting the current level of beneficiaries with more integrated and holistic activities in prevention and care for OVC, while ensuring positive living and ART adherence support for PLHIV. The programme plan for 2011 will be reviewed based on the results of the rapid assessment, no later than December 31, 2009.

ZRCS also indicated interest in scaling-up Community-Based Health and First Aid (CBH&FA), utilizing the new material developed at a global level. The CBH&FA initiative brings First Aid for common injuries to the community; identifies and addresses community health priorities; advocates health promotion and disease prevention and prepares volunteers to respond to disasters.

⁴ For more information on ZRBI refer to: http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf

⁵ 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/MAA63003ZW.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

The water and sanitation (WatSan) programme will be maintained to ensure continuous provision of safe water and sanitation facilities as well as hygiene promotion. The current programme under the African, Caribbean and Pacific/European Commission (ACP/EC) WatSan initiative will continue in the targeted districts Mount Darwin district in Mashonaland Central Province. The WatSan components of the just ended cholera operation (MDRZW004)⁶ (health care, water and sanitation facilities, hygiene promotion, technical support to national health services, and capacity building to the ZRCS and later recovery, rehabilitation and reconstruction within the affected communities) will be integrated into long-term initiatives, to ensure sustainable access to water and sanitation.

Organisational Development Priorities

ZRCS has maintained relative stability in its leadership, which has ensured continuity and sustainability of programmes. National Society recently elected a new President and Vice President following the recommendations of a Special Committee established to look into the conduct of the previous regime. The National Society's relies on its wide network of volunteers and is dependent on their community-based activities to meet the needs of vulnerable communities; they form a strong foundation for service delivery in humanitarian action. Volunteer management and branch development are receiving greater attention along with institutional capacity development, financial management and resource mobilisation.

Our actions are guided at all times by our Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. The purpose of promoting the Movement's Fundamental Principles and Humanitarian Values (P&V) is not simply to ensure that people – staff, volunteers, public and private authorities, or the community in general know of these P&V, but to influence their behaviour through developing an understanding and raising awareness.

While the promotion of P&V is a core area in its own right, their integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent (RC/RC) intervention. Promoting and respecting our P&V is indispensable if the RC/RC is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. ZRCS 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.

⁶ <http://www.ifrc.org/docs/appeals/annual08/MDRZW004.pdf>

Secretariat supported programmes in 2010-2011

Disaster Management

a) The purpose and components of the programme

Programme Purpose
Reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme budget for 2010-2011 is CHF 1.4m (EUR 0.9m or USD 1.3m)

Programme component: Community-Based Disaster Preparedness (DP)	
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: 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: 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: Zambezi River Basin Initiative	
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

Emergency relief stocks to respond to the immediate needs of 4,000 households (20,000 people) will be pre-positioned and managed in the event natural or man-made disasters throughout the country. Information will also be disseminated on disaster preparedness to 2,400 households (12,000 people) in disaster prone districts by the end of 2011.

c) Potential risks and challenges

- Occurrence of a disaster that outweighs preparedness capacity.
- Challenges in the political environment that prevent or limit access to disaster prone areas.
- Poor donor commitment resulting in inadequate funds for project implementation.
- Unreliable supplies of relief items and late arrival of stocks due to challenges in the logistics chain.

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 2010-2011 is CHF 2.0m (EUR 1.3m or USD 1.9m)

Programme component: Community	
Outcome 1	Communities have capacity to reduce their own vulnerability to health hazards through knowledge of local community-based health and First Aid (CBH&FA).
Outcome 2	Vulnerable populations, children under five years of age, pregnant women and PLHIV in targeted areas are protected from Malaria.
Programme component: Emergency Health	
Outcome 1	ZRCS targeted communities with increased capacity to cope with health emergencies
Programme component: Water and Sanitation (WatSan)	
Outcome 1	Access to safe water and sanitation services in identified vulnerable communities is increased.
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 National Society capacity to plan, implement, and manage the programme.

The WatSan programme is targeting 20,000 vulnerable households in rural communities with limited access to clean water supply and sanitation facilities. The WatSan activities will be integrated in 27 food security, livelihoods and home-based care programme areas after ACP-EU phases out in February 2010. This is in line with the ZRCS Strategy 2005 – 2010. A total of 2,000 volunteers will be trained in community-based First Aid and mitigation of malaria and other communicable diseases.

c) Potential risks and challenges

- Operational challenges such as high material costs and fuel shortages.
- Instability in the political environment which may hinder developmental programmes.
- Capacity of local government and beneficiary communities to sustain the interventions.
- Availability of adequate resources and funding for community-based health and first aid activities.

Organisational Development/Capacity Building

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 programme budget for 2010-2011 is CHF 0.7m (EUR 0.4m or USD 0.6m)

Programme component: 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: 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: Resource Development

Outcome 1 ZRCS resource base is improved and ensures sustainability of programmes.

ZRCS branch leaders, volunteers and staff in all provinces of the country, are targeted under the OD/CB programme thus the immediate impact of the programme will be measured in terms of its reach to ZRCS staff and volunteers. Targeting of these specific groups will ultimately benefit the vulnerable communities targeted through the various programmes of the National Society and the long term impact of service provision to vulnerable communities will be measured through indicators at programme level.

c) Potential risks and challenges

- The programme requires consistent funding support in order to sustain the developmental period throughout the planned implementation timeframe.
- The branch leadership should be encouraged to give due consideration and resources to establishing structures that provide services to vulnerable communities.
- The current economic situation undermines efforts in resource development and financial management policies.
- Internet services are erratic which affects communication and reporting system

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 2010-2011 is CHF 56,000 (EUR 37,000 or USD 54,000)

Programme component: Promotion of Principles and Values	
Outcome 1	Enhanced knowledge, understanding and application of the Fundamental Principles and Humanitarian Values at all levels of the organisation (non-discrimination, non-violence, tolerance and respect for diversity)
Outcome 2	Target population internalises humanitarian principles and fundamental values leading to positive behaviour change.
Programme component: Operationalization of Principles and Values	
Outcome 1	Dissemination of Fundamental Principles and Humanitarian Values as in integral part of all programmes and activities.

The promotions and operationalization of the Principles and Values targets one million people countrywide and 90 percent of beneficiaries of the integrated HIV and AIDS programme in 27 project areas. The dissemination and training of governance, staff and volunteers will be incorporated during implementation of thematic programmes.

c) Potential risks and challenges

- Political environment preventing the dissemination of information due to inaccessibility and sensitivity.
- The need to empower communities to increase level of understanding how to fight discrimination, and intolerance and violence.

Role of the Secretariat

The Secretariat's budget for its support role is CHF 1.1m (EUR 0.7m or USD 1.1m)

The IFRC Secretariat's support to ZRCS aims to;

- Facilitate cooperation between the ZRCS and all its partners and relevant stakeholders and;
- Enhance the quality of ZRCS emergency and developmental programming.

a) Technical programme support

The IFRC Country Representation provides technical support on coordination and implementation in order to ensure effectiveness and efficiency in ZRCS humanitarian actions. Proximal to the National Society programmes, the IFRC technically support the functions in logistics (procurement, warehousing, fleet and transportation), finance development, resource mobilization, performance tracking and measurement, reporting, human resource management. The IFRC support in the programme cycle by coaching, training and covering the gaps in human resources for all NS traditional programmes. Backup support is available from the IFRC Southern Africa Zone office, through its programme units and support service departments.

b) Partnership development and coordination

The IFRC Country Representation office fosters strategic partnerships between the ZRCS and the donor community, other humanitarian agencies and the media. The office also gives guidance on policy formulation, coordinates effective response and mobilizes resources on behalf for all country programmes. Coordination among Red Cross Movement is one of the primary roles of the IFRC, results of which have led to the harmonisation and increased collaboration at implementation level.

Red Cross Movement components active in Zimbabwe include IFRC, ICRC, Belgian, British, Danish, Finnish, German, Japanese, Norwegian, Spanish and Swedish Red Cross Societies. The external stakeholders to ZRCS include the United Nations agencies such as OCHA, WHO, WFP, UNICEF, IOM and other organisations such as the European Commission. ZRCS also works in collaboration with the Zimbabwe government, through the Ministries of Education, Agriculture, Health and Child Welfare, Public Service Labour and Social Welfare, and institutions such as the Civil Protection Unit. Other partners include the National AIDS Council, private companies and embassies. ZRCS also participates in technical working groups and coordination meetings with all partners, as well as UN cluster meetings.

c) Representation and Advocacy

The IFRC through the Country Representation office ensures that the Movement is well represented in inter-agency and other international forums that take place in the country. The Country Representative regularly meets with the ZRCS senior management and governance, as well as the ICRC Head of Delegation in Harare and Partner National Societies regional representative (hosted at the IFRC country Office) on common humanitarian issues. As a result The Movement has managed to speak with one voice when advocating for the needs of the vulnerable people.

Promoting gender equity and diversity

The ZRCS endeavours to be gender sensitive in the implementation of all its programmes. This is also extended to the recruitment of volunteers. Efforts include increasing male involvement in areas that are traditionally viewed as the domain of women and ensure equal participation of both men and women in programmes such as agriculture, home-based care, caring for OVC and drawing of water for household use. For example, the provision of water sources particularly enables women and girls to focus on other activities and life skills and one direct benefit is the increase in school attendance of girls. ZRCS continues to encourage community participation and ownership of all programmes and interventions. Gender disaggregation is also being incorporated into planning and reporting processes. The integrated approach to programmes will ensure that beneficiaries are made aware of gender issues.

Quality, accountability and learning

The ZRCS is committed to the recruitment of qualified staff in all its programmes as well ensuring basic training for volunteers. Through its performance and accountability unit, ZRCS train programme staff at all level on planning, monitoring, evaluation and reporting. Support is also provided through the IFRC. Country Office, through training and coaching of counterpart, particularly on financial management and reporting. So far there has been marked progress on strategy formulation, performance tracking and review of interventions, in line with the IFRC's global development of a performance and accountability framework.

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

For further information specifically related to this plan, please contact:

- **In Zimbabwe:** Emma Kundishora, Secretary General Email zrcs@ecoweb.co.zw; ekundishora@comone.co.zw, Phone: Tel: +263.4.332638; +263.4.332197; Fax +263.4.335490
 - **In Zimbabwe:** Stephen Omollo; Country Representative, Zimbabwe Country Representation, Harare; Email Stephen.omollo@ifrc.org Phone: Tel: +263.4.705166; +263.4.720315, Fax +263.4.708784
 - **In IFRC Southern Africa Zone:** Françoise Le Goff, Head of Zone Office, Johannesburg; Email : francoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230
- For pledges towards the programmes:**
- In IFRC Southern Africa Zone: Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; Email: zonerm.southafrica@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230
- For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting) enquiries:**
- In IFRC Southern Africa Zone: Theresa Takavarasha; PMER Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061; Fax: +27.11.884.3809; +27.11.884.0230
- For media enquiries:**
- In IFRC Southern Africa Zone: Matthew Cochrane; Communication Coordinator, Johannesburg; Email: matthew.cochrane@ifrc.org; Phone: Tel: +27.11.303.9700;
 - Mobile: +27.83.395.5266; Fax: +27.11.884.3809; +27.11.884.0230

MAAZW001 - Zimbabwe

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	212,916	157,800				370,716
Land, vehicles & equipment	31,000	57,400				88,400
Transport & Storage	114,880	88,670	8,400	5,320	31,200	248,470
Personnel	209,966	284,976	171,600	14,400	449,886	1,130,828
Workshops & Training	90,772	178,000	79,000		13,000	360,772
General Expenditure	140,093	184,048	81,025	5,585	184,500	595,251
Depreciation						
Contributions & Transfers						
Programme Support	55,589	66,105	23,638	1,759	47,174	194,266
Services						
Contingency						
Total Budget 2010	855,216	1,016,998	363,663	27,064	725,761	2,988,702

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	51,500	299,500				351,000
Land, vehicles & equipment						
Transport & Storage	108,399	74,600	16,800	6,440	43,800	250,039
Personnel	205,770	73,645	160,800	15,120	128,607	583,942
Workshops & Training	51,860	241,500	50,000		14,000	357,360
General Expenditure	111,893	208,159	45,985	5,192	167,980	539,210
Depreciation						
Contributions & Transfers						
Programme Support	36,805	62,386	19,019	1,860	24,637	144,707
Services						
Contingency						
Total Budget 2011	566,227	959,791	292,604	28,612	379,023	2,226,257