

Revised Plan 2011



International Federation
of Red Cross and Red Crescent Societies

SWAZILAND

Executive Summary

Despite Swaziland's predominantly subtropical climate and good access to water, drought is an increasing challenge for communities in its lowveld. The country also faces large income disparities, declines in economic growth, limited access to food and increasing socio-political tensions. The ravage of the HIV and AIDS pandemic are widespread. Population growth is in a freefall, life expectancy now sits at 40 years and an increasing number of elderly people are now caring for the many orphans due to HIV.

The Baphalali Swaziland Red Cross Society (BSRCS) is going through an institutional change process in order to be well prepared to respond to the widespread humanitarian needs. In July 2009, a new governing board was elected which marked the beginning of a turnaround following years of decline in the quality of governance, management and programming.

The BSRCS is committed to contribute to the International Federation of the Red Cross and Red Crescent Societies (IFRC) 's [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#), signed at the 7th Pan African Conference held in Johannesburg under the theme 'Together for Action in Africa', and attended by representatives from all African National Societies. The Africa National Societies leadership re-affirmed their commitment to the development in Africa. The theme "Together for action in Africa" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African National Societies, have advised the IFRC secretariat in modelling its membership support programmes.

The IFRC support to BSRCS plan for 2011 will be through its Southern Africa Regional Representation Office (SARRO) based in Johannesburg. Through its membership service mandate, SARRO concentrates on coordination, representation, facilitation, humanitarian diplomacy and National Society (NS) capacity development. This BSRCS plan for 2011 also focuses on resourcing for long-term programmes whose funding is ending in 2010 such as the HIV and AIDS programme, integrating HIV and AIDS programming under the Health and Care portfolio and rolling out the new concept for national society development adopted in June 2010 and aligning the new strategic plans to the priorities of the Johannesburg Commitment.

The total 2010-2011 budget is CHF 841,357

[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 Swaziland

Population, total (million), 2005	1.1
Life expectancy at birth, annual estimates (years), 2005	40.9
Adult literacy rate (% aged 15 and older), 1995-2005	79.6
Under-five mortality rate (per 1,000 live births), 2005	160
One-year olds fully immunized against tuberculosis (%), 2005	84
One-year olds fully immunized against measles (%), 2005	60
HIV prevalence (% aged 15-49), 2005	33.4
Human Development Index value, 2005	0.547
Human Development Index rank, 2005	141
Human Poverty Index (HPI-1) value (%)	35.4
Human Poverty Index (HPI-1) rank	73
Population living below \$2 a day (%), 1990-2005	77.8
Population using improved water source (%) 2004	62
Population using improved sanitation (%) 2004	48

Swaziland has the world's highest HIV infection rate among the 15-49 year olds. People living with HIV (PLHIV) is estimated at 230,000 (2006, UNAIDS Annual Report), HIV and AIDS – deaths is 24,000 (UNAIDS 2004) and children who are made vulnerable and are orphaned because of HIV and AIDS are estimated at 120,000 by 2010 (the number might double by 2015) and 5,000 children die of HIV and AIDS related illnesses every year (2004 UNAIDS Report). According to the *Economist Intelligence Unit*, the probability of a Swazi aged 15 years today reaching the age of 40 is now only 26 percent. The HPI-1 index, which measures severe deprivation in health by the proportion of people who are not expected to survive age 40, gives Swaziland a value of 35.4, which ranks 73 among 108 developing countries for which the index has been calculated. Moreover, the Gini² coefficient measure of income inequality for Swaziland is 60.9, one of the highest in the world. The country's ranking in the UNDP's human development index is 141 out of 177 countries. Its ranking has fallen in recent years because of the high incidence of HIV and AIDS.

The global climate change has adversely affected Swaziland, which has experienced its worst drought, since 1991/2. An assessment conducted by a joint team from the FAO, WFP and the local Vulnerability Assessment Committee (VAC) revealed that 410,000 people will require humanitarian assistance such as food, agricultural inputs, water and sanitation (WatSan), health and nutritional services as well as livelihood recovery. Prices of agricultural inputs and other basic household necessities have dramatically increased and are beyond the reach of most vulnerable households. According to the VAC and the WFP/FAO joint assessment teams, the country's maize deficit is at 41 percent, and the most vulnerable subsistence farmers will require external assistance in order to produce an adequate amount of food for the next season.

¹ UNDP, Human Development Report 2007 - 2008

² A value of zero represents perfect equality and a value of 100 perfect inequalities

National Society priorities and current work with partners

Following a successful Annual General Meeting held in July 2009 and the election of a new governing board, BSRCS is undergoing a change process that calls for intensified support from the IFRC and other partners. This plan has been developed accordingly to the priority areas in the next year, with a lot of work required on capacity building and development of policies, structures and systems of programming. Its priorities are derived from the strategic plan and are aligned to those of the local authorities; thus in disaster preparedness and response, community-based health and First Aid. The government categorically supports the management of the Red Cross Clinics through provision of staff, medicines and equipment.

Disaster Management Priorities



BSRCS are have a long-term livelihood projects and food security programme through which beneficiaries are provided with chicks and small livelihoods to keep and sell for income generation.

With the support of the IFRC Southern Africa Regional Representation Office (SARRO) and Partner National Societies (PNS), BSRCS pre-positioning of disaster relief materials will be reinforced. This would allow quick response in the case of an emergency. Through its disaster management unit, BSRCS shall focus on establishing disaster reduction committees and teams at branch levels, as well as the promoting the disaster management curriculum through the national primary, secondary and tertiary education systems.

Food insecurity remains a major cause of malnutrition and poverty in the Southern African region, as well as being responsible for high rates of morbidity and mortality in vulnerable communities. Causes of food insecurity include HIV and AIDS, climate change, population size, poor governance, decline in public services, decline in crop production, increasing inflation and debt. Swaziland is among the five countries in Southern African (Lesotho, Malawi, Namibia Swaziland

and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa.³ BSRCS will work, in accordance with the new Food Security initiative to:

- Reduce the vulnerability of communities through longer-term support to livelihoods and food security;
- Strengthen livelihoods in order to improve food security and resilience, in alignment with our disaster risk reduction work;
- Further strengthen and integrate long-term food security plans in the areas of community-based health care, water and sanitation.
- According to 2005 United Nations Development Programme (UNDP) estimates, Swaziland's 1.1 million people have the world's highest HIV and AIDS infection rate of 45.3 percent.

The present drought situation has already had an adverse effect on PLHIV on antiretroviral therapy (ART) as they require good nutrition to complement their medication. Young girls from poor households are reported to be engaging in negative coping strategies including transactional sex, thus leading to an increase in sexually transmitted infections (STIs). There is also an increase in cases of gender violence, school dropouts, skin diseases, diarrhoea, and child abuse reported.

Health and Care Priorities

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

In response to the erratic water supply and inadequacy in the availability of sanitation facilities, BSRCS aims to grow its water and sanitation programme, with support of the IFRC. The main activities are provision of safe water as well as protection of sources, construction and rehabilitation of latrines, health education and hygiene promotion.

HIV and AIDS remains a priority for National Societies in sub Saharan Africa which is at the epicentre of the epidemic. According to the UNAIDS outlook report, 70 percent of the burden of the disease, new infections and deaths all occur in the southern Africa region and countries with the highest infection rate in the world are in southern Africa. A total of 11.4 million PLHIV are found in the region and about 5 million children have lost one or both parents due to AIDS.

In April 2010, the Southern Africa Regional Representation Office (SARRO) conducted a midterm review of the 2006–2010 regional HIV and AIDS implemented under the Global Alliance on HIV framework. The results of the review indicated that the Global Alliance on HIV has been well understood and adopted by all National Societies in the form of the 'seven ones'.⁴ However, the implementation of the Global Alliance is at different levels among National Societies, with many National Societies appreciating the benefits of the 'regionality' concept, especially the sharing of common materials, manuals, good practices and lessons. Weaknesses were highlighted in branch and volunteer management, capacity building efforts at branch levels and sustainability. It was also noted that the targets and budgets for the programme were very ambitious in terms of National Societies' absorption capacities and resource mobilisation prospects.

³ For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

⁴ The Global Alliance and its partners abide by the 'seven ones', namely: one set of working principles, one national HIV and AIDS plan, one set of objectives, one division of labour understanding, one funding framework, one performance tracking system and one accountability and reporting system.

In 2009, an HIV and AIDS budget was developed as part of the 2010-2011 Swaziland country plan. The assumption then was that the HIV and AIDS programme ([MAA63003SZ](#))⁵, which is part of the Southern Africa Regional HIV and AIDS programme ([MAA63003](#)) would continue into 2011. As it became clearer that the appeal MAA63003, which ends in December 2010 was not going to be re-launched, a decision was made for all National Societies in the region to come up with four year (2011-2014) HIV and AIDS country plans which were subsequently presented at a meeting of the regional HIV and AIDS working group (SARAWO) held in September 2010.

The budget from the original plan will be revised through an update in the first quarter of 2011. However, for this revised 2011 plan, the BSRCS' HIV and AIDS activities will be guided by the priorities espoused in the four year plan and the recommendations of the 2009 rapid assessment and the HIV and AIDS programme midterm review.

Taking into consideration the findings and recommendations of the midterm review and in line with the Global Alliance approach, BSRCS has developed a four year HIV and AIDS plan and budget. The plan and budget is also aligned to the recommendations of the rapid assessment⁶ conducted in 2009 and decisions made by Secretaries General and Presidents from the region in June 2009 to scale-down or maintain existing beneficiary targets. The four year plan also takes into perspective the country priorities with regard to the magnitude of the epidemic by ensuring that under prevention activities, BSRCS will focus on the most at risk populations and key drivers of the epidemic.

Under treatment, care and support, it was recognised that with the advent of antiretroviral treatment, the need for nursing care has gone down and the four year plans will focus on treatment literacy and adherence, nutrition, psychosocial support and livelihoods support. Nursing care will be for a reduced number of clients with chronic illnesses as many PLHIV are no longer bed-ridden and are living normal healthy lives.

BSRCS will also strengthen its efforts to reducing stigma and discrimination by engaging in advocacy, promotion of human rights, tackling sexual and gender-based violence at community level including promotion and implementation of work place programmes for staff and volunteers.

Support for **orphans and vulnerable children** (OVC) remains a critical aspect of the HIV and AIDS programme. BSRCS will focus on quality rather than quantity in the provision of services for OVC, which support include educational, material, livelihoods, psychological and social support. The National Society will place more emphasis on building the capacity of families and communities to support the children and to build the resilience of children to cope with the challenges they face. BSRCS will also strengthen community structures such as the grannies/guardians clubs and Red Cross child care committees and advocate for the rights of children. Child protection will become a priority and a key activity will be the implementation of the Child Protection Strategy.

National Society Development/Capacity Building Priorities

In June 2010, as signatory to the Rundu Commitment, BSRCS committed itself to the new concept of National Society Development which is which is framework through which the sustainable development of the National Society will be determined and driven by the National Society Itself. BSRCS has adopted the new approach towards its sustainable development that *inter alia* emphasises the use of national, sub-regional and regional capacities to address humanitarian and development challenges.

⁵ For more information please refer to the Southern African Regional HIV and AIDS Appeal ([MAA63003](#)) and country plan ([MAA63003SZ](#)) or follow the link <http://www.ifrc.org/appeals/annual06/MAA63003SZ.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

⁶ A Rapid Assessment was conducted in November 2009 in response to the recommendations of the June 2009 SAPRCS meeting attended by Secretaries General and Presidents of the southern Africa National Societies. The rapid assessment results recommended the need to scale down or maintain the 2006 – 2010 appeal and integrate into Health and Care.

A key aspect of this approach is the establishment of sub-regional groupings that will bring together National Societies with similar challenges and historic ties to work more closely but within the greater objectives of the Southern African Partnership of Red Cross Societies (SAPRCS). The sub-regional groupings will utilise the capacities and competencies within a group of three to four NS to enable a common definition and prioritisation of challenges, joint approaches as well as the sharing of resources. It works with and compliments the objectives of SAPRCS while ensuring BSRCS takes ownership of its own development in a sustainable manner. Whilst it is the responsibility of BSRCS to be accountable for its own development, a small sub-group offers opportunities for synergies and learning.

BSRCS is in the same group with Lesotho and South Africa⁷. The group will have a technical person who will be a staff on loan from any one of the members of the group. The sub-regional groupings will take full responsibility of their own coordination and management. The IFRC and PNS will financially support the salary of the staff on loan, the operational activities and coordination meetings of the sub-regional groupings. The staff on loan while contractually being a national society staff will have a dual reporting line to the sub-group committee and to the IFRC Southern Africa regional representative. The focus for NS development in 2011 will be on rolling out the new concept for national society development adopted by BSRCS in June 2010 and at the same time developing strategies to deal with existing and predicted vulnerabilities.

Following the appointment of the new leadership, focus is on re-organising the governance and management at national and branch levels. To achieve good governance and leadership at all levels, there are sturdy plans for peer-supported capacity building, which involves exposure to sound governance practices, coaching and mentoring by peers. This is complemented by strengthening membership and improving volunteer management systems. The aim is to scale-up services to the vulnerable in a more efficient and effective way.

BSRCS will ensure that the regional branches are strengthened and have capacity to disseminate the Red Cross principles, values and mandate. 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. BSRCS 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. The dissemination programme has been supported by the ICRC, local media at regional and national levels. However, the programme is in the process of repackaging the activities on the operationalization of the P&V, through close consultation with the ICRC. In addition, the ICRC supports the tracing activities in three areas with refugee programmes.

⁷ The New Approach to Sustainable Development of National Societies in Southern Africa (June 2010)

Secretariat supported programmes in 2011

Disaster Management

a) The purpose and components of the programme

Programme purpose
Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

The Disaster Management programme budget for 2011 is CHF 302,113.

Programme component: Community-Based Disaster Preparedness	
Outcome 1	Human, financial and material resources and disaster management system enhanced through the implementation of the DM master plan (DMMP).
Outcome 2	Self-reliance of individuals and communities is improved to reduce their own vulnerability to public health emergencies and disasters.
Programme component: Disaster Response	
Outcome 1	Improved disaster response mechanisms to meet the needs of those affected by disasters.
Programme component: Community-Based Disaster Risk Reduction (DRR)	
Outcome 1	Vulnerability of communities in disaster prone areas is reduced through timely information, capacity and resilience building interventions.
Programme component: Food Security	
Outcome 1	Household food availability is improved.
Outcome 2	Household food utilisation is improved.
Outcome 3	Household access to food is improved.

b) Potential risks and challenges

The potential challenges include the non-availability of funds and the adverse climate change (i.e. too little or too much rainfall prohibiting the community members from working on the projects). In order to ensure effective disaster response and build community resilience, BSRCS will train divisional staff and communities on food security and livelihoods recovery initiatives. Another challenge is limited transport facilities (vehicles) for use during disaster response interventions. Resource mobilisation efforts will be enhanced targeting the governments, NGOs, communities to increase participation and support during emergency operations

Health and Care

a) The purpose and components of the programme

Programme purpose
Enable healthy and safe living

The Health and Care programme budget for 2011 is CHF 441,754. The budget for the HIV and AIDS component of the programme will be revised in the first quarter of 2011.

Programme component: Community-based Health and Care	
Outcome 1	Communities have capacity to reduce their own vulnerability to health risks and hazards in their environment through knowledge of local community-based health and First Aid (CBH&FA).
Outcome 2	Mother and child health is improved through immunization services to children and mothers in areas of BSRCS operations.
Outcome 3	The level of community health knowledge is increased through the development and distribution of health related information, education and communication (IEC) materials.

Programme component: Public Health in Emergencies	
Outcome 1	Communities have access to curative, preventive and promotional health services during emergency and/or disaster situations.
Programme component: Water and sanitation⁸	
Outcome 1	Improved access to safe water and sanitation facilities among the target population according to the SPHERE minimum standards.
Programme component: HIV and AIDS	
Outcome 1	Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary counselling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).
Outcome 2	Provide nursing care in homes and communities for chronic illnesses that still require it. Provide support for PLHIV and children who are on antiretroviral therapy (ART) through counselling on adherence, ART literacy, nutrition, psychosocial support, Livelihoods and support groups. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support and ensure implementation of the regional Child Protection Strategy.
Outcome 3	Reduction of stigma and discrimination by engaging in advocacy, promotion human rights, tackling sexual and gender based violence at community level including promotion and implementation of work place programmes for staff and volunteers.
Outcome 4	Strengthen planning, monitoring, evaluation and reporting (PMER), training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines, good practices, organizing country and regional meetings and facilitating participation in regional and international conferences and seminars.

b) Potential risks and challenges

Such as other programmes, the health and care programme has in the past affected by limited funding support, emanating from poor stakeholder buy-in. Therefore BSRCS is planning to engage government, specifically the MoH in the roll-out of CBH&FA at community level in order to ensure sustainability. The issues on capacity particularly for the water and sanitation programme will be addressed through the SARRO health and care unit, based on the gaps identified by the National Society.

National Society Development/Capacity Building

a) The purpose and components of the programme

Programme purpose	
Increase local community, civil society and Red Cross capacity to address the most urgent situations of vulnerability.	

The National Society Development programme budget for 2011 is CHF 67,950.

Programme component: Leadership and Management Development	
Outcome 1	BSRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.
Programme Component: Well-functioning organisation	
Outcome 1	BSRCS has well defined policies, systems and procedures in place for the effective management of the National Society.
Outcome 2	Effective financial management systems, procedures and tools are in place and systematically used.

⁸ Global WatSan Programme supported by EU under the IFRC Global Water and Sanitation Initiative

Outcome 3	BSRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework".
Programme Component: Branch Development and Volunteer Management	
Outcome 1	BSRCS has vibrant branches delivering quality services through their local volunteer and youth networks.
Outcome 2	BSRCS has well established systems and procedures for the systematic provision of technical support to its branches.
Programme Component: Resource Development	
Outcome 1	Capacity to mobilise resources and its own sustainability is enhanced through the implementation of well designed income generating programmes.

b) Potential risks and challenges

Support is expected from all stakeholders in order to enhance the quality of governance, management and programming. Commitment is also expected from the new leadership in order to achieve the tenets of a well-functioning National Society.

BSRCS in general and particularly in the past few years has not had enough attention from donors and PNS; this may be primarily due to the size of the country but also its limited absorption capacity. Consistency and continuity in leadership is required for the National Society in order to be more proactive, responsible and accountable.

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 29,541.

Programme component: Promotion of Fundamental Principles and Humanitarian Values	
Outcome 1	Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity).
Outcome 2	Target population internalises Fundamental Principles and Humanitarian Values leading to behaviour change.
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.
Programme component: Prevention of Sexual and Gender Based Violence	
Outcome 1	BSRCS has mainstreamed gender issues in all its programmes.

b) Potential risks and challenges

The increased operational demands reduce the amount of time on issues around the promotion of Humanitarian Values and Fundamental Principles. This is managed through close cooperation with the disaster management and health programme managers, with a strong emphasis on integration. Another challenge to the programme is the reluctance of community leaders to allow discussions and activities around the reduction of discrimination and gender violence, supposedly as a result of cultural beliefs. Similarly, it is tackled through ensuring cooperation and involvement of community leaders in planning and implementation.

Role of the Secretariat

The Secretariat's budget for its support role in 2011 is covered under the National Society Development budget.

a) Technical programme support

The IFRC's mandate is to provide technical support and co-ordination to BSRCS and the tasks are geared towards strengthening branches, increasing membership, restructuring and developing various policies, procedures and guidelines. Other support includes those for logistics, information, and planning, reporting and human resource management. Technical support is directly provided by the programme departments and support service units at IFRC Sub-Zone.

b) Partnership development and co-ordination

The IFRC also facilitates relationship building between BSRCS and its stakeholders including Movement components (PNS, IFRC, ICRC) and humanitarian agencies. BSRCS is formalising partnerships with its local partners through Memoranda of Understanding. A fundraising committee at the governing board level will guide and direct all the fundraising efforts. A partnership forum will be created for all the stakeholders to come together and explore ways of collaborating and co-ordinating. The combination of resources and efforts would maximise the collective impact for the services being delivered. Support from the IFRC is needed on improving co-operation and co-ordination, utilising the Co-operation Agreement Strategy (CAS) to develop a country level cooperation strategy that aligns National Society needs, capacities and priorities as well as the support received from partners.

c) Representation and Advocacy

The National Society leadership supported by the IFRC will ensure the National Societies is well represented at all strategic national fora on humanitarian issues and social development. In that regard, the IFRC provides guidance in media and public relations.

Promoting gender equity and diversity

There is limited male participation in all the programmes and this disparity is being addressed by mobilising the male volunteers at community level. Community empowerment programmes are targeted at accommodating more women than men following the increase of female-headed families as a result of the HIV and AIDS pandemic. The incorporation of messages addressing gender violence would be done in all the campaigns and commemorations. The dissemination of the Red Cross Principles and Values would be strengthened to promote the respect for human dignity.

Quality, accountability and learning

BSRCS strives to become a successful national organisation by ensuring that it has and will continuously develop its five fundamental assets, which are competent people, relevant programmes, efficient organisational structure, adequate resources and effective ways of working. BSRCS endeavours striking a balance between programme design and the implementing capacity in order to enhance quality on programming.

Accountability is through tracing the performance of programme, measuring and sharing the impact with the stakeholders. The impact and improved quality of life for beneficiaries will be monitored through a simple but systematic collection and examination of data. The performance and accountability unit takes care of issues related to programme performance and tracking. Annual donor consultative meeting will be held to create the platform for programme review and planning by all the stakeholders.

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

How we work

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

Global Agenda Goals:

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

Contact information

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MAASZ002 - Swaziland

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	34,825	129,898				164,723
Land, vehicles & equipment			8,736			8,736
Transport & Storage	52,079	90,441	2,078			144,598
Personnel	105,005	34,555	30,225	1,690		171,475
Workshops & Training	45,449	62,092	1,040	834		109,415
General Expenditure	45,118	96,054	21,455	25,096		187,723
Depreciation						
Contributions & Transfers						
Programme Support Services	19,637	28,714	4,417	1,920		54,688
Contingency						
Total Budget 2011	302,113	441,754	67,950	29,541		841,357