Revised Plan 2011

International Federation of Red Cross and Red Crescent Societies

Zimbabwe

Executive summary

In order to effectively coordinate operations, channel support and services to the membership and effectively respond to the complex humanitarian challenges in Zimbabwe, the International Federation of Red Cross and Red Crescent Societies (IFRC) maintained a Country Representation office in Harare. The IFRC Country Representation, through its membership service mandate concentrates on coordination, representation, facilitation, humanitarian diplomacy, whilst the in-country Partner National Societies (PNS) focus on supporting programmes on Zimbabwe Red Cross Society (ZRCS). Whilst reporting directly to the Africa Zone office, the Zimbabwe Country Representation receives zone level services and technical support upon request from the Southern Africa Regional Representation Office (SARRO).

ZRCS is committed to contribute to the 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 (NS) 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 NS, have advised the IFRC secretariat in modelling its membership support programmes.

The Zimbabwe Red Cross Society (ZRCS) has developed the Strategic Plan 2011-2020 which has identified five key strategic directions namely: Emergency Response and Preparedness; Food Security, Livelihoods Protection and Promotion, Enabling Healthy and Safe Living; Organisational Strengthening; Resource Mobilisation and Development

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. 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.

Given this background, the work of ZRCS in 2011 will be in line with the new strategic direction of as outlined in Strategy 2020 and the NS Strategic Plan (2011-2020). This secretariat plan for support to ZRCS in 2011 also focuses on resource mobilisation for long-term programmes whose funding is ending in 2010, integrating HIV and AIDS programming under the Health and Care portfolio, consolidating activities under the Zambezi River Basin Initiative, rolling out the new concept for NS 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 2,873,058

Click here to go directly to the attached summary budget of the plan

Country context

Table 1: Statistics from the Human Development Report 2007/2008[1] 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.

[1] UNDP, Human Development Report 2007 - 2008
[2] (18 Dec 2008 - http://www.who.int/hac/crises/zwe/zimbabwe_profile_dec2008.pdf)

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. The country has faced a series of challenges that has affected food security, amongst them dry spells and erratic rainfall. There was a long dry spell from November 2009 to February 2010 resulting in crops wilting. This dramatic change in rainfall patterns has increased the risk of hunger and malnutrition, especially during the winter and lean period of the pre-2010/2011 cropping season. The erratic 2009/2010 season affected much of the country including natural regions I and II which usually receive adequate rainfall.

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 to prioritise food security and livelihoods promotion in its programmes. The food security situation is compounded by the impact of HIV and AIDS which continues to exacerbate vulnerabilities among the affected families, already faced by food shortages and with limited access to primary health care.

National Society priorities and current work with partners

ZRCS partners in the Red Cross Movement include IFRC, ICRC, British, Danish, Finnish, French, Japanese, Norwegian, Spanish and Swedish Red Cross Societies. Other major partners are 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.

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. Agricultural production and livelihoods activities such as distribution of seeds, rehabilitation of water points and relevant trainings will be scaled-up responsively.

The Zambezi River crosses seven countries in southern Africa among which is Zimbabwe and in the past nine 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.

[3] http://www.ifrc.org/docs/appeals/annual08/MDRZW003pa.pdf

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

HIV and AIDS remains a priority for NS 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 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 NS in the form of the 'seven ones'.[5] However, the implementation of the Global Alliance is at different levels among NS, with many NS 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 NS absorption capacities and resource mobilisation prospects.

In 2009, an HIV and AIDS budget was developed as part of the 2010-2011 Zimbabwe country plan. The assumption then was that the HIV and AIDS programme (MAA63003ZW)[6], 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 NS 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 ZRCS' 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 mid-term review.

Taking into consideration the findings and recommendations of the midterm review and in line with the Global Alliance approach, ZRCS has developed a four year HIV and AIDS plan and budget. The plan and budget is also aligned to the recommendations of the rapid assessment[7] 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, ZRCS will focus on the most at risk populations and key drivers of the epidemic.

---

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

[5] 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.

[6] 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.

[7] 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.

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.

ZRCS 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. ZRCS 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 ZRCS 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. ZRCS 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.

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.

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 WatSan programme will target 25,000 vulnerable households in rural communities from two provinces until the end of 2011.

National Society Development Priorities

In June 2010, as signatory to the Rundu Commitment, ZRCS committed itself to the new concept of NS development which is a framework through which the sustainable development of the NS will be determined and driven by the NS Itself. ZRCS 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.

A key aspect of this approach is the establishment of sub-regional groupings that will bring together NS 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 complements the objectives of SAPRCS while ensuring ZRCS takes ownership of its own development in a sustainable manner. Whilst it is the responsibility of ZRCS to be accountable for its own development, a small sub-group offers opportunities for synergies and learning.

ZRCS is in the same sub-group with Malawi, Mozambique and Zambia Red Cross[8]. 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.

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

The focus for NS development in 2011 will be on rolling out the new concept for NS development adopted by ZRCS in June 2010 and at the same time developing strategies to deal with existing and predicted vulnerabilities.

ZRCS has maintained relative stability in its leadership, which has ensured continuity and sustainability of programmes. NS 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 NS 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.

ZRCS actions will be guided at all times by the Red Cross 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.

Secretariat supported programmes in 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 2011 is CHF 632,949.

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
Outcome 3	Increased knowledge and coping capacity of Red Cross volunteers and communities in disaster prone areas.
Outcome 4	Pre-positioned emergency relief stocks that enable rapid and cost effective disaster response by end of 2011.
Programme component: Disaster Response and Recovery	
Outcome 1	Disaster response mechanism is effective and efficient in meeting the needs of those affected by disasters.
Outcome 2	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
Outcome 2	Vulnerabilities of communities in disaster prone areas are reduced through timely information, capacity building and community resilience to disaster risks.
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

b) Profile of target beneficiaries

Disaster management activities will target 40,000 households in disaster prone district throughout the country.

c) Potential risks and challenges

- Occurrence of a disaster that outweighs preparedness capacity.
- Challenges in the political environment 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.
- Willingness of communities and stakeholders to cooperate and participate in implementation of interventions.

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 2011 is CHF 1,450,519.

Programme component: Community Based Health and First AID (CBHFA)	
Outcome 1	Communities have capacity to reduce their own vulnerability to health hazards through knowledge of local community-based health and First Aid (CBHFA).
Outcome 2	Vulnerable populations, children under five years of age, pregnant women and PLHIV in targeted areas are protected from Malaria.
Programme component: 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 indentified vulnerable communities is increased.
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	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 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) Profile of target beneficiaries

Health and care activities will be integrated in food security, livelihoods and home-based care programme areas throughout Zimbabwe and volunteers will receive relevant trainings such as community-based first aid, malaria mitigation and participatory health and hygiene sanitation transformation. The WatSan programme is targeting 25,000 vulnerable households in rural communities with limited access to clean water supply and sanitation facilities.

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 health and activities.

National Society 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 National Society Development programme budget for 2011 is CHF 239,626.

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.
Outcome 2	ZRCS has well established systems and procedures for systematic provision of technical support for branch development and volunteer management.
Programme component: Resource Development	
Outcome 1	ZRCS resource base is improved and ensures sustainability of programmes.

Outcome 2	ZRCS is able to meet at least 15 percent of the programmes budget through local resource mobilisation by end of 2011.
Outcome 2	ZRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure.

b) Profile of target beneficiaries
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 also needs consistent funding support in order to sustain the developmental period throughout the planned implementation timeframe.
- Ability of the ZRCS to attract and retain staff.
- Branch leadership gives due consideration & resources to establishing RC structures that provide services to vulnerable communities.
- Volunteer database receives funding from donors.
- Improvement of secure Internet provision.
- Implementation of IT Policy and Strategy

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 2011 is CHF 26,556.

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.
Outcome 2	ZRCS increased visibility and image as champion of the humanitarian cause.

b) Profile of target beneficiaries
A total of 200,000 people countrywide and 90 percent of beneficiaries of the integrated HIV and AIDS programme in 19 project areas.

c) Potential risks and challenges
- Political environment preventing the dissemination of information due to inaccessibility and sensitivity.
- Effective empowerment and level of understanding of the community to fight discrimination, and intolerance and violence.

Role of the Secretariat

The Secretariat's budget for its support role is CHF 523,408.

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 is 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 is 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 PNS 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 is performance and accountability unit, ZRCS train programme staff at all level on planning, monitoring, evaluation and reporting. Support is also provided through the IFRC. The IFRC Country Representation 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.

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

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**: Oforbuike Nwobodo; Country Representative, Zimbabwe Country Representation, Harare; Email oforbuike.nwobodo@ifrc.org Phone: Tel: +263.4.705166; +263.4.720315, Fax +263.4.708784
- **In Africa Zone:** Asha Mohammed; Head of Operations, Johannesburg; Email: asha.mohammed@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For Resource Mobilization and Pledges enquiries:

- **In IFRC Africa Zone:** Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email: ed.cooper@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 Africa Zone:** Terrie Takavarasha; Performance and Accountability Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

International Federation of Red Cross and Red Crescent Societies

MAAZW001 - Zimbabwe

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	116,600	443,500				**560,100**
Land, vehicles & equipment						
Transport & Storage	108,399	104,000	16,800	6,440	43,800	**279,439**
Personnel	213,670	227,520	62,100	15,120	254,607	**773,017**
Workshops & Training	51,860	379,500	92,000		14,000	**537,360**
General Expenditure	101,278	201,715	53,150	3,270	176,980	**536,393**
Depreciation						
Contributions & Transfers						
Programme Support Services	41,142	94,284	15,576	1,726	34,022	**186,749**
Contingency						
Total Budget 2011	**632,949**	**1,450,519**	**239,626**	**26,556**	**523,408**	**2,873,058**