

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ZIMBABWE

30 April 2005

In Brief

Appeal No.: 01.20/2004 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/012004.pdf

Appeal target: CHF 4,829,611 (USD 3,627,195 or EUR 3,108,857)

Appeal coverage: 67.6% ([Click here to access the final financial report](#))

Appeal 2005: Zimbabwe no. 05AA017 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA017.pdf

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Overall analysis of the programme

The poor state of the Zimbabwean economy continues to have a serious impact both on the condition of the poor and on the ability of the state to provide effective and complete services. During the year the situation has stabilised somewhat with a reduction in inflation from around 700% to around 150%; but this remains extremely high and the cost of basic basket of food and services is beyond the reach of many. The health service in particular is highly stressed, especially in terms of shortages of professional staff, drugs, and transport for referrals. International support for government HIV and AIDS programmes is by far the lowest in the region, running the risk of creating an island of high infection rates and low services surrounded by better-served countries, and a resultant risk of re-infection and the potential for development of resistance to existing treatment regimes. A national AIDS levy is collected from all salaries and some progress is being made in disbursing these funds. As the state becomes less able to provide services it has increased its efforts to recover the costs of those services from the users. While this measure is understandable it comes at a time when increasing numbers of people are living below the poverty datum line.

The harvest in March and April 2004 brought a period of relief to the problems of food insecurity, although these were re-emerging towards the end of the year. Seeds were widely available for the planting season in November-December 2004, although the shortages of tillage and fertilizer will impact on the harvest, in 2005. Accurate information on harvests, nutritional status, and poverty remain difficult to obtain. Data relating to HIV is more

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readily available and very depressing: infection rates continue to rise (currently 24.6% in 15-49 year age group) and the numbers of orphans is swelling far beyond the capacities to provide care and support.

The HIV and AIDS programme – the flagship of the Zimbabwe Red Cross Society¹ - is now established as the centrepiece of an impressive collection of integrated programming, incorporating livelihoods support, agricultural recovery, water and sanitation as well as the core elements of care, support and prevention. From 2005 a pilot project initiative will include anti-retro viral therapies in some of the rural project locations, in areas where adequate infrastructure already exists to make them viable. This process is being undertaken in close coordination with the Ministry of Health and in line with their roll out. The home based care (HBC) programme itself has grown geographically according to the plans and now reaches 27 project areas across the country. The ‘magnet’ effect of the food component continues, and extra care facilitators have been trained and clients carefully screened to ensure that the volunteers are not overloaded. Numbers of orphaned and other children made vulnerable by HIV and AIDS (OVC) can be expected to continue to rise as a natural result of the epidemic. Further growth would be needed in order to keep pace with the growing epidemic: this would require further funding.

The limited funding available for branch development and disaster management has kept the focus on the HBC projects. There are risks associated with this as they do not cover the whole country in the way the branch network does. Hence Zimbabwe Red Cross is keen to increase resource mobilization for disaster management and branch development. Zimbabwe Red Cross completed its long awaited office move in late 2004 and now operates from an environment that is much more conducive to business. The new layout actively supports inter-departmental working and programme integration. Telecommunications remain a major challenge at the new offices, but joint efforts are being made by ZRCS, Danish Red Cross and Federation to improve the situation.

The operating environment for NGOs has become more strictly regulated with the development of new legislation and existing rules being implemented more tightly. While this has no direct impact on the Red Cross – its unique status being well recognised and understood – the impacts are felt more generally across the sector.

Health and care

The health and care programme elements are closely integrated around the HBC projects. They work in coordination with clinics in both rural and urban areas and are thus perhaps situated at the point where the current problems are felt most acutely. The national society has a role in national coordination and policy development structures relating to anti-retroviral (ARV) therapies, HBC programming, OVC, and sits on the country coordination mechanism (CCM). As the longest established HBC project in the region and that in which the programme integration is most firmly developed, Zimbabwe Red Cross hosts many visitors and has engaged in technical exchange visits with Mozambique, Namibia, Malawi, Kenya and South Africa, as well as participating in regional and international workshops and training. Zimbabwe Red Cross has been involved in technical support to other AIDS service organization and curriculum design for the HBC manual. It is an active member of Hospaz, the Hospice Association of Zimbabwe and the national umbrella group for HBC, and a member of the National Plan of Action for OVC. The Southern Africa Regional AIDS Network (SARAN) meeting was hosted by the Zimbabwe Red Cross in June 2004.

Note: the highly integrated nature of the health and care projects suggests that a full report should be given, including activities funded by a variety of partners. Funding through the Federation Appeal has primarily been directed towards the food distributions, support to agricultural recovery and water and sanitation activities. Some support has been provided to the HBC programme using funds from a consortium of donors supporting HIV and AIDS programming across the region. The majority of funds for the core HIV and AIDS programme elements of care, support and prevention is provided bilaterally by the Danish and Japanese Red Cross Societies. British and Danish Red Cross Societies with funding from ECHO have supported food, agricultural inputs and water and sanitation elements in Matebeleland North and South, and Masvingo provinces. UNICEF provided additional support for OVC projects.

¹ Zimbabwe Red Cross Society - <http://www.ifrc.org/where/country/check.asp?countryid=13>

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Goal: The health and social status of Zimbabwe’s most vulnerable communities is improved through a comprehensive safety net of appropriate services, fostering community capacity for sustainability.

Objective: Within the HBC project areas the livelihoods of the most vulnerable households is supported through interventions supporting people living with HIV and AIDS (PLHIV) and OVC in care, provision of essential medical, relief and recovery items, water and sanitation inputs, malaria control, self help, counselling, and peer education.

Basic nursing care and counselling has been provided to 14,000 infected and 56,000 people affected by HIV and AIDS

The project has achieved its growth objectives and now operates from 27 project centres throughout the country. Each project works through a cluster of smaller sites, usually clinics, which number almost 100. During 2004 several new sites became operational, with formal openings in Mudzi, Hurungwe, Nkayi, Matobo and Chipinge. The project in Chimanimani is fully operational but not yet formally opened and the statistics quoted below do not yet include this project.

During the year the client load peaked at 17,159 and at the year end the lower figure of 16,100 reflects the results of a client re-screening exercise that ensured volunteers are not overloaded. It was felt that the quality of care was becoming compromised in some locations by the high ratio of clients to care facilitators. The response to this was twofold: to train a further 740 care facilitators through the year – with 30 more per project being trained in 2005 – and to undertake the re-screening to ensure that the vulnerability criteria were being tightly and evenly applied. At the end of the year 1,242 care facilitators were trained and practicing. An additional 300 bicycles were also purchased to increase the mobility of care facilitators and maximise the proportion of their time spent with clients as opposed to travelling. HBC kits have been provided to all trained care facilitators. Two refresher courses were held during the year in Masvingo and Harare which trained a further 78 HBC supervisors and counsellors, ensuring high technical standards are maintained by the care facilitators. A further refresher course was organized for the provincial HBC and prevention officers in July. A total of 6,900 hygiene kits were distributed to HBC clients to support the provision of care. Each kit contains a towel, bath soap, laundry soap, Vaseline, and bleach.

At a local level the projects are strengthened by good links with the local authority and Ministry of Health clinics, also working closely with the Ministries of Education and Social Welfare, and with the district AIDS action committees. Each project has a coordinating committee ensuring strong stakeholder representation. Effective referral mechanisms exist in both directions. At the local level 98 coordination meetings were held through the year. In addition, the programme encourages local initiatives to build partnerships with NGOs and technical agencies to build skills and provide a broader access to services such as prevention of mother-to-child transmission projects (PMTCT), anti-retroviral treatment (ART) trials, and agricultural projects such as small dams and irrigation.

Table 1: overview of HBC projects

Provinces	No. of HBC projects	Care Facilitators	HBC clients	ratio	OVC
Manicaland	4	139	2,274	1:16	13,151
Mashonaland Central	3	210	2,454	1:12	6,249
Mashonaland East	4	192	1,500	1:8	3,374
Mashonaland West	4	107	1,463	1:14	11,342
Masvingo	3	173	2,441	1:14	4,448
Matebeleland North	3	113	2,196	1:19	4,605
Matebeleland South	3	176	2,096	1:12	6,682
Midlands	3	132	1,676	1:13	2,990
Totals	27	1,242	16,100		52,841

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Economic empowerment and increased social support and acceptance of the PLHIV in the HBC projects

This objective is primarily delivered through the support groups attached to the HBC projects which often include individuals who know their status, but who are currently reasonably healthy. There are 34 support groups currently active, and they provide support in psycho-social activities and income generating projects. The income generating activities are varied and reflect local interests, needs and opportunities. In urban Gwanda, a pay toilet is operated at the market; in Zvimba and Chivi the groups produce soap; in Marondera, poultry; there is a weaving project in Victoria Falls, and in Chitungwiza the group produces and sells 'freezits' – plastic tubes of brightly coloured cool drink, sold frozen. In all provinces the support groups are developing nutritional and herbal gardens. The support groups take lead role in anti-stigma campaigns and in 2004 each of the eight provincial offices conducted anti-stigma campaigns which involved 40 people.

Increased access to basic needs and psycho-social support for 20,000 OVC

At the peak of the food distribution 50,397 OVC were being supported with rations; at the end of the year following the re-screening exercise this number was slightly reduced to 47,226. The total number of OVC supported is slightly greater, as additional OVC have been provided with support through UNICEF funding outside of the HBC project areas. Of these OVC, some 17,018 have been provided with school fees. About 25% of these are also provided with school equipment such as uniforms and books. This helps to keep children within the education system, providing vital life skills and maintaining as normal a childhood as possible. Some 14,418 children received blankets and clothes. UNICEF funds have been used to construct shelter for members of 44 child headed households, mobilizing community labour to do so. In addition to providing security and protection for the children, this project helps to maintain their links with the community and undermines stigma.

Memory work is a growing element of the OVC component and training of trainers took place in June and November 2004. The rollout of this training will take until 2006 and is now also being made available to teachers to support work based in schools. A total of 251 children benefited from will-writing training as part of this project. Life skills training was provided to 535 OVC and training in income generating activities to a further 367 in 12 support groups. Access to Zimbabwe Red Cross youth-friendly centres has increased during the year with 23,481 visits recorded. Counselling is provided through the programme and during the year there were 33,789 sessions. Through the youth centres 11,124 children received medical referrals. As part of the efforts to improve services to OVC, the care facilitator training curriculum now includes orphan care and 283 foster carers received training from the Red Cross during 2004. It also includes participatory hygiene and sanitation transformation (PHAST) promotion, making links with the water and sanitation programme.

Increased awareness and access to information on HIV and AIDS and sexual abuse

Zimbabwe Red Cross education projects reached 49,903 children in school and a further 23,112 in out-of-school environments. In 2004, Zimbabwe Red Cross has already reached more than 50% of its three year programme target. Education programmes have also reached 45,053 HIV and AIDS infected and affected people. Dissemination to the general community reached a further 25,195. In addition, HIV awareness and information is provided at every food distribution, greatly increasing the numbers of people addressed. Targeted, age appropriate materials have been developed with a variety of messages encompassing positive living, nutrition, personal hygiene, child abuse etc. Media include posters, flyers, T-shirts, talks to groups and peer education. The Childline assisted with training two volunteers from each province. The peer education programme has trained 555 young people as peer educators who are each expected to work with 300 people each over the next three years, thus reaching approximately 166,500 people over that time.

Emergency food inputs for households to remain viable until harvest 2004

Emergency food inputs were distributed for the first part of 2004 until the harvest was in and it became that the food security situation of the HBC and OVC households had been improved. This was largely the result of the distribution of agricultural inputs in late 2003, reported separately below. However the scale of these inputs was not sufficient to ensure household food security for the whole year, especially in urban areas.

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As the year progressed it became difficult to assess how access to food was changing. The price and availability of mealie meal was monitored at all project sites, but given the extreme inflation it proved difficult to use this information to make programming decisions. In October this information, combined with feedback from provincial offices prompted a return to household level distributions. Increased capacity within the national society also made it possible to move from an assumed household size of five, to a distribution based on actual household size. Data collection tools were therefore revised and a client re-screening exercise undertaken at the same time. Household level distributions resumed in December 2004, refer to Table below for actual quantities. Household level distributions are designed to tackle issues of household level food insecurity and to protect the nutritional supplements provided to HBC clients, see below. The individual monthly ration provided to household members and OVC is as follows:

Table 2: Standard individual ration

Maize (usually maize flour)	10 kg
Beans	3 kg
Corn Soya Blend (CSB)	2 kg
Vegetable Oil	1 litre

Nutritional supplements for PLHIV

It has proved possible to maintain an enhanced individual ration for all HBC clients throughout the year. A standard ration has also been provided to all qualifying OVC in the project areas throughout the whole year. Technical advice suggests that HBC clients would benefit from extra energy and the programme meets this requirement through the provision of additional 2kg of CSB. While the additional energy could have been provided in other ways, the CSB is highly appreciated and easily digested by sick clients, and is perhaps less likely to be diverted to other household members. The individual monthly ration provided to HBC clients as follows:

Table 3: Enhanced individual ration for HBC clients

Maize (usually maize flour)	10 kg
Beans	3 kg
Corn Soya Blend (CSB)	5 kg
Vegetable Oil	1 litre

Both emergency and nutritional supplements were met through the bilateral efforts of the Danish and British Red Cross Societies in three of Zimbabwe's eight provinces, using support from ECHO. Zimbabwe Red Cross delivered the support as a single programme, with identical rations and protocols throughout. The remaining five provinces were supported through a variety of donors: WFP, British Red Cross, Finnish Red Cross and German Red Cross.

Table 4: Total food quantities distributed

Month (2004)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
HBC client and OVC													
Household distribution													
Total Beneficiaries	83,933	85,943	93,271	95,565	95,330	53,531	54,562	55,535	59,659	67,528	69,513	98,198	
Maize (MT)	793	846	918	910	940	516	530	528	568	718	676	876	8,819
Beans (MT)	172	200	201	217	192	157	156	160	104	200	203	275	2,237
CSB (MT)	218	237	272	257	265	149	144	145	157	176	179	217	2,416
Sugar (MT)	12.0	20.0	13.0	11.0	12.0	0.3	0.1	2.1	2.6	2.2	1.9	1.5	78.7
Oil (MT)	58.1	63.1	62.0	60.6	79.2	56.5	48.2	47.8	52.1	59.9	61.7	95.0	744.4
Total MT	1,253	1,366	1,466	1,456	1,488	879	878	883	884	1,156	1,122	1,465	14,295

Agricultural inputs for households of PLHIV to gain access to their minimal agricultural input needs

Distributions of seeds took place in late 2003 and produced a harvest in March and April of 2004. At this time many agencies were questioning the value of providing such inputs to households assumed to be constrained in terms of labour and experience. Nonetheless Zimbabwe Red Cross provided seeds to child headed and HBC households in rural and urban areas. Different seed packs were provided for areas that are traditionally drier and rely primarily on livestock (natural regions 4 and 5) and those where cereal production is the main form of agriculture (natural regions 2 and 3). The seed packs provided were as follows:

Table 1: Agric inputs in 2003 for the 2004 harvest

	Natural Region II and III generally wetter, better soils	Natural Region IV and V generally drier, poorer soils
Rural	Seed pack A 10 kgs medium season maize 1 kg sorghum 1 kg cow peas Green vegetable (20g packet)	Seed pack B 5 kgs short season maize (OPV) 2.5 kgs sorghum 1 kg cow peas Green vegetable (20g packet)
	Seed pack C 2 kgs short season maize Green vegetable (20g packet) Tomatoes (20g packet) Pumpkin (20g packet) Okra (20g packet)	Seed pack D 1 kg sorghum Green vegetable (20g packet) Tomatoes (20g packet) Pumpkin (20g packet) Okra (20g packet)
Urban		

The inputs above were designed to meet the following criteria.

- In rural areas, to provide cereals sufficient for one-half of a ‘standard’ communal farming plot, or 0.6 hectares.
- In rural areas, to provide sufficient cow-peas for intercropping – cow peas are legumes which improve the nitrogen content of the soil, as well as themselves providing a high-protein crop.
- To provide some maize in NR IV and V as a ‘bonus’ in case of good rains; to provide some sorghum in NR II and III as a protection in case of rain failure.
- In drier areas, to encourage the production of sorghum in preference to maize – although some short season maize was provided in response to beneficiary preferences.
- In urban areas, to provide sufficient cereals to test the assumptions made about access to land.
- In urban areas, where access to water may be assumed to be generally better, to encourage the household production of vegetables to enhance the diet.

A detailed survey was undertaken to evaluate the impact on household food security of the cereal components of these packs, and to examine the cost effectiveness of this intervention compared with food aid.

Some of the key findings of the survey were as follows:

- That providing cereal seeds and enabling households to grow their own crops is highly cost effective, being on average 12 times cheaper than providing equivalent amounts of food aid.
- That the cereals produced met the household requirements for an average of 3.5 months in rural areas and in urban areas for one month. (Note that sufficient cereals were provided for half an average rural plot and in urban areas the basket was experimental). In certain areas where conditions were better than average, cereals produced would last the household 10 months.
- That providing vegetable seeds made a positive contribution to the diet, and provided opportunities for income generation
- That households overcame their labour constraints by making arrangements with neighbours or extended family. Some of these arrangements involved harvest sharing. Thus the provision of seeds encouraged some recipients to engage or re-engage with community support mechanisms.
- That households in urban areas have sufficient access to land to make use of cereals, but that the amount of land actually available is not clear.

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The report makes a number of recommendations, including:

- Increasing the cereal component to include sufficient for 1 hectare in rural areas (up from 0.6ha); parallel increases in urban areas.
- Providing seed packs to all OVC and not just the child headed households
- Provide a more varied vegetable pack to all beneficiaries
- Include fertilizer for micro-dosing of cereal crops (this was planned for 2004 but it proved impossible to procure in Zimbabwe at that time). Micro-dosing with a top dressing fertilizer such as ammonium nitrate has been shown to be the most cost-effective means of maximising yields.
- Build partnerships with other agencies with complementary technical specialists

All these recommendations were included in the design of the agricultural inputs package for the 2004-2005 season. The seed packs procured for these distributions were as follows:

Table 2: Agric Inputs in 2004 for the 2005 harvest

	Natural Region II and III generally wetter, better soils	Natural Region IV and V generally drier, poorer soils
Rural	Seed pack A 20 kg medium season OPV maize 2 kg sorghum 2 kg cow peas Tomato seeds Okra Seeds Pumpkin Seeds Green vegetable (rape) seeds 50 kg AN fertilizer	Seed pack B 10 kg medium season OPV maize 5 kg sorghum 2 kg cow peas Tomato seeds Okra Seeds Pumpkin Seeds Green vegetable (rape) seeds 50 kg AN fertilizer
	Urban	Seed pack C 5 kg medium season OPV maize 1 kg cow peas Tomato seeds Okra Seeds Pumpkin Seeds Green vegetable (rape) seeds 25 kg AN fertilizer

Procurement and importation of appropriate seeds proved difficult, as regulations changed during the procurement period. However seeds arrived in Zimbabwe at the end of December and were distributed immediately. While this is later than ideal, a dry period during November and December across the whole country has damaged much of the early planted crop so these distributions may yet fill a gap. Cereal seeds have also been made available across much of the country through the Grain Marketing Board, on a loan basis, so this may also have a positive impact on household food security. The Federation procured fertilizer will be distributed in February.

Establishment of sound sustainable environmental services for 30,000 vulnerable people in two provinces in water supply, sanitation and hygiene promotion

Water and sanitation (WatSan) activities are reported in detail in a separate section below. The following is a summary only. Integration with HBC projects began during 2004 in Mudzi and Matobo, with the other five sites not being linked to HBC. By 2005 all (non-emergency) water and sanitation interventions will take place in coordination with the HBC projects.

The WatSan programme undertook 103 borehole rehabilitations during 2004, and revitalised the community management structures. A total of 62 new boreholes were drilled, and 300 VIP latrines were constructed. Community management training was provided to 568 people, and 75 HBC care facilitators were trained as health and hygiene promoters in the two HBC areas, and 1,128 mosquito nets were also distributed in these areas.

People trained in first aid able to manage minor accidents and ailments in the home and to respond to disasters

First Aid training is undertaken both at national and provincial level. The table below shows the numbers of individuals completing training courses.

Table 3: First Aid and associated training

	Manicaland	Mash. East	Mash. Central	Mash. West	Midlands	Masvingo	Mat. N	Mat S	National Training Centre	Total
Basic First Aid	258	59	594	37	343	51	455	135	332	2,264
Community Based Health	332	82	780	215	308	418	210	166	368	2,879
Nurse Aid	238	74	129	66	86	83	38	21	250	985
Advanced First Aid	188		63	43	54	140	35	21	116	660
Proficiency First Aid									41	41
Proficiency Nursing									29	29
T.O.T									42	42
Mining exams									6,699	6,699
TOTAL	1,016	215	1,566	361	791	692	738	343	7,877	13,599

Reduced stigmatization, discrimination and isolation of PLHIV

All eight provinces held anti-stigma campaigns involving a variety of activities and utilize a number of means of communication, from community mobilization, drama, poetry, personal testimony, to printed messages on T-shirts, and formal presentations in electronic and printed media. The campaigns utilised members of HIV and AIDS support groups. Zimbabwe Red Cross participated prominently in World AIDS Day commemoration activities.

Impact

WatSan inputs improve health status and when combined with HBC projects this ensures that health and hygiene standards of the clients and household members are not compromised. This in turn reduces the burden of care placed on family members and carers, especially women and children. Combining care facilitator and health promoter training where projects overlap provides economies of scale.

The dignity of the client is improved through the provision of care, food and agric inputs, and they are better able to be involved and included in community events. Food in particular has been shown to improve livelihood, consequently increase mobility and general health, and enable a greater degree of self-sufficiency.

Support groups encourage people to learn to live positively and engage with community without shame. This helps to reduce stigma and many have become advocates for healthy living, ambassadors for the programme, and they provide support to other group members. They may become treatment companions to each other, and support compliance for TB and other medication. Memory work and will-writing reduces inheritance deprivation, enhances disclosure to children and partners, and improves succession planning.

Agric inputs promote self-sufficiency and surveys undertaken by Zimbabwe Red Cross demonstrate that OVC and HBC households can make highly cost effective use of such inputs, and reduce their dependence on food aid. Other livelihoods strategies, such as IGAs run by support groups also promote self-sufficiency and independence.

Zimbabwe Red Cross HIV and AIDS programme has influenced government and Federation policy and promoted good practice within the sector, in the areas of memory work, HBC standards, OVC strategy development. A survey in three locations indicated increased use of condoms in HBC project areas.

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Constraints

While support to Zimbabwe Red Cross is generally good, and increasingly it comes in multi-year tranches, it remains inadequate for all planned activities. The external environment continues to become more strained, with increasing needs and demands for services impacting on the national society ability to cope. Poor facilities, especially in terms of health provision and transport in rural areas are restricting activities in some areas. Zimbabwe Red Cross is only able to raise limited funds in the current difficult economic environment. Efforts continue, which helps to maintain corporate relationships, but the national society remains quite dependent on external donors.

Volunteer management costs have increased in real terms due to inflation in Zimbabwe. Salary costs have likewise increased substantially in real terms, without a corresponding improvement in purchasing power. Zimbabwe Red Cross branches in many areas lack the strength to provide support to the HBC programme

Over the last two years, programme growth has outstripped human resources capacity, both at national and provincial level. Building on the programme strategies produced during 2004, a Capacity Building Plan is being developed as of the end of 2004 to address this problem in a strategic manner. The ratio of clients per care facilitator has been a constraint, especially in the earlier half of the year. This has negative impact on quality of care provided. Zimbabwe Red Cross has improved its data collection structures and tools, but still lacks sufficient capacity to monitor and analyse the data and thus effectively demonstrate impact.

Health and Care: Water and sanitation (WatSan)

The activities carried out in the first half of 2004 were implemented using money carried over from previous appeals. There was a lack of implementation of appeal activities in 2003 for two reasons; firstly the focus was on the implementation of the WatSan activities of the southern Africa food security operation and secondly, the Zimbabwe Red Cross was in the process of replacing their water and sanitation project manager. This resulted in a temporary lack of capacity in Zimbabwe Red Cross to implement WatSan projects. A new project manager was recruited at the end of 2003.

The projects supported by the Federation using funding from previous years appeals have now been completed. Project objectives and expected results have changed over the period of the project. This is due to that firstly, high real inflation; costs in Zimbabwe have gone from a low base to a level that is normal in the region. However the original budgets were written when the costs were at a low level and thus as prices have risen the number of activities has been reduced. Secondly, the funding has been paying for salaries over a longer period than originally expected; this has had an effect on the number of funded activities.

Swedish Red Cross donated over CHF40,000 to Zimbabwe Red Cross for WatSan activities in 2004. When the projects detailed below are completed, new project proposals will be written for Mudzi district and possibly one other district (depending on the level of Federation-supported funding). The Swedish Red Cross funding, any funds remaining from the projects outlined below, and any additional funds donated will be used in these new projects. Donors will be contacted for additional funding, if necessary, once these proposals have been written.

Zimbabwe Red Cross has applied through the British Red Cross to DFID for funding for WatSan interventions (as part of a larger food security project) for 2005. Funding for a four wheel drive Toyota land cruiser has been donated by British Red Cross and this will enable the national society to rehabilitate hand-pumps rather than subcontracting. The regional delegation WatSan support programme provided significant assistance to Zimbabwe Red Cross in 2004. What is required now is to strengthen the capacity of national society to implement projects with reduced Federation support especially in the hardware (engineering) area. There is a definite need for WatSan interventions as the government input into this sector has been massively reduced during the economic downturn in Zimbabwe.

Objective: Establishment of sound, sustainable environmental services for 30,000 vulnerable people in two provinces in water supply, sanitation and hygiene promotion

Progress/ Achievements

Establishment of sound, sustainable environmental services for 20,000 vulnerable people in Mudzi and Rushinga districts by 2005 in water supply, sanitation and hygiene promotion

All the hardware (latrines and boreholes) for this project has been completed and rehabilitations were completed this year. All of the software (community management and hygiene promotion) activities were also conducted. A baseline survey assessment has been carried out in Mudzi in preparation for the next project. The Rushinga part of the project has been closed down but Mudzi has been identified as an area that the national society will be working in a long term. A HBC project was launched in Mudzi and future water and sanitation projects will work in an integrated manner with this operation.

Establishment of sound, sustainable environmental services for 20,000 vulnerable people in Matobo district in Matebeleland South by 2005 in water supply, sanitation and hygiene programme

The total number of latrines constructed was 250. The planned rehabilitation of 15 hand-pumps and the community management and hygiene promotion associated with them have not been completed. The funding for these rehabilitations was coming from USAID, however all the USAID funding was used in Mudzi/ Rushinga as explained in the previous reports. A total of 17 new boreholes were drilled and equipped with hand-pumps. Thus the number of beneficiaries has been reduced to 10,000 people.

Establishment of sound, sustainable environmental services for 3,000 vulnerable people in Masvingo District, Matebeleland South by 2005 in sanitation and hygiene programme

A total of 200 latrines have been constructed to serve approximately 1,000 beneficiaries. The hygiene promotion activities were also conducted and project finished at the end of July.

Establishment of sound, sustainable environmental services for 7,000 vulnerable people in Beitbridge District, Matebeleland South by 2005 in water supply, sanitation and hygiene programme.

Of the three boreholes drilled and all of them were wet and one dry. The number of latrine construction was reduced to 50 and these latrines are in the process of construction at schools and health centres. The total number of beneficiaries will now be 2,000 and the project is expected to be finished at the end of December 2004.

Impact

Water, sanitation and hygiene promotion projects lead to improvements in health, and also save the beneficiaries' time and energy, thus enhancing livelihood opportunities. The long term impact can only be measured some time after the project end and if there has been an initial baseline survey. With effect from 2004 projects will start with a baseline survey and will be evaluated one year after project completion. Evaluations will measure, for example, are latrines being used and maintained hygienically and are hand-pumps still functioning.

Constraints

The main reasons the 2003 projects was delayed were, firstly the extra demand on staff as a result of the southern Africa food security operation and an ECHO funded water and sanitation project that had a deadline that could not be altered.

Disaster Management

The disaster management department with support from the Federation was able to respond to a number of emergencies during the year. In January 2004, heavy storms caused damage to houses and property in two districts of Hurungwe and Kadoma in Mashonaland West province, and Shamva district in Mashonaland Central province. Family tents were provided to the worst affected 33 families. Furthermore, a lorry carrying farm casual workers plunged into a dam killing 22 people and the national society provided first aid response, shelter and counselling to survivors and affected relatives.

The programme conducted vulnerability and capacity assessments (VCA) in two provinces covering four districts. Follow up feedback meetings were conducted involving the local authorities and involved community members and risk reduction activities will be designed according to recommendations made in 2005. Further, feedback meetings were conducted in flood prone areas in six provinces, where risk and hazard analysis workshops had been conducted in 2003 to ascertain if previously agreed risk reduction measures had been implemented.

The efforts to develop safety nets around HBC clients have been integrated within the disaster management programme. Provision of food and agricultural inputs has provided opportunities for household livelihoods protection from external shocks. Households with chronically sick adults and those caring for orphans are amongst the most vulnerable in Zimbabwe and have been targeted to reduce vulnerability.

Goal: Communities are empowered and their capacities strengthened to predict, prevent and reduce the impact of disasters.

Objective: The Zimbabwe Red Cross systems and volunteers are strengthened to respond timely and effectively to disasters and rehabilitation of affected communities

Defined role for Zimbabwe Red Cross in national plan

Zimbabwe Red Cross is the only non-state body fully party to the government Civil Protection Unit – the national body responsible for responding to natural disasters. Through this alliance Zimbabwe Red Cross has contributed to policy development for natural disasters management in flooding, drought, cholera outbreak and other epidemics. Zimbabwe Red Cross was involved in the review of the Civil Protection Act, which is awaiting adoption by parliament. The partnership exists at national, provincial and district levels.

Disaster management committees established in the eight provinces by end of 2004

Since the development of Provincial Civil Protection Unit structures, the Zimbabwe Red Cross provincial offices operate within these rather than developing independent committees. There is effective collaboration that there is mutual support between the two agencies. For example following torrential rains which destroyed houses in Zvimba, (Mashonaland West province) the Manicaland Provincial Civil Protection Unit collaborated and supported Zimbabwe Red Cross by transporting tents from its Mutare provincial offices to the affected area.

Comprehensive disaster management plan put into operation by end of 2004

This objective remains 'work in progress' and will be completed in 2005, in liaison with the civil protection unit. The national plan has been completed and is being reviewed to bring it into line with Federation strategies and national priorities. This work is informed by the ongoing VCA work identifying key risks, vulnerabilities and capacities at local level in sites around the country.

Contingency plans are in place for elections at national and local level.

A contingency plan to be activated during election periods was developed in 2000 and has been reviewed during the reporting period in preparation for the Zimbabwe parliamentary elections to be held in March 2005. Zimbabwe Red Cross has traditionally provided first aid services during the voting period and will continue to do so. Other contingency plans in place are for the flood prone areas and cholera endemic districts. All provinces have their action teams mobilized and are on alert.

Zimbabwe; Annual Appeal no. 01.20/2004; Annual Report

40 staff and 2,600 volunteers trained and available for deployment in disaster management by end of 2004

Progressively for the two year planned period 2003- 2004 a cumulative figure of 26 staff members and 16 volunteer professionals were trained in basic disaster management, community based early warning systems and vulnerability and capacity assessment (VCA) process. A further 1000 volunteers from all the eight provinces were trained and are available for action teams whenever needed. Some of those trained have participated in conducting the VCAs.

Disaster management curriculum modules available in schools and colleges

Although this activity has not been achieved, disaster management is addressed through in school and out of school youth activities and action teams. However Zimbabwe Red Cross has been collaborating with Save the Children (UK) and Civil Protection Unit who are spearheading the development of the training modules.

Community-based disaster preparedness initiative established and benefiting the vulnerable communities by end of 2004

VCA exercises were completed in Chimanimani and Chipinge districts of Manicaland province and in Mwenzi and Chiredzi districts of Masvingo province. Follow up feedback meetings on initiatives following recommendations from the community members and the VCA conducted in these districts and also in Matobo district, Matabeleland South province that was assessed in 2003. The respective provinces in collaboration with the district Civil Protection Unit and the local authorities will in 2005 embark on risk reduction community-based initiatives to strengthen community resilience to disasters.

Community disaster awareness was raised through community meetings. Although no progress has been made through the mass media, awareness campaigns have been undertaken through the HBC projects during food distributions. The national society is still designing the television and radio awareness programmes.

Pilot sustainable food security initiatives are in place in 2004 and rolled out during 2005-2007

This activity delayed due to funding shortfalls has now been linked to the HBC programme, food and agriculture interventions. Nutrition gardens have been developed and 26 gardens are operational across all eight provinces. In addition seeds and fertilisers have been procured and distributed to the beneficiaries.

Impact

Through VCA processes community members were able to identify risks, hazards and their own capacities, which can be utilised for disaster management. Communities are able to come up with their own recommendations for risk reduction initiatives and early warning systems based on their indigenous knowledge. The national society capacity building of its human resources in disaster management through training has increased skills and abilities of its staff and volunteers in dealing with disasters. The disaster response efforts undertaken by Zimbabwe Red Cross and highlighted by the media have raised the profile of the Society both nationally and regionally.

Zimbabwe Red Cross has nine regional disaster response team (RDRT) members and one Federation assessment and coordination team (FACT) member. These staff members have become an invaluable resource for the national society and are available for deployments whenever needed. Thus, are contributing to the national society's disaster response capacities.

Constraints

Zimbabwe Red Cross continues to face challenges in mobilizing resources for the disaster management programme. The disaster management strategy is delivered through competent action teams which are linked to branch development. Hence, there is need to mobilize adequate resources to support these sectors in order to maintain an effective and efficient volunteer base.

Humanitarian Values

Internal and external dissemination is essential to raise the profile of the national society to both internal and external stakeholders. It is also crucial for the national society to promote its image as a neutral humanitarian organization in a politically volatile environment. Zimbabwe will be holding elections early next year. It is imperative for the national society to promote the humanitarian values as the guiding principles for its operations.

Goal: Awareness on humanitarian values is raised among all stakeholders corporate sector, diplomatic community and the general public.

Objective: Humanitarian values are well known by all in society and the Zimbabwe Red Cross is a highly regard humanitarian organization.

Progress/Achievements

A fundraising golf tournament was held in July to raise funds as well as creating partnership with the corporate sector. It was attended by people from the private sector and the diplomatic community. The national society also took advantage of the exhibitions that took place during this reporting period, including the Zimbabwe International Book Fair, the Harare Agricultural show, and the Water Resources, Sanitation and Hygiene fair.

A dissemination workshop for the national society's governance and management was held in order to improve the understanding of the Red Cross principles. This was a way towards maintaining acceptable behaviour and conduct, and enhancing knowledge among its volunteers. It also provided the national society governance with knowledge and skills on how best to intervene on behalf of the organization during the forthcoming parliamentary elections, to facilitate the continued delivery of service by the national society to vulnerable groups.

In addition, the national society underwent an election process from March to May 2004. This saw a significant number of new office bearers among volunteer's structures being installed, such as in the provincial executive committees. In view of this a governance workshop was part of the orientation process for the new office bearers.

The production of new information materials on the projects of the national society has increased awareness on its services and programmes. Zimbabwe Red Cross materials have been developed for general promotion – displayed at the Pan African Conference – and specific materials for HIV and AIDS in English and Shona. A Danish Red Cross communications team visited in April to develop information and fundraising materials, and a team from Japanese television produced a fundraising video on OVC.

The secretary general and the information officer attended the SkillShare workshop in the Netherlands focusing on resource mobilization. Following this workshop in November, Zimbabwe Red Cross held a breakfast meeting with the business community; this offered an opportunity to promote the activities of the national society, and outlined the creation of a corporate social responsibility award. There is good acceptance of the role of the Red Cross in communities in sensitive areas. Zimbabwe Red Cross is excluded from the NGO Bill in recognition of its unique status in the country.

Impact

A high degree of interest and reorientation amongst volunteers and staff came from the discussion during the internal dissemination workshop. The Zimbabwe Red Cross volunteers and staff are more enlightened on the seven fundamental principles and have the capacity to disseminate to various stakeholders. There is more knowledge and awareness and the activities of the Zimbabwe Red Cross among the private sector.

Constraints

Limited funding continues to hamper the implementation of some of the planned activities. The cost of conducting workshops and producing promotional materials continue to escalate while budgetary provisions remain unchanged. In view of this, the national society was unable to conduct a second dissemination workshop for its staff.

Organizational Development

Goal: Zimbabwe Red Cross meets all the requirements and indicators of a well-functioning national society, which satisfies the humanitarian needs of the most vulnerable groups.

Objective: The capacity of Zimbabwe Red Cross to design and implement strategic direction is improved.

Zimbabwe Red Cross has an effective volunteer management system in place

The design and implementation of a volunteer management system has been delayed due to financial constraints but it remains a priority for the national society. A volunteer code of conduct has been drafted and the policy is still being developed. The volunteer management system will be built upon the policy.

Zimbabwe Red Cross has increased its financial resource base in both value and diversity

Zimbabwe Red Cross has increased its donor base by including UNICEF and funds provided through partner national societies (PNS) via several EU facilities. Some support is being received from the local business community but it is difficult to raise significant funds in the current difficult economic climate. A business unit plan is being developed to maximise the benefits of the existing income generating activities at national and provincial levels.

In response to the growing programming, Zimbabwe Red Cross has employed an additional finance officer and will employ an additional accounts clerk in each province. Several key members of staff visited Mozambique Red Cross to share ideas on programme and financial management. An initiative from the Regional Delegation provided technical support to a number of national societies in the region using the NAVISION accounting software: this led to concrete improvements in the use of the package in areas such as use of dimensions, report writing and effective utilization, and the training also increased the capacity to use the package. Further support and system adjustments are planned for 2005.

Some three board members attended the historic management and governance workshop in Zambia with boards of South African and Zambia Red Cross Societies. A three day workshop was also run for programme staff to develop their skills in financial management. Main topics included financial controls, cash advances and reconciliations, budget compliance, internal audit, activity reporting and code of conduct. The training should improve timeliness and accuracy of reporting, and facilitate effective donor coding of expenditure. The Regional Delegation has also supported Zimbabwe Red Cross in the design and development of finance manual, to continue in 2005.

Zimbabwe Red Cross facilitated a number of field trips for external evaluators on behalf of donors during the year, with DFID, ECHO, and several PNS being involved in separate exercises. Lessons learned as a result of these visits have been fed back into the programming. A report-writing consultancy produced a revised and more coherent reporting mechanism for the national society.

Impact

The development of programme and advocacy strategy documents has built upon the existing strategic plan and provided a base for the development of a capacity building plan.

Constraints

The organizational activities are only realised within donor funded projects. Other needs outside have not received any attention due to inadequate funding for the national society's initiatives. However, capacity building activities are being considered under the integrated programme in health and care and supported by all partners.

Coordination, Cooperation and Strategic Partnerships

Zimbabwe Red Cross has the lead in coordination issues, supported by the Federation delegation. A growing body of bilateral supporters are working to support the delivery of Zimbabwe Red Cross strategic objectives and programmes. All partners support the integration of programming, and a standard memorandum of understanding has been discussed and is under development. Communications between partners are good and programme strategies and funding issues are regularly discussed to maximise benefit and impact. Zimbabwe Red Cross hosted a partnership meeting in November, supported by the Federation Delegation, to present its programme strategies and the overall framework for strategy development, and to provide a forum for constructive dialogue.

Monthly coordination meetings hosted by the national society and supported by Federation focus on strategic issues, while operational meetings conducted frequently ensure effective coordination between partners. In this way costs are minimised as the value of field trips and distributions are maximised. The four planning and monitoring unit meetings were conducted as planned for the provincial managers and provided an opportunity to present new ideas, develop strategy, plan for the coming period and resolve issues. There are four Japanese trainee delegates attached to provincial offices to support the work of the national society. At a regional level Zimbabwe Red Cross takes an active role in the Southern African Partnership of Red Cross Societies (SAPRCS), and in other regional fora such as SARAN. The Secretary General has been appointed as the focal person for coordinating regional follow up to the 6th Pan African Conference in Algiers.

The Zimbabwe Red Cross is an active participant in national sectoral meetings, including:

- National ARV task force
- Country Coordinating Mechanism (Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM))
- Child Protection working group
- NPA – National Plan of Action (for OVC)
- Public Health Advisory Board
- Working Group on water and sanitation
- Hospaz – umbrella body for home based care
- DFID livelihoods support
- UNICEF – consultative meeting on nutrition
- Civil Protection Unit
- Agriculture working group
- Food Aid coordination meetings

International representation

The Federation head of delegation in Zimbabwe (HoD) has been working to develop partnerships with WFP at a regional level, in support of work with HIV and AIDS. Presentations have been made to a meeting of WFP country directors and to the SAPRCS in support of developing these partnerships. The HoD was also invited to present the linkages between food aid and HBC – as an example of best practices - to the WFP global meeting on HIV and AIDS in Mumbai, India. The Federation delegation also participates in UN coordination meetings and a number of sectoral working groups, in coordination with the national society.

[Final financial report below; click here to return to title page and contact information.](#)

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA020
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Budget (A)	601'216	4'194'310	34'084			4'829'611
Opening Balance (B)	402'689	46'950	0			449'639
Income						
Cash contributions						
British Red Cross	43'940	11'374				55'314
Finnish Red Cross		779'750				779'750
German Red Cross		275'057				275'057
Norwegian Red Cross		6'764				6'764
Other			0			0
Swedish Red Cross	42'250					42'250
USAID	29'955					29'955
WFP		155'563				155'563
Cash contributions (C1)	116'145	1'228'508	0			1'344'653
Reallocations (within appeal or from/to another appeal)						
British Red Cross		1'310'825				1'310'825
Netherlands Government	210'192					210'192
Norwegian Red Cross		0				0
Reallocations (C2)	210'192	1'310'825				1'521'017
Inkind Personnel						
British Red Cross		102'000				102'000
Inkind Personnel (C4)		102'000				102'000
Total Income (C) = SUM(C1..C5)	326'337	2'641'333	0			2'967'671
Total Funding (B + C)	729'026	2'688'284	0			3'417'309

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	402'689	46'950	0			449'639
Income (C)	326'337	2'641'333	0			2'967'671
Expenditure (D)	-611'366	-2'931'079				-3'542'445
Closing Balance (B + C + D)	117'660	-242'796	0			-125'136

International Federation of Red Cross and Red Crescent Societies

01.20/2004 ZIMBABWE

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA020
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		601'216	4'194'310	34'084			4'829'611	
Supplies								
Shelter	104'900							104'900
Construction		7'740	3'361				11'101	-11'101
Clothing & textiles	26'530	29'142	644				29'786	-3'256
Food	2'384'200	157	1'027'622				1'027'778	1'356'422
Seeds,Plants	130'000		21'358				21'358	108'642
Water & Sanitation	170'100	79'019	9'210				88'229	81'871
Medical & First Aid	24'150	25'885	439				26'324	-2'174
Teaching Materials	39'500	66'257					66'257	-26'757
Utensils & Tools	22'932		2'778				2'778	20'154
Other Supplies & Services	35'520	37'082	117				37'199	-1'679
Total Supplies	2'937'832	245'282	1'065'529				1'310'811	1'627'021
Capital Expenditure								
Vehicles	180'725	36'015	56'419				92'434	88'291
Computers & Telecom	38'000		4'733				4'733	33'267
Total Capital Expenditure	218'725	36'015	61'152				97'167	121'558
Transport & Storage								
Storage	20'000		98'242				98'242	-78'242
Distribution & Monitoring			261'773				261'773	-261'773
Transport & Vehicle Costs	645'369	31'720	138'403				170'122	475'247
Total Transport & Storage	665'369	31'720	498'418				530'138	135'231
Personnel Expenditures								
Delegates Payroll	107'100	7'476	46'465				53'941	53'159
Delegate Benefits			218'376				218'376	-218'376
Regionally Deployed Staff	197'229							197'229
National & National Society Staff		145'338	478'545				623'883	-623'883
Consultants	32'505	1'771	418				2'189	30'316
Total Personnel Expenditures	336'834	154'584	743'804				898'388	-561'554
Workshops & Training								
Workshops & Training	113'280	66'543	46'531				113'075	205
Total Workshops & Training	113'280	66'543	46'531				113'075	205
General Expenditure								
Travel	51'920	8'513	43'216				51'729	191
Information & Public Relation	66'426	2'490	5'457				7'947	58'479
Office Costs	104'480	15'848	38'259				54'108	50'372
Communications	20'820	3'824	19'270				23'094	-2'274
Professional Fees			6'797				6'797	-6'797
Financial Charges		17'617	63'588				81'206	-81'206
Other General Expenses			34'502				34'502	-34'502
Total General Expenditure	243'646	48'293	211'090				259'383	-15'737
Program Support								
Program Support	313'925	39'739	190'089				229'828	84'097
Total Program Support	313'925	39'739	190'089				229'828	84'097
Operational Provisions								
Operational Provisions		-10'811	114'466				103'655	-103'655
Total Operational Provisions		-10'811	114'466				103'655	-103'655
TOTAL EXPENDITURE (D)	4'829'611	611'366	2'931'079				3'542'445	1'287'166
VARIANCE (C - D)		-10'150	1'263'231	34'084			1'287'166	