

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Zimbabwe

Appeal No. MAAZW001

20/04/2008

This report covers the period of 01/01/2006 to 31/12/2007 of a two-year planning and appeal process.



Zimbabwe Red Cross supports orphans and vulnerable children (OVC) through life-skills development. Above is a group of OVC during a psychosocial support camps. The aim is for the OVC to become more assertive and able to cope under adverse situations.

In brief

Programme summary: Zimbabwe Red Cross Society (ZRCS) has the longest history of implementing community-based home-based care projects (HBC) dating back to 1992; the projects have since been expanded and now stand at 27 projects sites in 25 districts. In addition, the HBC projects have since been used as entry point for other programme activities such as water and sanitation (WatSan), food security and primary health care.

To this effect, water and sanitation services (WatSan) interventions in marginalized communities were scaled-up in order to provide a holistic service in the care component of the HIV and AIDS programmes since a healthy and hygienic environment is critical not only to clients but likewise, other vulnerable groups. Such activities involve full community participation to harness a sense of ownership, foster the spirit of self reliance and thus ensure sustainability at the end of the project. Under the food security programme, beneficiaries including HBC clients in food insecure provinces namely the Matebeleland North, Matebeleland South, Masvingo and Midlands Provinces are also supported with food aid and agricultural inputs for livelihood projects.

The Protracted Drought Relief Programme supported by DFID was ended in March 2007 however additional funding support was secured through the Finnish Red Cross to take over residual activities.

In the sphere of emergency operations, ZRCS responded to a diarrhoea outbreak in Mashonaland West and Midlands Provinces, flooding in Muzarabani in Mashonaland Central Province and Chipinge in Manicaland. A cholera outbreak was reported in one of Harare's high density suburbs (Mabvuku) and in Kariba. During these emergency operations, the National Society (NS)' interventions involved the provision of safe drinking water, oral rehydration solutions, hygiene and sanitation materials and conducted health education and hygiene promotion.

Goal: To reduce the risk and negative effects of the social, economic and psychological impact of HIV and AIDS on people infected and affected by the scourge in Zimbabwe. The rationale behind the integrated approach is to provide holistic care and support at the same time strengthen organisational capacity, volunteer management, efficient coordination, cooperation and the management of strategic partnerships at all levels.

Needs: Total 2006-2007 budget CHF 6,680,475 (out of which 41% is covered).

Click here to go directly to the attached financial reports:
[report 2006](#) [report 2007](#) [report 2006/2007](#)

No. of people we help:

Programme/ project Title	Target Population	Beneficiaries assisted
Community-based HIV and AIDS	HIV and AIDS affected and infected households	22,500 HBC clients, 53,000 OVC, 1,500 on anti retroviral treatment (ART) roll-out programme, 873 peer educators and 275 youth advisors, 2,500 support groups and 1,300 active care facilitators
Food security and livelihoods programme	HIV and AIDS affected and infected households	22,000 clients and 29,000 OVC supported by 80 volunteers trained on livelihoods concepts.
Disaster Preparedness and Response		Response to diarrhoea outbreak reaching 20,000, floods targeting 2,500 families.
Organisational Development	ZRCS and structures at all levels	Volunteer branches and commission members.
Information Dissemination and Promotion of Humanitarian Values	Private, public and the general populace	1,000 people during the World Red Day commemorations, more than three million people who attended soccer matches, those who visited the exhibitions, those reached through national radio.
Water and Sanitation	Matopo and Mount Darwin	260 households, 22 water point committees, 60 health promoters, and 80 volunteers.

Our partners: Financial support to this appeal was provided by the British, Danish Finnish, Japanese Red Cross Societies and the Federation. The food security livelihood programme was supported by WFP and the WatSan programme funded by the EU.

Sector/Category	Partners
Integrated community-based HIV and AIDS, food security and livelihoods approaches	British, Danish, Finnish, Japanese and Swedish Red Cross Societies, Federation
Organisational development, promotion of Fundamental Principles and Humanitarian Values, community-based HIV and AIDS	Federation, ICRC, Swedish Red Cross
Water and sanitation, disaster risk reduction	European Union, Federation
Integrated community-based HIV and AIDS	UNICEF, WFP, UNAIDS, FAO
Integrated community-based HIV and AIDS	Government relevant departments, National AIDS Council

Current context

According to the 2006 – 2007 Demographic Health Survey, it is estimated that 1,390,000 adults between the ages 15 – 49 years and 115,000 children (0-14 years) are living with HIV and AIDS in Zimbabwe. However, the prevalence rate is reported to be steadily declining from 33.7% of the population in 2003 to 24.6% in 2004, to 20.1% in 2005, to 18.6% 2006 and 15.6% in 2007. The majority of people infected as illustrated above are in the economically productive age groups and this has a negative effect on economic productivity and livelihoods at the individual household be it in the urban and rural setting.

During the period under review, the operating environment was unfriendly due to the deteriorating socio-economic situation in the country resulting in hyperinflation, shortage of basic commodities, fuel, power and foreign currency, high unemployment (over 80%) and high cost of medical services amongst other effects. Such a situation negatively affected the implementation of planned activities of necessity; programme budgets had to be constantly reviewed in the light of an unstable currency. The NS had to resort to diversifying its supplier base beyond the national borders in the face of shortages of basic relief items. Under the circumstances, the quantity and quality of humanitarian assistance to the most vulnerable communities was compromised in a number of ways.

Notwithstanding the vagrancies of the operating environment, the NS did scale-up its activities in the integrated HIV and AIDS programme providing care, treatment and support, food and non-food items, clean water, sanitation facilities and advocacy for anti stigma and discrimination of people living with HIV and AIDS in a holistic manner. Under the OVC programme, orphans and other categories of vulnerable children benefited educational, material and psychosocial support as well as support for their guardians.

In the sphere disaster management, the main activities were emergency response operations to outbreaks of diarrhoea and cholera and localised flooding in various parts of the country and at the beginning of December 2007, incessant rains caused localised flooding in the Muzarabani district in Mashonaland Central Province. The most affected Chadereka ward has a population of 7,000 households, of which 1,000 were submerged with 400 of them losing all of their belongings. Later in the month on the 28 December 2007, the Chibuwe area along the Sabi Valley was hit by floods and households from Maronga, Gumira, Chibuwe and Masimbe villages lost their household belongings and in some cases domestic animals. The Tongogara Refugee Camp located in the same area was affected and refugees lost most of their food provisions and other household belongings.

Cholera cases were reported in Nyaodza and Nyamhunga areas of Kariba district, Mashonaland West province. No deaths were reported and the nine reported cases received treatment within the community at designated treatment points and at Kariba district hospital. Another outbreak of cholera was reported in the Mabvuku, a high density suburb of Harare and the outlying informal settlements. The major challenge was provision of safe drinking water, which constantly was and remains a challenge in that suburb.

The integrated approach to programming enhanced achievement of the goal and objectives of the programme, aligned to the Federation Global Agenda's Goals. ZRCS' interventions in response to these emergency situations were acknowledged and recognised by other stakeholders including the beneficiaries as revealed in the evaluation report of 2006.

Progress towards objectives

Health and Care

The report on the integrated HIV and AIDS programme is covered separately in programme updates under the Global Alliance on HIV programme (MAA63003). For the purpose of this report the focus is only on the food security livelihood activities targeting HBC clients and OVC. For more information on the HIV and AIDS programme refer to programme update [MAA6300301](#) and report 2006 – 2007 [MAA63003r0607](#)

Objective: To improve the food security and nutrition of vulnerable households.

Achievements

The food distributions conducted in August 2006 met the needs of 80% of the target and the shortfall is attributed to gaps in the WFP pipeline. However, in September, the coverage rose to 95% as a result of improvements in the WFP pipeline. In November 2006, food was procured through the Federation pipeline and distributed in Mashonaland East, West, Central and Manicaland. This was a once-off distribution in which the needs of the target population were all met.

The NS trained 860 beneficiaries on nutrition gardening techniques aimed at improving the health status of HBC clients and OVC. Some pilot/demonstration sites were established in Chimanimani, Westwood, Nkayi, Dete, Chitungwiza and Zvimba. A total of 5,575 seedlings trees were distributed at 18 sites and to over 200 individual beneficiaries to promote agro-forestry initiatives. The care facilitators followed up with training specifically on how to dig planting stations, weeding, adding manure and managing the field.

Challenges or constraints

- The food basket remains a very critical aspect of the project as HBC clients are in need of a reliable food source, especially during the prevailing hard economic period where food commodities are either not available or the cost is beyond the means of some clients. The country experienced a drought during the 2006/2007 farming season hence most households did not harvest enough food to see them through to the next harvest in March 2008.
- The livelihood projects were affected by the decrease in the number of active volunteers most who are resorting to engage on personal income generating activities; the situation resulted in the remaining volunteers getting burnt out hence not all the activities planned were implemented and targets were not met.

Water and Sanitation (WatSan)

Objective: Sound and sustainable environmental services, comprising of safe water supply, functional latrines and sanitation, as well as hygiene promotion, developed for ht vulnerable population of 100,000 in Mt Darwin district.

Achievements

The WatSan project is funded by the EU African, Caribbean and Pacific (ACP) Water facility through the Federation and the project is running for three years beginning 2006 and is being implemented in 22 wards in Mount Darwin district in Mashonaland Central Province. The British and Finnish Red Cross Societies are also contributing to the project financially. In the second year of the project (2007) the project focus was on intensive community mobilization, hygiene promotion and other software activities in eight wards.

ZRCS exceeded the planned targets in the first year of implementation, where for example 200 latrines were constructed instead of the planned 50. A total of 20 trainers and 60 hygiene promoters were trained on the hygiene education, including hygienic methods of using latrines. However, some of the activities are behind schedule due to a number of internal and external factors such as challenges in procurement of spares for rehabilitation and construction of latrines. A total of 89 latrines were constructed under the British Red Cross support in Matebeleland North, Mashonaland West and Manicaland.

A baseline survey was conducted by a consultant in sampled wards. It was found that 75% of the households were into crop farming; the sources of drinking water were both protected and unprotected. The safe water coverage was 50% and 40% of the water points were not functional. The major causes of breakdowns were from over use and lack of spares for maintenance of the water points. Against this background, ZRCS trained five member of the community as pump minders to assist on the daily maintenance of the pumps as well as to carry out minor repairs. Some 22 water point committees were established with some members being trained in community-based management of the WatSan facilities. In Matebeleland South, spare parts for the rehabilitation of 14 water points were purchased following which the rehabilitation process was completed in May 2007.

Challenges or constraints

- It has been difficult to retain trained pump minders as they are absorbed by other sector agencies with more attractive incentives; of necessity, this slows down progress as the ZRCS has to continuously train new pump minders to sustain maintenance and/or rehabilitation of water sources.

Disaster Management

Objective: Strengthened disaster preparedness and response of Red Cross structures and communities through capacity building in the eight provinces by end of 2007.

Achievements

ZRCS volunteers were active in the disaster response operations particularly in relief distribution. During the reporting period, the NS held two disaster management workshops to train volunteers, staff members and governing board members on response and social mobilisation. During the workshop, the volunteer database was reviewed and updated particularly for disaster prone provinces; all eight provinces were represented at the workshops, where 15 governance members, 20 volunteers and 52 staff members benefited from the training. Both the Federation and ICRC participated to provide the necessary technical support.

In response to the floods in the Muzarabani areas in Mashonaland Central and Chipinge in Manicaland in December 2007, ZRCS supported the displaced families with relief distribution, clean water supply and sanitation facilities. The NS provided relief items to the affected households as follows: 2,320 blankets, 770 tarpaulins, 850 jerry cans, 590 kitchen sets 590, 54 mosquito nets, 2 plastic sheeting and 17,000 water purifying tablets, in both districts.

A diarrhoea outbreak was reported in a township in Kadoma urban in Mashonaland West Province and Gokwe North and South district in the Midlands Province. A total of 2,500 cases and 37 deaths were reported for Kadoma urban and 212 cases and ten deaths for Gokwe North and South districts. In response, ZRCS deployed 100 volunteers previously trained who consequently conducted participatory health and hygiene education sessions in the affected areas. The training was aimed at enhancing the local capacity to tackle health emergencies such as the diarrhoeal disease outbreaks. Information, education and communication (IEC) materials were produced for the immediate and long-term health education campaigns.

Organisational Development

Objective: Improved capacity of ZRCS to design and implement its programmes in a strategic direction in all the provinces through volunteer management.

Achievements

In cognisance of the contribution of volunteers in scaling-up interventions in long-term programmes and during emergency operations, ZRCS put into place a plan to strengthen volunteer management systems especially at the branch level. However, due to the haphazard nature and inconsistency in the funding pipeline, not all the planned activities could be implemented. The NS is exploring ways to secure long-term funding for its organisational development programme.

Governance development at national, provincial and district level activities were carried out during the period in the aftermath of general assemblies at the various levels during which new committees were elected. The governing board the majority of whose members were retained continued to give guidance and supervise the secretariat.

The need for well defined systems in programming cannot be over emphasized. In this regard, the NS has established commissions with support from the Swedish Red Cross, which focuses on policies particularly on health, disaster, finance, youth development, HIV and AIDS at workplace. Meetings were held to map the way forward in reviewing existing documents, analysing the needs for each commission and developing long-term initiatives.

Constraints and Challenges

- Inadequate financial constraints and limited human resources especially in the sphere of volunteer management have had a negative impact on branch development.
- The fact that PNS bias is on programmes and projects it is to the detriment of organisational development and capacity building of the NS.

Humanitarian Values

Objective: Increasing knowledge of Humanitarian Values amongst key stakeholder, while positioning the ZRCS as a highly competent and credible humanitarian organization, within the public and private sector.

Achievements

Activities towards the promotion of Humanitarian Values and dissemination of the Fundamental Principles continued to receive support from the ICRC. Disseminations workshops were successfully conducted, attended by headquarters and provincial staff members and volunteers. The NS continued to be actively involved in public advocacy campaigns in the quest to fulfil the commitment of furthering and promoting the Humanitarian Values and Fundamental Principles. In addition, the NS played an advocacy role in support of the vulnerable people and victims of conflicts or other types of disasters and in a manner that ensures the protection of their dignity.

Work on the development of the NS website began and will proceed into the next appeal period. Through the web, the NS aims to increase its visibility by publicising its work and providing information particularly during emergency situations.

Challenges/constraints

- The communication and promotion of Humanitarian Values department is inadequately equipped and this had a negative effect on the timely gathering of information, processing and reporting.

Working in partnership

ZRCS worked in collaboration with other stakeholders and networks for expanding the local technical, material and financial resource base notably, the Ministry of Health and Child Welfare, the National AIDS Council, UN agencies e.g. UNICEF for OVC programming as well as CBHC. The Federation and ICRC are of course, permanent partners who throughout the period were always there for the NS. The WFP Country Office provided support in the procurement of food commodities for the various food relief interventions while ZRCS worked closely with other UN agencies in relevant sectors, government ministries and NGOs in relevant sectors.

ZRCS participated in coordination and planning workshops organised by CPU, DFID and other technical partners such as Tree Africa and ICRAF and also participated in the Mid-Year Protracted Relief Programme assessment coordinated by the government. During emergencies, the NS collaborated with the Federation, ICRC, UNOCHA, IOM, Civil Protection Unit at all levels, and with NGOs and the local community leadership on the ground on relief activities.

Contributing to longer-term impact

Through its various programmes, ZRCS made its own contribution towards the achievement of the Millennium Development Goals¹ and the Federation Global Agenda's Goals². This is through its interventions in HIV and AIDS prevention, care support and treatment activities and general improvement of health and care in the community through expanding first aid, psychological support, provision of safe water and adequate sanitation, vector control, improved livelihoods for improved food security. The partnerships established during the period will be consolidated during the next appeal cycle to ensure sustainability of programmes.

Looking ahead

The outputs from 2006 and 2007 have been used as the benchmark in the development of plans for 2008 and 2009 operating period. ZRCS is committed to improving the welfare of the vulnerable people hence, the need for continued programme integration. Networking and collaboration with other humanitarian agencies will also ensure that the ZRCS is a team player in contributing to the significant improvement of the lives of the vulnerable people in Zimbabwe.

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

² **Global Agenda Goals:** Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

How we work	
<p>All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at http://www.ifrc.org</p>	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
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