

# Annual report



## Zimbabwe

Appeal No. MAAZW001

30 April 2010

This report covers the period 01/01/09  
to 31/12/09



Maneta Primary School in Buhera District in Manicaland Province, where 450 students and 200 families in the area are benefiting from this borehole.

## In brief

**Programme purpose:** Zimbabwe Red Cross Society's (ZRCs) programmes are focused on responding to the humanitarian challenges in country in order to alleviate the suffering of the most vulnerable through contributing to the decline in deaths, injuries and impact from disasters, diseases and public health emergencies, as well as reducing intolerance and discrimination, while fostering respect for diversity and human dignity. ZRCs aims to effectively and efficiently deliver services that are relevant, whilst directed by its strategic plan that contributes to achieving the International Federation of Red Cross and Red Crescent (IFRC) Global Agenda's goals and the Millennium Development Goals.

**Programmes summary:**

Throughout the year, ZRCs programming intimately supported by the IFRC Country Representation office in Harare, demonstrated commitment to increasing impact by scaling-up and improving quality of services. It was inevitable to scale-up given the soaring humanitarian context caused by the effects of HIV and AIDS, poor water supply and sanitation facilities, food shortages and depleted livelihoods.

The ZRCs continued implementing programmes through an integrated approach with community-home based care (CHBC) as the core programme. The **health and social services** programme was strong on CHBC, water and Sanitation (WatSan), community-based First Aids (CBFA) and was complemented by a food security component targeting CHBC clients and orphans and vulnerable children (OVC) through an emergency operation ([MDRZW003](#)). The CHBC programme comprises of a comprehensive package, which is inclusive of prevention of further HIV infections through scaling-up information dissemination, referral for voluntary counselling and testing (VCT), prevention

of mother-to-child transmission (PMTCT) and early treatment of sexually transmitted infections (STIs) and opportunistic infections (OIs). The National Society (NS) was also on perpetual alertness for health emergencies after suffering the worst cholera outbreak in 2008, which recorded almost 100,000 cases and close to 5,000 deaths.

The long-term WatSan programme ensured provision of safe water, sanitation facilities and the promotion of hygiene. WatSan interventions are financial supported by the African, Caribbean and Pacific/European Commission (ACP/EC) initiative in a three year programme (2006 to 2009<sup>1</sup>) in 22 wards in Mount Darwin district in Mashonaland Central Province. The emergency food security operation also had a strong WatSan component aimed at complementing the utilization of food assets.

The **disaster management** (DM) department spent most part of the year complementing the efforts of the government and other partners in responding to the food insecurity and cholera outbreak. As mentioned above, the food security operation aimed at improving the nutritional status and reinforcing coping mechanisms of CHBC clients, OVC and their families. Under the food security operation, ZRCS distributed food rations to approximately 198,360 people on a monthly basis through the two pipelines supported by the IFRC (30 percent) and WFP (70 percent).

In response to the cholera outbreak, an emergency operation ([MDRZW004](#)) launched in December 2008 targeting 1.5 million people in ten provinces continued in 2009, but was prematurely closed in July 2009 due to limited funding support. Under this operation, ZRCS experienced the biggest emergency response unit (ERU)<sup>2</sup> teams' deployment to help increase response capacity in cholera treatment, water supply and provision of sanitation facilities. The ERU deployment was well supported by the IFRC despite the initial hiccups experienced during negotiations with the government's line ministry. After the winding down of relief activities of the operation, the focus shifted to medium and long-term recovery, rehabilitation and reconstruction actions within, of which most have been incorporated into long-term programmes.

With community volunteers forming the basis for the NS' service delivery in all programmes, volunteer management and branch development were prioritised. The **NS development** programme also focused on institutional capacity development, improving capacity, financial management and mobilisation of resource. The IFRC directly supported ZRCS by deploying a country-based organisational development (OD) delegate to particularly focus on strengthening the functionality of branches, developing the skills and involvement of youth and assist with local governance and management training.

The promotion of **principles and values** was integral to the implementation of all NS development activities such as governance and management training, stakeholders meetings and youth camps. ZRCS was also proactive in mainstreaming gender equality, anti discrimination and social inclusion in all programmes and emergency operations. They also ensure equitable representation of females and males in volunteer recruitment, training and fostered the same in all youth structures.

**Financial situation:** The total 2009 budget was CHF 2,834,136 of which 78 percent was covered. Overall expenditure vs. budget was 39 percent while expenditure vs. income was 75 percent.

<sup>1</sup> The programme was initially scheduled to end in September 2009, however, a no-cost extension with a revised action plan and budget up to February 2010 was approved by the EC in May 2009.

<sup>2</sup> The International Federation of Red Cross and Red Crescent Societies (IFRC) in close collaboration with the Zimbabwe Red Cross Society (ZRCS) and the Ministry of Health and Child Welfare (MoHCW) has deployed a total of seven Emergency Response Units (ERU's) which are deployed as follows:

- Japanese Red Cross: Basic Health Unit in Mashonaland West Province;
- Norwegian Red Cross: Basic Health Care Unit in Midlands Province;
- Finnish Red Cross: Basic Health Care Unit in Manicaland Province;
- British Red Cross: Mass Sanitation in Midlands Province;
- French Red Cross: Mass Sanitation in Harare (Chikurubi Maximum Prison);
- Spanish Red Cross: Mass Sanitation in Mashonaland West Province;
- German/Austrian Red Cross: Water and Sanitation in Midlands Province, Manicaland and Harare

[Click here to go directly to the attached financial report.](#)

See also emergency appeals operational during the reporting period:

[MDRZW003REA](#)<sup>3</sup>: The Emergency Appeal was revised to CHF 38,424, 042 to support the ZRCS to assist 222,035 beneficiaries with food security and livelihoods interventions in order to mitigate the impact of the continued food shortages and/or limited access targeting CHBC clients and OVC in eight provinces.

[MDRZW004](#)<sup>4</sup>: An Emergency Appeal for CHF 10,170,233 to support the ZRCS to assist 1.5 million beneficiaries affected by cholera.

**No. of people we help:**

Title	Target Population	Beneficiaries Assisted
Community home-based care programme (CBHC)	People infected and/ or affected by HIV	19,550 HBC clients 55,370 OVC
	Antiretroviral treatment (ART) roll-out	750 HBC clients
	Active care facilitators	1,361
	People reached with prevention messages	294,877
Food security and livelihoods operation	HBC clients	15,188
	OVC	135,130
	HBC volunteers	250
Water and Sanitation programme	Pump minders	30
	Health Promoters	100
	Water point committees	22
	Households	700
	People reached with health and hygiene awareness	30,000
Community-based Health and First Aid (CBHFA)	Trained volunteers	745
Cholera operation	People reached with non-food relief items, access to clean water, hygiene promotion and information, education and communication (IEC)	1,180,500
<b>Total</b>		<b>1,734, 573</b>

**Our partners:** As auxiliary to the local authorities' humanitarian work, ZRCS closely worked with the Ministry of Health and Child Welfare (MoHCW), The Civil Protection Unit (CPU), Agricultural Research and Extension Services (AGRITEX) and the Department for Disaster Management. The IFRC Country Representation office and the ICRC Regional Delegation provided coordination and technical programme support, while communities throughout the country partnered with ZRCS in the implementation of interventions, thus fostering sustainability and ownership of programmes. Supporting Partner National Societies (PNS) included Danish, Finnish, French, Japanese, Norwegian and Swedish Red Cross Societies. Externally, the NS partnered with United Nations agencies (WFP, UNICEF, WHO), ECHO, EC (EU), and many local non-governmental organisations, community-based organisation, faith-based organisations as well as with other international humanitarian agencies.

<sup>3</sup> <http://www.ifrc.org/docs/appeals/08/MDRZW003REA.pdf>

<sup>4</sup> <http://www.ifrc.org/docs/appeals/08/MDRZW004EA.pdf>

## Context

A government of national unity (GNU) was formed in February 2009, with tripartite power sharing between the three main political parties. Socio-economic conditions were expected to improve with greater commitment from the government to improve economic policies, service delivery and the livelihoods of the general population. A short-term emergency and recovery programme (STERP) was subsequently formulated to facilitate the country's rehabilitation and reconstruction, and to stimulate economic growth. The STERP however, experienced funding challenges and was affected by political rivalries as the anticipated donors were not prepared to provide large-scale assistance without a tangible reform plan, including appropriate human rights, media and fiscal policies.

For the first six months of 2009, the economy was undergoing a process of recovery and rationalisation, which was characterised by price distortions and difficulties in the handling of the foreign currencies within the economic system. Service providers were charging higher prices; hence most programme budgets were strained beyond projections. The lack of access to foreign currency negatively affected vulnerable households and resulted in most households resorting to barter trading to access commodities and services. The barter trade system was however not a disadvantage to these households as the system undervalued the commodities they had.

In the health sector, Zimbabwe experienced the worst cholera outbreak in its history, which began in November 2008 and recorded a cumulative total of 98,592 cases and 4,288 deaths by 31 July 2009. The most affected provinces were Mashonaland Central, Mashonaland West, Midlands, Manicaland and Masvingo. In the capital city Harare, the high density suburbs including Chitungwiza, Dzivarasekwa and Mabvuku were among the worst affected as a direct impact of poor drainage and water supply systems.

Despite the significant humanitarian needs to improve the water supply, sanitation facilities and hygiene education, the Red Cross led cholera response operation was seriously affected by low levels of donor response to the appeal. Prospects for additional support were poor and available funding exhausted culminating to a decision to prematurely terminate all activities under the cholera operation in May 2009. However, the humanitarian sector remained on high alert for health emergencies feared to reoccur due to the poor water reticulation particularly in most medium to high densely populated residential suburbs.

Thousands of people faced food shortage in 2009 and the situation is expected to continue in 2010. According to a crop assessment report by the FAO and WFP released on 25 June 2009, the national production of maize was estimated at 1.14 million tonnes in 2009, an increase of 130 percent on that of the record low harvest of 2008 (417,000 tonnes). Total domestic cereal availability for 2009/10 is estimated to be 1.39 million tonnes. Despite the improvements in the harvest and economic conditions, food availability is slowly improving with access being the limiting factor. The unavailability of agricultural inputs to most subsistence and commercial farmers for the 2009/2010 rainy season will affect food supplies in 2010 and vulnerable households will feel the most impact. In order to ensure a food safety net and longer-term livelihood interventions, ZRCS extended its food security operation until the end of September 2009.

On the socio-economic scene, Zimbabwe is lagging behind in the attainment of the Millennium Development Goals (MDGs). Due to the economic decline, there has been large scale outward migration of skilled human resources to neighbouring countries and abroad in search of better livelihoods amenities and more secure conditions. This reduction in human capital together with declining agro-industrial production has weakened the country's self sufficiency capacity, thus undermining the socio economic development initiatives, despite the efforts employed by humanitarian agencies.

Through this realisation, ZRCS is scaling-up its programming in an integrated approach to effectively and holistically deliver the most needed services to a wider vulnerable population as expounded in its Strategy 2005 - 2010. The Strategic Development Plan will be revised taking into account priorities of the [Johannesburg Commitment](#)<sup>5</sup> adopted by Red Cross and Red Crescent leaders at the 7<sup>th</sup> Pan African Conference (PAC). As a member of the IFRC, future programming is influenced by the strategic aims contained in the new [Strategy 2020](#).

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<sup>5</sup> [http://www.ifrc.org/Docs/pubs/events/7thpac/Johannesburg\\_Commitments.pdf](http://www.ifrc.org/Docs/pubs/events/7thpac/Johannesburg_Commitments.pdf)

# Progress towards outcomes

## Disaster Management

### Programme Component: Disaster Preparedness<sup>6</sup>

**Outcome 1:** Knowledge and coping capacity increased in communities in disaster prone areas.

**Outcome 2:** Emergency relief stocks are pre-positioned for rapid and more cost effective disaster response by the end of 2010.

**Outcome 3:** Logistical capacity is enhanced through the establishment of field-based warehousing facilities and the development of dispatch and reporting systems.

#### Achievements:

ZRCS's disaster preparedness actions were closely supported by the IFRC through the country Representation office, which managed warehousing facilities and ensured availability of resources. Relief stock was conveniently positioned and over 20 vehicles were ready for deployment in Zimbabwe and across the region in case of an emergency. The renovations of the NS warehouse started in 2009 aimed at increasing capacity to hold more disaster preparedness stocks.

The Midlands province (Gokwe North and South districts) carried out training of emergency response team members, covering aspect of health emergencies, relief distribution and volunteer management. Plans started in 2009 to roll-out the training to Mashonaland West (Chegutu district) and Matebeleland North Province (Binga district), which are at the inception stage. The headquarters has already conducted consultative meetings with the district leadership structures.

In September 2009, ZRCS conducted a workshop on climate change adaptation aimed at identifying the major risks and associated vulnerabilities that would influence its disaster preparedness and response actions; in addition to developing adaptation and response options. The workshop facilitated by the IFRC was attended by headquarters and provincial officers involved in disaster management programme.

### Programme Component: Disaster Response

**Outcome 1:** ZRCS disaster response mechanism improved to meet the needs of the most affected population in any emergency situation.

**Outcome 2:** ZRCS capacity improved in providing assistance on restoring sustainable livelihood of populations affected by disasters.

#### Achievements:

In 2009, the disaster management capacity was directed on response to food insecurity and cholera outbreak.

### Foods Security Operation

The emergency integrated food security operation (MDRZW003), targeting beneficiaries of the CHBC programme and their families in 25 districts in eight provinces continued from 2008, and now extended to September 2010, following confirmed threats of food insecurity.

The operation includes food relief distributions, livelihoods interventions such as the distribution of agricultural inputs and small livestock, WatSan activities and relevant capacity development in disaster management at all levels. Table no.1 below indicates the number of people reached with food aid on a monthly basis.

In response to the finding of the Zimbabwe Vulnerability Assessment Committee (ZVAC) assessment that revealed increasing limitations to food access among the urban population, ZRCS introduced a food voucher programme. This would allow the urban households to buy food items from shops, following the improved importation and sell of access harvest by local food producers. Beneficiaries receiving food aid reported positive effects such as enhanced adherence to ART<sup>7</sup> and improved nutrition. Many bedridden beneficiaries became mobile and school attendance improved among the targeted OVC.

<sup>6</sup> This programme component is part of the ZRCS Disaster Management Master Plan, which is currently being finalised.

<sup>7</sup> Zimbabwe Red Cross, Mid Term Review, Integrated HIV and AIDS Programme and Home-Based Care and Antiretroviral Therapy for People Living with HIV

**Table 1:** Number of people reached with food aid on a monthly basis

Province	HBC households reached with food aid	OVC households reached with food aid	Total
Masvingo	14,124	11,179	25,303
Matebeleland North	12,179	15,870	28,049
Midlands	3,928	5,738	9,666
Manicaland	3,804	22,115	25,919
Mashonaland Central	9,239	9,335	18,574
Mashonaland East	4,445	9,001	13,446
Mashonaland West	14,509	32,516	47,023
Matebeleland South	13,712	29,376	43,088
<b>Grand Total</b>	<b>75,938</b>	<b>135,130</b>	<b>211,068</b>

Complementary to the food aid, agricultural recovery and sustainable livelihoods enhancing interventions were implemented through the provision of inputs and a training programme covering various subsistence farming elements, food utilization and preservation. In addition to good rainfall, the agricultural inputs which include seeds and fertiliser contributed to improved food harvest among the people reached. Already the vegetable seed packs distributed in April 2009 are also yielding good results, thus has been a source of nutritional food and supplementary income for those with access to sell.



**Volunteers and some beneficiaries participating in offloading the food items and treadle pump equipment in Mashonaland East Province**

A total of 200 treadle pumps were distributed in three provinces to boost nutrition gardening activities, followed by training the recipient households on their proper use. Training on nutrition gardening has increased knowledge on soil conservation, vegetable processing, nutrition, pest control and marketing. Increased adoption of low resource inputs and technologies led to labour savings and dietary diversification for beneficiaries. Households and community groups in the selected districts reported that those who were trained in and are utilising the conservation farming techniques are doing well, and better than those using the traditional farming techniques.

As mentioned above, the increased production of vegetables allowed some households to sell excess, which provided a diversified source of income. Furthermore, some communal gardens were used for income generation by HBC and OVC support groups. The distribution of goats under the livestock project was complemented by training in livestock management. Some opted for bee-keeping projects as income generating activities (IGAs) for OVC and HBC support groups.

## Cholera Operation

ZRCS complemented government's effort in fighting a cholera outbreak, which challenged the country's health and care system. A total of 74 hospitals, clinics and cholera treatment centres were provided with cholera kits from the IFRC and the ERU teams deployed as stated above. On the ground, ZRCS also collaborated with other agencies such as UNICEF, MSF, local NGOs and faith based organization.

Above 55,500 people are still accessing clean water on a daily basis through facilities established with the assistance of the ERU during the cholera response operation. Approximately 700,000 water purification sachets were distributed to over 35,000 households (175,000 people) throughout the affected provinces, along with 1,620 jerry cans and 10,000 water containers. A total of seven (5,000-litre) water harvest tanks were set up in Hurungwe District, Mashonaland West, whilst a water treatment plant was set up at Kadoma CTC.

Cumulatively, 1,170 staff and volunteers were trained in hygiene promotion and subsequently reached over 250,000 people directly with hygiene promotion activities, whilst providing 6,000 households (over 31,000 people) with hygiene kits. A total of 60 latrines, eight waste disposal pits, and four incinerators were constructed at CTCs in Mashonaland West Province. During the reporting period, approximately 69,000 people were reached through different (IEC) materials, cumulatively reaching over 700,000 people. A total of 11,840 oral rehydration solution (ORS) sachets were distributed to CTCs and clinics complemented by training of 665 staff and volunteers on distribution and proper use of ORS as well as active case finding. Through the door-to-door campaigns, volunteers also educated the affected communities on the preparation of sugar and salt solution, used at household level for rehydration.



Volunteers preparing water purification sachets for distribution in Manicaland Province.

### Programme Component: Disaster Risk Reduction (DRR)

**Outcome 1:** Vulnerability of communities in disaster prone areas is reduced through timely information, building capacity and resilience to disaster risks.

**Outcome 2:** Nutritional condition of the most vulnerable population along the Zambezi river is improved, with special attention to women and child-headed households.

### Achievements:

Zimbabwe being one of the countries along the Zambezi River has in the past eight years endured flooding in the basin which 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. Whilst Red Cross flood operations 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 IFRC Southern Africa regional office launched the [Zambezi River Basin Initiative](#)<sup>8</sup> (ZRBI) project in June 2009 aimed at reducing vulnerability and building community resilience against hazards and threats for communities living along the basin in seven<sup>9</sup> countries, including Zimbabwe. 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.

One of the key components of the ZRBI is strengthening the capacity of the Red Cross branches along the river basin in order to increase capacity to implement disaster preparedness, response and recovery operations. ZRCS has developed a yearly operation plan with an initial focus of increasing the capacity development of the local branches to be vibrant and well functioning as well as increasing access and utilisation of local resources, towards low cost and high impact service delivery.

<sup>8</sup> [http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi\\_River\\_Project\\_LR3.pdf](http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf)

<sup>9</sup> Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe

For the implementation timeframe of three years, ZRCS is targeting 25,000 people in Mashonaland West, Mashonaland Central, and Matebeleland North along the Zambezi River basin with an integrated project covering community-based health and First Aid (CBHFA), food security and livelihoods enhancement, water supply, sanitation and disaster risk reduction

### Challenges

The branch capacities were extensively focused on relief actions under the cholera and food security operation that led to delays in long-term WatSan and livelihoods activities, such as the borehole rehabilitation project in the early part of the year. The cholera appeal did not cover direct costs for the NS hence provinces without ERU support struggled to meet their needs.

## Health and Care

### Programme Component: Community-based Health

**Outcome 1:** The number of communities which are able to reduce their own vulnerability to health threats and hazards is increased through knowledge of local community-based health interventions and First Aid.

**Outcome 2:** Vulnerable populations, children under five years of age, pregnant women and PLHIV are protected from Malaria.

### Achievements:

Following the global move towards the roll-out of CBHFA, ZRCS introduced the project focusing on Muzarabani and Mbire districts in Mashonaland Province and Chipinge, Chiredzi and Mutare rural in Manicaland Province. Awareness meetings with the provincial and district authorities were conducted reaching 745 volunteers. In turn, the volunteers embarked on a CBHFA awareness campaign within their respective communities. Improvements in the lives of the communities in terms of reduction in disease prevalence within these communities have been reported through the district monthly reports.

### Programme Component: Emergency Health

**Outcome 1:** Well-designed First Aid, psychosocial support and WatSan programmes that are integrated into emergency operations protocols.

### Achievements:

The achievements in emergency health component are covered under the cholera response report above. The deployment of the ERU teams and consistent technical support of the IFRC and PNS significantly developed the capacity of the NS to respond to health emergencies. The cholera operation resulted in increased and commendable achievements in hygiene promotion, relief distribution and caring for the affected people.

A First Aid refresher and safer access framework workshop was conducted for 44 national emergency response team leaders from the eight provinces. The objective was to enhance capacity of the participants to cascade the knowledge to other team members in order to strengthen health emergency preparedness.

### Programme Component: Water and Sanitation

**Outcome 1:** Access to safe water and sanitation services is improved for 44,000 households in seven targeted provinces of Zimbabwe by the end of 2010.

### Achievements:

The WatSan long-term programme supported by the ACP/EC WatSan project through the IFRC in Mount Darwin, Mashonaland Central Province was on track, thus managed to achieve the intended objectives of 75 percent improvement in access to safe water, 80 percent household latrine facilities and 90 percent reach with health education and hygiene promotion using PHAST methodologies. Table no. 2 above summaries achievements as of 31 December 2009.

In other provinces, the WatSan activities started under the emergency food security and cholera operations and are going to be developed subject to the availability of funding support. Under the food security operation, a total of 210 boreholes were rehabilitated in four districts. Water point committees were trained in the maintenance of boreholes, whilst the communities provided the labour and materials (bricks and sand) for apron and soak-away constructions. PHAST training workshops were also conducted, and each trainer provided with a training tool kit and a manual for use in field. The PHAST trainers are now engaged in the continuous process of rolling out the training within communities and schools. A total of 100 water troughs have also been installed at water points.

**Table 2: WatSan (ACP-EC Cumulative results from November 2006 to December 2009)**

ACTIVITY	Overall target (revised plan)	Reach as 31 December 2009	Percentage coverage	Comments
Hygiene promoters	220	254	115 %	Target increased based on size of communities/ wards.
Community-based management (CBM) training	200	207	104%	More CBM training needed for newly drilled boreholes not covered by existing water point committees
Training of hand pump minders	400	30	7%	Done utilising existing and experienced pump minders, hence low progress on trainings. Project might train more pump minders following a detailed capacity assessment of pump minders in each district
Drilling of boreholes and installation of pumps	70	70	100%	All fitted with hand pumps, aprons. Total of 19,600 people accessing water
Rehabilitation and repair of water points	203	203	100%	60,000 people accessing water
Sand water abstraction	10	8	80%	5,500 people accessing water
Shallow well Protection	2	0	0	Scheduled for last quarter of project
PHAST training for volunteers and beneficiaries	100,000	111,576	112%	Software activities were scaled up during the cholera outbreak
PHAST implementation (refresher training)	100,000	0	0	Scheduled in between November 2009 to February 2010
Construction of latrines	1,200	1,135	95%	700 Households 414 Schools 21 Clinics

In addition to the WatSan activities already reported under disaster response, five boreholes were also rehabilitated in Mashonaland West and at Mutungagore Clinic in Mount Darwin with support of the ERU teams deployed under the cholera operation. The uncompleted activities will be mainstreamed into the long-term programme, since the needs for clean water supply and sanitation facilities are still prevalent in the district. The Red Cross also became a member of the WASH Cluster strategic advisory group (SAG) and participated in the weekly meetings. IFRC represented the Red Cross at the national cholera review workshop coordinated by the WASH Cluster.

#### Programme Component: HIV and AIDS

(Refer to Link <http://www.ifrc.org/appeals/annual06/MAA63003ZW.pdf>)

**Outcome 1:** Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).

**Outcome 2:** Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.

**Outcome 3:** Address stigma and discrimination with targeted communication and advocacy activities.

**Outcome 4:** Build the NS capacity to plan, implement, and manage the programme.

#### Achievements:

The achievements of the HIV and AIDS programme have been reported under the regional Southern Africa Zone HIV and AIDS programme (MAA63003), which is a component of the Global Alliance on HIV. The report link is <http://www.ifrc.org/docs/appeals/annual09/MAA6300309ar.pdf>

#### Challenges

For the WatSan programme, despite the fact that communities were willing to contribute to the maintenance and operation of water points, they were limited by the economic situation and high unemployment within the district, where the majority of the targeted households were without income and time to participate. Consequently, limited community involvement could affect the sustainability of the developed infrastructure.

Lack of and inaccessibility of resources and material such as pump spares within the communities also affects the sustainability of the infrastructure. The cost of WatSan equipment for example, made ZRCS fuse its actions within the weakened budget line.

Overall, there is a need to enhance the monitoring and supervision of projects in order to ensure performance and accountability. Lessons learnt from various programme reviews will guide the NS in indentifying gaps and drawing up strategies to improve programme management. However, additional resources are required in the next implementation timeframe, in order to scale-up NS capacity development in health and social services interventions.

## National Society Development

### Programme Component: Well functioning organisation

**Outcome 1:** ZRCS has functional and strengthened structures in branch development, governance, management and volunteer management according to the characteristics of a well functioning NS.

**Outcome 2:** ZRCS has in place, well defined policies in programming, human resources management and finance development.

### Achievements

The actions on NS development were mainly integrated into the activities of the thematic programmes (disaster management, health and social services) in order to enhance capacity and efficiency in services to the vulnerable people. For example, the NS development and health and social services teams increasingly worked together on capacity building needs in projects such as the roll-out of CBHFA in province, districts and branches.

Human resource management as one of the key result areas in NS capacity development received attention from the NS leadership. As a realisation of the progress made, the development/human resources manager was elected as one of the three focal persons for the Southern Africa Partnership of Red Cross Societies (SAPRCS) organisational development working group in May 2009.

ZRCS also focused on revamping its infrastructure and managed to get support from the Swedish Red Cross, to construct offices in Mwenezi district in Masvingo Province. The building will be the centre of activities in the district, focusing on livelihoods enhancement, food security and WatSan projects.

With respect to governance support, a total of 111 participants from provincial and district executive structures of Masvingo, Midlands, Matabeleland North and South Provinces received orientation and training on roles and responsibilities including the separation of roles and duties between governance and the management.

### Programme Component: Branch Development and Volunteer Management

**Outcome 1:** ZRCS has vibrant branches and local units delivering quality services through their local volunteer and youth networks.

**Outcome 2:** ZRCS has well established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.

### Achievements

The branch development component was closely supported by an IFRC seconded delegate, who also provided technical support on other aspect of NS development. The national NS development team visited Mashonaland Central (Harare and Chitungwiza); Mashonaland East (Marondera Rural and Marondera Urban); and Manicaland (Mutare and Buhera) in February 2009 to assess the implementation of action plans made after the branch development workshops conducted in 2008 and facilitated by the IFRC delegate. The assessment report revealed that the branch development workshops had strengthened local governance capacity.



Participants at the first ZRCS National Youth Leaders Camp held in Manicaland Province.

This was noticeable in volunteer management, youth development, and improved coordination among leaders and provincial programme officers. New branch youth groups were also created. The last branch development workshop was held in Masvingo in June 2009 for 50 branch and district leaders from Masvingo and Midlands provinces. The Volunteer Management Policy was presented for its last review before endorsement by the Policy and Regulation Committee of the Governing Board.

Youth from ZRCS were invited to the *International Winter Youth Camp* in February 2009 by the Danish Red Cross youth. The camp was attended by 33 youths from 19 NS from Europe, the Middle East and Africa under the theme *Crossing Borders*, in order to exchange ideas, good practices and encourage mutual understanding amongst young people from different parts of the world.

A youth cooperation agreement was signed by the youth from ZRCS and the Danish Red Cross, which will enable the two NS to partner in youth projects. ZRCS also sent two youth delegates to the Third World Youth Meeting in Solferino dubbed '*Youth on the Move*', in June 2009.

A successful youth camp was held that drew youths from all the country's 62 districts. Four NS from Southern Africa and Europe participated in the youth camp. A National Youth structure was put in place during the youth camp and a National Youth Executive was duly elected. A National Red Cross Youth (RCY) structure is being signed, with the RCY president sitting as an ex-officio member of the National Governing Board

#### **Programme Component: Resource Development**

**Outcome 1:** ZRCS is able to meet at least 25 percent of core costs by end of 2009 and 50 percent by end of 2010 through local resource mobilisation.

**Outcome 2:** ZRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure.

#### **Achievements**

In a resource mobilisation drive, ZRCS Newsletter was rebranded with two issues produced in 2009 (500 copies each) distributed in September and December 2009. The revitalised communication department coordinated extensive local and international media coverage as part of the advocacy for the work of the Red Cross. Increasingly, the communication and publicity efforts profiled the work of the Red Cross and positioned it as a reliable auxiliary to the local authorities in responding to the humanitarian challenges in the country. The newsletters have received good feedback from the stakeholders as being very informative.

Though partnership meetings and engagement with various local agencies, ZRCS worked on expanding its local resource mobilisation campaign. Positive results are envisaged in the next implementation timeframe.

## **Principles and Values**

#### **Programme Component: Promotion of Fundamental Principles and Humanitarian Values**

**Outcome 1:** Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values is enhanced at all levels of the organisation (non-discrimination, non-violence, tolerance and respect for diversity).

**Outcome 2:** Target population has internalised Fundamental Principles and Humanitarian Values, leading to positive change in human behaviour.

#### **Achievements**

ZRCS facilitated knowledge sharing, understanding and application of the Fundamental Principles and Humanitarian Values by ensuring that participants at all workshops and the targeted population for all programmes are introduced to principles and values.

Earlier in the year the Solferino Photo Exhibition, coordinated by the ICRC and supported by Movement partners in the country, provided an ideal forum for the dissemination of Principles and Values. The exhibition was opened by the Prime Minister of Zimbabwe and thus was highly profiled. More than 1,000 people in attendance were reached through dissemination sessions on the principles, values, profile of the ZRCS and the Red Cross Movement.

## Programme Component: Operationalization of Fundamental Principles and Humanitarian Values

**Outcome 1:** The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.

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

### Achievements

The dissemination and promotion of principles and values programme was an integral part of all programmes, whereby activities mainstreamed humanity, volunteering, gender equality, non gender based violence, anti discrimination, and respect for dignity.

Supported by the ICRC, the dissemination of tracing activities has been widely incorporated in the ZRCS' promotion of principles and values activities. Relevant knowledge is shared through the NS' website, at national fairs and exhibitions, workshops, newspaper supplement write-ups and advertisements and in television interviews. The process of identifying volunteers at key branches who will be trained as tracing volunteers is on-going.

### Challenges

This programme is largely under-funded resulting in the necessary materials for running activities not being available. Integration of the component into other programmes is also not well coordinated or defined and there is also a need for improved Movement partner support for the programme.

## Co-ordination

The IFRC Country Representation office fully supported the ZRCS with particular emphasis on developing, implementing and monitoring of interventions. Another critical role was stakeholder management across all operations; the IFRC provided coordination, advocacy, donor relations management, resource mobilisation, capacity building initiatives and reporting, based on the needs of the NS and their partners. The IFRC in collaboration with the ZRCS put together the 2010/2011 Plan<sup>10</sup> and relevant documents charting the IFRC's support for the next two years in line with the NS' priorities and needs outlined during the planning process.

The IFRC Country Representation facilitated the monthly Movement coordination meetings; a forum where issues affecting the ZRCS are discussed and action plans formulated. Following a series of workshops and direct engagement with partners, there is a notable improvement in the relationship between the NS and other partners, both within the Movement and externally.

## Working in partnership

The annual partnership meeting was held in September attended by Movement components (IFRC, ICRC, and seven Red Cross Societies i.e. Danish, Finnish, French, Japanese, Netherlands, Norwegian and Swedish); representatives from WHO and government. The main result of the partnership meeting was an action plan with commitments made by donors to support the ZRCS.

During the cholera emergency seven PNS sent Emergency Response Units (ERUs) as follows; Basic Health Care (Finnish, Japanese and Norwegian Red Cross); Mass Sanitation (British and Spanish Red Cross); and Water Supply (German/Austrian and French Red Cross). The Canadian, Croatian, and Australian Red Cross also contributed with technical support, which assisted in the provision of clean water, sanitation facilities, health education and hygiene promotion.

The table below shows areas of collaboration with various partners throughout 2009

Partner	Area of Collaboration
IFRC	Coordination, technical and programmes support
ICRC	Technical and programmes support
In-country Partner National Societies (PNS) - Danish, Finnish, French, Japanese, Netherlands, Norwegian and Swedish Red Cross	Technical and programmes support
Ministry of Health and Child Welfare (MOHCW)	Technical support, policy and coordination
National AIDS Council	Coordination and Resources mobilisation for CHBC
World Health Organisation Country Office	Technical assistance on trends, outbreaks and response in collaboration with the MOHCW

<sup>6</sup> <http://www.ifrc.org/docs/appeals/annual10/MAAZW00110p.pdf>

UNICEF	OVC programming as well as CBHC
World Food Programme	Food security
Relevant Government Ministries and local authorities	Technical partners in the Food Security and livelihoods, WatSan and disaster related issues
ACP/ EU	WatSan programme in Mount Darwin

## Contributing to longer-term impact

Cooperation with other organisations in the humanitarian sector and participation in various working groups enabled ZRCS to contribute to policy formulation in areas such as health, food security and WatSan clusters. The implementation and management of ZRCS programmes also benefited greatly from this interaction with improvements expected in the reduction of vulnerability and more sustainable livelihoods for communities in ZRCS project areas. The NS' programmes will continue contributing towards the achievement of the Millennium Development Goals and the IFRC's new strategic aims contained in the new Strategy 2020.

The Red Cross Movement represents a total coverage of 60 percent in health and food security. By the end of the ACP/EU WatSan project in February 2010, an expected 100,000 people (20,000 households), 22 water point committees, 160 health promoters and 80 volunteers will have benefited from the intervention. Organisational capacity building initiatives and performance tracking is contributing positively to the delivery of quality and timely service delivery by ZRCS. Monthly monitoring of the programmes, periodic assessments and reviews across all programmes were done and the results of these are being used in the planning process for future interventions.

## Looking ahead

Achievements and challenges in 2009 are being used to guide the National Society in its planning process for 2010. The NS has developed an operational plan for 2010, which was finalised in the first quarter of the year. The priority areas in the future include institutional capacity building and enhanced resource mobilisation. Major efforts will continue to be made in the areas of health and food security as poor health infrastructure; inadequate food production and poor service delivery still prevail.

In the new NS development framework, the IFRC will be closer to the NS by ensuring the integration of its country representation within the NS structure. The IFRC Country Representation will continue providing technical support on programming, coordination, capacity development, advocacy, humanitarian diplomacy and resource mobilisation through an integrated framework that ensures sharing of resources and office space. Thus, the IFRC will enhance 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 regional office, through its programme units and support service departments.

## 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 operation please contact:***

- **In Zimbabwe:** Emma Kundishora, Secretary General, Zimbabwe Red Cross Society, Email [zrcs@ecoweb.co.zw](mailto:zrcs@ecoweb.co.zw); [ekundishora@comone.co.zw](mailto:ekundishora@comone.co.zw), Phone: Tel: +263.4.332638; +263.4.332197; Fax +263.4.335490
- **In IFRC Africa Zone:** Dr Asha Mohammed, Head of Operations, Johannesburg, Email: [asha.mohammed@ifrc.org](mailto:asha.mohammed@ifrc.org), Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230
- **In IFRC Southern Africa Region:** Ken Odur, Regional Representative, Johannesburg, Email: [ken.odur@ifrc.org](mailto:ken.odur@ifrc.org), Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230

### *For pledges towards the plans:*

- **In IFRC Southern Africa Region:** Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; E-mail [zonerm.southafrica@ifrc.org](mailto:zonerm.southafrica@ifrc.org); Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

### *For Performance and Accountability (planning, monitoring, evaluation and reporting) enquiries:*

- **In IFRC Southern Africa Region:** Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email [terrie.takavarasha@ifrc.org](mailto: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

Draft Annual report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAAZW001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	556,135	1,164,806	363,904	107,209	642,082	2,834,136
<b>B. Opening Balance</b>	243,261	12,954	134,119	0	361,462	751,796
<b>Income</b>						
<u>Cash contributions</u>						
<i>Danish Red Cross</i>					39	39
<i>Danish Red Cross (from Danish Government)</i>					475	475
<i>European Commission, Europe Aid</i>		306,500				306,500
<i>Finnish Red Cross</i>		109,143				109,143
<i>Norwegian Red Cross (from Norwegian Government)</i>					0	0
<i>Sweden Red Cross (from Swedish Government)</i>			297,586		-514	297,072
<b>C1. Cash contributions</b>		<b>415,643</b>	<b>297,586</b>		<b>0</b>	<b>713,229</b>
<u>Outstanding pledges (Revalued)</u>						
<i>British Red Cross</i>		0				0
<i>ECHO</i>	-891					-891
<i>European Commission, Europe Aid</i>		375,437				375,437
<i>Sweden Red Cross (from Swedish Government)</i>			-98,856			-98,856
<b>C2. Outstanding pledges (Revalued)</b>	<b>-891</b>	<b>375,437</b>	<b>-98,856</b>			<b>275,691</b>
<u>Inkind Personnel</u>						
<i>Danish Red Cross</i>					35,547	35,547
<i>Sweden Red Cross</i>					567	567
<b>C4. Inkind Personnel</b>					<b>36,114</b>	<b>36,114</b>
<u>Other Income</u>						
<i>Miscellaneous Income</i>					47,164	47,164
<i>Services</i>					399,483	399,483
<b>C5. Other Income</b>					<b>446,648</b>	<b>446,648</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>-891</b>	<b>791,080</b>	<b>198,730</b>	<b>0</b>	<b>482,762</b>	<b>1,471,681</b>
<b>D. Total Funding = B + C</b>	<b>242,370</b>	<b>804,034</b>	<b>332,849</b>	<b>0</b>	<b>844,224</b>	<b>2,223,477</b>
<b>Appeal Coverage</b>	<b>44%</b>	<b>69%</b>	<b>91%</b>	<b>0%</b>	<b>131%</b>	<b>78%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	243,261	12,954	134,119	0	361,462	751,796
<b>C. Income</b>	-891	791,080	198,730	0	482,762	1,471,681
<b>E. Expenditure</b>	-171,218	-706,690	-241,380		-608,367	-1,727,655
<b>F. Closing Balance = (B + C + E)</b>	<b>71,152</b>	<b>97,344</b>	<b>91,469</b>	<b>0</b>	<b>235,857</b>	<b>495,822</b>

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Budget	APPEAL

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### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>556,135</b>	<b>1,164,806</b>	<b>363,904</b>	<b>107,209</b>	<b>642,082</b>	<b>2,834,136</b>	
<b>Supplies</b>								
Construction Materials		120,502	17,433	77,738			215,673	-215,673
Clothing & textiles	19,099	8,223	4,094			260	12,577	6,522
Food						8,073	8,073	-8,073
Water & Sanitation	400,890		208,212				208,212	192,678
Medical & First Aid	45,000					684	684	44,316
Utensils & Tools				3			3	-3
Other Supplies & Services			1,263			1,479	2,742	-2,742
<b>Total Supplies</b>	<b>464,989</b>	<b>128,725</b>	<b>231,002</b>	<b>77,741</b>		<b>10,496</b>	<b>447,965</b>	<b>17,024</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	5,865							5,865
Computers & Telecom	60,955		1,178			15,738	16,916	44,039
Office/Household Furniture & Equipm.	205,806			467		1,190	1,658	204,148
<b>Total Land, vehicles &amp; equipment</b>	<b>272,626</b>		<b>1,178</b>	<b>467</b>		<b>16,928</b>	<b>18,574</b>	<b>254,052</b>
<b>Transport &amp; Storage</b>								
Storage	69,285	2,028	3,891			10,300	16,219	53,066
Distribution & Monitoring	41,685					8,846	8,846	32,839
Transport & Vehicle Costs	103,879		60,210	4,199		21,782	86,190	17,689
<b>Total Transport &amp; Storage</b>	<b>214,849</b>	<b>2,028</b>	<b>64,100</b>	<b>4,199</b>		<b>40,927</b>	<b>111,254</b>	<b>103,595</b>
<b>Personnel</b>								
International Staff	380,400		131,099	4,542		273,649	409,290	-28,890
National Staff	7,639		66,252	2,965		99,871	169,088	-161,449
National Society Staff	590,978		131,502	36,132			167,634	423,344
Consultants	11,685							11,685
<b>Total Personnel</b>	<b>990,702</b>		<b>328,852</b>	<b>43,640</b>		<b>373,520</b>	<b>746,012</b>	<b>244,690</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	189,629		35,565	65,518		6,492	107,574	82,055
<b>Total Workshops &amp; Training</b>	<b>189,629</b>		<b>35,565</b>	<b>65,518</b>		<b>6,492</b>	<b>107,574</b>	<b>82,055</b>
<b>General Expenditure</b>								
Travel	39,062	33	17,718	4,340		53,720	75,812	-36,750
Information & Public Relation	106,910		1,715	317		14,509	16,540	90,370
Office Costs	138,604		14,588	1,184		115,060	130,832	7,772
Communications	70,146		3,984	4,432		99,418	107,833	-37,687
Professional Fees	50,264		5,707	28		52,792	58,528	-8,264
Financial Charges	60,191	27,093	-72,568	2,896		-231,720	-274,298	334,489
Other General Expenses	51,945		459			9,136	9,596	42,349
<b>Total General Expenditure</b>	<b>517,122</b>	<b>27,126</b>	<b>-28,396</b>	<b>13,197</b>		<b>112,915</b>	<b>124,842</b>	<b>392,280</b>
<b>Programme Support</b>								
Program Support	184,219	11,129	45,874	17,593		37,605	112,201	72,017
<b>Total Programme Support</b>	<b>184,219</b>	<b>11,129</b>	<b>45,874</b>	<b>17,593</b>		<b>37,605</b>	<b>112,201</b>	<b>72,017</b>
<b>Services</b>								
Services & Recoveries						55	55	-55
Shared Services						8,058	8,058	-8,058
<b>Total Services</b>						<b>8,112</b>	<b>8,112</b>	<b>-8,112</b>
<b>Operational Provisions</b>								
Operational Provisions		2,209	28,514	19,026		1,371	51,120	-51,120
<b>Total Operational Provisions</b>		<b>2,209</b>	<b>28,514</b>	<b>19,026</b>		<b>1,371</b>	<b>51,120</b>	<b>-51,120</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>2,834,136</b>	<b>171,218</b>	<b>706,690</b>	<b>241,380</b>		<b>608,367</b>	<b>1,727,655</b>	<b>1,106,481</b>
<b>VARIANCE (C - D)</b>		<b>384,917</b>	<b>458,117</b>	<b>122,523</b>	<b>107,209</b>	<b>33,716</b>	<b>1,106,481</b>	