

# Annual report



International Federation  
of Red Cross and Red Crescent Societies

## ZIMBABWE

Appeal No. MAAZW001  
29/04/2011

This report covers the period 1 January 2010 to 31 December 2010.



*OVC presenting a song at the ZRCS 2<sup>nd</sup> Children's Conference in Chimanimani – December 2010*

## In brief

### Programme outcome:

Zimbabwe Red Cross Society (ZRCS) programmes have contributed to reducing suffering in the most vulnerable communities. The activities of the organisation contribute to the reduction of deaths, injuries and other impacts from disasters, diseases and public health emergencies. Through its programmes in Disaster Management, Community-Based Health and Care, and Organizational Development, during 2010 it has supported interventions in these areas as well as in HIV/AIDS, Water and Sanitation (WatSan), Food Security and Livelihoods. Through its work, the ZRCS promotes the principles and values of the Movement by promoting respect for diversity and human dignity.

### Programme summary:

The Integrated HIV and AIDS programme, through its network of trained community-based volunteers, provides community home-based care (CHBC) for chronically ill people as well as orphans and vulnerable children (OVC) affected by HIV throughout Zimbabwe. Activities are implemented using an integrated approach, where ZRCS strives to provide beneficiaries with a holistic package of support, which ensures maximum impact of the interventions.

The programme ensures that comprehensive support is given to the targeted beneficiaries and communities, through the following:

- Prevention of further infection through information dissemination,
- Referrals for voluntary counselling and testing (VCT),
- Prevention of mother to child transmission (PMTCT),
- Early management of sexually transmitted infections (STIs) and opportunistic infections (OIs),
- Promotion and support of correct intake of medication such as antiretroviral and tuberculosis treatment,
- Psycho-social support,
- Nutritional support.

The disaster management programme, through the community based health and first aid (CBHFA) approach focused on increasing community awareness of disaster hazards and improving emergency response capacity.

The ZRCS also responded to the needs of food insecure people in many affected areas. The main interventions included distribution of food aid and food vouchers, borehole rehabilitation and latrine construction in eight provinces across the country. Agricultural input support was also given according to the agricultural and soil conditions of the various provinces.

In Water and Sanitation, a combined package of hand pump rehabilitations, latrine construction, and community-based management training and hygiene promotion was provided targeting 100,000 beneficiaries in eight project areas in five provinces of Zimbabwe.

**Financial situation:** The total original 2010 budget was CHF 2,988,702, of which CHF 2,282,341 (76%) was covered during the reporting period (including opening balance). Expenditure totalled CHF 1,999,397 (88% of available funding, 67% of original budget).

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

#### Number of people we have reached:

Title	Target Population	Beneficiaries Assisted
Community-based HIV and AIDS Programme (CBHA)	People infected and/ or affected by HIV	16,256 HBC clients
		28,910 OVC
	Antiretroviral treatment (ART) roll out	750 HBC clients
	Active care facilitators	956
	People reached with prevention messages	102,928
Food security and livelihoods	Households which received agricultural inputs	14,700
Water and Sanitation	Households	33,999
Community-based Health and First Aid (CBHFA)	Volunteers trained	992

#### Our partners:

Partner	Area of Collaboration
IFRC	Coordination, resource mobilisation, 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 Societies	Technical and programmes support
World Food Programme (WFP)	Food security
ACP/ EU	Water and Sanitation (WatSan)
ECHO	Food Security
Ministry of Health and Child Welfare (MOHCW)	Technical support, policy and coordination
National AIDS Council, Zimbabwe AIDS Network, Hospice Association Of Zimbabwe (HOSPAZ)	Coordination and Resources mobilisation for CHBC
World Health Organisation	Technical assistance on trends, outbreaks and response in collaboration with the MOHCW.
United Nations Children's Educational Fund (UNICEF)	OVC programming as well as CBHC
Japanese Government	WatSan
Agricultural Extension Services (AGRITEX)	Food security livelihoods
Royal Netherlands Embassy	HIV and AIDS, OVC
District Development Fund (DDF)	WatSan
Relevant Government Ministries and local authorities.	Technical partners in the food security and livelihoods, WatSan and disaster management

# Context

There has been significant improvement in the areas of food security and basic social service delivery as a result of joint efforts by Government and the humanitarian sector. Unemployment in 2010 was at an alarming rate of 82% and approximately 72% of the projected 12.34 million people by ZIMSTAT living below the poverty line. Urban food insecurity is a major concern although attention has mostly been on rural areas. Zimbabwe observed declining HIV prevalence from 14.1% in 2008 to 13.7% in 2009. However, the rates are still unacceptably high. According to MOHCW estimates, 1,102,864 people are living with HIV in 2009<sup>1</sup>, while an estimated 1 million children in Zimbabwe have lost one or both parents due to HIV and AIDS and related causes<sup>2</sup>. Most orphans are cared for by their extended families, or are living in child-headed households and are living in extremely poor households, less likely to access health care, attend school or have basic amenities.<sup>3</sup>

Despite improvements in the economy and its impact on the humanitarian situation in the country, according to the 2010 national nutrition survey, one in every three children in Zimbabwe is chronically malnourished and malnutrition contributes to nearly 12,000 child deaths each year. Significant improvement is evident in areas of food security and basic social service delivery as a result of joint efforts by Government and aid partners. However, agriculture is affected by poor productivity and while the scale of cholera was greatly reduced, localized outbreaks continued to be observed due to the poor state of health and WASH sectors. One third of rural Zimbabweans still use unprotected water sources and it is estimated that six million people in the country are without access to adequate water or sanitation. The low coverage of most basic health care results in rising maternal and child mortality and higher overall morbidity and mortality. However, disease outbreaks have been prevented or managed effectively, averting large-scale epidemics. While the focus in Zimbabwe is slowly turning to recovery, significant humanitarian needs still require an inter-agency response.

## Progress towards outcomes

### Disaster Management

#### Outcomes

##### **Programme Component 1: Community-based Disaster Preparedness**

###### **Outcome 1**

Human, financial, material resources and disaster management systems of procedures enhanced through Disaster Management Master Plan (DMMP) implementation.

###### **Outcome 2**

ZRCS has efficient mechanism and improved capacity on logistics and warehousing for optimal disaster preparedness

##### **Programme Component 2: Disaster response and recovery**

###### **Outcome 1**

Disaster response mechanism is effective and efficient in meeting the needs of those affected by disasters.

###### **Outcome 2**

ZRCS capacity to provide assistance in restoring sustainable livelihoods among population affected by disaster is improved.

##### **Programme Component 3: Community-based disaster risk reduction**

###### **Outcome 1**

Communities have in place local risk reduction strategies building on traditional coping mechanisms

<sup>1</sup> Ministry Of Health and Child Welfare. Final HIV Estimates 2009. Harare, Zimbabwe

<sup>2</sup> Zimbabwe National HIV and AIDS Estimates, 2009, (MoHCW, AIDS & TB Unit).

<sup>3</sup> Jimat 2010, Review of the National Action Plan for Orphans and Vulnerable Children in Zimbabwe: Report on the Findings from Focus Group Discussions with Children in Harare, Manicaland, Mashonaland Central, Bulawayo and Matabeleland South Provinces.

as well as contemporary knowledge on the cause and effects of natural phenomenon due to climate change

#### **Programme Component 4: Zambezi River basin initiative**

##### **Outcome 1**

The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.

##### **Outcome 2**

Access to adequate and nutritious food commodities increased among communities along the Zambezi River Basin.

##### **Outcome 3**

The number of deaths, illnesses and impact from diseases reduced among communities along the Zambezi River Basin.

##### **Outcome 4**

National Society Capacity to implement disaster preparedness, response and recovery operations is increased.

### **Achievements**

#### **Community-based disaster preparedness**

Red Cross volunteers in ward 16, Rushaya village, Gokwe (Mashonaland West province) carried out a gully reclamation project in their locality where the gully was threatening a granny-headed household nearby. Other members of the community joined in the activity and showed interest in becoming Red Cross members. Another hazard that was noted within the area was a dilapidated building, which was being used as a day care centre for children. The building had no roof and the walls were damaged to window level. Villagers were encouraged to mould bricks and seek local building material to rebuild the school. The Disaster Management programme managed to introduce CBHFA to additional districts thus increasing disaster risk reduction coverage. The targeted districts have been empowered to define disaster related problems and provide local level solutions.



*Gully reclamation done at Rushaya village*

#### **Warehousing**

A national warehouse is being constructed in Harare with support from the Swedish Red Cross and is nearing completion. Construction of another warehouse for Midlands Province is in progress with pillars for the structure having been erected. The project structural work will be complete and finishing works to be completed in 2011.

#### **Disaster response and Recovery**

The ZRCS, with support from the IFRC, responded to the needs of food insecure people in many affected areas. The main interventions included distribution of food aid and food vouchers, borehole rehabilitation and latrine construction in eight provinces across the country. The interventions were designed to complement the larger scale activities of the Government as well as response by other stakeholders.

The operation focused on the following:

- Procurement and distribution of basic food items (supported by the WFP);
- Livelihoods recovery through the provision of agricultural inputs;
- WatSan interventions.

All beneficiaries benefited from food aid, and specific sectors were targeted for livelihoods, agricultural and WatSan assistance based on the appropriateness according to needs and geographical location.

## Agricultural Production and Livelihoods recovery:

### Vegetable production

Vegetable seeds were procured for two provinces (Manicaland and Mashonaland Central) for gardening activities. The vegetable seeds were meant for community garden activities at sand water abstraction sites. A total of 5,500 households received vegetable packs containing five varieties of vegetables of 10g each.

### Agro Input Support

With support from Finnish Red Cross 1,944.925 MT of agricultural inputs were distributed as detailed in the table below.

Table 1: Agro input support

Province	HH	Maize Seed	Sorghum Seed	Ground nuts	Sugar Bean Seed	AN Fertilizer	Compound D Fertilizer	Total Inputs (MT)
Ration size/ range		5kg - 10kg	5kg, 10kg and 15kg	5kg	5kg	100kg	50kg	
Mashonaland East	2,996	29.960	14.985	14.985	14.985	299.600	149.750	524.265
Mashonaland West	7,439	74.390	37.200	37.200	37.200	743.800	371.940	1,301.730
Mashonaland Central	850	12.750	4.250	4.250	4.250	0.000	0.000	25.500
Manicaland	3,430	34.415	23.855	17.655	17.505	0.000	0.000	93.430
<b>Total</b>	<b>14,715</b>	<b>151.515</b>	<b>80.290</b>	<b>74.090</b>	<b>73.940</b>	<b>1043.400</b>	<b>521.690</b>	<b>1,944.925</b>

The seeds and fertiliser were in the form of in-kind support, as well as cash support for administrative costs. A total of 15,000 household were targeted under this activity and inputs were distributed on time. Different amounts of the various inputs were given depending on the agricultural and soil conditions of the various provinces.

### Zambezi River Basin Initiative

Three of the five districts along the Zambezi were targeted during the year. Two of them, Binga and Hwange, are at an advanced stage with trainings for the trainers having been completed and recruitment of volunteers for further training having been completed see Table 4. The other district, Kariba, received confirmation of funding and liaison with the district authorities was completed. The next stage is the sensitisation of the local leadership and training of trainers and volunteers from the locality.

### Cholera Outbreak

There was cholera outbreak in Manicaland Province, Mutare Rural, affecting three wards. The cholera effects were to a lesser extent due to the community members having previously gained knowledge as a result of the CBHFA project ongoing in this area. The spread was contained despite periodic outbreaks, which did not last for long as compared to the 2008/9 epidemic.

### Gwanda Urban Water Crisis Response

The urban water supply was not safe for drinking due to alleged cyanide pollution. The National Society provided water makers and buckets to improve the water state for safe drinking. At total of 150 000 water makers and 2 500 plastic buckets with leads were distributed to the affected households.

### Restoring Family Links

The Disaster Management Programme assumed the responsibility to address the restoration of family links. A number of outstanding cases were followed up and progress was achieved mainly during the last quarter of the year.

**Ubuntu**

The ZRCS worked closely with the South African Red Cross Society and other stakeholders such as the Child Protection Working Group and the Civil Protection Department on migration issues. There were cross border meetings focusing on contingency planning and information sharing on potential developments on possible forced migration. The different stakeholders agreed on their different roles and responsibilities with the Red Cross Movement focusing more on restoration of family links

**Disaster Management Master Plan**

The National Society developed a Disaster Management Master Plan to guide its disaster preparedness and response endeavours. The integrated approach in programme implementation brings together the different programmes in the immediate, medium and long term planning and implementation during the development initiative and response.

**Constraints or Challenges**

The major challenge was delayed approval of budgets and late disbursement of funds compromising the impact of project activities. The volunteers operated without much of the needed technical support and should be commended for their ability to keep the projects afloat.

**Health and Care**

**Outcomes**

<b>Programme Component 1: Community Health</b>
<b>Outcome 1</b> Communities have capacity to reduce their own vulnerability to health hazards through knowledge of local community-based health and First Aid (CBHFA).
<b>Outcome 2</b> Vulnerable populations, children under five years of age, pregnant women and PLHIV in targeted areas are protected from Malaria.
<b>Programme Component 2: Emergency Health</b>
<b>Outcome 1</b> ZRCS targeted communities with increased capacity to cope with health emergencies
<b>Programme Component 3: Water and Sanitation</b>
<b>Outcome 1</b> Access to safe water and sanitation services in indentified vulnerable communities is increased.
<b>Programme Component 4: HIV and AIDS</b>
<b>Outcome 1</b> 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).
<b>Outcome 2</b> 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.
<b>Outcome 3</b> Address stigma and discrimination with targeted communication and advocacy activities.
<b>Outcome 4</b> Build the National Society capacity to plan, implement, and manage the programme.

## Community Based Health and First Aid in Action (CBHFA)

The CBHFA Programme covered ten districts in four provinces. These are; Manicaland province (Chimanimani, Chipinge and Mutare Rural districts) Mashonaland West (Chegutu and Kariba districts) Midlands (Gokwe North and Gokwe South districts) and Matabeleland North (Binga, Hwange and Tsholotsho districts). Manicaland province consolidated activities initiated in 2009 year putting emphasis on community awareness. Other provinces conducted training of trainers and these in turn recruited other volunteers for further training in CBHFA. The table below shows training statistics achieved in 2010.

**Table 2: CBHFA Training Statistics 2010**

Province(s)	District(s)	Volunteers		Supported By:
		Trainer of Trainers	Trainer of Volunteers	
Manicaland	Mutare Rural	3	150	Finnish Red Cross
	Chipinge	3	206	
	Chimanimani	4	114	
Mashonaland West	Chegutu	14	0	Swedish Red Cross
	Kariba	0	0	ZRBI
Midlands	Gokwe North	10	150	Norwegian Red Cross
	Gokwe South	10	150	
Matabeleland North	Tsholotsho	8	150	Swedish Red Cross
	Binga	10	0	
	Hwange	10	0	
Total		72	920	

## Emergency Health

### Membership recruitment

Meetings were held with local businesses and community members in Gokwe North and South. This led to an upsurge in the number of people subscribing for membership of the ZRCS. The Midlands province was registering an average of 12 new members per month after the exercise.

### First Aid training

Midlands Province aggressively marketed the Red Cross first aid courses and this led to more first aid training being conducted in the province

## Water and Sanitation

### WatSan hygiene promotion

Hygiene Promotion was implemented in four wards of Kadoma and six wards of Chegutu. The catchment area constituted the urban and peri-urban population. The selection of the wards was based on the WatSan needs of the areas. Most of the houses in these wards had communal toilets and water supply was erratic. The wards were the most cholera affected during the 2009/2010 cholera outbreak. The project was implemented from April 2010 to September 2010 and targeting 5,000 households in each project area. All the targeted households were reached. They benefitted through health and hygiene education, which was conducted door-to-door, and from non-food items such as soap, jerry cans, detergents, water purification tablets and other non-food items that were distributed to reinforce the hygiene education campaign.

Rehabilitation of water works in Chegutu and Kadoma was carried out and electric motors and equipment were replaced. This exercise improved water supply in the two towns. The work was done in cooperation with the French Red Cross

## WatSan under the Appeal MDRZW003

A total of 240 bush pumps were rehabilitated, 80 aprons repaired, 80 animal drinking troughs and 100 latrines constructed, were completed. The communities provided the labour and materials (bricks and sand) for apron and soak-away constructions. Participatory Hygiene and Sanitation Transformation (PHAST) training workshops were conducted, and each trainer was provided with a training tool kit and a manual for use in the field. The PHAST trainers are now engaged in the continuous process of rolling out the training during latrine construction at Nyamakuyo Primary School communities.



*Completed rehabilitated borehole at Nyamuyaruka village in Mudzi district, Mashonaland East*

However, the low number of water points rehabilitated here should not minimise the great need within Zimbabwe to extend and rehabilitate the infrastructure. Many of the underlying infrastructural problems that caused the cholera health crisis in 2008/9 have not yet been addressed; hence, an additional 500 water points and 400 toilet facilities were included under activities for the extended food security appeal (MDRZW003).

### Constraints or Challenges

- Reduced community participation due to engagement in farming activities
- Latrine pits collapsing because of rains especially in Dete and Nkayi with the Kalahari soils
- Late disbursement of funds to provinces impacted negatively on timely completion of the activities.
- Delays in procurement of materials also contributed to the delay in completion of the activities.

### HIV and AIDS

Despite increasing needs, the ZRCS due to financial constraints, scaled down geographically from 27 project areas to the current 19 project areas. Although the NS officially moved out of these project areas by December 2009, the process of weaning off clients and OVC was gradual and was concluded by end of March 2010. The total number of beneficiaries in the HIV and AIDS programme dropped significantly from 19 480 clients and 55 360 OVC to 16 256 clients and 28 910 OVC at the end of December 2010.

### Prevention of further HIV infection

- Although there were more peer education activities carried out during this period as compared to 2009, there has been a significant drop in the numbers reached from 116 343 to 43 251 (62% decline) during the same period in 2010. This may be attributable to the reduction in the number of project areas.
- Inter-provincial exchange visits in all eight provinces were conducted through a series of community dialogues and 91 youths from 15 project areas participated. More than 3,000 people (1,560 male and 1,440 female) were reached. The community dialogue series acted as an effective tool for community sensitization and mobilization on HIV, STIs, PMTCT, VCT, Gender Based Violence (GBV), ART services and male circumcision.
- A total of 28 workshops in which 1,899 people were educated on GBV, were conducted in eight provinces. The activity was decentralised to project site level and was attended by care facilitators, peer educators, community leaders, church leaders, other stakeholders and the general community. Community leaders in Matabeleland South acknowledged the steps taken by ZRCS to discuss GBV through these meetings, thus opening dialogue and discussions on links between GBV and HIV transmission.

- A total of 19 youth advisors from all project areas underwent a Training of Trainers workshop in Peer Education, which included topics on life skills, STIs, HIV and AIDS, Sexual Reproductive Health and Male Circumcision. Participants' evaluation of the workshop showed appreciation of the knowledge gained, acknowledged the effectiveness of the Peer Education Activity Kit, as well as the organisation of the workshop. The youth advisors acted as resource facilitators for cascading trainings at project level.
- A total of 19 CHBC supervisors were trained in Reproductive Health and Life Skills. This was facilitated by Zimbabwe National Family Planning Council. The workshop also included a component on reporting. In addition, eight peer educators and eight district project supervisors were trained in drama skills and theatre development. The workshop was facilitated by Patsime Edutainment Trust. The trained individual will cascade training in their respective provinces.
- The National Society also participated in the World AIDS Day Commemoration, which was held at Rimuka Stadium in Kadoma in December 2010.

#### **Home-based care and support for vulnerable children**

- ART outreaches continued in the two pilot districts; Mt Darwin and Chivi districts; where a total of 750 HBC clients are benefiting from the project
- 12 ZRCS officers participated in a dissemination workshop on the CHBC Minimum standards in Namibia, which was meant to review the content, structure and feasibility of the standards.
- A total of 63 Grannies/Guardians clubs were established in the 19 project areas. All the 63 clubs have established livelihood projects, which range from bee keeping, poultry, goat keeping and nutrition gardens. The clubs have been well received by communities, as they empower them economically, socially and physically to look after the OVC under their care. The clubs were all recapitalised to ensure adequate financial support of the projects. The members of the clubs were also trained in project management, child care, rights, and counselling
- More than 3,000 OVC received educational support for the period under review. The support was mainly in the form of tuition, uniforms and stationery and was for the first term only. The whole of the second term the OVC had intermittent attendances due to non-payment of their fees, which impacted negatively on their learning process.
- Child play equipment was procured for Bindura and Mwenezi supplementary feeding centres. This will go a long way in ensuring total physical and social development of children. The centres were also supported with borehole repairs and establishment of water tanks.
- A total of 13 OVC at tertiary level were provided with educational support that should see them complete their tertiary education. These OVC will however be monitored and supported by Red Cross even after the end of this phase of the HIV and AIDS programme.

#### **Stigma and Discrimination**

- A total of 19 training workshops on Gender Based Violence at project level were conducted in conjunction with Ministry of Youth, gender & development and Padare (Men's Forum). The use of Ambassadors of Hope at forums such as Zimbabwe International Trade Fair (ZITF) and the Chimanimani Arts Festival where more than 5,000 people were reached.
- Information, education and communication (IEC) material on GBV was produced and distributed and reports indicated that these were on demand from various communities
- Sensitisation meetings on cholera were held in Karoi and Kadoma districts while in Mount Darwin, the National Society assisted in sensitising communities in preparation for the national immunisation days.

#### **Constraints or Challenges**

- Timely disbursement of school fees was a challenge as funds were made available when schools had closed or after deadline for exam fees
- Payment of allowances for care facilitators was a big challenge as the partner concerned failed to honour the commitment made in the Operational Plan.

# Organisational Development/Capacity Building

## Outcomes

### Programme Component 1: Well-functioning organisation – Institutional Capacity Building

#### Outcome 1

ZRCS has functional and strengthened structures in branch development, governance, management and volunteer management according to the characteristics of well functioning national society (WFNS).

#### Outcome 2

ZRCS has in place well defined policies in programming, human resource development, finance development and coordination.

#### Outcome 3

ZRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure

### Programme Component 2: Branch Development and Volunteer Management

#### Outcome 1

ZRCS has vibrant branches and local units delivering quality service through their local volunteer and youth networks.

### Programme Component 3: Resource Development

#### Outcome 1:

ZRCS resource base is improved and ensures sustainability of programmes.

## Achievements

### Well-functioning organisation – Institutional Capacity Building

#### National Youth Induction Training

Following the successful conducting of national youth council elections in October 2009, an intensive induction of the newly elected members of the national youth council was put in place. The objectives of the induction were to provide orientation into the governance and programming systems as well as policies and procedures of the National Society. The five-day National Youth Leaders Induction training was successfully conducted at the National Training Centre in March 2010, and was attended by five national youth council executive members and eight provincial youth chairpersons. This was supported by the Danish Red Cross Youth (DRCY), through the youth exchange project with the DRCY.

The provincial trainings that were planned could not take place as planned due to non-availability of funds from IFRC. When funds were availed in October, a provincial training was conducted. The two-day training combined two provinces of Masvingo and Midlands, and was conducted in Mwenezi district in Masvingo. This was the first youth training to be conducted at the newly constructed Mwenezi district office since its commissioning in August 2010. The three remaining trainings were rescheduled for 2011, and these are included in the 2011 plan and budget which will then be combined with the National Youth policy consultative process and drafting.

#### National Youth Council meetings (NYC)

National Youth Council quarterly meetings were planned for 2010. The first meeting was held from 18 to 19 March 2010. Discussions centred on youth by-laws and how council meetings would be organized. The second was held from 25<sup>th</sup> to 27<sup>th</sup> November 2010. Two major resolutions were made and these are:

- That the age limit is increased to 30 years; this has since been presented to the National Governing Council for consideration during constitutional review.
- The second resolution was to come up with a business plan for the youth that will be set up and run at national level with the National Youth Council being the patrons. The idea behind this was

to enable the youth to finance some of their activities independently, such as NYC meetings and Youth Camps, whenever they want to do so. This idea was conceived after a realisation that some of the members hold portfolios that are literally empty, as they cannot exercise any duties as per stipulation of the by-laws. For example, the National youth Treasurer, who has no books to keep.

- The remaining quarterly meetings could not be held as per plan also owing to non-availability of funds.

### Regional Youth Camp

Following the successful conducting of the 2009 National Youth Leaders' camp, the National Society resolved to take the initiative to host the first ever Regional Youth Camp for the Southern Africa Zone. After advocating for the hosting of the biggest Red Cross youth event in the region—at both national society and zone level, a project proposal was then drafted, resulting in preparations being launched in April 2010. The event was funded by many partners who include ICRC, Norwegian Red Cross and Finnish Red Cross with the Swedish Red Cross being the major funder of the youth event. The resource mobilisation committee established managed to acquire minor funding from private companies.

The 2010 Regional Youth Camp was attended by eight national societies that included a total of 154 youths from British, Danish, Finnish, Malawi, Mozambique, Namibia, Swedish and Zimbabwe Red Cross Red Cross Societies. The event was a very big success, despite the fact that six national societies within the Southern Africa region could not participate for various reasons, mainly the lack of funding for travel costs and participation fees.



The Regional Youth Coordinator from the Zone office attended the camp meeting and witnessed the impact it had on the young volunteers. As a result, he made a special presentation at the SAYnet meeting in Zambia on his experiences in Nyanga. This in turn led to a resolution being made by SAYnet that regional youth camps henceforth be made an annual event, to be coordinated at Zone level and attended by all National Societies in the region. The meeting also recommended that the first one be hosted by Zimbabwe Red Cross due to the experience the National Society now has in organising such large youth gatherings.

### **Volunteer Database strengthening**

The NS has started the process of developing a national database for volunteers. A volunteer registration form was designed which captures all the necessary and relevant information about each individual volunteer in the ZRCS system. Some 15,000 volunteer registration forms were distributed to all the eight provinces, which are then supposed to further distribute the forms to districts and branches to ensure registration of all ZRCS volunteers. This manual volunteer database system is designed in a way that it will feed into the electronic database. The plans for 2011 are to develop an electronic system, which will use the manual forms to capture information.

### **Review, Production and Dissemination of National Societies Policy documents**

The national society embarked on a process to review key policy documents, manuals and constitutional documents. The following documents were worked on in a wide consultative process, produced and disseminated to all staff, volunteers and other stakeholders.

- *ZRCS Constitution* - Two constitutional consultative workshops were conducted to get views of the stakeholders on what key issues should be included, what should be removed or adjusted in new constitution. The consultative workshops were attended by board members, youth members and national society staff and 200 copies of the reviewed constitution were produced and printed after consolidation and distributed to all provinces, staff and other stakeholders
- *Human Resources Policy and Manual* - The Human Resource manual was also reviewed in 2010. The exercise was aimed at strengthening the human resources and administration system of the national society to ensure proper management of staff matters with the overall goal of maintaining and retaining a highly motivated workforce that contribute significantly to attainment of organisational goals and of a well functioning national society. A consultative approach was adopted in gathering views and ideas, as well as consolidating them. Some 150 copies of the consolidated and finalised manual were printed and distributed.
- *Volunteer Policy* - The volunteer policy of the Zimbabwe Red Cross Society was developed in 2008 and approved by the National Governing Board in 2009. However, the document had not been put in a hard copy for dissemination. A total of 200 copies of the volunteer policy document were printed and are ready for distribution to volunteers and members. However, the number of copies produced is not adequate to reach the large numbers of volunteers operating throughout the country, hence the need to continue photocopying.
- *National Youth By-Laws* - During the 2009 National Youth Leaders camp, the youth congress drafted By-laws of the youth, which sets out the *modus operandi* for the National Youth council. The by-laws which were highly debated and discussed clearly outlines how critical constitutional matter such as how and when elections for the youth are conducted, how the various meetings are held and who should attend what meetings as well as the roles and responsibilities of the various executive members of the council and other stakeholders. The by – laws were adopted and approved by the National Governing Council in 2010. Upon approval by the national board, the by – laws were printed and 200 copies were done and sent out to all youth members of the national society.

### **Staff Development for Capacity Building**

The unit had planned a minimum of two capacity building trainings for the Organisational Development (OD) Officer in the areas of branch development and the HR and OD Manager in the area of managing people and change management. The idea behind the selection of these training courses was to increase capacity in the OD staff to deliver effectively in their technical areas of operation, and this was in line with the departmental strategy and vision. These could not be done due to late disbursement of funds. However, the HR and OD Manager managed to provide peer support to Namibia Red Cross and Botswana Red Cross in facilitating their Branch Development workshops, upon request by the two National Societies. The Assistant OD Officer could not attend as most targeted training institutions had closed for the annual shut down by the time funds were availed early December 2010.

### **Branch Development and Volunteer Management**

### **Monitoring, Support and Supervision**

Monitoring and support to provinces, districts and branches were done as a follow up process to the branch development drive, which was rolled out in 2008 and continued into 2010. The branch development project was launched in October 2008, and related workshops were carried out throughout the country, covering all provinces, districts and branches. The process involved strengthening and re-activation of existing inactive branches, and building of new branches in areas where need existed. A national approach was taken which had the long-term goal of ensuring the existence of a well functioning national society. The vision is a process that needs continuous support. Hence, the OD unit conducted support to different project sites and branches. Areas that were supported include, Matabeleland North, Matabeleland South, Masvingo, Midlands, Mashonaland West and Mashonaland Central. Some of the support visits trips were combined with exchange missions by other national societies who visited Zimbabwe Red Cross for exchange of best practices. These included an exchange visit by Swedish Red Cross volunteers and another one by Malawi Red Cross Branch Development and Youth department. Another visit into the field in Binga, Chegutu and Mwenezi was done together with the Swedish Red Cross Southern Africa Zone Field Coordinator, who is supporting Swedish Red Cross supported OD activities in Zimbabwe. The visit also included the official commissioning of the Mwenezi district office.



**Official commissioning of Mwenezi District Offices. Insert above shows the front part of the Mwenezi Office building.**

## Resource Development

### Fundraising for the National Society

The National Society made a strong commitment to support the resource mobilisation efforts by planning two major fundraising events for the year 2011. This was aimed at building capacity by providing a base for the national society to generate more income and foster self-sustainability of its internal operations and eventually be able to support its own programmes. The initiatives were planned and driven by the Resource Development and Organisational Development units. A car raffle draw and a dinner dance show were planned.

*Car Raffle* - A concept note and budget were drawn for this event. Meetings were held at intervals by the OD and RD unit to plan on the holding of this event, and extensive researches and groundwork were done to ensure compliance with the rules and regulations of the national Lotteries and Biding board. Since funds were only availed on 30 November 2010, the raffle and draw could not be conducted, as there was not even time to purchase the vehicle, print the raffle tickets and sell them out. However, the national society managed to buy the vehicle for the raffle and print the tickets for the draw, which was then deferred to September 2011.



**The vehicle bought for the raffle**

*Dinner Dance* - Because the car raffle draw and the dinner dance were two events closely tied together, the same challenges that were faced with efforts to conduct the car raffle in 2010. However, the bookings for the dinner show were already done at Meikles Hotel, and dinner tickets already printed. The tentative date for the dinner show is set for 7<sup>th</sup> May, the eve of Red Cross Day.

### **Constraints or Challenges**

The major constraint that affected the implementation of activities was the late disbursements of funds.

## **Working in partnership**

The ZRCS with technical support from the IFRC has been working closely with other Movement partners to provide humanitarian assistance to vulnerable households in Zimbabwe. The National Society also worked closely with the Ministry of Health and Child Welfare, National AIDS Council and other Government Ministries. The ZRCS, as a member of the technical working group on community home-based care (CHBC) at National level participated in the development of the national CHBC strategy for 2010 - 2013. WFP and other UN agencies are some of the partners with which the ZRCS coordinates its programmes.

Though the National Society managed to maintain partnerships with the same PNS during the period under review, the level of support under the HIV and AIDS programme was reduced. This led to the reduction of the project areas from 27 to 19. Networking and collaboration with other stakeholders has also helped to sustain the programme in the concerned districts. The NS managed to partner with Zimbabwe AIDS Network and Hospaz in the implementation of the Global Fund Round 8. The reduction of the districts being serviced by the programme had negative impact on some of the beneficiaries who could not be immediately absorbed by other programmes in the same districts. It is hoped that Strategy 2020 and the transition into the Health and Care Programme will further strengthen the resource mobilisation initiative for the wider coverage of the programme.

## **Contributing to longer-term impact**

Cooperation with other organisations in the humanitarian sector and with various ministries and participation in various working groups has enabled ZRCS to improve the implementation, coordination and management of its programmes and to contribute to policy formulation in areas such as health and food security. ZRCS programmes have benefited greatly from this interaction with improvements expected in the reduction of vulnerability and more sustainable livelihoods for communities in ZRCS project areas through sustainable interventions to increase resilience. The involvement of community leaders from the onset is critical. The community ownership evidenced during monitoring visits ensures long-term sustainability and commitment to address disaster challenges through community initiatives. The National Society's programmes continue to contribute towards the achievement of the Millennium Development Goals and the IFRC's Global Agenda Goals.

## **Looking ahead**

The ZRCS is working on building its capacity at branch level with support from the IFRC Country Representation and other Red Cross Movement partners through such measures as strengthening governance capacity, youth and volunteer structures and resource mobilisation through income-generating activities to ensure sustainability.

The current humanitarian situation, programming and partnerships form the basis for 2011 activities. The IFRC country representation office is continuing with its support to the ZRCS programmes. Key priority areas include institutional capacity building and resource mobilisation. Food security and health interventions continue to be a priority for the NS due to the challenges being faced in the country.

## How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Contact information

**For further information specifically related to this report please contact:**

- **In Zimbabwe:** Emma Kundishora, Secretary General, Zimbabwe Red Cross Society, Email : [zrcs@ecoweb.co.zw](mailto:zrcs@ecoweb.co.zw); [ekundishora@yahoo.com](mailto:ekundishora@yahoo.com), [emmak@redcrosszim.org.zw](mailto:emmak@redcrosszim.org.zw), Phone: Tel: +263.4.332638; +263.4.332197; Fax +263.4.335490
- **In Zimbabwe:** Oforbuike Nwobodo; Country Representative, Zimbabwe Country Representation, Harare; Email : [oforbuike.nwobodo@ifrc.org](mailto:oforbuike.nwobodo@ifrc.org) .Phone: Tel: +263.4.705166; +263.4.720315, Fax +263.4.708784
- **In Africa Zone:** Alasan Senghore, Director of Zone Office, Email : [alasan.senghore@ifrc.org](mailto:alasan.senghore@ifrc.org) ; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230

**For Performance and Accountability enquiries:**

- **In IFRC Africa Zone:** Robert Ondrusek; Planning, Monitoring, Evaluation and Reporting Delegate, Johannesburg; Email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org); Phone: Tel: +27.11.303.9744; Fax: +27.11.884.3809; +27.11.884.0230

**For pledges towards programmes:**

- **In IFRC Africa Zone:** Ed Cooper; Performance and Accountability and Resource Mobilisation Coordinator, Johannesburg; Email: [ed.cooper@ifrc.org](mailto:ed.cooper@ifrc.org) Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230