

ANNUAL REPORT



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

ZIMBABWE

18 March 2004

In Brief

Appeal No.: 01.23/2003 ([Click here to access the 2003 Appeal](#))

Appeal target: CHF 526,122 (USD 261,000 or EUR 357,709)

Appeal coverage: 107.1% ([Click here to access the Final Financial Report](#))

Appeal 2004: Zimbabwe no. 01.20/2004 ([Click here to access the 2004 Appeal](#))

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.

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Overall analysis of the programme

The socio-economic climate in Zimbabwe has been characterized by hyper-inflation, overstretched state sector services especially in health, reduced agricultural production, severe food shortages, and unemployment. This is compounded by the increasing burden of HIV/AIDS. The situation increases the demands made upon the national society while impacting negatively on its ability to deliver.

The [Zimbabwe Red Cross Society](#) is a strong national society, with support from committed donors. The HIV/AIDS programme is well developed and is a model in the region. Recent partnerships with other agencies and the integration of HIV/AIDS with water and sanitation (WatSan) have increased the positive impact on the clients of the home-based care (HBC) component, and for orphans and vulnerable children (OVC) supported through the programme. Food distribution and the provision of agricultural inputs further improve the quality of the lives of the beneficiaries. This operation was financed through the Federation regional Emergency Appeal for Food Security¹, and is considered as a fundamental part of overall programming.

¹ For additional detail, click on the following link to access [Emergency Appeal 15/2003, Southern Africa: Food Security and Integrated Community Care](#).

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Key achievements in 2003 include:

- Roll-out of the planned expansion of the HBC programme to cover new geographic areas;
- Revision of beneficiaries targeting criteria for HIV/AIDS and OVC work;
- Development of improved impact indicators; and,
- Design and planning of a new beneficiary-focused baseline assessment in one of the new project areas, to be completed in early 2004.

Zimbabwe Red Cross has managed to maintain momentum in its disaster management and organizational development work despite enormous demands to respond to the food emergency. A vulnerability capacity assessment (VCA) was completed in the drought-prone Matobo district in Matabeleland South, and community-based early warning systems were developed and piloted in the flood-prone Muzarabani area in the Zambezi valley. The national civil protection unit requested and funded Zimbabwe Red Cross to carry out similar projects in other flood-prone areas; more are planned for 2004. Headquarters and provincial staff have been upgraded to meet the new strategic and programming needs of the national society.

Federation support has focused on food emergency, HIV/AIDS and WatSan. Towards the end of 2003, the food security office was upgraded to a full Delegation as the coordination and integration foreseen in the Federation options assessment report "*Not Business As Usual*" became a reality. Two new coordination processes have been developed within the national society and have improved communication and programme coordination, while ensuring a more strategic approach to donor support. It is anticipated that this will lead to a revised cooperation agreement strategy (CAS) by the end of 2004.

Health and Care

The Zimbabwe Red Cross health and social services sector has embraced the Federation [Strategy 2010](#) and [ARCHI 2010](#), and includes three programming areas funded through the Federation: community-based health care, HIV/AIDS and WatSan. Programming is aimed at providing timely, acceptable humanitarian services to the most vulnerable groups whilst encouraging and promoting activities to combat communicable diseases in targeted communities.

In HIV/AIDS programmes needs are increasing steadily as the HIV/AIDS situation worsens and the health sector declines. In WatSan programmes, access to clean water and appropriate sanitation is decreasing nationally. Cholera outbreaks recurred in 2003, and the malaria situation has been worsening. Treatment drugs are not readily available and the national household spraying programme almost at a standstill.

Goal: A sustainable improvement in the general health and reduction in HIV/AIDS transmission of the targeted vulnerable communities through the provision of community-based health and care interventions

Objective: The Federation supports the Zimbabwe Red Cross capacity to implement community-based health care programme including HIV/AIDS and water and sanitation programming, thereby improving the general health situation in targeted communities and increasing the communities' coping capacity in disaster situations.

Health

Objective: The capacity of the Zimbabwe Red Cross to design and implement health projects that reduce the morbidity and mortality rates of common priority health programmes is strengthened.

Achievements

A proposal for malaria and tuberculosis was developed by Zimbabwe Red Cross and submitted to the global fund for HIV/AIDS, tuberculosis and malaria

The national society developed a proposal to contribute to Zimbabwe's national malaria control programme and submitted it to the global fund for HIV/AIDS, tuberculosis and malaria. The proposal covered all the key areas of household spraying, provision of bed nets and the provision of drugs for treatment. All these sectors have been

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negatively affected by the serious decline in the economic situation in 2003. Although this proposal was not funded on grounds of sustainability, lessons have been learned through its development and Zimbabwe Red Cross is currently working with other partners on a comprehensive proposal to the global fund across all programme sectors for 2004.

Zimbabwe Red Cross is actively involved in the prevention and response to cholera outbreaks

Zimbabwe Red Cross dispatched an assessment team to Binga district in Matabeleland North and neighbouring Kariba districts in Mashonaland West where there was a severe cholera outbreak. The national society provided volunteers, cholera kits and tents to the rural clinics and health posts in the affected areas, allowing isolation of cholera cases and supporting treatment

Communities in target areas are able to respond to common health conditions

Communities in target areas are able to respond to common health conditions as a result of community-based malaria training and health and hygiene education, which was completed in the following provinces:

Table 1: Number of volunteers trained in 2003

Province	Training on malaria	Training of care facilitators	Promotion of health and hygiene	Training on counselling
Matabeleland North	240	48	30	1
Matabeleland South	110	110	110	0
Mashonaland Central	100	60	40	1
Mashonaland West	-	78	-	3
Mashonaland East	-	-	-	1
Midlands	70	40	50	1
Manicaland	-	-	-	1
Masvingo	120	159	52	1

Constraints

The capacity of the health sector to cope, coupled with the increase in demands brought about by a reduction in preventive work, the development of the HIV/AIDS situation and the decline in the economy has stretched the capacity of Zimbabwe Red Cross. Some volunteers have been lost to other agencies – many of which were scaling up in response to the food crisis – in response to generous allowances and the potential prospect of employment. Lack of funds to fight malaria has weakened the impact of Zimbabwe Red Cross interventions.

HIV/AIDS

Objective: By end of 2004, Zimbabwe Red Cross has increased the impact of its HIV/AIDS programme through increasing the quality of its interventions

Zimbabwe Red Cross HBC project for people living with HIV/AIDS (PLWHA) is expanded to reach out to 8,000 clients

In 2003 the HIV/AIDS programme expanded from 15 to 23 project locations across all eight provinces. The number HBC clients being visited grew from 8,141 in January to 10,692 in December 2003. The numbers would have been higher – the peak figures were 11,794 – but the medical and socio-economic criteria for entry to the programme was tightened in the third quarter. An additional 27,000 OVC have come under the programme during the year.

The capacity of the Zimbabwe Red Cross to manage, implement, monitor and evaluate its HIV/AIDS programme is strengthened

A baseline survey was done in Midlands province in support of HBC work in the area. The structures for the coordination of HBC funding between the Federation, Danish Red Cross and Japanese Red Cross have been strengthened. Provinces have submitted plans for training of new care facilitators to reduce the workload as a result of the increasing clients. In an effort to improve monitoring, a more detailed beneficiary baseline survey has been developed and data collected in one of the new project sites, Nkayi, in Matabeleland North. Once the data is analyzed and the process refined in early 2004, this process will be repeated in existing project locations to mark the beginning of the monitoring process. A survey was done in Chipinge, where a HBC project has been operating

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under a bilateral cross-border programme. Before food distributions began in November, an impact and livelihoods study was undertaken in Chipinge. The study will be repeated in March, after several months of food distributions. The impact of the addition of food to HBC should be clearly visible.

Care facilitators have continued their bi-weekly visits to very ill patients have provided support to their caretakers and have counselled them. In addition, the care facilitators teach the patients on hygiene and provide them with medical items. Despite the increasing workload, youth volunteers have expanded their peer education and prevention activities into new areas.

New volunteers have been recruited and training is underway to reduce workload on care facilitators. The ratio of care facilitators to clients is acceptable.

Zimbabwe Red Cross HIV/AIDS programme is expanded to reach an additional 7,000 orphans supported materially and psychologically

The registered numbers of orphans receiving emergency food aid and other support elements through the HBC programme rose to 27,701 at the end of November 2003. The provision of food aid within the food security and integrated community care programme, reported in the Emergency Appeal no 15/2003, attracted HIV/AIDS patients. The food rations have helped overcome stigma PLWHA approach the national society and are supported and taken care of.

The memory book project is value added to the project portfolio, with impressive projects in two locations at the end of 2003. It is anticipated that this work will roll into 2004, with technical support from Federation.

Zimbabwe Red Cross has created new partnerships with other organizations

HIV/AIDS programming within Zimbabwe Red Cross is funded through a variety of mechanisms. Danish Red Cross and Japanese Red Cross provide long-term funding which is the backbone of the HIV/AIDS programme. UNICEF provided additional funds to support some areas of OVC programmes, while ECHO funded OVC programmes during the emergency period. The Federation funds HIV/AIDS programming through a grant from the Embassy of the Netherlands, Swedish International Development Agency (SIDA) in Southern Africa and the Development Cooperation Ireland, and provides technical support to the programme from the Federation Regional Delegation in Harare.

Partnerships between Zimbabwe Red Cross HBC and other agencies in Masvingo and Chitungwiza working in prevention of mother-to-child transmission (PMTCT) and piloting antiretroviral therapies have added value to the HBC programme.

Impact

In addition to the 23 HBC sites formally included in the programme, a HBC project in Chipinge has been operating outside the main programme structures, and food distributions to this site began in November 2003. A survey on the status of HBC clients in Chipinge was done in 2003 and will be repeated in February 2004. This will help Zimbabwe Red Cross and the Federation to assess the impact of the food component on the health, mobility and livelihoods of HBC clients. The survey will also examine factors such as school attendance and access to food and services for OVC.

A new HBC project will be opened in Nkayi district in Matabeleland North. A survey is being done amongst the clients identified for inclusion in the HBC programme to assess the impact of the project. This baseline survey will provide valuable information especially when combined with data on food impact being collected in Chipinge.

Constraints:

The national HBC Officer left the Zimbabwe Red Cross in October 2003 and this created a gap in technical support to the programme. This position was filled at the beginning of 2004. Some activities have been delayed because of slow disbursement of funds, and slow financial reporting from the provinces compounds this situation. The extra workload and the growth in beneficiary numbers generated by the food distributions have reduced the delivery of some planned activities. The change in the economic situation has meant that support of OVC, especially the payment of school fees, have become more expensive in real terms than it was at the beginning of

2003. In addition, an increase in the number of HBC clients has overstretched budget lines across all programme donors.

Water and Sanitation (WatSan)

Objective: Zimbabwe Red Cross capacity in the provision of sustainable water and sanitation services is increased.

It has been a testing year for Zimbabwe Red Cross water supply, sanitation and hygiene promotion programme. In the first half of 2003, the national society concentrated on activities funded through the food security operation. This inevitably led to a shortfall on activities funded through the Annual Appeal, and a number of these activities remain unfinished at the end of the year, have been carried forward to 2004.

However the plan to integrate and coordinate Zimbabwe Red Cross programming is gradually taking shape, with new projects being designed in areas already benefiting from Zimbabwe Red Cross' HBC programming. The exception to this rule is Mudzi, where an effective community-based water and sanitation programme is the planned starting point for a new HIV/AIDS project.

Achievements:

There were four WatSan projects under the Annual Appeal 2003 and the indicators are summarized below :

Table 2: Summary of WatSan of activities

Activities	Mudzi/ Rushinga	Matobo	Masvingo	Beitbridge
Number of latrines constructed	200	400	500	
Number of boreholes constructed	10	25		
Number of hand pumps rehabilitated	30	15		10
Number of people trained through the village water committees	40	40		10
Number of people who have benefited from hygiene promotion	20,000	20,000	3,000	7,000

In all project sites, planned activities have been revised downwards as the economic situation has increased the real costs of all activities to a level in excess of the budget. Operational constraints, outlined below, have reduced capacity.

1. Mudzi/Rushing water supply, sanitation and hygiene promotion project

In Mudzi/Rushinga, 26 hygiene promoters are working with the target population; 14 more promoters will be trained. 181 latrines have been constructed; ten new boreholes have been completed and fitted with hand pumps. Thirty boreholes have been rehabilitated and village water committees will be trained in 2004.

2. Matobo water supply, sanitation and hygiene promotion project

In Matobo, 180 latrines have been completed, and 15 hygiene promoters are working. 25 more hygiene promoters will be trained. Geophysical investigations for borehole sites are complete. All activities should be concluded in the first quarter of 2004.

3. Masvingo sanitation and hygiene promotion

In Masvingo over 50 hygiene promoters have been trained and 150 of the expected 500 latrines are complete.

4. Beitbridge water supply and hygiene promotion project established

In Beitbridge the sites for rehabilitation are in the process of being selected.

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Impact

WatSan and hygiene promotion projects lead to improved health and save the beneficiaries' time and energy, thus enhancing livelihood opportunities. The long term impact can only be measured some time after the project end and if there has been an initial baseline survey. This process has not been systematically applied in Zimbabwe Red Cross WatSan projects to date. Starting from 2004 projects will start with a baseline survey and will be evaluated one year after project completion. Evaluations will assess the conditions and maintenance of latrines and hand pumps.

Constraints

The difficult economic situation in Zimbabwe has negatively impacted on the WatSan programme. The increase in the cost of transport and commodities such as cement in advance of changes in exchange rates. The project based programming with a number of different donors has led to a large number of spread out projects, with few economies of scale available. In 2004 a more coordinated approach will be adopted, with fewer, more focused projects being managed.

The transfer of funds from the Federation in 2003 was delayed and this led to delayed implementation of WatSan activities.

Coordination

Federation and Zimbabwe Red Cross are actively involved in coordination with government of Zimbabwe and other agencies to maintain standards and ensure complementarities of activities. The Zimbabwe Red Cross sent a delegate to the PHAST review workshop in East Africa, and this input has been fed back into the provincial WatSan programming.

Federation support to WatSan activities has been scaled up significantly during 2003 with changes in the Federation's technical team. The Regional Delegation in Harare is developing improved systems for project implementation and monitoring which will be rolled out in 2004.

Disaster Management

In February 2003, a train disaster at Dete in Matabeleland North province killed 50 passengers and hundreds were injured. The local branch of the Zimbabwe Red Cross was among the first on the scene and took part in the rescue and provision of first aid. The local regional disaster response team (RDRT) members conducted a needs assessment and the immediate needs of blankets were met by the local district administration.

In February 2003, Muzarabani district of Mashonaland Central province experienced heavy rains which caused flooding and destroyed crops, roads, two bridges and one person was killed. Zimbabwe Red Cross deployed local RDRT trained members for an assessment to establish the effects and possible intervention. In coordination with other partners, Zimbabwe Red Cross responded by chlorinating contaminated water sources, providing health education and vector control in an effort to avert an outbreak of cholera. Other partners addressed the food needs and other relief items.

In March 2003, just as the national society was responding to the flooding in Muzarabani, cyclone Japhet hit Zimbabwe affecting the provinces of Manicaland, Masvingo and Mashonaland West. In Manicaland, the cyclone destroyed the infrastructure, roads, homes and crops. Thirty three family tents were provided by the Federation Regional Delegation in Harare to assist the affected households. In Masvingo, bridges were submerged and others washed away, houses and latrines collapsed, some people were marooned along lake Mutirikwi and it was reported that eight people had died. The national society responded by conducting rapid assessments, mobilizing trained action team members, distributing relief items, health and hygiene promotion and chlorination of water sources.

In November and December 2003 there was a cholera outbreak in Mashonaland West province and Zimbabwe Red Cross responded by deploying an in-country RDRT team to conduct an assessment and make recommendations for action by the national society. The team pre-positioned two cholera kits which were handed over to the Ministry of Health clinics in the area while six volunteers were deployed to support nursing activities and conduct health education. The team worked in close cooperation with other partners in the area.

Zimbabwe Red Cross has made strides in implementing all its planned DM activities for the year 2003 with support from the regional delegation. However, due to the food security operation and response to other disasters, implementation of the planned activities only started in July.

Goal: Zimbabwe Red Cross has developed mechanisms for empowering and strengthening communities in disaster management so as to reduce human suffering.

Objective: Zimbabwe Red Cross disaster management capacity is strengthened through capacity building and community involvement.

Achievements

Zimbabwe Red Cross has a comprehensive disaster management plan operational by end 2003.

The national society has begun to make its disaster management (DM) plan operational. A national society DM steering committee was established and is now fully operational overseeing the implementation of the programme. The planned activities are now being implemented according to the DM plan.

2,640 staff and volunteers trained in disaster management by end of 2004.

Out of the target number of volunteers and staff, 550 (21%) were trained in various customised DM courses. In January 2003 three Programme Officers attended the vulnerability capacity assessment (VCA) training of trainers (TOT) workshop organized by the Federation Regional Delegation in Harare. In July a basic DM workshop for 38 members of staff and volunteers was held to cascade this training to community level. After this workshop, Mashonaland Central province conducted a DM awareness workshop for 400 volunteers in Harare region. In September 2003 two staff members and a volunteer attended the annual RDRT training facilitated by the regional delegation in Malawi.

In August 2003, a VCA workshop for 26 staff and volunteers was conducted to enable them facilitate the VCA process in three disaster prone provinces of Masvingo, Manicaland and Matabeleland South. In October-November 2003 a pilot VCA was conducted in Matobo district of Matabeleland South with the involvement of other local stakeholders. The survey results will be used to plan and design appropriate programmes. More workshops will be conducted in 2004.

Zimbabwe Red Cross has put in place CBEWS and operational benefiting the vulnerable communities by 2003

In September 2003, two-day workshop on community-based DM was held in the Muzarabani district for 30 participants from the local community and stakeholders supported by the Regional Disaster Preparedness Officer. The workshop focused on community hazard and risk mapping as well as establishing early warning systems. Following the pilot community-based DM workshop, in the Muzarabani district, a district disaster committee was established. This committee requested Zimbabwe Red Cross to assist with a high frequency radio installed at a local school, which had been identified as a shelter during emergencies. The community contributed funds and purchased solar panels to provide power for the radio. With support from the Federation and ICRC, the radio was installed in time for the flooding season. This has become a lifeline for the community, which is vulnerable to perennial flooding. Matabeleland North and Mashonaland West province have held similar community based DM workshops in the hope of developing sustainable community based risk reduction initiatives including early warning systems.

Members of the civil protection unit participated in the Muzarabani workshop were impressed. They provided funds and requested Zimbabwe Red Cross to conduct six similar workshops in other disaster prone districts.

Increased DP awareness in vulnerable communities through 18 radio and TV programmes by end of 2004

Disaster preparedness awareness programmes are still being devised and in consultation with other stakeholders and implementation will be done in 2004

Improved national society DM capacity and emergency stocks available by end of 2004

In responding to the emergencies in the country, Zimbabwe Red Cross exhausted all its emergency stocks and was assisted with extra emergency stocks from the regional warehouse in Harare. Zimbabwe Red Cross would like to procure and preposition its own emergency stocks and have started to fund raise for that purpose.

Sustainable food security initiatives identified and incorporated into all sector programmes in vulnerable districts by end of 2004

Through the recent relief food security operation and lessons learnt, various food security initiatives are being explored in liaison with the HBC programme. Drought resistant seeds have been given to communities in the drought prone areas. Tools, vegetable seeds and fertilizers have been distributed to other beneficiaries. Through the VCA conducted in Matobo district several initiatives have been identified and projects are to be devised in line with the recommendations of the report.

Impact

The emergency response activities have assisted the national society in increasing its disaster response capacity by use of national society's RDRT trained members, use of early warning systems and mobilization of action teams. This has provided an opportunity for empowering vulnerable communities in disaster preparedness initiatives. This has also raised the visibility of the national society in the country.

Constraints

Lack of funds to build up meaningful disaster stocks in the provinces remains a constraint.

Organizational Development

The national society has increased its human resource skills capacity in a number of areas for example, resource finance development and volunteer management. Through international forums organized both in and outside the region. During 2003 there was a considerable staff turnover in some of the key programmes and administrative areas. The national society also filled strategic operational and management positions that were vacant. An organizational development (OD) review was conducted by a Federation consultant, at the request of the national society. At the end of 2003, the draft report had been submitted to the national society board and senior management for consideration.

Goal: Implementation of the characteristics of a well-functioning national society has improved the Zimbabwe Red Cross in the three key areas: foundation, capacity, and performance.

Objective: Secretariat support to the national society has led to volunteer branch and financial resource development

Achievements

Zimbabwe Red Cross has increased capacity to design and implement their strategic directions

The position of national programmes coordinator was re-opened in 2003 and a new position covering the strategic planning function was created during 2003. Zimbabwe Red Cross also established an internal audit function. Under the direction of the new national strategic planning officer, a week-long national planning workshop was held in Kadoma, and programme level strategies are being developed across all sectors.

Zimbabwe Red Cross as increase its financial resource base in both value and diversity

The Secretary General attended a resource development-training workshop in Tunisia and two senior officers attended the regional resource and finance development workshop held in Johannesburg in April 2003. A senior officer participated at the regional finance meeting held in October, while another senior officer participated in a

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three-day workshop on volunteer management held in Zambia in June 2003. The national society has held two provincial governance training, which were also facilitated by the Federation. The national society management had to deal with integrity issues in one of its province with support from Federation.

Despite the difficult economic situation Zimbabwe Red Cross engaged with local business to raise funds for work with orphans and vulnerable children (OVC). A fundraiser is planned for early 2004.

Impact

The national society has increased its capacity to design and implement its strategic directions through trained personnel in finance and resource development and volunteer management as well as leadership skills among its senior officers. This has improved and maintained the good image of the national society, thereby regaining the confidence of core multilateral and bilateral donors which has enabled it to increase its coverage in meeting the needs of the most vulnerable communities through food security and HIV/AIDS care and prevention programmes.

Constraints

Year 2003 was characterized by a shortage of key staff at the headquarters, most of the key positions such programme coordination and strategic planning were filled at the end of the year. The Zimbabwe Red Cross OD Appeal for 2003 received no funding; however, regional OD funds were transferred to the national society of CHF 10,000 from the Swedish Red Cross, CHF 7,500 from the Norwegian Red Cross and CHF 1,511 from DFID. The regional OD funds were received in the second half of 2003. as a result, activities were carried out at the end of 2003 and some were carried forward to the first quarter of 2004.

Coordination

The recruitment of a programme coordinator at the head quarters has strengthened internal coordination and is beginning to provide a degree of synergy between programmes. The institution of a monthly coordination meeting including the national society, Federation Regional Delegation in Harare and bilateral delegation has strengthened Zimbabwe Red Cross coordination structures within the International Red Cross and Red Cross Movement. This meeting considers strategic and funding issues, and ensures complementarities of programming. An operational meeting across all programming areas is held every two weeks, and the Federation and bilateral programme Delegates and the national society's headquarters programme staff attend this. Holding a single joint meeting rather than individual programme meetings reduces demands on the headquarters and enhances the integration of programming.

In the health sector, the national society coordinates with relevant government department at national and local levels. Sectoral liaison occurs at national level in health, disease control, disaster mitigation and management, food relief operations, HBC and several specialist groupings related to the emergency, with government, UN and other agencies.

During the reporting period the food security country office has been upgraded to a delegation and supports Zimbabwe Red Cross across all programme sectors. A Relief Delegate continues to provide technical support to distributions, while other technical support comes through the Federation Regional Delegation in Harare. The Country Delegation supports to the coordination of bilateral programming, donor liaison and reporting.

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