

Appeal 2004



ZIMBABWE

Appeal no. 01.20/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Click on programme title or figures to go to the text or budget

Programme title	2004 in CHF
Strengthening the National Society	
Health and Care	601,216
Disaster Management	4,194,310
Humanitarian Values	34,084
Total	4,829,610²

Please note that objectives, expected results, and activities associated with the Organizational Development programme are included in the narrative of this appeal; the budget associated with these activities is integrated within other programme budgets. [Click here to go to the text](#)

Please note that objectives, expected results, and activities associated with the Coordination, Cooperation and Strategic Partnerships programme are included in the narrative of this appeal; the budget associated with these activities is integrated within other programme budgets. [Click here to go to the text](#)

¹ Identified by blue in the text.

² USD 3,627,195 or EUR 3,108,857.

National Context

Zimbabwe is suffering a complex humanitarian crisis caused by a combination of factors. The positive gains across a number of sectors in the decade following independence have been more than wiped out in just a few years. The prime culprit in the long-term decline is HIV/AIDS, which has reduced the productive population and increased the numbers of dependents, old and young; increased household expenditure on medicine and caring, while reducing households' capacities to earn money; and reduced life expectancy.

In the medium term, the collapsing economy and the withdrawal of much donor support has brought spiralling inflation, shortages of cash, fuel and basic commodities, and a growing parallel economy out of reach of the pockets of most consumers. The poor rains and poor harvests of the last two seasons add a short-term shock that was more than many households could cope with. In 2002 over half the country qualified for emergency food aid.



At the end of 2002 a total of 2.3 million adult Zimbabweans were reported to be HIV-positive. A total of 780,000 children have lost one or both parents to HIV/AIDS. On current trends, a fifteen-year-old girl alive today has a one-in-three chance of surviving to her mid-thirties (UNAIDS December 2002).

The impact of each of these problems alone could be devastating to vulnerable, marginalized families. The combined impact of them is, however, greater than the sum of its parts, as each aspect of the problem interacts with other problems. Poor harvests are made worse by the absence of seeds and fertilizers, both in short supply as a result of the economic crisis. Where parents die young, knowledge of agricultural techniques and coping strategies are not passed on to the next generation. Lack of money and limited options drive young women to transactional sex, increasing their exposure to HIV/AIDS. Shortages of food mean that tuberculosis patients fail to maintain their courses of treatment. Malnutrition decreases the resistance of persons living with HIV/AIDS (PLWHA) to opportunistic infections.

This combination of factors is the key explanation to the statistics laid out in the table below showing the decline in Human Development Index and other key indicators in Zimbabwe over recent years. Comprehensive problems require comprehensive solutions, where the combined impact of the programme elements is greater than the impact of its individual parts. The Zimbabwe Red Cross Society, through its well established HIV/AIDS programming can access many of the most vulnerable households with a wide range of inputs. In addition to the direct benefits of the HIV/AIDS programme, these include emergency food aid in times of drought, support to agricultural recovery, nutrition gardens, start-up funding for income-generating projects for self-help groups, water projects, sanitation projects, health and hygiene education, advocacy and counselling.

Human development indices for Zimbabwe:

	2001
HIV/AIDS Prevalence 15-49 Years	24.6%
Infected adults 15-49 Years	2,300,000
Infected children 0-14 Years	240,000
Orphans	780,000
GDP Per Capita (PPP USD)	2,280
Adult literacy rate	89.3%
Life expectancy at birth (years)	35.4
Population below income poverty line of USD 2.00 per day (%)	64.2%
Total Population	11,400,000
Urban Population	45.9%

Source: UNDP Human Development Report 2001 – 2002)

PPP in this context refers to Purchasing Power Parity

The Federation country delegation exists to support the Zimbabwe Red Cross in the coordination and delivery of these programmes and initiatives, most of which are funded by Red Cross donors either bilaterally or through Federation appeal. The country delegation is also instrumental in accessing and coordinating technical support for Zimbabwe Red Cross programmes from the regional delegation. The Federation, both at country level and through the regional organizational development department also support the development processes Zimbabwe Red Cross have identified, and support the development of strategic partnerships with external agencies.

Red Cross and Red Crescent Priorities

Movement³ Context:

Zimbabwe Red Cross is fortunate to enjoy long-term donor support to its flagship HIV/AIDS programme through the Danish and Japanese Red Cross Societies, with long-term funding also committed through several European embassies through the Federation, and short term funding for orphans and children made vulnerable by HIV/AIDS coming via UNICEF.

Summaries of key programming areas:

Programme	Project	Donor Support	Period
Health	HIV/AIDS – Prevention	Consortium of Danish Red Cross and Japanese Red Cross Federation Appeal	Consortium funding for three years
	HIV/AIDS – Home Based Care (HBC)	Consortium of Danish Red Cross and Japanese Red Cross Federation Appeal	Will include the food security work integrated from the 2003 emergency appeal
	HIV/AIDS – Orphans and Vulnerable Children (OVC)	Consortium of Danish Red Cross and Japanese Red Cross Federation Appeal UNICEF	UNICEF funding to mid 2004 only
	Community Based First Aid (CBFA)	Federation Appeal	
	Water and Sanitation	Federation Appeal	
	Malaria Control	Global fund application	

³ 'Movement' refers to the International Red Cross and Red Crescent Movement

Zimbabwe; Annual Appeal no. 01.20/2004

Programme	Project	Donor Support	Period
Disaster Management (DM)	National DM	Federation Appeal ICRC	
	Community-Based DM	Danish Red Cross Federation Appeal	
Promotion of Humanitarian Values	Humanitarian values	Federation Appeal ICRC	
	Social Marketing	Federation Appeal	
Organizational Development	Organizational and Staff Development	Federation Appeal	

Partners to Zimbabwe Red Cross are developing an overall Memorandum of Understanding, which sets out the roles and responsibilities of all partners, committing them to effective communication and transparency. This process is complemented by coordination structures at two levels. The first of these is a monthly coordination meeting of representatives of Zimbabwe Red Cross, its bilateral partners, Federation and International Committee of Red Cross (ICRC), which tackles issues of a more strategic nature and will act as a reference group for the drawing up of the new Cooperation Agreement Strategy (CAS). The second, which includes Zimbabwe Red Cross programme managers meets twice monthly and tackles more operational issues, and ensures effective communications between programmes operating in the same areas, maintains standards between areas of the country supported by different donors, and solves practical issues of operations. The national society chairs these committees with support from the Federation delegation, and Zimbabwe Red Cross implements decisions taken in the meetings.

National Society Strategy/Programme Priorities

The **Zimbabwe Red Cross Society** is in the process of undertaking a strategy review, which will evaluate the progress against strategy so far, and the relevance of the remaining issues and makes changes where necessary. This will also lead to a review of the CAS in line with the current strategy and the changing operating environment.

In its Strategic Plan for the period 2000–2010 the Zimbabwe Red Cross identified the following key strategic directions:

- To deliver quality humanitarian services
- To restructure the organization in line with core business and strategy
- To strengthen management systems within the organization
- To retain and motivate staff
- To develop highly skilled and competent staff
- To improve staff productivity and organizational performance
- To increase and widen the revenue base of the society
- To establish an effective resource management system
- To review policies and legislation that facilitate strategy implementation
- To develop an effective communication system
- To build a positive image of the Society

The process of implementing these directions is well underway, and will ensure its achievement of the national society's mission:

'To provide timely, appropriate and acceptable humanitarian services to the most vulnerable groups through well managed programmes in

- Health Education and Services
 - Integrated HIV/AIDS programme
 - First aid training
 - Water and sanitation
- Disaster Preparedness and Response
 - Mobilization of resources
 - Relief operations
- Youth Development
 - Training
 - Environmental Projects

...while encouraging self-reliance and the promotion of human dignity'.

In the light of the recent food emergency and the discussion paper “Not Business As Usual”, the national society has decided to build on their strength, and to mainstream HIV/AIDS in all their initiatives. This involves focussing all appropriate programming on the home-based care project areas within the integrated HIV/AIDS programme. Youth structures are the backbone both of the HIV/AIDS prevention components and the disaster preparedness capacity of Zimbabwe Red Cross, and are maintained through the branch structures throughout the whole country. Policy formulation is still outstanding in volunteer recruitment, management and retention. A social marketing strategy is under development to help build partnerships with the corporate sector in order to access their financial support and to widen our funding base.

The Zimbabwe Red Cross has effective links with a range of government and private institutions complementing each other’s services. The national society works with technical staff from government to provide technical support to our volunteers. Activities are implemented through volunteer structures, which start at branch level. Building on our strengths in the HBC⁴ Programme, many interventions are centred on the HBC programme.

The interventions take into consideration the need to go full circle in mitigating the effects of HIV/AIDS by addressing prevention, care and support issues. Zimbabwe Red Cross has contributed to alleviate the status of living conditions for the most vulnerable and at the same time, the number of vulnerable people requesting Red Cross services is fast increasing.

Strengthening the National Society

Health and Care

[*<Click here to return to title page>*](#)

Background and achievements/lessons to date

Zimbabwe Red Cross has been implementing projects in the health sector since 1988 and key programme elements within this sector include components of the integrated HIV/AIDS programme which are HBC, orphans and other vulnerable children (OVC), and prevention; and water and sanitation, first aid training, and community health care. From 2004 this sector will absorb the food security emergency programming, which will remain at a full ration until the harvest and then scale down to become a supplementary ration for HBC clients.

The HBC programme in particular has alleviated pressure on local health facilities and personnel under growing strain with funding and staffing crises by treating sick people at home for as long as safely possible. There is an effective, two-way referral system between the public health centres and Zimbabwe Red Cross.

Initially supported by Danish Red Cross, the addition of HBC to HIV/AIDS programme in 1992 and the growth in needs have required new donors to come forth. In 2003 a consortium comprised of the Danish Red Cross and Japanese Red Cross funded most of the new phase of the programme. Other long-term funding is provided through the Federation from European embassies, and short-term funding has also been provided by UNICEF. Presently the project is in 24 selected districts; there will be three more by the end of 2004. Long-term project funding is still currently required to meet the nutritional supplement for the HBC clients once the emergency phase has completed.

Emergency food provision is also required for the HBC households and OVC⁵; this has been included in the budget for the first five months of the year. The needs for three of the eight provinces are being met through ECHO funding under a Danish Red Cross and British Red Cross project. Food needs for HBC in the rest of the country will be met through WFP funding. Other donor support will be required to ensure that a full food basket, in line with SPHERE Standards and recognising the enhanced nutritional requirements of PLWHA⁶, is always available and to ensure that the full package of complementary support is provided.

⁴ HBC – Home Based Care

⁵ OVC – Orphans, Vulnerable Children

⁶ PLWHA – Persons living with HIV/AIDS

The first aid training programme has been training candidates from the private sector in industrial first aid. First aid training has also been offered to action teams and the general public. Other organizations involved in HBC have also sent their staff for community-based health care training. The training programmes also generate funds, which sustain the day-to-day running of training activities and the payments of volunteer instructors' allowances. However the income generated is not enough to enable the national society to upgrade the training equipment and facilities required for effective training and learning.

The national society also has a well-developed water and sanitation (WatSan) programme. This encompasses both 'hardware'⁷ components (drilling and rehabilitating boreholes, and supporting latrine building) and 'software'⁸ components (community management of hand pumps and community hygiene and sanitation promotion). While some capacity will remain focused on areas where water and sanitation related diseases are endemic as part of the general strategy to reduce vulnerability to these diseases, from 2004 more of Zimbabwe Red Cross' water and sanitation capacity will be directed towards the HBC areas. In these the area water and sanitation needs are identified as adding vulnerability to the communities in which the HIV/AIDS programme operates.

The Zimbabwe Red Cross is a partner in a national global fund application to bolster the malaria control systems in Zimbabwe, which have been severely weakened by the economic crisis and donor reluctance. The Federation, as the global fund applicant, is a strategic international partner for the global fund, and will work with Zimbabwe Red Cross and the other Roll Back Malaria partners to restore the household spraying, provision of prophylaxis and provision of bed nets in appropriate communities throughout the country.

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

Objective: Within the HBC project site areas the livelihoods of the most vulnerable households is supported through interventions supporting PLWHA and OVC in care, provision of essential medical, relief and recovery items, water and sanitation inputs, malaria control, self help, counselling, and peer education.

Expected results and related projects for this objective are:

Project Title	Expected Results	Activities planned to meet results
Home-based Care	Basic nursing care and counselling provided to 14,000 infected and 56,000 people affected by HIV/AIDS	<ul style="list-style-type: none">• Revision of training curriculum, standard monitoring forms and development of counselling curriculum• Training of trainers and new care facilitators• Procurement and distribution of care facilitators' resources• Facilitating HBC care facilitators exchanges

⁷ 'Hardware' refers to the structural aspect of a project which involves actual implementation of the needs that have been identified e.g. borehole drilling, latrine construction

⁸ 'Software' refers to the planning stage of a project where needs of a community are identified, defined and capacities built in order to promote self-sustainability, ownership

Zimbabwe; Annual Appeal no. 01.20/2004

Project Title	Expected Results	Activities planned to meet results
	Economic empowerment and increased social support and acceptance of the PLWHA in the HBC projects	<ul style="list-style-type: none"> • Conducting a community sensitization sessions • Embarking on a feasibility studies and funding of income generating activities for support groups • Holding weekly support groups meetings in 27 HBC sites and strengthening of support groups
Orphans and vulnerable children.	Increased access to basic needs and psycho-social support for 20,000 OVC.	<ul style="list-style-type: none"> • Carrying out orphans enumeration and targeting • Identifying and training foster carers • Providing second hand clothes, food items and school fees • Constructing and rehabilitating shelters for OVC • Supporting OVC to secure birth certificates and develop memory boxes for their families
Prevention	Increased awareness and access to information on HIV/AIDS and sexual abuse	<ul style="list-style-type: none"> • Reviewing literature on information, education and communication materials, and its development and distribution • Conducting peer educators trainings • Developing standard monitoring tool • Referral to voluntary counselling testing
	Increased networking and economic empowerment of youth	<ul style="list-style-type: none"> • Creating youth clubs and youth friendly centres
Integrated Food Security	Emergency food inputs for households to remain viable until harvest 2004	<ul style="list-style-type: none"> • Procuring and distributing full ration • Monitoring food distribution programme and household consumption
	Nutritional supplements for PLWHA nutritional status is improved	<ul style="list-style-type: none"> • Carrying out local procurement and distribution of supplementary ration • Monitoring household consumption
	Agricultural inputs for households of PLWHA to gain access to their minimal agricultural input needs	<ul style="list-style-type: none"> • Procuring seeds, fertilizers and livestock appropriate to local conditions
Water, Sanitation and Hygiene Promotion	Establishment of sound sustainable environmental services for 30,000 vulnerable people in two provinces in water supply, sanitation and hygiene promotion.	<ul style="list-style-type: none"> • Drilling of boreholes • Installing and rehabilitating hand-pump • Promoting hygiene and sanitation • Conducting a community management training • Constructing latrines
Malaria Control	Provision of bed nets and education in use to PLWHA in HBC areas	<ul style="list-style-type: none"> • Procuring, distributing and educating beneficiaries on use of bed nets
Community Based First Aid	People trained in first aid able to manage minor accidents and ailments in the home and to respond to disasters	<ul style="list-style-type: none"> • Conducting first aid training and follow ups on trainees

Project Title	Expected Results	Activities planned to meet results
Advocacy	Reduced stigmatization, discrimination and isolation of PLWHA	<ul style="list-style-type: none"> • Distributing information, education and communication material against stigmatization • Carrying out advocacy activities aimed at the wider society, institutions and policy makers.

[<Click here to access the Logical Framework Planning Matrix document for Health Care>](#)

Disaster Management (DP/DR)⁹

[<Click here to return to title page>](#)

Background and achievements/lessons to date

The disaster management programme has until recently been responsive, without sufficient emphasis in preparedness and community level measures. In recent years, better emphasis on preparedness has led to effective responses to the cyclone Eline floods disaster in 2000 by the timely provision of tents, blankets and food relief to the victims of the disaster. Houses were reconstructed inside two months and boreholes were flushed and as a result diarrhoeal diseases associated with such disasters were averted and high levels of preparedness for first aid responses during elections. The current emphasis is to develop capacities more at community level, supporting branch and youth development.

This new approach seeks to build preparedness both in the communities and within the Zimbabwe Red Cross itself. The national society has taken steps by conducting workshops for key personnel and volunteers, designed to provide appropriate knowledge and skills at all levels for effective disaster management. The selected disaster prone communities will carry out Vulnerability and Capacity Assessments (VCA).

The food security emergency operation has contributed greatly to building capacity within Zimbabwe Red Cross. The operation developed appropriate infrastructure, which provides guidance for distribution planning, logistics and monitoring. A distribution handbook for reference purposes is used by both staff and volunteers involved in food distribution. The benefits of the current operation will continue after the food security operation when the provision of food baskets reverts back to the community-based HIV/AIDS project.

The Zimbabwe Red Cross is strengthening action team operations at local level. Training courses in community-based disaster management, VCA, and community-based early warning systems have been provided and are ongoing. The government's civil protection unit has appreciated these initiatives, and future training courses are to be facilitated by Zimbabwe Red Cross. The national society has managed to share disaster related information at local, district, provincial, national and regional levels. The role of Zimbabwe Red Cross remains complementary to government, as enshrined in the Zimbabwe Red Cross Act (1981)

National society staff is active within the Regional Disaster Response Team (RDRT), and provided the team leader for the response to the Namibia floods in 2003. Benefits from RDRT training enhance the national society's own capacity for response as shown in the instrumental role-played in responding to the Namibia floods.

⁹ Disaster Management is traditionally broken down into two core components: disaster preparedness (DP) and disaster response (DR), and commonly abbreviated as DP/DR

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

Objective: Humanitarian values are well known by all in society and the Zimbabwe Red Cross Society is a highly-regarded humanitarian organization within the public and private sectors.

Expected results and related projects for this objective are:

Project Title	Expected Results	Activities planned to meet results
National Disaster Management	<ul style="list-style-type: none"> Defined role for Zimbabwe Red Cross in National plan Disaster management committees established in the eight provinces by end of 2004 	<ul style="list-style-type: none"> Zimbabwe Red Cross will participate in civil protection unit meetings and activities.
	<ul style="list-style-type: none"> Comprehensive disaster management plan put into operation by end of 2004 Contingency plans are in place for elections at national and local level. Forty staff members and 2,600 volunteers trained available for deployment in disaster management by end of 2004 	<ul style="list-style-type: none"> Conducting a training needs assessment Training and establishing a database for 2,600 volunteers and 40 disaster managers
	<ul style="list-style-type: none"> Disaster management curriculum modules available in schools and colleges 	<ul style="list-style-type: none"> Preparing and distributing disaster management curriculum materials
	<ul style="list-style-type: none"> Emergency stocks replenished by September 2004 	<ul style="list-style-type: none"> Procuring emergency stocks Refurbishing Zimbabwe Red Cross warehouse in Westwood, Harare Revising warehouse procedures
Community Disaster Management	<ul style="list-style-type: none"> Vulnerable communities in four provinces empowered with sustainable strategies to prepare, respond and recover from effects of disasters by end of 2004 	<ul style="list-style-type: none"> Conducting a VCA in three provinces. Putting in place action teams in each ward of three provinces Establishing 20 new branches
	<ul style="list-style-type: none"> Community-based disaster preparedness initiative established and benefiting the vulnerable communities by end of 2004 Community disaster awareness raised through community meetings, radio and television programmes 	<ul style="list-style-type: none"> Facilitating Radio programmes and community meetings
	<ul style="list-style-type: none"> Pilot sustainable food security initiatives are in place in 2004 and rolled out during 2005-2007 	<ul style="list-style-type: none"> Supporting community led food security initiatives

[Click here to access the Logical Framework Planning Matrix document for Disaster Management](#)

Humanitarian Values

[Click here to return to title page](#)

Background and achievements to date

In the past the focus has been mainly on humanitarian values, without promoting the organization that promotes these humanitarian values. More attention has been directed towards external environment, without developing internal capacities to raise awareness on the values of the Red Cross. In addition the approach to dissemination has been more reactive to events and situations rather than proactive.

Zimbabwe; Annual Appeal no. 01.20/2004

A social marketing strategy will be developed and implemented. This will be the instrument for building positive perceptions and endearing the media, the public, private and public organizations to the Zimbabwe Red Cross, building constituencies of support. It will also help to develop fundraising, develop international and local partnerships and increase the resources coming in to support programmes. This will provide a stronger rooting in civil society, and build organizational security be undertaken. The activities will require funding for equipment, publicity materials and staff costs among other things. There is also need for training in fundraising and social marketing. A donor profiling exercise will also be undertaken.

One clear objective is to ensure the proper use of the Red Cross emblem among the public and private sector. The media, both internal and external will play a pivotal role in building the image of the organization, through highlighting the positive interventions of the Zimbabwe Red Cross to disasters. Actively raising awareness on Zimbabwe Red Cross activities among the vulnerable is also a priority.

Goal: Awareness on humanitarian values amongst all stakeholders and partnerships are built and sustained with the corporate sector, diplomatic community and the general public.

Objective: Humanitarian values are well known by all in society and the Zimbabwe Red Cross Society is a highly regarded humanitarian organization within the public and the private sector.

Expected results and related projects for this objective are:

Project Title	Expected Results	Activities planned to meet results
Humanitarian values	Increased understanding of humanitarian values and Red Cross principles	<ul style="list-style-type: none">• Conducting dissemination workshops for staff and volunteers• Distributing information material to volunteers and staff
	Increased awareness of the Red Cross Principles by local authorities, relevant government ministries and relevant sectors	<ul style="list-style-type: none">• Conducting dissemination workshops for local authorities• Facilitating project site visits by the local and international media• Distributing Red Cross information material to relevant government ministries
	Increased proper use of the Red Cross emblem	<ul style="list-style-type: none">• Promoting Red Cross emblem campaign
Social marketing	Partnerships with the private sector and the diplomatic community	<ul style="list-style-type: none">• Distributing information material and publications.• Conducting breakfast meetings for the private sector and the diplomatic community
	Establishment of a communication strategy to enhance image and visibility	<ul style="list-style-type: none">• Formulating communicating strategy• Developing communicating strategy implementation plan• Conducting marketing activities

Organizational Development

[<Click here to return to title page>](#)

Background and achievements/lessons to date:

Zimbabwe Red Cross rapid appraisal:

Recognition	Act of parliament due for review
Statutes / Constitutions	To be reviewed in 2004
Strategic Development Plan	To be reviewed by end of 2003
CAS Document	In need of revision to reflect integrated approach to HIV/AIDS and the serious economic downturn in Zimbabwe, and changed donor environment.
Self Assessment	Last done in 2002 and to be done 2003
National Society General Assembly	Elections for key roles held annually on a rotating basis for three-year term
Audit	International standards external audit annually and internal audit team in place for routine audit and monitoring
Staff	105
Volunteers	40,000
Number Of Functioning Branches	420

Zimbabwe Red Cross has a clear plan for improving its own structures and performance, based on the strategic directions laid out in the ten-year strategic plan. Implementation of the plan is well underway, and some activities such as the creation of an internal audit department, and recruitment to new senior staff positions, have already been completed. New office premises have been purchased; the national society headquarters will move by the beginning of 2004.

Zimbabwe Red Cross was one of the pilot national societies for the Federation's information technology project in recent years; the national society headquarters now has a functional network and runs modern accounting software capable of dealing with the demands of multiple projects in multiple locations with multiple donors.

A performance management and monitoring programme is being overseen by Price Waterhouse Coopers. The programme will allow the national society to manage and monitor staff performance all round as the implementation is using the balanced scorecard framework.

In addition, the national society is embarking on a job evaluation and re-grading exercise as well as a salary structure review. This is part of the organization's efforts to recruit and retain key skills. As part of the staff development plan, continuous training is being provided to staff to ensure that the national society has an adequate and appropriate skills base. The training is directed at both the management and implementing staff to enhance their competencies.

The national society has been and will be holding governance workshops to clarify roles and responsibilities between and among staff and volunteers. A volunteer code of conduct has been developed and adopted and it is expected to assist the organization in managing volunteers. The national society needs to strengthen resource mobilization; a plan of action to that effect has been developed and will be put into operation once funds are available. This will ensure the sustainability of the national society by guaranteeing core costs of the national society on a long-term basis.

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

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

Expected results and related projects for this objective :

Project Title	Expected Results	Activities planned to meet results
Volunteer development	Zimbabwe Red cross has an effective volunteer management system in place	<ul style="list-style-type: none"> • Implementing a volunteer management system
Resource mobilization	Zimbabwe Red Cross has increased its financial resource base in both value and diversity	<ul style="list-style-type: none"> • Implementing a fundraising plan
Branch Development	Zimbabwe Red Cross has functional branches in place that are actively participating in project implementation	<ul style="list-style-type: none"> • Customising and implementing the branch development manual to meet the Zimbabwe Red Cross branch development needs • Implementing income generating activities
Capacity Building	Integrated capacity building teams are built and supported in providing more relevant support to branches in improving their work related to priority programs such as HIV/AIDS and food security	<ul style="list-style-type: none"> • Building up an integrated strategy within the national society
Staff Development	Zimbabwe Red Cross has human resources policy developed	<ul style="list-style-type: none"> • Developing a human resources management policy • Installing and placing into operation a performance management and monitoring system

<Click here to access the Logical Framework Planning Matrix document for Organizational Development>

Coordination, Cooperation, and Strategic Partnerships

<Click here to return to title page>

The Federation delegation actively supports Zimbabwe Red Cross in its coordination functions. Zimbabwe Red Cross programming is increasingly integrated around the HBC project sites. This requires effective coordination between the technical departments of Zimbabwe Red Cross, and between the various donors supporting these programmes. An operational meeting every two weeks tackles issues arising within and between programmes, and provides an effective coordination mechanism for field trips, technical support, planning of training, and minimising duplication and overload. The meeting is chaired by the national society programmes coordinator and supported by Federation programme delegates as required.

A monthly meeting between senior Zimbabwe Red Cross staff and representatives of Federation, ICRC and the partners present in country addresses issues of a more strategic nature, ensures maximum coverage of Zimbabwe Red Cross programme needs, and ensures programmes are complementary and equitable between provinces.

The Federation also participates in various coordination functions, mostly linked to the emergency response, at national level. Zimbabwe Red Cross and ICRC are also represented in the fora. The Federation is also a party to three-way agreements with UN agencies.

International Representation and Advocacy

The Federation will represent, promote and enhance the visibility of work of the Federation and that of the Zimbabwe Red Cross.

The Federation delegation will assist Zimbabwe Red Cross to develop and expand links with all stakeholders including local and intern media, diplomatic missions, civil society representatives, local authorities, NGO and the corporate sector to secure coverage not only of disaster and emergency situation but also of events and activities linked with Zimbabwe Red Cross humanitarian work.

Zimbabwe; Annual Appeal no. 01.20/2004

The Federation will support and guide Zimbabwe Red Cross to build capacity to advocate communicate and establish their own external relations including the critical relationship with the government.

Goal: Federation advocacy on humanitarian issues or work makes a positive impact on the lives of vulnerable people

Objective: Awareness of Zimbabwe Red Cross and the Federation activities is increased in Zimbabwe through effective advocacy and representation.

Expected results:

1. Zimbabwe Red Cross has a high profile as a humanitarian organization
2. More strategic partnership are identified and established
3. The dignity of the vulnerable people is increasingly protected and respected
4. Prompt and accurate coverage of Zimbabwe Red Cross events in the print and electronic media.

Delegation Management

During 2003 the Federation food security operation country office took over more responsibility from the regional delegation in line with both the change strategy and the concept of integration of programmes. At the beginning of 2004 a small country delegation is being maintained with two delegates. The main function of the delegation is to support Zimbabwe Red Cross in the distribution of food and non-food items, and ensuring successful coordination and integration of HBC with other programming encompassing food security, HIV/AIDS, disaster management, water-sanitation and malaria. The delegation office is co-located with the Zimbabwe Red Cross headquarters; all delegates - Federation and bilateral - have defined counterparts. The Regional Delegation provides technical support in disaster preparedness, organizational and branch development which are outside the priority integration area.

For further information please contact:

- *Emma Kundishora, Secretary General, Zimbabwe Red Cross Society, Harare; Email zrcs@ecoweb.co.zm; Phone 263 4 775 416 / 8; Fax 263 4 751 739*
- *Ben Mountfield, Federation Head of Zimbabwe Delegation, Harare; Email ifrcsa08@ifrc.org; Phone 263 34 781 516; Fax 263 4 751 739*
- *Richard Hunlédé, Federation Regional Officer, Geneva; Email richard.hunlede@ifrc.org ; Phone 41 22 730 43 14 ; Fax 41 22 733 03 95*

<Budget below - Click here to return to title page>

BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.20/2004

Name: Zimbabwe

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	10,900	94,000	0	0	0	0	104,900
Clothing & textiles	25,530	1,000	0	0	0	0	26,530
Food	20,700	2,363,500	0	0	0	0	2,384,200
Seeds & plants	0	130,000	0	0	0	0	130,000
Water & Sanitation	170,100	0	0	0	0	0	170,100
Medical & first aid	24,150	0	0	0	0	0	24,150
Teaching materials	34,500	5,000	0	0	0	0	39,500
Utensils & tools	10,932	12,000	0	0	0	0	22,932
Other relief supplies	15,520	20,000	0	0	0	0	35,520
SUPPLIES	312,332	2,625,500	0	0	0	0	2,937,832
Land & Buildings	0	0	0	0	0	0	0
Vehicles	46,725	134,000	0	0	0	0	180,725
Computers & telecom	3,000	35,000	0	0	0	0	38,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	49,725	169,000	0	0	0	0	218,725
Warehouse & Distribution	0	20,000	0	0	0	0	20,000
Transport & Vehicules	31,720	611,760	1,889	0	0	0	645,369
TRANSPORT & STORAGE	31,720	631,760	1,889	0	0	0	665,369
Programme Support	39,079	272,630	2,215	0	0	0	313,924
PROGRAMME SUPPORT	39,079	272,630	2,215	0	0	0	313,924
Personnel-delegates	0	107,100	0	0	0	0	107,100
Personnel-national staff	88,160	106,000	3,069	0	0	0	197,229
Consultants	9,200	20,000	3,305	0	0	0	32,505
PERSONNEL	97,360	233,100	6,374	0	0	0	336,834
W/shops & Training	8,280	105,000	0	0	0	0	113,280
WORKSHOPS & TRAINING	8,280	105,000	0	0	0	0	113,280
Travel & related expenses	23,720	28,200	0	0	0	0	51,920
Information	12,420	30,400	23,606	0	0	0	66,426
Other General costs	26,580	98,720	0	0	0	0	125,299
GENERAL EXPENSES	62,720	157,320	23,606	0	0	0	243,645
TOTAL BUDGET:	601,216	4,194,310	34,084	0	0	0	4,829,610