

PROGRAMME UPDATE



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

23 June 2003

Appeal No. 01.23/2003

Appeal Target: CHF 526,122

Programme Update No. 1;

Period covered: January - April 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

For more information: www.ifrc.org

In Brief

Appeal coverage: 0%

Outstanding needs: CHF 526,123

Related Emergency or Annual Appeals: Southern Africa: Food Security and Integrated Community Care (Emergency Appeal 15/03)

Programme Summary: By the end of the first half of 2003, the Zimbabwe Red Cross Society (ZwRC) had successfully responded to a number of disasters, including localised floods in Mashonaland Central, floods caused by Cyclone Japhet in Manicaland, Masvingo and Mashonaland West, and food insecurity. The Society continues to develop its HIV/AIDS programming which has received international recognition. Additionally the Society is supporting neighbouring sister societies with developing similar programming. The Society, however, in order to continue to progress with its programming must overcome financial obstacles created by the increasing rate of inflation currently affecting Zimbabwe's economy. The fact that this appeal has received very limited (or no) support will have negative implications for further progress for the national society and Red Cross activities in Zimbabwe.

Operational developments

During the reporting period, the Zimbabwe Red Cross Society (ZwRC) was active responding to a number of disasters, including localised floods and food insecurity. The Society has acquired a considerable amount of experience in disaster response over the years, and has noticeably increased its response capacity. During the early part of 2003, the Society responded to localised floods in Mashonaland Central and to floods caused by Cyclone Japhet in Manicaland, Masvingo and Mashonaland West.

In addition, with more than 30% of the adult population between 15-49 infected with HIV/AIDS, the Society is responding to the enormous humanitarian needs in the country related to the pandemic. The Society focuses its efforts within care and prevention, and is well known nationally, regionally and internationally for its home-based care projects (HBC), where volunteers are trained as Care Facilitators to provide care and support to people living with HIV/AIDS (PLWHA). Within food distribution, the Society has targeted the most vulnerable people for food

distribution within the HBC projects, as nutrition is of vital importance for the survival of PLWHA. The ZwRC activities within HIV/AIDS are being placed as role models and best practices and are duplicated by other National Societies in the region.

Health and care

Overall 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.

Programme Objective: The Federation supports the ZwRC capacity to implement community-based health care programmes, 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

The ZwRC health and social services sectors have adopted the Federation strategies 2010 and ARCHI 2010. Programming is aimed at providing timely, appropriate and acceptable humanitarian services to the most vulnerable groups whilst encouraging and promoting activities aimed at reducing morbidity and mortality associated with communicable diseases in targeted communities. The ZwRC health programme is focusing on health education related to common diseases, and First Aid training at various levels and to disseminate information at the community level.

The general health in Zimbabwe deteriorated rapidly in 2003 as a result of a decline in the country's overall socio-economic status. The drought situation, and effects of cyclone Japhet which affected some parts of the country with heavy rains and flooding, has left many people without food and other essentials. Therefore a large part of the population is dependent on food aid.

Due to the high rates of inflation, increasing commodities costs, and shortages of foreign currency to import commodities, the capacity of the health sector has declined. The weakening of the health system has resulted not only in a loss of capacity to address health problems, but also in a loss of confidence by the population in the system itself.

In addition, the above situation has resulted in the gradual degradation of the countries' malaria prevention programme, which has historically reduced transmission throughout the country. The result is this year a number of districts are not protected as they normally would be, which has led to an increase in vulnerability to malaria within the specific populations. At present the country is experiencing malaria outbreaks in various districts, which has reached epidemic levels, forcing the Ministry of Health (MoH) to seek assistance from local and international organisations.

The Federation and the WHO worked together and tried to identify appropriate support to the MoH. This led to an assessment in Zimbabwe and Zambia to identify needs, which were later integrated into the Southern Africa Food Security Emergency Appeal (15/03.)

Achievements against Expected Results

The capacity of ZwRC to design and implement health projects that reduce the morbidity and mortality rates of common priority healthy problems is strengthened.

- **ZwRC health staff trained and able to design, implement, monitor and evaluate CBHC projects.**

ZwRC, with the support from the Federation's Regional Health Programme, conducted a situation analysis for Malaria in Hwange district and later designed and implemented a community malaria intervention pilot project in the district. Lessons learnt from this project will be used to scale-up community malaria projects in other districts. 240 ZwRC volunteers have been identified and are in the process of being trained in community malaria interventions.

Situations analysis for Community TB DOTS was undertaken in two districts in partnership with the MoH and WHO, this information will be used to design and implement community TB DOT in an integrated manner with HIV/AIDS HBC projects

- **First Aid teams trained in five districts.**

The Community Based First Aid (CBFA) team could not be trained due to lack of funding.

- **Communities in target areas are able to respond to common health conditions.**

This expected result could not be implemented, as CBFA teams could not be trained. It was expected that CBFA could be used as a tool to reduce the vulnerability of communities to preventable diseases, empowering communities to take their own initiatives to respond to their priority needs.

- **ZwRC are members of country coordination body.**

With support from the Regional Health Programme, ZwRC is a member of the Interagency Immunisation Committee and of late both the Federation and ZwRC were invited by the MoH to be a member of the Country Coordination Mechanism. This has put ZwRC in a better position to lobby for the global funds.

- **A proposal for malaria and TB developed by ZwRC and submitted to GFATM.**

ZwRC was identified by the MoH as an implementing partner for the Community TB DOT and Community Malaria Interventions, funded from the global funds.

- **ZwRC actively involved in prevention and responded to cholera outbreaks.**

ZwRC is actively involved in cholera mitigation in most parts of the country, while working closely with the district's director of health. ZwRC, with support from the regional delegation, responded effectively to cholera outbreaks in Mashonaland West province and in Beitbridge.

- **ZwRC have created new partnerships with other organisations.**

ZwRC, with the support from the regional Health Programme, worked in partnership with MoH, WHO and UNICEF, in the development of Community Malaria Interventions, community TB DOT and recently in the process of establishing a cholera strategy.

Impact:

The Hwange community malaria intervention and Gweru community TB DOT were designed in a manner that communities will take an active part in the implementation and monitoring of the projects, this will ensure a strong impact and sustainability of the projects. The project will ensure that ZwRC volunteers and the communities have the knowledge to deal with their daily challenges, and in that way reduce vulnerability and morbidity. The project will minimise the communities' vulnerability to malaria and TB and improve their overall health situation.

The two projects will also be implemented in an integrated manner with Home Based Care projects for HIV/AIDS, this will ensure that resources compliment each other and the projects' impact extends beyond the intended narrow objectives.

Constraints:

The major constraint during this period is lack of funding to implement the appeal planned activities and this has led to frustration of the National Society's staff. The continuation of the food security operation has absorbed most of the ZwRC capacity to implement other projects.

Cooperation:

ZwRC has established a very high profile within the MoH, WHO and UNICEF, as a result ZwRC is a member of various MoH bodies such as; Epidemic Task Force, Interagency Immunisation Committee, Country Coordination Committee, etc.

HIV/AIDS

The Zimbabwe Red Cross Society has a long experience working in HIV/AIDS and the Society has successfully implemented HIV/AIDS activities since the late 1980's. The Society's programmes have been used as role models, which have been duplicated in other countries in the region. Exchange visits of staff from the ZwRC to train other national societies in the region have also been arranged to share experiences and skills.

The humanitarian needs in the country are enormous as the country struggles with one of the highest HIV/AIDS prevalence rates in the world, with more than 30% of the adult population infected. The number of dependents and orphans continue to grow as the disease takes its toll on the productive labour force. Life expectancy rates have fallen drastically to approximately 40 years of age.

The ZwRC responds to the needs focusing on activities mainly within prevention. The home-based care projects are spread throughout the country and complement the efforts of the government, whose hospitals are overcrowded and resources over stretched.

Achievements against Expected Results

By the end of 2004, ZwRC has increased the impact of its HIV/AIDS programme through increasing the quantity and quality of its interventions.

- **ZwRC's home-based care project for PLWHA is expanded to reach an additional 8,000 clients.**

During the reporting period, the national society conducted baseline surveys in two districts of Shurugwi and Zvishavane. Training of care facilitators will commence in the second quarter. Three provinces also conducted training for care facilitators in existing home-based care projects. Approximately 10,000 clients received care and support.

- **ZwRC youth peer education project is expanded to reach an additional 25,000 youths in safer sex skills.**

More than 5,000 youths were reached with youth peer education during the reporting period, as the youth peer education programme continued to reach youths and the public with behaviour change messages. Twenty-one peer educators were trained in a workshop by the Namibia education entertainment team in drama and puppetry shows. The exchange of skills and experience is a good example of regional cooperation and sharing of knowledge and best practices. The Namibian Puppet Power programme has been very successful in reaching youth with messages on HIV/AIDS and STDs, through the use of puppets.

- **ZwRCs HIV/AIDS programme is expanded to reach an additional 7,000 orphans supported materially and psychologically.**

So far, 3,000 orphans continued to receive food parcels under the food security programme. Foster care parents were also supported with the materials. A significant number of orphans and vulnerable (OVCs) were referred to other organisations. There is an enormous need to support orphans care projects as the number of orphans and other vulnerable children rise, due to the number of people dying from HIV/AIDS related illnesses, which continues to rise.

The memory box pilot projects in Chitungwiza and Bindura continued to build good rapport between the children and their parents. The project is very successful and will be duplicated to Namibia and South Africa later in the year.

- **The capacity of the ZwRC to manage, implement, monitor and evaluate its HIV/AIDS programme is strengthened.**

The capacity of the national society has been improved in the area of monitoring and programme implementation with support from the Danish Red Cross Regional Representative. This was made feasible due to ongoing training of all staff in programme management.

Overall, the capacity of the ZwRC to manage and implement its HIV/AIDS programme is very strong, based on their long experience of working within HIV/AIDS. The Society is well-known throughout the country for its efforts in this area.

- **ZwRC has created new partnerships with other organisations.**

During the reporting period, new partnerships with the Japanese Red Cross, UNICEF and UNAIDS were initiated.

- **The ZwRC is recognised both nationally and internationally as a key actor in the fight against HIV/AIDS.**

Through advocacy and communications strategies directed at media and authorities, the ZwRC has become visible and is recognised by the UNAIDS, government, and other stakeholders through its humanitarian work within and outside the country. The Society has increased its visibility through its good work in HIV/AIDS, which is being duplicated by other organisations and by other national societies in the region.

Impact:

There has been a very positive and noticeable impact in the communities where the HBC and prevention programmes are being implemented. The beneficiaries are very appreciative of the support that the ZwRC is providing for them, especially to the most vulnerable such as the chronically ill and orphans and vulnerable children.

Approximately 10,000 people living with HIV/AIDS (PLWHA) were assisted with care and provision of food and their quality of life has improved noticeably. Psychological support is one of the very strong components included in the care and support provided to PLWHA in the home-based care project. Orphans and other vulnerable children also benefited from psychological support, as well as food, uniforms and school fees. Many of the children stopped going to school after the death of their parents and many have been abused. Thanks to the interventions of the ZwRC, the children now have a future and the hope of making a life for themselves with no adult relatives to fend for them.

With its activities within HIV/AIDS, the ZwRC has been recognised internationally as an important player on the humanitarian scene.

Constraints:

The care facilitators are somewhat overstretched due to the number of clients that they are looking after. The care facilitator to client ratio has gone over the limit, and the care facilitators are therefore having great difficulties in providing quality care and services to the clients. The ZwRC has planned to train more care facilitators to solve this problem and respond to the enormous needs.

Low volunteer incentives are affecting the morale of the care facilitators, particularly in the food security situation and given the skyrocketing inflation, as many cannot afford to work for free.

In addition, many of the care facilitators are living with HIV/AIDS, and it is becoming increasingly common for the facilitators to die of the disease themselves, hence leaving few care facilitators to look after the clients.

Finally, it is often not possible to train family members due to the fact that there is no one at home to take on the role as care giver. In these situations, the care facilitators have to do everything themselves. This is adding more work on the already overburdened care-facilitators.

Coordination:

The Society has a long-standing partnership with the Danish Red Cross. The Society has benefited from this partnership and has increased its capacity as a result of the programmes, particularly within HIV/AIDS.

The Japanese Red Cross is now also supporting the Society with the implementation of HIV/AIDS activities. In addition, the Society works closely with the government, UN agencies and other relevant stakeholders within HIV/AIDS, as well as churches and community groups.

Water and Sanitation

The Zimbabwe Red Cross remains strongly committed to its water and sanitation (Wat-San) programme, which is regarded as a core programme within the health and care sector.

In Mudzi and Rushinga districts, emphasis during the reporting period was on community oriented 'software' activities, which resulted in a high demand for vector control and latrine construction. Furthermore, increased branch involvement and increased community participation were concentrated upon.

Scaling-up of Wat-San activities within the food security context took place in Masvingo/Zaka and Beitbridge, which was possible through increased Federation support and experienced ZwRC branches. Links with health and HIV/AIDS activities have been strengthened at field level whereas the need remains for programming accordingly at national level.

The regional programme will continue to support the Wat-San activities of the Zimbabwe Red Cross as planned and required, though additional funding will be needed to cope with the continued price increases.

Achievements against Expected Results

ZwRC capacity in the provision of sustainable water and sanitation services is increased.

- **ZwRC has developed an integrated local approach to determining emergency and developmental water and sanitation needs taking into account SPHERE and country standards.**

260 family latrines and 10 multi-compartment school latrines have been built according to the country standards (Blair VIP latrines). The vector control training and associated activities, which were done strictly, followed the Federation, SPHERE and WHO guidelines.

- **ZwRC effectively disseminates the impact of its water and sanitation activities to existing and future partners.**

Increased branch involvement enhanced the sustainability of the WatSan projects. The ZwRC branches in Mudzi and Rushinga have become the focal points for community development activities. ZwRC has maintained good relationships with this community and the people are motivated to support the programmes. The funds are therefore effectively used, shown by the high number of latrines built and an increase in membership, which now has 258 members and 15 new sub branches and youth groups.

- **ZwRC has in place effective monitoring, reporting and evaluation systems.**

ZwRC provides good coordination, implementation and management of its WatSan projects. The ZwRC WatSan coordinator carries out regular monitoring visits and initiates stronger links with health, HIV/AIDS, DP and branch development. The branches implement the set plans and strategies effectively and also hold monthly project meetings to review progress and constraints, as well as to map the way forward to achieve the planned results.

- **ZwRC water and sanitation strategy is consistently implemented with all partners.**

Training and community development have been achieved through coordination with other organisations involved in the WatSan projects in the area. Support from the regional delegation is mainly in support of financial management and training services.

- **ZwRC has increased the capacity of beneficiaries in water and sanitation planning and implementation with linkages to health and HIV/AIDS programmes.**

Approximately 9,850 beneficiaries have been reached in Mudzi and Rushinga districts through activities such as;

- Vector control – to prevent malaria, skin and eye infections. 28 people have been trained in vector control so far.
- Empowering communities to be responsible for their water source points. This was done through Community Based Management training and Operations and Maintenance training. 112 people have participated in this training.

- 1,640 households were involved in hygiene and sanitation awareness. This plus the health courses for builders has resulted in good environmental hygiene in eight villages. The induced interest in the building and use of latrines consequently contributed to combat diarrhoeal diseases and worm infections. So far 260 family and 20 school latrines have been built.
- HIV/AIDS awareness now forms part of the health/hygiene messages used by volunteers during their regular visits in the community.

- **Water and sanitation technical and managerial capacity in ZWRC is increased.**

The ZwRC WatSan section and its network has proved able to adequately deal with the scaling up of its activities in order to complement the Food Security operations, as well as to respond to a cholera outbreak. WatSan projects have been crippled in some target areas such as Zaka/Masvingo, Beitbridge and Matopo/Matebeleland South by insufficient funding. However, with the current funding 29,000 vulnerable people are being saved with safe sanitation and water.

- **ZwRC ability to implement emergency water and sanitation intervention is increased.**

Well-trained ZwRC WatSan staff in the Food Security target areas (Zaka, Mwenezi/Masvingo and Beitbridge, Matopo in Matebeleland South) enabled the Society to adequately respond to the increased needs and to reach out to the most vulnerable.

In February this year, the Southern part of Zimbabwe (Muzarabani District) was affected by floods caused by cyclone Japhet. WatSan interventions were minor and did not require outside assistance.

Impact:

Key persons from the Ministry of Health and Child Welfare and the ZwRC confirmed the reduced incidences of water related diseases such as diarrhoeal infections and the communities' ability to make their own Oral Rehydration Salts (ORS) if needed. Improved health/hygiene practices and increased participation in latrine construction improved the overall health conditions of the beneficiaries. Increased community initiatives for pump maintenance and repair showed that the communities assume ownership of the project.

The visits of high-level key persons to the field (British Red Cross Health Advisor, Malawi Red Cross Secretary General, and Wat-San staff officers from Geneva) and continued support from a number of PNSs ensured that ownership was felt at community level and branch level.

Overall, the Wat-San projects in the country are having a good impact on the lives of the most vulnerable and continue to improve the living conditions and empower the beneficiaries to respond to health situation and take responsibility of the community development. The increased focus on 'software' (health education and hygiene promotion) further contributes to the improved health standards of the targeted communities.

Constraints:

Whereas the reporting period emphasis was laid on the construction of latrines and software, tenders for the rehabilitation of boreholes for the next quarter have already indicated substantial price increases. Prices for commodities like cement have doubled already and temporary shortages on the market have been observed as well.

Fuel shortages further impacted on the monitoring costs. With this development, not all the targeted beneficiaries may be reached as planned, unless additional funding is sought and provided.

Co-ordination:

At national level, the ZwRC Wat-San team works closely with local authorities, DDF, Ministry of Health & Child Welfare, UNICEF, Oxfam, WHO and is also a member of the national Wat-San task force. The ZwRC Wat-San coordinator was also part of the review exercise of the regional Wat-San programme. At district and local level, the ZwRC Wat-San team actively includes people from government district offices in their training, assessments and monitoring.

Disaster Management

Over the past years, ZwRC's disaster management programme has assisted the government to respond to various emergencies such as drought, floods and epidemic outbreaks. The Society has assisted victims of droughts of 1992, 1995 and 1997 through the provision of relief assistance and supplementary feeding schemes. Despite limited resources available during the floods in 2000 and 2001, the Society's response to these disasters was commendable and increased the Society's credibility and visibility in the country. The Society has consequently gained much experience and has increased its disaster response capacity.

The ZwRC has also been working in close cooperation with the ICRC and UNHCR in refugee camps in the country providing humanitarian assistance to the Mozambican victims of conflict, as well as information dissemination and emergency preparedness training.

In the lead-up to the 2000 parliamentary election and the 2002 presidential elections, the Society prepared comprehensive contingency plans for possible population movements and deployed first aid teams at all polling stations with support from the IFRC and ICRC.

The Society has developed a Disaster Management Policy and Code of Conduct to guide the Society in its activities with support from the Federation.

During the reporting period, the ZwRC has been responding to the humanitarian needs in the country. In light of the current economic situation, the critical food shortages and the devastating HIV/AIDS pandemic, the ZwRC with support of the Federation and other partners, is conducting targeted food distribution through its home based care programmes targeting approximately 150,000 HIV/AIDS affected people, orphans and other vulnerable groups.

In February, a passenger train disaster at Dete in Matabeleland North Province accidentally killed 50 passengers and injured hundreds. The ZwRC were among the first on the rescue scene and provided first aid. A needs-assessment by the local RDRT members established the immediate needs, which were met by the local district administration.

Also in February, the Muzarabani district in Mashonaland Central Province experienced heavy rains resulting in perennial local flooding, which destroyed crops, roads, and bridges and killed one person. In coordination with other partners, the ZwRC responded by chlorinating contaminated water sources, providing health education and vector control in an effort to avert cholera. Other partners addressed the food needs and other relief items.

In March, while still on the Muzarabani flooding, Cyclone Japhet hit Zimbabwe and affected the provinces of Manicaland, Masvingo and Mashonaland West. These were also the provinces, which were affected by Cyclone Eline in 2002. In Manicaland, damage was on infrastructure, roads and the destruction of housing and crops. In Masvingo, bridges were submerged and others washed away, houses and latrines collapsed, and some people were marooned along lake Mutirikwi with eight reported deaths.

To respond to the situation, the ZwRC conducted rapid assessments, mobilised trained action team members, distributed relief items, promoted health and hygiene and the chlorination of water sources. These activities occupied the resources and capacity of the ZwRC for most of the reporting period.

Overall Goal: Implementation of characteristics of a well-prepared national society has improved the ZwRC in the following three key areas; know-how, capacity and performance.

Objective: ZwRC has developed mechanisms for empowering and strengthening communities in disaster management so as to reduce human suffering.

Achievements against Expected Results:

Unfortunately, due to the disasters in the country, which the ZwRC has been busy responding to, the capacity of the Society has been stretched. Very little of the planned activities have therefore been carried out and activities have been deferred to take-off in May. These being,

- Comprehensive disaster management plans operation by end of 2003.
- 2,640 staff and volunteers trained in disaster management by end of 2004.
- ZWRC has put in place a community-based early warning system by 2004.
- Increased disaster preparedness awareness in vulnerable communities through 18 radio and TV programmes.
- Improved disaster preparedness, response capacity and emergency stocks available in vulnerable districts by end of 2004.
- Sustainable food security initiatives identified and integrated into other sector programmes in vulnerable districts by end of 2004.
- Advocated for the inclusion of disaster management curriculum modules in schools and colleges by end of 2004.

Impact:

The emergency response activities, which the Society has increasingly taken on over the past years have increased the disaster response experience and capacity of the ZwRC. Trained RDRT members have deployed to the field to conduct assessments. The use of early warning systems and the mobilization of action teams have likewise increased the response capacity of the National Society.

The vulnerable communities have increasingly been empowered to respond to disaster situations themselves and the visibility of the ZwRC throughout the country has increased noticeably.

Constraints:

Due to time constraints and the diversion of human resources to the emergency situation that have occurred during the reporting period, the planned disaster management situations have been deferred to commence in May.

Co-ordination:

With the current food security operation, the ZwRC participate in monthly Interagency Food Security Coordination meetings in Harare, where more than 30 non-governmental agencies and the UN organizations share information, developments and updates on their ongoing operations.

In disaster management, the ZwRC also enjoys good cooperation and collaboration with government departments and is represented at Boards in the Ministry of Health and sit in the Crisis Committee of the Civil Protection Unit at all levels. Close collaboration is also being maintained with the other humanitarian agencies, e.g. UN agencies, Care International, World Vision, Catholic Relief Services, Save the Children (UK), Christian Care and others.

Organisational Development

ZwRC has been going through a change process since the late 1990's following a complete review of the Society's programmes and activities. Strategic planning was identified as essential to support implementation of the change process and to re-focus the national society to the needs of vulnerable communities in Zimbabwe and the role that ZwRC should play in addressing these needs. In order to effectively work in its core strategic areas the five-year strategic plan focuses on the following six strategic priorities that have to be addressed:

- Organisational image and quality of service delivery
- Organisational structuring and management
- Human resource management and development
- Resource mobilization and management
- Policy and legislation
- Management information systems

The society revised its finance policy and appointed a substantive finance director and an internal audit team to strengthen accountability and transparency and also work towards financial independence. A CAS document was drawn in 2001. The document has helped the Society market itself and attracts more partners.

The focus in 2003 and 2004 for Federation support is on financial and resource development and volunteer and branch development in order to build up on existing initiatives. Improvements have already been made in these areas including a draft volunteer code of conduct and the use of the Federation branch development manual whose main emphasis is on linking local branches to project activities.

During the reporting period, the OD programme has worked in close consultation with the ZwRC. The Society received support in financial and resource development activities, which saw the installations of an accounting system NAVISION from the capacity building fund through an OD supported proposal. The national society hired a finance director as well as an internal audit team.

The Society is a member of the Regional Capacity Building Team, which was recently established through one of its provincial managers. The objective of the team is to strengthen the capacity of national societies in the region through peer pressure and sharing of experiences and best practice.

The ZwRC also participated in the regional resource mobilisation workshop, which took place in Johannesburg. The Society pledged commitment to give regional resource mobilisation top priority in order to increase its funding base. In this light, the ZwRC is looking for ways to diversify its income base with priorities targeted at expanding its kiosks at major hospitals, grinding mills, first aid training and property development.

Finally, the focus for Federation OD support to the ZwRC for the coming years is to support its volunteer and branch development efforts with improvements including a draft volunteer code of conduct and an emphasis on linking local branches to project activities.

In its effort to support the ZwRC towards a well functioning national society the regional OD programme has been in close consultation with the ZwRC on how the national society conducts its activities with the Federation's OD delegate as their focal person. The ZwRC received support in financial and resource development activities, which saw the installation of an accounting system, NAVISION from the Capacity Building Fund materialise through an OD supported proposal. The ZwRC has now hired a finance director and an internal audit team.

The ZwRC is a member of the Regional Capacity Building Team that was recently established through one of its provincial managers. It is through this that there is expected strengthening of national scaling up in capacity building and as such positive changes are expected to take place at ZwRC. The ZwRC will also participate in the resource development workshop that will take place in Johannesburg at the end of the month. The ZwRC has been in the pilot programme of MIS project on creating a volunteer data bank. The Society is currently developing a performance management system to ensure that the human resource improvements are sustainable in the longer-term. Financial management is also being targeted with the installation of new accounting software NAVISION. Financial resource development approach will be to build on existing initiatives, which have already demonstrated feasibility.

In this light ZwRC is looking for ways to diversify its income base with priorities targeted at expanding its kiosks at major hospitals, grinding mills, first aid training and property development from the plot of land it owns in central Harare for a medical centre. There will be a resource review including rewriting job definitions, job descriptions, and the revision of salary grading for the purposes of undertaking a complete human resources review.

The other focus in 2003 and 2004 for the federation support is on volunteer and branch development with improvements including draft volunteer code of conduct and an emphasis on linking local branches to project activities.

Overall Goal: Implementation of the characteristics of a well-functioning national society has improved the ZwRC in the three key areas: foundation, capacity, and performance

Programme Objective: Secretariat support to the National Society has led to volunteer, branch and financial resource development.

Achievements against Expected Results:

1. ZwRC has increased capacity to design and implement their strategic directions.
2. ZwRC has an effective volunteer management system in place.
3. ZwRC has increased its financial resource base in both value and diversity.
4. ZwRC has functional branches in place that are actively participating in project implementation.

Impact:

The Adoption of NAVISION has had positive impact on the general analysis and maintenance of the ZwRC head office financial records that have become more manageable. As a member of The RCBT capacity building within the NS focus on OD issues will be increased during the second quarter through communication, networking and sharing experiences with other National Societies.

Constraints:

The delay in producing the Appeal budget has hampered progress on implementation of OD planned activities. There is still need or more finance staff training and rolling over of the NAVISION accounting package to provincial offices so that there will be an effective networked system.

Coordination:

Currently the Regional programmes, OD, HIV/AIDS, DP/DP and Food Security were coordinating to support ZwRC through having two in-country Food Security delegates and a Danish Red Cross delegate working with the NS.

For further information please contact:

- *Zimbabwe Red Cross, Phone: (263) (4) 775416 / 773912 / 775418, Fax: (263) (4) 751739, E-mail: zrcs@harare.iafrica.com.*
- *Harare Regional delegation, Phone: +263 4 705 167, Fax: +263 4 708 784, E-mail: ifrczw01@ifrc.org*
- *Federation Secretariat, Richard Hunlede, Regional Officer, Phone: +41 22 730 4314, Fax: +41 22 733 0395; email: richard.hunlede@ifrc.org.*
- *Regional Reporting Officer, Theresa Takavarasha, ifrczw12@ifrc.org, (263) 04 705166, fax (263) 04 708784*

All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation website at <http://www.ifrc.org>