

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

30 June 2004

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 181 countries. For more information: www.ifrc.org

In Brief

Appeal No. 01.20/2004; Programme Update no. 1, Period covered: January to June 2004;
Appeal coverage: 34.9%; Outstanding needs: CHF 3,145,206 (USD 2,487,312 or EUR 2,057,035).
[\(Click here to go directly to the attached Contributions List \(also available on the website\)\).](#)

Appeal target: CHF 4,829,611 (USD 3,627,195 or EUR 3,108,857).

Related Emergency or Annual Appeals: N/A

Programme summary: The biggest humanitarian challenge in Zimbabwe is the HIV/AIDS epidemic and the associated socio economic effects. The [Zimbabwe Red Cross Society](#) programme continues to have a profound impact on HIV affected households and persons living with HIV/AIDS (PLWHA). The quality of life of the beneficiaries has improved as they can put food on their table averting hunger and assisting them to comply with their medication especially for TB. Early childhood development has also been secured for the orphaned and other vulnerable children (OVC) who have received psychological and educational support, and food assistance. The running costs for such a comprehensive programme encompassing care, support and food aid are high; the national society hopes to be able to sustain the operation. Focus has also been placed on disaster preparedness in disaster prone areas with vulnerability capacity assessments (VCA) and community-based early warning systems. Water and sanitation (WatSan) intervention has had positive impact on importantly HIV/AIDS affected households. The need for clean WatSan within a reasonable distance is essential for households with chronically ill people. The communities appreciate the Red Cross assistance, and participate fully in programme planning and implementation. The Zimbabwe Red Cross programme has expanded in terms of coverage and monetary value. The national society is continuously making efforts to keep pace with this growth in terms of capacity.

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This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents).

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](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

Operational developments

The general health situation in the country continues to deteriorate as the health delivery system fails to cope with the demand for health services. This has led to the degradation of the country's malaria prevention programme, which has historically been controlling the spread of malaria throughout the country. Communicable diseases such as TB are on the increase in most communities, especially among PLWHA. The Zimbabwe Red Cross health and care programme continues to be guided by the Federation [Strategy 2010](#) and [ARCHI 2010](#) mainly focusing on first aid training and home nursing including community-based health care (CBHC). Malaria prevention also remained a component of community health education among health, hygiene education and HIV/AIDS prevention. The response to the effects of HIV/AIDS pandemic at household level continued. The broad strategy for the national society remains that of prevention, care and support. The home-based care (HBC) activities are aimed at improving the quality of life of those affected and infected by HIV/AIDS. More Care Facilitators were trained in order to reduce the load of clients per care facilitator to ensure quality care and preventing possible burn out of the volunteers. The Zimbabwe Red Cross is still a key force behind the formulation of health policies in the country and the National Global Fund initiatives for Malaria, TB and HIV/AIDS.

The most vulnerable continued to benefit from food aid distributions, most of which are those affected and infected by HIV/AIDS. The food has been very essential, especially to those on TB treatment; those receiving food aid have shown improved mobility. In an effort to ensure household food security agricultural inputs have been provided and the results on the ground showed that the clients and OVC were able to benefit from this. The numbers of orphans and vulnerable children are on the rise and the national society continued to assist these orphans in various ways including educational support, to ensure they remained in school, food aid and psychosocial support.

During the reporting period the Zimbabwe Red Cross responded to a couple of disasters which included a lorry disaster and localised heavy storms which left many families homeless. The national society responded in time by providing relief to the affected families.

However, most programme funds are experiencing disbursement delays and thus most of the activities for the year will be covered during the third and fourth quarter.

Health and care

Goal: The health and social status of Zimbabwe's most vulnerable communities is improved through 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.

Progress/Achievements

Basic nursing care and counselling provided to 14,000 infected and 56,000 people affected by HIV and AIDS.

A total of 182 care facilitators were trained during the reporting period. The topics covered during the training included: HBC Concept, Infection Control, HIV and AIDS, Community Mobilisation, Communications, Spiritual Counselling, Basic Nursing Care, Wills and Inheritance, Basic Counselling, Importance of Food and nutrition, TB, WatSan and HBC, Selection of Beneficiaries and Record Keeping and, OVC care.

Care facilitators held several meetings to share experiences and ideas in order to maintain and improve on the quality of care given to clients. This is also a forum for supporting each other and this prevents burn out. HBC coordinating committee members continued to meet to share ideas and monitor the implementation of HBC activities. HBC activities carried out included assisting families in the provision of basic nursing care and psychological support to their ill relatives. Counselling has remained an integral and essential component of HBC and the care facilitators continued to provide counselling to clients and their families. It is envisaged that the number of clients seeking counselling services will continue to increase as more voluntary counselling and testing

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(VCT) centres are being established throughout the country. The care facilitators continued to collaborate and network with other agencies that provide VCT services.

Economic empowerment and increased social support and acceptance of PLWHA in the HBC projects

Support groups continued to meet to collectively manage their income generating projects. New support groups that were formed in Marange and Victoria Falls have started a weaving project. A number of self-help groups also discontinued their projects due to shortage of required raw materials, particularly those in soap making projects.

The support groups meet weekly to discuss various issues such as;

- Problems encountered
- Make action plans for their activities
- Receive health education from various professional in the community
- Involve themselves in IGAs
- Distribute tasks amongst themselves, for example visiting other members
- Bring food or any assistance to other members
- To discuss HIV and AIDS and peer counselling

Increased access to basic needs and psychosocial support for 20,000 OVC

The number of registered OVC will inevitably increase as more parents are dying due to HIV/AIDS related diseases. Care facilitators' training has been revised to incorporate orphan care. The OVC continued to receive material support such as hygiene articles, blankets and school fees. Foster carers were trained to look after the needs of OVC. The foster parents training included the following topics; Child abuse, Children's needs and rights, Life skills, Counselling, Parents rights and obligation, HIV and AIDS and children and Laws protecting children

OVC support groups were formed in some of the project areas. Counselling services were also availed to OVC. Memory book activities were continued and in Matabeleland, South Childline, a child protection organization, assisted the province in training.

Increased awareness and access to information on HIV and AIDS and sexual abuse

Information, education and communication (IEC) materials were sourced from other organizations and distributed to beneficiaries in the HBC projects. Peer educators disseminated prevention information. More peer educators were trained to increase coverage. The Zimbabwe National Family Planning Council and the National Aids Council have provided support to the Red Cross at provincial level.

Integrated Food Security: Emergency food inputs for households to remain viable until harvest 2004/ Nutritional supplements for PLWHA nutritional status are improved/ Agricultural inputs for households of PLWHA to gain access to their minimal agricultural input needs

Food distributions continued in all project areas. A review of the programme was done and a scale down period defined based on food availability indicators. The table below shows the tonnages distributed by the national society as well as the beneficiaries reached.

Table 1: Food distribution tonnage

Month (2004)	Total no. of beneficiaries	Maize (MT)	Beans (MT)	CSB (MT)	Oil (Liters)	Sugar (MT)
January	83,933	793,48	171,99	2,176	63,241	1,171
February	85,943	84,683	19,992	2,373	68,614	2,006
March	93,271	91,892	201	27,163	67,362	1,277
April	90,499	88,283	20,617	24,237	62,177	1,066
May	95,330	91,607	19,194	26,515	86,118	1,181
Total	448,976	435,814	97,102	123,405	347,512	6,701

During the reporting period, the results of the agricultural inputs given to clients and orphans were studied. The survey was aimed at establishing whether these labour depleted households could be productive if given the inputs. The results of the survey revealed that HBC clients and child headed households have the ability to be productive as evidenced by the considerable harvest achieved. The study is available at the Zimbabwe Red Cross.

Nutrition gardens and other community food initiatives were supported. These gardens are benefiting orphans and clients. A school in Gwanda is hosting a garden for orphans where they use water from the school source and garden space. The teachers also help to supervise the garden. The produce from this garden is sold and some of it is given to the orphans for home consumption. The national society promoted gardening growing herbal plants used for basic treatment of opportunistic infections for PLHWA. Members of support groups use these gardens as the source of herbal treatment.

Reduced stigmatisation, discrimination and isolation of PLWHA

The volunteers conducted counselling and information dissemination activities earmarked to reduce stigma and discrimination, activities included drama, role-plays, poems and meetings

Establishment of sound sustainable environmental services for 30,000 vulnerable people in two provinces in water supply, sanitation and hygiene promotion

The water supply, sanitation and hygiene promotion activities of the national society are focussed on HBC clients. The report against the objective is detailed below in the WatSan section.

People trained in first aid are able to manage minor accidents and ailments in the home and to respond to disasters

The Zimbabwe Red Cross continues with community first aid training in the provinces and the national training centre which is based in Harare. After the trainees have graduated the national society makes some follow-ups on trainees to support their efforts.

Impact

The counselling service is mostly required in the communities receiving VCT. In some cases the VCT service providers operate on a mobile basis of setting up camp to do VCT and move to the next station. Those tested remain without after test support and the counsellors in HBC project areas are filling in this gap. This counselling is also useful in and encouraging positive living. The psychological support has also given some clients the confidence to disclose their HIV status and has encouraged people to live positively.

The food provision has been a great boost for those on TB medication who have managed to comply with their treatments because of an assured source of food. The agricultural inputs provided have also proven that even these labour depleted households can find means of planting and producing something for their families. This has restored the dignity of PLWHA as they are able to fend for their families.

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There has been a reduction in deaths in some cases, which may be partly attributed to the HBC intervention, which is improving the quality of life of those infected.

Some of the support groups are realising considerable income, which is economically empowering to them. Although some of the IGAs are not very viable, the psychosocial support derived from these groups cannot be ignored. They meet and sing and talk to each other and sometimes visit those who are too sick to attend the meetings. They have proven to be a pillar of support to each other.

The integration of WatSan into HBC has also added a lot of value given that home care requires clean water and sanitation facilities. Health and hygiene education has also been of great use due to adaptive sanitation methods that have to be used when looking after a sick person.

Constraints

Late disbursement of funds has delayed implementation of some of the activities. The number of clients continues to grow outpacing the growth of the care facilitator complement all the time.

Water and Sanitation (WatSan)

Objective: Establishment of sound, sustainable environmental services for vulnerable population (30,000) in two districts by 2005 in: Water Supply, Sanitation and Hygiene Promotion

The actual activities carried out during the reporting period were funded with funds carried over from the previous appeal. There was a lack of implementation of appeal activities in 2003 for two reasons; firstly the focus was on the implementation of the WatSan activities of the Southern Africa food security operation and secondly, the Zimbabwe Red Cross was in the process of replacing their WatSan project manager. This resulted in a temporary lack of capacity in Zimbabwe Red Cross to implement WatSan projects. A new project manager was recruited at the end of 2003.

The projects supported by the Federation using funding from previous years appeals have still not been completed. This is because Zimbabwe Red Cross has been focused on completing another WatSan project for 50,000 beneficiaries (integrated in the larger food security project) funded by ECHO¹ through the Danish Red Cross/British Red Cross. This included the drilling of 30 new boreholes fitted with handpumps and the rehabilitation of 70 handpumps. This project was completed in June 2004. All attention is now on the completion of the previous appeal projects.

Project objectives and expected results have changed over the period of the project, due to the following factors. Firstly, there has been high real inflation over the past 18 months; costs in Zimbabwe have gone from a low base to a level that is normal in the region. However the original budgets were written when the costs were at a low level and thus as prices have risen the number of activities have been reduced. Secondly, the funding has been paying for salaries over a longer period than originally expected; this has had an effect on the number of activities that the funding can pay for. The first reason is by far the most significant reason for the reduction in the number of activities.

The financial situation is extremely complex with multiple donors and multiple pledge management notes for these projects. It is expected that donors will accept standard Federation reports rather than pledge based reports to simplify the reporting on these projects. The workload in producing separate pledge based reports for what are relatively small amounts of money is not justifiable in this constantly changing environment.

¹ ECHO - European Commission Humanitarian Office

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The Swedish Red Cross donated approximately CHF 42,000 to Zimbabwe Red Cross for WatSan in 2004. Once the 2003 projects detailed below have been finished, new projects proposals will be written for Mudzi district in Zimbabwe and possibly one other district (depending on the level of Federation supported funding). The Swedish Red Cross funding, and any funds remaining from the projects outlined below, and any additional funds donated will be used in these new projects. Donors will be contacted for additional funding, if necessary, once these proposals have been written. The Danish Red Cross/British Red Cross have applied for funding through ECHO for a continuation of their support to Zimbabwe Red Cross WatSan but it is unclear whether this will be successful at present. Zimbabwe Red Cross applied through the British Red Cross to DFID² for funding for WatSan interventions (as part of a larger food security project). Again it is not clear whether this will be successful.

Due to the requirement to implement the ECHO funded project rapidly, the regional delegation has provided significant support to Zimbabwe in the first reporting period. What is required now is increased rebuilding of the capacity of Zimbabwe Red Cross to implement projects especially in the hardware (engineering) area.

There is a definite need to water and sanitation interventions as the government input into this sector has been massively reduced during the economic downturn in Zimbabwe.

Progress/ Achievements

This part of this report is against the project objectives and activities as detailed in the annual report for 2003

Mudzi/Rushinga water supply, sanitation and hygiene promotion project

USAID, DFID, British Red Cross, Finnish Red Cross and Austrian Red Cross fund this project

Objective: Establishment of sound, sustainable environmental services for 20,000 vulnerable people in Mudzi and Rushinga districts by 2005 in water supply, sanitation and hygiene promotion.

Indicators: 200 latrines constructed, 10 new boreholes dug, 30 hand pumps rehabilitated, training of 40 village water committees in the community management of new and rehabilitated water points and hygiene promotion to 20,000 beneficiaries.

Progress/ Achievements

All the hardware (latrines and boreholes) for this project has been completed and the rehabilitations were completed this year. The majority of the software (community management and hygiene promotion) has been completed with only five village water committees left to train. The activities will be completed by the end of July. There is still a reasonable amount (approx. CHF15,000) left in this project account. This is because additional donors were found such as USAID, who funded the rehabilitation of boreholes, and DFID, who funded part of the new boreholes. The remaining British and Finnish Red Cross funds will be used to construct an additional 100 latrines, to pay for the assessment and start off the implementation of the next project in Mudzi. The Rushinga project will be closed down but Mudzi has been identified as an area that Zimbabwe Red Cross will work in for a long term.

Matobo water supply, sanitation and hygiene project

The German Red Cross and Swedish Red Cross fund this project

Objective: Establishment of sound, sustainable environmental services for 20,000 vulnerable people in Matobo district in Matebeleland South by 2005 in water and supply, sanitation and hygiene programme.

Indicators: 400 latrines constructed, 25 new boreholes dug, 15 rehabilitated hand pumps and training of 40 village water committees in the community management of new and rehabilitated water points hygiene promotion to 20,000 beneficiaries.

²DFID - Department for International Development (U.K. Government)

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Progress/ Achievements

The total number of latrines to be constructed was reduced to 300 and of this about 200 have been completed with approximately 20 being completed in this reporting period. The rehabilitation of 15 hand pumps (and the community management and hygiene promotion associated with them) will not be done under this project. USAID funded the rehabilitation of the boreholes; however all USAID funding was used in Mudzi/ Rushinga. The number of new boreholes has been reduced to 20 consequently reducing the number of target beneficiaries to 10,000 people. The project is expected to start in July.

Masvingo sanitation and hygiene promotion

The Austrian Red Cross funds this project

Objective: Establishment of sound, sustainable environmental services for 3,000 vulnerable people in Masvingo district, Matebeleland south by 2005 in sanitation and hygiene programme.

Indicators : 500 latrines constructed and hygiene promotion to 3,000 beneficiaries.

Progress/ Achievements

50 more latrines have been constructed this year bring the total to 200 constructed so far. The expected result has been reduced to 250 latrines and thus the number of beneficiaries to 1,500. The hygiene promotion has been completed. The project is expected to be finished at the end of July.

Beitbridge water supply, sanitation and hygiene promotion project

Austrian Red Cross funds this project

Objective: Establishment of sound, sustainable environmental services for 7,000 vulnerable people in Beitbridge district, Matebeleland south by 2005 in water supply, sanitation and hygiene programme

Indicators 10 rehabilitated handpumps, 4 new boreholes, training of 14 village water committees in the community management of rehabilitated water points, construction of 80 latrines hygiene promotion to 7,000 beneficiaries

Progress/ Achievements

This rehabilitation of boreholes in this project has been discontinued as all the funds from USAID was used in Mudzi/Rushinga. The four boreholes are in the process of being drilled. The number of latrine construction has been reduced to 50 and these latrines will be constructed at schools and health centres. The total number of beneficiaries will now be 2,000. The project is expected to be finished at the end of July 2004.

Impact

Water, sanitation and hygiene promotion lead to improvements in health, and also 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. The 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. Evaluation will measure, for example; are latrines being used and maintained hygienically and are handpumps still functioning?

Constraints

The main reason why the project from 2003 has still not been completed is the extra demand on staff as a result of the ECHO funded WatSan project that had a deadline that could not be altered. The Zimbabwe Red Cross WatSan vehicle is at the end of its useful life. Donor support for a new vehicle in addition to project financing will be required in 2005.

Disaster Management

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

Objective: The Zimbabwe Red Cross systems and volunteers are strengthened to respond timely and effectively to disasters and rehabilitation of affected communities.

Objective: Strengthen disaster management capacity through capacity building and community involvement by the end of 2004

The disaster situation in the country was generally quiet except for isolated cases, which were they not major catastrophes. The country is however still prone to disasters hence the need to continue focussing on preparedness.

Progress/Achievements

The national society responded to two disasters in Mashonaland central. One was a heavy storm, which destroyed shelter for 21 households and left one person dead. The other one was a lorry accident, which left about 100 people dead and most from the same village. Relief items were provided as well as temporary shelter in the form of tents.

A VCA was conducted in Manicaland in Chimanimani district, which is a disaster prone area. The Federation regional DM department visited the Chimanimani district and met various stakeholders and the VCA task force committee was put in place.

In an effort to develop contingency plans for elections, the national society conducted emergency preparedness training for 24 action team leaders and some staff members in January 2004. The training was jointly facilitated by the ICRC, Federation and Zimbabwe Red Cross. As part of human resources capacity building, provincial programme officer for Manicaland province attended [FACT](#) training organized by the Federation in March 2004 in Australia.

Impact

The Zimbabwe Red Cross was fast in responding to these disasters saving families from further distress. The assistance was also very much appreciated making the communities recognize the role of the Red Cross in times of disaster.

Constraints

The Zimbabwe Red Cross DM department is inadequately staffed, hence the need to have more human resource to enhance the implementation of the planned activities.

Humanitarian Values

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 is a highly regarded humanitarian organization within the public and the private sector.

Internal and external dissemination remains crucial in order to continuously build confidence around the organization and to maintain its identity and principles to those publics we work with. In an environment where elections and by elections are carried out, dissemination of humanitarian values is important for the Red Cross to be able to carry out its mandate. Social marketing activities are necessary for the national society to profile itself to the corporate sector and the general public as well as other organizations in the humanitarian sector.

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Progress/Achievements

A fundraising dinner was held in February as a way of raising funds as well as profiling the organization and people from the private sector and nongovernmental organizations attended. A dissemination workshop was held for Red Cross staff to build and refresh their knowledge on the Fundamental Principles and the [Seville Agreement](#). This was facilitated with technical assistance from the ICRC and the Federation. The volunteer's disseminators' network was formed to continue with dissemination in their home areas.

Impact

A lot of interest on the Movement was generated in the private sector and NGOs, building on the work to establish strategic partnerships with some big corporations. Zimbabwe Red Cross staff is conversant with the fundamental principles of the Red Cross and they then also disseminate to the public they interact with. The national society has also received positive coverage in both print and electronic media.

Constraints

Limited funding has hampered the implementation of most of the planned activities. The real cost of production of printed materials, media space and meetings has gone up but the funding has remained static at very low levels. Without printed materials it is almost impossible for the national society to execute this objective. The national society has had to reduce the number of newsletter publications from four times a year to twice a year due to limited funds yet this is a vital communication tool for the national society with its public.

Organizational Development

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.

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

The national society still needs a lot of initiatives in organizational development in order to improve its capacities. These initiatives however require funding and consultation in order to be successfully implemented. The national society also requires funding in order to fully implement and put into operation its strategy 2010, which addresses organizational development issues.

More staff were recruited to try and match the growth of programmes in terms of budget and coverage. Additional food security officers were recruited at provincial level. The finance department is looking for funds to strengthen the department because the reporting requirements have grown in diversity and volume due to the growth of programme funding.

In support of branch development there has been an emphasis to link local branches with project activities. There is no direct funding to support branch development activities.

The national society is focussing on diversifying its income base as well as improves the performance of the current initiatives. A review of these initiatives was carried out by the Federation in April 2004. There is potential for the national society to mobilize financial resources.

Impact

The lack of funding for OD section of the appeal 2004 has negatively impacted on the implementation of the planned activities.

Constraints

Although there have been discussions with partner national societies working with the Zimbabwe Red Cross to link and integrate various project support with the OD aspect to the development of the national society through the implementation of Strategy 2010 directions, the process seems to be very slow.

Coordination, Cooperation, and Strategic Partnerships

Coordination meetings between the Zimbabwe Red Cross, ICRC, bilateral partners and Federation continued to take place every two months. There is also an operations meeting that takes place once a month. This ensures a coordinated approach to all programming and brings together programme officers at headquarters, Federation and bilateral programme delegates.

The national society also coordinates with other key stakeholders. These include UNICEF, FAO, WFP and relevant government ministries at national, provincial and branch level. The national society and the Federation also attend food aid coordination meetings organized by WFP. The Federation supports the national society in exploring links and areas of partnership with CIMMYT, ICRISAT and FAO regarding agricultural intervention in 2004-2005

Effective Representation and Advocacy

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 Federation activities is increased in Zimbabwe through effective advocacy and presentation.

The Federation and the ICRC assisted in facilitating two dissemination workshops, the first one targeting staff and the other volunteers. The Zimbabwe Red Cross produces a newsletter twice a year highlighting the national society's activities in humanitarian assistance. During the reporting period the national society held two exhibitions on the Red Cross initiatives and one of them was at the Zimbabwe International Trade Fair held in Bulawayo and the other was at the national AIDS conference. These were targeted to the general public attending the shows.

[Contributions List below; Click here to go to title page and contact information](#)

APPEAL No. 01.20/2004

PLEDGES RECEIVED

02/07/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

						TOTAL COVERAGE
REQUESTED IN APPEAL CHF ----->				4,829,611		34.9%
CASH CARRIED FORWARD				449,639		
FINNISH - GOVT		500,000	EUR	779,750	09.04.04	
GERMAN - GOVT/RC		213,155	EUR	327,406	19.05.04	PURCHASE OF CSB UNITS
NORWEGIAN - GOVT/RC		65,000	NOK	12,285	25.04.04	ORGANISATIONAL DEVELOPMENT, DISASTER PREPAREDNESS/RESPONSE
SWEDISH - GOVT		250,000	SEK	42,125	20.04.04	WATER SANITATION PHASE II
SUB/TOTAL RECEIVED IN CASH				1,611,205	CHF	33.4%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
GREAT BRITAIN	DELEGATES			73,200		
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				73,200	CHF	1.5%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	