

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

ZIMBABWE

Appeal no. 05AA017

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, objectives, and related activities to be implemented in 2005, and the corresponding 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 text, or can be requested through the respective regional department.

For further information please contact the Federation Secretariat, Africa Department: Terry Carney, Regional Officer for Southern Africa, email terry.carney@ifrc.org, phone 41.22.730.42.98. Please also refer to the full contact list at the end of this Appeal, or access the Federation website at <http://www.ifrc.org>

Click on the title below to go to the relevant text; click on the figure to go to the programme budget.

	2005
Programme title	in CHF
Strengthening the National Society	
Health and care	9,953,955
Disaster management	122,772
Total	10,076,727¹

The following programmes are included in this Appeal narrative; however, their associated budgets are integrated within other programme budgets. Click the title to go to the relevant text:

[Humanitarian Values](#) – [Organizational Development](#) – [Coordination](#)

¹ USD 8,003,800 or EUR 6,490,600.

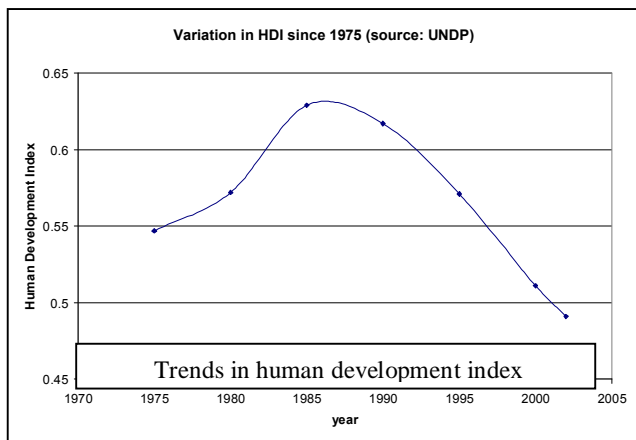
National Context

Zimbabwe continues to suffer 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 (the old and young), increased household expenditures on medicines and caring, while reducing households' capacities to earn money, and reduced life expectancy. Other factors interact to increase vulnerability and decrease capacities for coping.

Over the medium term, the collapsing economy and the withdrawal of much donor support has brought spiralling inflation and shortages of cash and basic commodities. The poor rains and poor harvest of the last two seasons added a short-term shock that was more than many households could cope with. In 2002 over half the country qualified for emergency food aid. Harvests in 2004 were certainly better than in the previous years, but the most vulnerable households, with reduced labour, will not recover quickly.

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 had lost one or both parents to HIV/AIDS. On current trends, a 15-years old girl alive today has a one-in-three chance of surviving to her mid thirties (UNAIDS Dec 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 high prices of seeds and fertilizers, both in short supply as a result of the economic problems. 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 may drive young women to transactional sex, increasing their exposure to HIV. 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.



It is this combination of factors that explains the worrying statistics in the UNDP indicators table below. The trend in the human development Index is clearly demonstrated by the graph above.

Human Development Indicators at a Glance

Category	Zimbabwe	Sub-Saharan Africa	World
Total population (millions)	12.8	641.0	6,225.0
GDP per capita (USD)	639	469	5,174
Life expectancy at birth (years): Female - Male	33.5 – 34.3	n.a.	n.a.
Infant mortality rate, per 1,000 live births	76	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	1,100	n.a.	n.a.
Population (%) with sustainable access to an improved water source (2000)	83	57	82
HIV prevalence (% , ages 15-49) (2003)	24.6	7.7	01.1
Adult literacy rate (% , ages 15 and above): Female - Male	86.3 – 93.8	n.a.	n.a.

Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Refer to http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf Note: Data is 2002 unless noted above.

Comprehensive problems require comprehensive solutions, in order that the impact of individual programme elements is not diluted by the negative interactions described above. The Zimbabwe Red Cross have adopted this strategy building on its well established HIV/AIDS programming, which can access many of the most vulnerable households to provide an effective safety net. In addition to the direct benefits of the HIV/AIDS programme, complementary activities include supplementary food, 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.

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 the national society's programmes from the regional delegation. The Federation,, at country level and through the regional organizational development department, also supports the development processes identified by the national society and support the development of strategic partnerships with external agencies.

Red Cross Red Crescent Priorities

National Society Strategy/Programme Priorities

The Zimbabwe Red Cross Society² 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 Zimbabwe Red Cross Strategic Plan for 2000–2010 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

² Zimbabwe Red Cross Society – refer to <http://www.ifrc.org/where/country/check.asp?countryid=13>

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The process of implementing these directions is well underway, and will ensure 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*' (http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA018SA.pdf), the national society has decided to build on their strength, and to mainstream HIV/AIDS in all their initiatives. This involves focusing all appropriate programming on the HBC 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 the government to provide technical support to the volunteers. Activities are implemented through volunteer structures, which start at branch level. Building on our strengths in the HBC 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. The 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.

Movement Context:

The Zimbabwe Red Cross has long-term donor support to its flagship HIV/AIDS programme through the Danish Red Cross and Japanese Red Cross, with long-term funding also committed through several European donors and embassies through the Federation. Complementary livelihoods initiatives are supported with long term support from British Red Cross/DFID through the Federation Appeal.

Therefore the Federation Appeal has two main components; one is to pull together the integrated health and HIV/AIDS programming and to appeal for support to complementary activities such as food provision, agricultural recovery, water and sanitation and health promotion work. This is delivered primarily through the HBC structures. The second area is around disaster preparedness and branch development, delivered through the traditional branch structures. Organizational development objectives are included in the budgets of both these programme areas, where they relate directly to programme delivery. Similarly, in the context of Zimbabwe in 2005 it is essential that Zimbabwe Red Cross continues to promote humanitarian values especially around HIV/AIDS and its own neutrality and independence and these activities are also budgeted in an integrated manner in both the health and disaster management appeals.

The Zimbabwe Red Cross has prepared the following documents related to their plans and activities. Please note that these are in various stages of approval.

Strategic Plan 2000-2010	- http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA017N3.pdf
Programme Strategies 2005-2010	- http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA017N4.pdf
Business Development Plan	- http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA017N5.pdf
Capacity Building Plan	- http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA017N6.pdf
Finance Department Plan	- http://www.ifrc.org/cgi/pdf_appeals.pl?/annual05/logframes/africa/05AA017N7.pdf

Summaries of key programming areas:

Programme	Project	Donor Support	Period and Notes
Health	HIV/AIDS – Prevention	Consortium of Danish Red Cross and Japanese Red Cross Federation	Danish Red Cross/Japanese Red Cross consortium funding for three years Federation regional HIV/AIDS consortium (three years)
	HIV/AIDS – Home-based care	Consortium of Danish Red Cross and Japanese Red Cross Federation	Danish Red Cross/Japanese Red Cross consortium funding for three years Federation regional HIV/AIDS consortium (three years)
	HIV/AIDS – Orphans and vulnerable children	Consortium of Danish Red Cross and Japanese Red Cross Federation	Danish Red Cross/Japanese Red Cross consortium funding for three years Federation regional HIV/AIDS consortium (three years)
	Food and livelihood security	DFID WFP being approached Federation Appeal	2004 – 2007 Links with disaster management
	Community-based first aid	Federation Appeal	
	Water and sanitation	Federation Appeal	
	Malaria control	Global fund application	
Disaster Management	National disaster management	Federation Appeal ICRC	
	Community-based disaster management	Danish Red Cross Federation Appeal	
Promotion of Humanitarian Values	Humanitarian values	ICRC	Activities integrated above
	Social marketing	Federation Appeal	Activities integrated above
Organizational Development	Organizational and staff development	Federation Appeal	Activities integrated above

Partners to Zimbabwe Red Cross are developing an overall MoU, 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, the Federation and ICRC. The coordination meeting 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 implements decisions taken in the meetings.

Strengthening the National Society

Health and Care: Integrated Health and Care

Background and Achievements

Zimbabwe Red Cross has been implementing projects in the health sector since 1988. These projects now form a single integrated safety net targeted at the beneficiaries of the HIV/AIDS programme. Key programme elements within this sector include the 24 HBC projects operating from nearly 100 clinics across the country, support for orphans and other vulnerable children (OVC) and prevention work (these three components make up the 'core' of the HIV/AIDS programme) complemented by water and sanitation, first aid training and community health care. Since the beginning of 2004, the HIV/AIDS programme absorbed the food security emergency programming, which scaled down after the harvest to become a supplementary ration for the HBC clients and OVC. It also became an increased component of livelihoods support, which will be mostly agricultural in 2005 but may expand following planned research in this area; it is anticipated that the programme will eventually expand to incorporate a pilot initiative supporting the provision of anti retroviral drugs.

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

Following distribution of agricultural inputs in 2003 and subsequent research in 2004, on the productivity of the beneficiaries, a report was produced³ which recommended an increase in the scale and scope of the agricultural support and improved links with extension services and other technical partners. This has been implemented in time for the 2004 planting season, and further research is planned in 2005. In addition to cereal crops, vegetable seeds are distributed to improve the quality of the diet; individual and community gardens are promoted. The report also found that despite the reduced productivity of the beneficiaries, they were able to produce a meaningful harvest for a fraction of the cost of food aid, and that they re-engaged with their communities to do so – thus working to enhance their livelihoods and break down stigma.

However, nutritional support remains an essential element of care for PLWHA. A good diet boosts immunity and helps protect against opportunistic diseases. Patients taking strong medication, such as TB treatment or ARV therapies must take these medicines with food. In addition to the ability to produce their own food, inputs will remain an essential element of the safety net. The budget assumes that food will continue to be provided for individual HBC clients and OVC throughout 2005. A variety of donors have already been identified but the needs are not yet fully met.

As part of the regional efforts, the Zimbabwe Red Cross is developing a pilot anti-retroviral therapy component to complement HBC programme. At the time of writing the details are still under development, but it will build on the Zimbabwe Red Cross comparative advantage, community networks and the strong body of care facilitators within the programme. This pilot will begin in 2005 in places where sufficient overlap exists between suitable medical institutions and the HBC programme. It is not included in the budgets at this time.

The first aid training programme has been a training candidate 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 supported by the Federation has an established water supply, sanitation and hygiene promotion programme; this encompasses 'hardware' and 'software' components⁴. The project interventions work in the same

³ 'If you don't sow, you can't reap' – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA017N2.pdf

⁴ 'Hardware' refers to the structural aspect of a project which involves actual implementation of the needs that have been identified. In this case, drilling and rehabilitating boreholes, and supporting latrine construction. 'Software' refers to the planning stage of a project where needs of a community are identified, defined and capacities build in order to promote self-sustainability, ownership. In this case, community management of hand pumps, and hygiene and sanitation promotion.

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geographical area and are coordinated with national society HBC operations. Home-based clients are the primary beneficiaries of the interventions. This type of coordination will continue in 2005.

In 2005, there will be a continuing focus on working in small local government administrative units to raise the water supply and sanitation services to defined government minimum service levels then exiting the area. The sustainability of the projects is then assessed one year after exit. This strategy provides a cost per beneficiary that is good value and allows for improved sanitation/ hygiene promotion, community management training, monitoring and evaluation due to reduced time/costs on travelling to the project sites and better organizational learning.

A big section of the HIV/AIDS project is funded through bilateral partners. The regional HIV/AIDS consortium donors also provide funding. The appeal budget represents the costs of the complementary activities which provide the livelihoods safety net. Approximately CHF 1.4m per year for three years has been committed through British Red Cross. It is hoped that the majority of the food and related costs would be met by WFP, as in previous years, although these costs are currently included in the Appeal budget. Further support for complementary activities such as water/sanitation and malaria prevention is still required.

The Federation regional HIV/AIDS support team will continue to provide technical support to the national society HIV/AIDS project in form of support visits and training. The fund for this support is in the regional HIV/AIDS budget.

Goal: Sustainable improvement in health and well being of targeted vulnerable populations.

Objective: Comprehensive and effective safety net for the most vulnerable PLWHA and OVC is provided.

Expected Results:

- Improved quality of life for people infected and affected by HIV/AIDS
- Improved quality of life for OVC
- Reduced HIV transmission
- Stabilize food security and protect the livelihoods of households affected by HIV/AIDS and ensure their nutritional requirements are met
- Improve access to treatment and treatment literacy
- Establishment of sound, sustainable environmental services for vulnerable populations in four wards with national society HBC operations, by 2006, in water supply, sanitation and hygiene promotion
- National society capacity to manage volunteers and operations is enhanced and expanded.

<Refer to the Logical Framework Planning Matrix: Zimbabwe Integrated Health Care>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA017HC.pdf

Disaster Management (DP/DR)

Background and Achievements

The disaster management programme has been predominately 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 providing tents, blankets and food relief to the affected people. Houses were reconstructed in two months and boreholes were flushed and as a result diarrhoeal diseases associated with such disasters. The national society has also been active during all elections in the country and developed 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 at the local branch levels of the national society. The Zimbabwe Red Cross has taken steps by conducting workshops for key personnel and volunteers with an aim to provide appropriate knowledge and skills at all levels for effective disaster management. This has been done at national and provincial levels and needs to be cascaded to the community level. The selected disaster prone communities carried out vulnerability and capacity assessment (VCA) which identified community capacities and vulnerability and now the thrust will be capacity building at community level.

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The food security emergency operation has contributed greatly to building capacity within the 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 continue to be felt after the food security operation was integrated into the community-based HIV/AIDS project in 2004.

The national society 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 for government staff 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 the Zimbabwe Red Cross remains complementary to government, as stipulated in the Zimbabwe Red Cross Act (1981)

The Zimbabwe Red Cross staff are active within the regional disaster response team (RDRT); the team leader for the response to the Namibia floods in 2003 was from the national society. Benefits from RDRT training enhance the national society's capacity for response as shown in the instrumental role in response to the Namibia floods.

Zimbabwe will have national elections its national elections in 2005. As usual during these periods, the Zimbabwe Red Cross will be available to provide first aid facilities as required.

Goal: Develop mechanisms of empowering and strengthening communities in disaster management so as to reduce human suffering when disasters occur.

Objective: Strengthen disaster management capacity through capacity building and community involvement by the end of 2005.

Expected results

- Communities' capacity strengthened through trained 40 provincial staff, 2,400 volunteers and community members in community-based disaster management by end of 2005.
- Communities at risk are empowered to reduce the impact of disaster through disaster awareness, risk and hazard analysis in three disaster prone districts and appropriate programmes designed.
- Community-based disaster management programmes established based on the VCA recommendations in the districts of Matobo, Chipinge and Chimanimani.
- Preparation and coverage of parliamentary elections in March 2005.
- Food security initiatives mainstreamed into the community-based HIV/AIDS programming.

<Refer to the Logical Framework Planning Matrix: Zimbabwe Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA017DM.pdf

Humanitarian Values

Background and Achievements

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.

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. 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.

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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. This will actively raising awareness on Zimbabwe Red Cross activities among the vulnerable is also a priority.

Efforts have already begun towards the end of 2004 to increase understanding of the Red Cross amongst all stakeholders at national, provincial and branch levels. Dissemination sessions for internal and external stakeholders have been, and will continue to be run, in coordination with ICRC and with an emphasis on supporting and protecting ongoing programming. These activities have been included in the operational budgets of the two main programme areas above.

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.

Organizational Development

Background and Achievements

Zimbabwe Red Cross fast appraisal

Recognition	Act of parliament due for review
Statutes/Constitutions	To be reviewed in 2004
Strategic Development Plan	To be reviewed by end of 2004
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 in 2004
National society general assembly	Elections for key roles held annually on a rotating basis for three-year terms
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

The 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. A new office premises has been purchased and the headquarters will relocate there.

The Zimbabwe Red Cross was one of the pilot national societies for the Federation's information technology project in recent years, and now has a functional network in the headquarters and runs modern accounting software which can deal with the demands of multiple projects in many locations with different donors.

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

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 for management and implementing staff to enhance their competencies.

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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 and a plan of action to that effect is in place 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.

Since organizational development relates primarily to the ability of a national society to deliver services to beneficiaries, OD activities have been integrated into the two operational appeals and are included in those appeal budgets.

Goal: The 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.

Coordination, Cooperation, and Strategic Partnerships

Representation, Implementation and Management

The Federation delegation actively supports the Zimbabwe Red Cross in its coordination functions. The national society's programming is increasingly integrated around the HBC project. This requires effective coordination between the technical departments and various donors supporting these programmes. An operational meeting every fortnight tackles issues arising within and between programmes and provides an effective coordination mechanism for field trips, technical support, planning of training, and minimizing 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 tackles issues of a more strategic nature, ensures maximum coverage of the national society programme needs and ensures complementarity and equity across programmes and between provinces.

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

Effective 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 the national society to develop and expand links with all stakeholders including local and international media, diplomatic missions, civil society representatives, local authorities, NGOs and the corporate sector to secure coverage not only of disaster and emergency situation but also of events and activities linked with the national society's humanitarian work.

The Federation will support and guide the national society to build capacity to advocate communication 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 the Zimbabwe Red Cross and the Federation activities is increased in Zimbabwe through effective advocacy and representation.

Expected Results:

- The Zimbabwe Red Cross has a high profile as a humanitarian organization
- More strategic partnership are identified and established

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- The dignity of the vulnerable people is increasingly protected and respected
- Prompt and accurate coverage of Zimbabwe Red Cross events in the print and electronic media.

Delegation Management

In 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 based within the Zimbabwe Red Cross headquarters and all delegates - Federation and bilateral - have defined counterparts. The regional delegation will provide technical support in disaster preparedness, organizational and branch development which are outside the priority integration area.

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BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA017

Name: ZIMBABWE

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	34,430	0	0	0	0	0	34,430
Food	6,099,661	0	0	0	0	0	6,099,660
Seeds & plants	700,006	0	0	0	0	0	700,005
Water & Sanitation	350,000	0	0	0	0	0	350,000
Medical & first aid	21,140	8,800	0	0	0	0	29,940
Teaching materials	135,900	0	0	0	0	0	135,900
Utensils & tools	12,000	0	0	0	0	0	12,000
Other relief supplies	16,914	0	0	0	0	0	16,914
SUPPLIES	7,370,051	8,800	0	0	0	0	7,378,850
Land & Buildings	0	0	0	0	0	0	0
Vehicles	4,758	0	0	0	0	0	4,757
Computers & telecom	30,000	0	0	0	0	0	30,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	34,758	0	0	0	0	0	34,757
Warehouse & Distribution	77,100	0	0	0	0	0	77,100
Transport & Vehicules	668,204	0	0	0	0	0	668,204
TRANSPORT & STORAGE	745,304	0	0	0	0	0	745,304
Programme Support	647,007	7,980	0	0	0	0	654,987
PROGRAMME SUPPORT	647,007	7,980	0	0	0	0	654,987
Personnel-delegates	213,600	0	0	0	0	0	213,600
Personnel-national staff	469,373	15,600	0	0	0	0	484,972
Consultants	63,020	0	0	0	0	0	63,020
PERSONNEL	745,993	15,600	0	0	0	0	761,592
W/shops & Training	25,331	75,500	0	0	0	0	100,831
WORKSHOPS & TRAINING	25,331	75,500	0	0	0	0	100,831
Travel & related expenses	14,041	4,400	0	0	0	0	18,441
Information	13,804	0	0	0	0	0	13,804
Other General costs	357,667	10,492	0	0	0	0	368,159
GENERAL EXPENSES	385,512	14,892	0	0	0	0	400,404
TOTAL BUDGET:	9,953,956	122,772	0	0	0	0	10,076,727