

HARARE (regional)

COVERING: Malawi, Mozambique, Namibia, Zambia, Zimbabwe



⊕ ICRC regional delegation ⊕ ICRC sub-delegation

EXPENDITURE (IN KCHF)

Protection	1,498
Assistance	6,189
Prevention	1,153
Cooperation with National Societies	1,058
General	-

► **9,898**

of which: Overheads 604

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
---------------------------	-----

PERSONNEL

Expatriates	16
National staff (daily workers not included)	89

KEY POINTS

In 2011, the ICRC:

- progressed towards handing over full responsibility for the prison food supply to the Zimbabwe Prison Service (ZPS), while supporting it in boosting the quantity and variety of food grown on 26 prison farms
- worked in close collaboration with the ZPS to improve detainees' access to health care
- regularly stocked 12 polyclinics in Harare with drugs, medical supplies and vital equipment, while helping the City Health Services gradually assume full responsibility for running the facilities autonomously
- provided emergency assistance kits to Zimbabweans affected by sporadic incidents of politically motivated violence, an initiative well accepted by all stakeholders, including the authorities
- helped strengthen the capacities of the region's National Societies to respond to emergencies
- welcomed Mozambique's ratification of the Biological Weapons Convention and the Convention on Cluster Munitions

The Harare regional delegation has existed in its current form since 1981, although the ICRC has been present in some of the countries covered for much longer. It visits detainees in Namibia and Zimbabwe, working closely with the latter authorities to improve prison conditions in the country. It also supports hospitals in Zimbabwe. Throughout the region, it helps family members separated by armed conflict to restore contact, raises awareness of IHL, international human rights law and the ICRC's mandate among the authorities, armed and security forces and the general public, and helps the National Societies develop their operational capacities.

CONTEXT

Political uncertainty persisted in Zimbabwe, fuelled by animosity between the three parties in the inclusive government. Sporadic incidents of politically motivated violence and intimidation, mainly associated with political gatherings, were reported throughout the country. At year-end, a date for elections had yet to be set.

Malawi and Zambia experienced sporadic periods of unrest. Civil society organizations in Malawi organized protests against the government during July in response to fuel and foreign currency shortages, allegations of misuse of public funds and a general increase in the cost of living. In Zambia, there were isolated cases of politically motivated violence in some parts of the country during the September elections. A new president, Michael Sata, was elected. Namibia and Mozambique were generally stable.

ICRC ACTION AND RESULTS

The ICRC kept up regular visits to detainees, held in prisons run by Zimbabwe's Ministry of Justice including, for the first time since 2009, those sentenced to the death penalty, monitoring their treatment and living conditions. With a view to obtaining access to all detainees in the country, the delegation pursued dialogue with the relevant authorities, including the Ministry of Home Affairs, in large part based on a 2011 offer of services to visit police stations.

The ICRC worked closely with the Zimbabwe Prison Service (ZPS) to improve detainees' living conditions. To help the ZPS maintain a stable nutritional status in prisons and boost and diversify inmates' food supply, the ICRC provided 26 prison farms and gardens with seed, tools and fertilizer to grow vegetables, in 5 cases also rehabilitating vital irrigation infrastructure. ICRC support also contributed to a more productive second harvest (May/June) than the first (January). For the year-end planting season, the ICRC trebled its assistance to cover 185 hectares of crops.

Meanwhile, the ICRC progressively reduced the supply of nutritious rations to supplement detainees' diets, as the ZPS took back responsibility for the prison food supply over the course of the year (a process scheduled for completion in early 2012). Prison cooks prepared meals for detainees using kitchens and electrical systems upgraded jointly by the ZPS and the ICRC.

ZPS regional health coordinators and the delegation also took steps to improve inmates' access to health care through regular monitoring and strengthened coordination with national and local prison health

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		548	UAMs/SCs*	
RCMs distributed		362		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		18	Women	Minors
People located (tracing cases closed positively)		14		
	<i>including people for whom tracing requests were registered by another delegation</i>	6		
Tracing cases still being handled at 31 December 2011 (people)		16	5	3
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		1	Girls	Demobilized children
Documents				
People to whom travel documents were issued		9		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
Detainees visited		15,385	Women	Minors
Detainees visited and monitored individually		123		
Number of visits carried out		164		
Number of places of detention visited		52		
Restoring family links				
Detainees visited by their relatives with ICRC/National Society support		122		

* Unaccompanied minors/separated children I. Namibia and Zimbabwe

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)²				
Economic security, water and habitat				
Essential household items	Beneficiaries	140	20%	50%
Water and habitat activities	Beneficiaries	3,960	52%	41%
Health				
Health centres supported	Structures	12		
Average catchment population		1,173,211		
Consultations	Patients	1,372,239		
	<i>of which curative</i>		637,526	520,794
	<i>of which ante/post-natal</i>		70,253	
Immunizations	Doses	373,462		
	<i>of which for children aged five or under</i>	344,215		
	<i>of which for women of childbearing age</i>	29,247		
Referrals to a second level of care	Patients	47,271		
Health education	Sessions	10,965		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat²				
Food	Beneficiaries	9,520		
Essential household items	Beneficiaries	10,934		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	10,636		
Water and habitat activities	Beneficiaries	10,000		

2. Zimbabwe only

authorities. During a series of three-day workshops, a set of new drug management tools was presented to prison health personnel. In addition, the ICRC supplemented dispensaries' supplies of drugs and medical items. Inmates also benefited from several preventive health measures, including donations of soap and hygiene kits, and from the rehabilitation of water and sanitation infrastructure.

In Namibia, delegates visited people arrested in connection with the 1999 uprising in the Caprivi Strip. With ICRC support, the Namibia Red Cross organized visits to the detainees by their relatives living in the Caprivi Strip.

People living in Harare's suburbs had improved access to quality curative and ante/post-natal care thanks in part to regular ICRC donations of drugs, medical, cleaning and office supplies, and vital medical equipment to polyclinics. Within the framework of a new formal agreement with the City Health Services (CHS), the delegation organized training sessions and workshops for health staff and technical personnel to help the CHS work towards

assuming responsibility for running the polyclinics autonomously. To improve conditions in polyclinics, the ICRC provided medical waste incinerators and back-up generators.

Regionwide, the ICRC continued to support the promotion and integration of IHL among national and international authorities, armed and security forces, the media and academia. With ICRC technical support, Mozambique ratified the Biological Weapons Convention and the Convention on Cluster Munitions.

The ICRC and National Societies continued to provide tracing and RCM services to help separated family members re-establish and maintain contact. The delegation provided financial, material and technical support to the National Societies in promoting the Movement and responding to humanitarian needs arising from emergencies. Notably, the National Societies of Mozambique and Namibia, using the Safer Access approach, provided emergency relief to vulnerable migrants and people displaced by heavy floods respectively.

The ICRC coordinated its activities with Movement partners and other humanitarian actors to ensure humanitarian needs were met without duplicating efforts.

CIVILIANS

Zimbabwean civilians' protection concerns shared with the authorities

In Zimbabwe, civilians suffered the consequences of sporadic politically motivated intimidation and violence, including at times assault, destruction of property and temporary displacement. People who lost their homes and belongings during such incidents received ICRC emergency assistance kits. In parallel, discussions with the relevant authorities and influential figures in the victims' communities focused on building a security environment conducive to their return home.

Civilians in Zimbabwe have improved access to health care

Residents of Harare had improved access to quality curative care, immunizations and family planning services in 12 polyclinics, thanks in part to ongoing ICRC deliveries of drugs, medical and cleaning materials and office supplies, along with one-off donations of vital medical equipment, such as delivery beds and infant resuscitators. During the year, the polyclinics conducted more than 1.37 million consultations, mainly for children and women, within a catchment population of some 1.2 million.

With a view to helping the CHS gradually assume full responsibility for running these services, in line with a new working agreement to reduce its support, the ICRC, (in agreement with the CHS), embarked on a study of the current health system financing mechanism. Meanwhile, 50 health personnel planned their future work during a day-long ICRC workshop and more than 100 senior and newly recruited midwives participated in two meetings on managing obstetric emergencies.

To ensure that the polyclinics had adequate sanitary conditions and power supply, CHS management personnel received ongoing ICRC technical support, including the establishment of a centralized maintenance team. Members of this team benefited from on-the-job training in the installation and operation of eight ICRC-provided incinerators to ensure the safe disposal of medical waste. Regular monitoring and follow-up meetings confirmed that the maintenance team was supervising waste management in all 12 polyclinics. In response to recurrent electrical blackouts in the capital, the CHS received the necessary equipment for back-up generators in each polyclinic. These were installed and functioning from July.

In line with its 2010–15 strategic plan of action to strengthen health care across Harare, the CHS launched a decentralization process by setting up eight district health boards, whose 48 members underwent initial training during a three-day workshop and two subsequent review and planning meetings.

Separated families exchange news

Refugees in the region restored and/or maintained contact with relatives through tracing and RCM services provided directly by the ICRC in Zimbabwe and by the respective National Societies in Malawi, Mozambique, Namibia, Zambia and Zimbabwe with ICRC support (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Zimbabwe's Ministry of Justice-run prisons, including, for the first time since 2009, those sentenced to the death penalty, and people in Namibia arrested in connection with the 1999 uprising in the Caprivi Strip received visits conducted according to the ICRC's standard procedures, enabling delegates to monitor their treatment and living conditions and respect for their judicial guarantees. Particular attention was paid to vulnerable inmates, such as minors and the mentally ill. Following ICRC visits, the detaining authorities in both countries received confidential feedback and, where relevant, recommendations for improvements. Efforts were ongoing to gain access to detainees in all places of detention in Zimbabwe, including police stations.

In Zimbabwe, with the agreement of the authorities, the cases of over 50 minors with no legal representation were referred to the appropriate organizations for follow-up. During a Justice Ministry workshop on legal aid for minors in detention, some organizations committed themselves to following this group more systematically and welcomed the ICRC's ongoing referral of relevant cases.

Zimbabwean detainees stayed in touch with their families using ICRC-provided letter-writing materials, while those in Namibia received visits from relatives living in the Caprivi Strip, organized by the Namibia Red Cross with ICRC support.

Zimbabwe's authorities continue improving detainees' living conditions

In 2011, the ZPS was equipped with a larger budget and additional staff. Nonetheless, it continued drawing on ICRC technical and material support in maintaining detainees' nutritional status and improving their food supply, health care and hygiene.

Inmates' nutritional status remains stable

Using tools developed with the ICRC, ZPS health authorities in 80% of the country's prisons visited by the ICRC checked inmates' weight on a monthly basis and systematically screened the nutritional status of incoming detainees. Such monitoring confirmed an overall stable nutritional status among the prison population.

To maintain and build on this progress, the ZPS and the ICRC continued monitoring and diversifying the food supply chain to prisons. To boost the quality and variety of inmates' food supply, and within the framework of a 2010 ICRC/ZPS plan of action, 26 prison (over 10,600 inmates) farms and gardens continued growing sugar beans, cowpeas, groundnuts and vegetables with ICRC-provided seed, tools and fertilizer. Lessons learnt from

PEOPLE DEPRIVED OF THEIR FREEDOM	NAMIBIA	ZIMBABWE
ICRC visits		
Detainees visited	123	15,262
Detainees visited and monitored individually	123	
Number of visits carried out	5	159
Number of places of detention visited	4	48
Restoring family links		
Detainees visited by their relatives with ICRC/National Society support	122	

a relatively unsuccessful first harvest in January 2011 laid the groundwork for more targeted support, including intensive on-the-job training and coaching for production teams. The farms also increased their chances of higher yields after the ICRC rehabilitated and helped maintain irrigation systems on five prison farms. These initiatives led to an improved second harvest in May/June, and the ZPS and the ICRC jointly extended the project from 55 to 185 hectares for the December 2011 planting season.

This new source of food, coupled with the increased prison budget, enabled the ZPS to start taking back charge of inmates' rations in the 17 prisons supported by the ICRC since 2009. The Justice Ministry and the ICRC formalized the handover of responsibility for the prison food supply in an agreement signed in February, providing for the ICRC's gradual withdrawal of food support. Detainees supplemented their diets with sugar beans, oil and groundnuts supplied by the ICRC in March. The numbers receiving such assistance were steadily reduced over the year, with a view to the authorities assuming full responsibility in early 2012. Following a meeting with the delegation, the Health Ministry took steps to ensure that any malnourished detainees would have access to high-energy dietary supplements.

Inmates in eight prisons benefited from the construction of backup kitchens, improvements to the kitchens' electrical distribution systems and the provision of energy-efficient stoves. Late in the year, the ZPS and the ICRC conducted a national assessment of prison kitchens, aimed at identifying infrastructural needs. This resulted in a plan of action to rehabilitate/upgrade facilities nationwide.

Detainees have improved health care and hygiene

Inmates had access to better health care in prison dispensaries regularly supplied with drugs through a European Union/UNICEF partnership with the National Pharmaceutical Company. This support was garnered with the help of the ICRC, which delivered drugs and medical items to dispensaries still lacking such supplies. Through regular visits to prisons and during meetings and round-tables, ZPS regional health coordinators and the ICRC strengthened coordination with national and local prison health authorities. These contacts aimed to ensure proper training for health staff and access for inmates to mental health services, HIV/AIDS and TB treatment, and therapeutic feeding. Some 200 regional prison health personnel and management staff explored ways to further improve the quality of health services, including the use of ICRC-devised tools for early detection of malnutrition and drug management during four three-day ZPS/ICRC-organized workshops. To enable health coordinators to collect and manage data, the ICRC equipped all ZPS HQ and regional health offices with computers. With ICRC sponsorship, 22 health personnel attended short courses organized by the Ministry of Health and Child Welfare.

Detainees also benefited from several preventive health measures supported by the ICRC, including regular supplies of soap and hygiene kits. The pilot delousing campaign carried out in one prison could not be extended to others as the chemical selected by the Ministry of Health and Child Welfare in line with WHO guidelines proved to be ineffective. Over the course of the year, some 10,000 inmates in 11 prisons benefited from work to construct/rehabilitate water supply and sanitation facilities, undertaken jointly with the ZPS Construction Unit. No major outbreaks of disease were reported in Zimbabwe's main prisons in 2011.

More than 10,900 detainees received blankets and other non-food items (plates, brooms, food bins, etc.), enabling the authorities to focus their resources in the country's other prisons. Fabric was provided by the delegation to enable the ZPS to double the number of new uniforms produced in 2011, ensuring that each inmate received at least one new uniform.

AUTHORITIES

Politicians and decision-makers in the region, including diplomats and government officials from Zambia and Zimbabwe, deepened their knowledge of humanitarian issues, IHL and the Movement's activities during bilateral meetings with and briefings by ICRC delegates.

National IHL committee members in Malawi, Mozambique, Namibia and Zimbabwe (plus staff of the Ministries of Justice and Defence in the latter two) discussed IHL integration and implementation and received technical support in ratifying and implementing IHL instruments, such as the African Union Convention on IDPs. Drawing on such assistance, Mozambique ratified the Biological Weapons Convention and the Convention on Cluster Munitions.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Regionwide, members of the armed and security forces, including more than 1,200 officers and troops in Malawi, Namibia and Zimbabwe, participated in briefings and presentations familiarizing them with IHL and humanitarian principles and garnering support for the Movement's mandate and work. Among those briefed were participants in military exercises in Malawi and Zimbabwe and 60 officers taking part in the Combined Joint African Exercise at the Zambia Defence Services Command and Staff College. As part of an ongoing partnership with the SADC to improve awareness of and respect for IHL among members of its standby brigade, senior government officials and military and police officers attending seminars at the SADC Regional Peacekeeping Training Centre in Harare reinforced their understanding of the application of IHL/international human rights law during peace-support operations. With ICRC sponsorship, a high-ranking official of the Zimbabwe Defence Forces (ZDF) attended the Senior Workshop on International Rules Governing Military Operations in Pretoria, South Africa (see *International law and cooperation*).

The ICRC shared with the ZDF a draft of a proposed memorandum of understanding to support the process of integrating IHL into the forces' doctrine, training and operations.

CIVIL SOCIETY

To improve IHL teaching, two Zimbabwean universities drew on ICRC legal expertise, delivered via lectures, briefings and materials. An additional university and the ICRC established contacts with a view to incorporating humanitarian issues into its course work. With the High Court of Zimbabwe, the ICRC co-hosted the annual national IHL moot court competition, to foster knowledge of and respect for IHL among future leaders in Zimbabwe. The winning team, the University of Zimbabwe, went on to win the regional competition.

Regionwide, civil society actors, including journalists, received printed materials to generate support for IHL and the work of the Movement. In Zimbabwe, local and international media organizations took part in bilateral meetings with the ICRC, while print and freelance journalists attended an IHL sensitization workshop organized by the Humanitarian Information Facilitation Centre and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC training, technical, material and financial support, the region's National Societies worked to develop their emergency response capacities and family-links services and to raise awareness of the Movement and its Fundamental Principles. Regular meetings and new cooperation strategies, including a memorandum of understanding between the Zimbabwe Red Cross Society, the International Federation and the ICRC, helped ensure coordination of Movement activities, thereby strengthening operations.

Notably, the Namibia Red Cross provided emergency relief to thousands of people displaced by heavy floods and affected by subsequent disease and food shortages, and strengthened its early warning system in disaster-prone areas. Similarly, the Mozambique Red Cross Society provided food, shelter and sanitation facilities to vulnerable migrants in one refugee camp, and trained volunteers in the region to deliver such assistance using the Safer Access approach. Meanwhile, the Zambian and Zimbabwean National Societies bolstered their capacities to respond to emergencies, including in the event of election-related violence, through training and refresher courses in first aid for volunteers. All five National Societies attended a regional disaster management workshop, with a particular focus on ensuring that family-links services were integrated into any response. National Society tracing officers also attended a regional workshop in South Africa (see *Pretoria*), where they studied migration trends in the region and exchanged ideas on cross-border coordination.

Building on media coverage of their activities, the National Societies in Malawi, Mozambique, Namibia and Zimbabwe expanded their networks of communication contacts, boosting their ability to promote humanitarian principles and the Movement's work. The Namibia Red Cross also held a workshop for senior managers to help develop its communication policy and strategy.