

# HARARE (regional)

COVERING: Malawi, Mozambique, Namibia, Zambia, Zimbabwe



ICRC regional delegation    ICRC sub-delegation

The Harare regional delegation has existed in its current form since 1981, although the ICRC has been present in some of the countries for much longer. It visits detainees throughout the region, working closely with Zimbabwe's authorities to improve detainees' conditions. Also in Zimbabwe, it assists the country's Mine Action Centre in strengthening its capacities. Throughout the region, it helps refugees and relatives separated by armed conflict/other situations of violence restore contact; raises awareness of IHL and international human rights law among the authorities and armed and security forces; and helps National Societies develop their operational capacities.

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ Harare's City Health Services gradually assumed responsibility for running its 12 polyclinics, enabling the ICRC to progressively reduce material support for the clinics and withdraw it altogether at year's end as planned
- ▶ the Zimbabwe Mine Action Centre adopted national guidelines to ensure that mine action in the country complied with the International Mine Action Standards
- ▶ following representations made by the ICRC, the Zimbabwe Prison and Correctional Service (ZPCS) released 100 mentally ill detainees to their families, while continuing to enhance inmates' access to health services
- ▶ the ZPCS curbed malnutrition among detainees by regularly monitoring their nutritional status, providing therapeutic feeding and increasing the productivity of prison farms with ICRC technical and material support
- ▶ drawing on ICRC advice, Mozambique and Zambia signed the Arms Trade Treaty

## EXPENDITURE (in KCHF)

Protection	1,367
Assistance	4,435
Prevention	1,557
Cooperation with National Societies	1,198
General	-

**8,556**

of which: Overheads 522

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>96%</b>
---------------------------	------------

## PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	75

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	514
RCMs distributed	337
People located (tracing cases closed positively)	9
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	17,542
Number of visits carried out	105
Number of places of detention visited	54
Restoring family links	
Phone calls made to families to inform them of the whereabouts of a detained relative	61

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	1,250
Essential household items	Beneficiaries	1,250
Health		
Health centres supported	Structures	12
		12

## CONTEXT

Zimbabwe was largely peaceful as it completed its constitution-making process and held general elections in July. However, poverty and unemployment remained major issues. Relative calm and stability prevailed in Namibia and Zambia.

In Mozambique, tensions between the ruling party, the Mozambique Liberation Front (FRELIMO), and the country's main opposition party, the Mozambican National Resistance (RENAMO), grew following sporadic clashes between their members.

Malawi, Mozambique and Namibia prepared for general elections in 2014.

## ICRC ACTION AND RESULTS

In Zimbabwe, as before, the ICRC focused on visiting detainees to monitor their treatment and living conditions and working with the detaining authorities to carry out improvements. Throughout the region, it maintained its preparedness to respond to violence, nurturing its network of contacts among political/community leaders and authorities at all levels in order to retain access to victims; it also continued to raise awareness of the humanitarian consequences of violence and promote acceptance for the Movement. As tensions rose in Mozambique, it held discussions on humanitarian principles with both parties involved and reminded them of the respect due to civilians.

The ICRC visited detainees at Zimbabwe Prison and Correctional Service (ZPCS)<sup>1</sup> facilities, paying particular attention to vulnerable inmates, such as minors, the mentally ill and foreigners. It provided the ZPCS with confidential feedback and, when necessary, recommendations for improvement. Following ICRC representations, the ZPCS released some 100 mentally ill detainees and allowed them to rejoin their families.

Detaining authorities built their capacities in the areas of nutrition, health care and infrastructure. The ICRC worked with the ZPCS to meet supply gaps by distributing essential items and food supplements. It provided technical advice and operational support for the ZPCS to ensure optimal use of funds; and to address management, health and infrastructural issues, it organized capacity-building workshops for ZPCS personnel. To improve food security, the ICRC continued to support the ZPCS in enhancing food production and management and in performing nutritional screening/monitoring. The ZPCS took steps to make prison farms more efficient and productive, based on the recommendations of an economic study it conducted with ICRC input.

The ICRC also visited detainees held at the main police stations in Malawi and Zimbabwe, monitored their treatment and living conditions, and provided the authorities with confidential feedback/recommendations. In Namibia, the National Society/ICRC facilitated family visits for detainees held in connection with the 1999 Caprivi Strip uprising and provided financial assistance to those who were released.

The ICRC helped the Zimbabwe Mine Action Centre (ZIMAC) bolster its capacity to manage the national mine-action programme and worked with it to enhance demining operations, with a view to mitigating the consequences of weapon contamination.

In accordance with the recommendations of the Twelfth Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, Zimbabwe, with ICRC support, developed national standards for humanitarian demining compliant with internationally recognized norms. ZIMAC and the ICRC also trained demining instructors/officers in the proper disposal of mines and explosive remnants of war (ERW) and facilitated mine-risk education activities.

In Zimbabwe, the ICRC also helped the City Health Services (CHS) gradually assume responsibility for running the 12 polyclinics serving Harare's suburban population by ensuring the sustainability of good-quality health care. Joint efforts by UNICEF and the ICRC to have the CHS included in the Health Transition Fund, a broad development programme for the supply of basic drugs, were successful and enabled the ICRC to withdraw support for the polyclinics at year's end.

The ICRC, with the region's National Societies whenever possible, continued to raise awareness of IHL and the Movement's neutral, impartial and independent work among the authorities, the armed/security forces, journalists, academics and other civil society actors. It conducted dissemination sessions for military/police personnel, and advised national authorities in the region on the ratification and domestic implementation of IHL-related instruments. Drawing on such inputs, Mozambique and Zambia signed the Arms Trade Treaty.

The region's National Societies, with ICRC support, developed their emergency response capacities and family-links services, and promoted awareness and understanding of humanitarian principles. Movement partners met regularly to coordinate their activities.

### CIVILIANS

To mitigate the consequences of sporadic violence in Zimbabwe, dialogue with the authorities and community leaders concerned promoted support for the Fundamental Principles and the Movement's work. The ICRC followed up the situation of those affected by past violence and stood ready to assist them.

As tensions rose between government and RENAMO forces in Mozambique, the ICRC held discussions on humanitarian principles with both parties and emphasized the respect due to civilians; it also made preparations for assessing the impact of such tensions on affected communities.

### Harare residents benefit from CHS' increased ability to run polyclinics independently

In Zimbabwe, residents of Harare's suburbs accessed good-quality preventive/curative primary health care – immunization, mother and child care, cervical cancer screening and family-planning services – at 12 polyclinics that received material/logistical/technical support from the ICRC. During a typhoid outbreak, patients were referred to hospitals. With the help of ICRC-provided transport, the city's health department managed the clinics' supply chain more efficiently.

Serving a catchment population of around 1.2 million inhabitants, the polyclinics' staff carried out over 1.7 million consultations and administered over 467,600 doses of vaccine, mostly for children. The polyclinics improved the quality of their services as their staff, including new recruits, upgraded their skills through ICRC-facilitated training. Courses for midwives in handling obstetric emergencies sought to reduce Zimbabwe's maternal mortality rate.

1. Formerly the Zimbabwe Prison Service (ZPS)

The clinics' staff disposed of medical waste properly and maintained their incinerators with the help of ICRC-provided training and spare parts. Health-promotion instructors were able, after taking a train-the-trainer course, to conduct health information sessions for community members.

To boost the financial sustainability of its health services, the City Council of Harare approved the adoption of financial mechanisms recommended by an ICRC-sponsored study. However, the implementation of these mechanisms was delayed.

Owing to efforts by UNICEF and the ICRC, the CHS was included in the Health Transition Fund, a broad development programme for strengthening Zimbabwe's health system. As the programme would cover future supplies of basic drugs to the polyclinics, the ICRC reduced its support in this regard to 50% of 2012 levels by mid-year and withdrew it altogether at year's end, as planned.

### Authorities take more steps to protect people from mines/ERW

The 2012 agreement between the government of Zimbabwe and the ICRC to build ZIMAC's capacity to manage the national mine-action programme, and develop a joint strategy for training support and provision of equipment was extended to February 2014. ZIMAC and the ICRC took measures to enhance demining operations in contaminated areas along the border with Mozambique, with a view to reducing the humanitarian impact of weapon contamination.

In line with recommendations from the Twelfth Meeting of the States Parties to the Anti-Personnel Mine Ban Convention, the Zimbabwean government adopted national mine-action standards drafted in 2012 with ICRC support. Local demining bodies began to use them as a guide for conducting humanitarian mine-action activities in compliance with the International Mine Action Standards. Authorities in Mozambique and Zimbabwe, with ICRC support, drafted a co-operation agreement on cross-border demining.

To boost local expertise, 15 demining instructors and mine-clearance officers attended a course in the proper disposal of mines/ERW; nine of them became qualified to conduct future demining operations. The mine-clearance unit also benefited from donations of basic demining equipment. Medics were trained to provide emergency trauma care to any deminers injured at work.

Members of affected communities along Zimbabwe's north-eastern border with Mozambique learnt how to reduce their risk of injury from mines/ERW during mine-risk education sessions. Mine-action officers trained in conducting such sessions. Local and foreign journalists gave more coverage to the humanitarian consequences of weapon contamination after a ZIMAC/ICRC-organized visit to a mine-affected community.

### Separated family members exchange news

Migrants and displaced persons in the region restored/maintained

contact with their relatives through family-links services provided directly by the ICRC in Zimbabwe and by the National Societies in Malawi, Mozambique, Namibia, Zambia and Zimbabwe with ICRC support (see *Red Cross and Red Crescent Movement*).

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in Malawi and Zimbabwe to check on their welfare. Following an official invitation from the Malawi National Police, 195 detainees held at three police stations were visited by the ICRC for the first time. Some 17,000 detainees in Zimbabwe held under the authority of the ZPCS and the Zimbabwe Republic Police (ZRP) also received visits from ICRC. During these visits, carried out according to the organization's standard procedures, delegates assessed the detainees' treatment and living conditions, thereafter confidentially sharing their findings and, where appropriate, recommendations with the authorities.

### 100 mentally ill inmates in Zimbabwe rejoin their families

Cases of vulnerable inmates, such as minors, the mentally ill and foreigners, were brought to the attention of ZPCS officials as well as other authorities and stakeholders in order for their specific needs and judicial guarantees to be addressed. These representations contributed to the discharge of 100 mentally ill inmates to their families and enabled 61 foreign detainees to contact their relatives, leading to the release of 36 of them.

The ZPCS improved its prison management capacities, drawing on ICRC technical advice during meetings and joint visits to prisons. A ZPCS official further enhanced his expertise during a prison management course abroad.

### Detainees in Zimbabwe improve their diet with vegetables from prison farms

As the ZPCS assumed full responsibility for providing food to detainees, the ICRC continued to provide technical advice, specifically on monitoring systems and on addressing remaining supply gaps.

Inmates at all prisons visited by the ICRC had their nutritional status checked on arrival and, afterwards, on a monthly basis. This monitoring system allowed the authorities to detect and address a slight decline in detainees' nutritional status at year's end. Inmates diagnosed to be severely malnourished benefited from therapeutic food provided by the Ministry of Health and UNICEF. Moderately malnourished inmates in 23 prisons met their nutritional requirements through supplementary feeding programmes implemented by the ZPCS with ICRC support. Over 11,000 detainees received food rations during supply shortages.

Nearly 16,000 inmates regularly supplemented their diet with vegetables and other crops grown on prison farms with ICRC-provided seed, tools and fertilizer. Among them, inmates of two prisons benefited from the ICRC's rehabilitation of their prison farms' irrigation systems. The planting area of legumes steadily increased owing to seed/fertilizer and technical advice from the

PEOPLE DEPRIVED OF THEIR FREEDOM	MALAWI	NAMIBIA	ZIMBABWE
<b>ICRC visits</b>			
Detainees visited	195		17,347
Number of visits carried out	3		102
Number of places of detention visited	3		51
<b>Restoring family links</b>			
Phone calls made to families to inform them of the whereabouts of a detained relative			61
Detainees visited by their relatives with ICRC/National Society support		76	

ICRC. Technical support through field trips and training in farming techniques and management helped prison authorities/staff to diversify and increase crop yields. The ZPCS, with ICRC support, completed a study examining the production capacity of prison farms. Based on its findings, the ZPCS took measures to increase the farms' efficiency and productivity, such as matching crops with environmental conditions.

### **Prison health staff stave off disease outbreaks**

Detainees in Zimbabwe accessed health care at prison clinics regularly supplied with drugs by the ICRC in cooperation with the National Pharmaceutical Company of Zimbabwe and UNICEF. As health care was provided in accordance with national health guidelines, the mortality rate of detainees remained within acceptable levels. Nevertheless, the ZPCS health department, with ICRC support, continued to devise contingency plans for epidemics.

Regular meetings, round-tables and joint visits to prisons and reports on the health situation enabled the ZPCS and the ICRC to strengthen coordination between national and local prison health authorities. Inmates increased their access to mental health services and treatment for HIV/AIDS and TB. To further support these initiatives, 10 ZPCS doctors and nurses attended a course on the management of antiretroviral drugs, organized with the Ministry of Health and Child Welfare and the Newlands Clinics in Harare. In addition, some 20 national/regional health managers trained in food chain and nutrition management.

Living conditions for detainees at Zimbabwe's prisons and police stations improved following ICRC distributions of essential hygiene/household items (for 14,758 people) and repairs to infrastructure (benefiting 24,000). For example, detainees in five police stations enjoyed better surroundings after the rehabilitation of their cellblocks. Based on a 2011 joint assessment of prison kitchens throughout the country, the ZPCS and the ICRC continued to renovate prison kitchens, improving food sanitation and increasing cooking capacity. As a result, inmates at 11 prisons consumed food that had been prepared in a safe, sanitary and efficient manner. Thanks to the installation of a medical waste incinerator, detainees at four prisons, prison officers and their families enjoyed a safer environment.

The ZPCS construction unit began to develop, at ZPCS/ICRC workshops, maintenance plans for existing prison infrastructure in the Manicaland and Mid/Masvingo regions. ZPCS environmental health technicians learnt to delouse prison facilities at an ICRC-facilitated seminar.

### **Detainees released in Namibia return home with ICRC assistance**

In Namibia, 43 of the 120 detainees arrested in connection with the 1999 Caprivi Strip uprising were released. They benefited from ICRC assistance to cover the costs of their transportation home and to facilitate their reintegration into their communities. The remaining 77 inmates maintained contact with their families through letters and visits facilitated by the National Society/ICRC.

## **AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY**

### **Mozambique and Zambia sign the Arms Trade Treaty**

National authorities in the region continued to receive ICRC technical advice, with a view to encouraging the ratification and domestic implementation of IHL-related instruments. Drawing

on such inputs, Mozambique and Zambia signed the Arms Trade Treaty, and Zambia also took steps to become party to a number of other weapon-related treaties. Representatives from a number of IHL committees in the region participated in a meeting of national IHL committees from Commonwealth member States in Trinidad and Tobago (see *Caracas*).

### **The armed forces and police discuss IHL and the ICRC's work**

During dissemination sessions, over 500 officers/members of the armed forces in Malawi, Namibia and Zimbabwe increased their knowledge of IHL, humanitarian principles and the ICRC's work. Senior military, police and civilian officials attending courses at the South African Development Community (SADC) Regional Peacekeeping Training Centre in Harare also benefited from similar sessions. At refresher courses conducted by the ICRC upon the ZRP's invitation, over 500 senior police officers enhanced their knowledge of IHL and international human rights norms applicable to law enforcement, notably regarding detention and the use of force.

Students of the Defence Services Command and Staff College in Zambia drew on ICRC technical inputs as they participated in regional exercises aimed at fostering greater cooperation within the SADC. Moreover, the National Defence College in Zimbabwe explored the possibility of cooperating with the ICRC in developing its curriculum.

### **Journalists learn more about reporting on humanitarian issues in dangerous settings**

The region's National Societies and the ICRC continued to raise awareness of humanitarian concerns, such as those covered by the Health Care in Danger project, and promote acceptance for the Movement's neutral, impartial and independent work among government authorities, weapon bearers and key members of civil society in the region. In this connection, the region's National Societies, with ICRC help, carried out public communication activities that were incorporated in Movement operations and organized public events that received wide media coverage.

Using information provided by the National Societies/ICRC, journalists in the region reported on humanitarian issues and Movement activities. Local and international media covered ZIMAC's ICRC-supported activities to address the humanitarian impact of mines (see *Civilians*). At various workshops, around 25 journalists from Malawi and Zimbabwe learnt more about reporting on humanitarian issues in dangerous settings. Other members of civil society also learnt more about humanitarian issues and the ICRC's work.

### **Zimbabwean students test their knowledge of IHL at moot court competitions abroad**

In Malawi, Zambia and Zimbabwe, 150 university students familiarized themselves with IHL at an ICRC introductory lecture. The team that won the national IHL moot court competition co-organized with the High Court of Zimbabwe represented Zimbabwe at the All Africa International Humanitarian Law Moot Court Competition in the United Republic of Tanzania (see *Nairobi*), while another Zimbabwean team participated in the Jean-Pictet Competition on IHL in Thailand (see *Bangkok*).

## **RED CROSS AND RED CRESCENT MOVEMENT**

National Societies in the region enhanced their emergency response capacities and family-links services and raised awareness of the Movement's work (see above), with ICRC technical, material and financial support, including contributions to staff salaries.

The Zimbabwe Red Cross Society bolstered its emergency preparedness by training volunteers/staff in first aid and the Safer Access Framework, with support from Movement partners. It deployed first-aid teams during the constitutional referendum and the general elections. First-aid training for over 200 volunteers helped the Malawi Red Cross Society and the Namibia Red Cross improve their emergency-response capacities, in light of the forthcoming elections.

The region's National Societies endeavoured to improve their family-links services, exchanging best practices during workshops. The Zimbabwean Red Cross produced a family-links plan of action with the elections in mind, and implemented a system for preventing children from being separated from their families during large-scale events. The Zambia Red Cross Society carried out assessments of its branches' family-links capacities. To help prevent migrants from being unaccounted for during disasters, the

Malawian Red Cross and the ICRC conducted a dissemination session for Malawian police officers on human remains management.

National Societies received support in addressing organizational issues. During a workshop facilitated by Movement partners, newly elected officers of the Zimbabwean Red Cross were inducted into their duties, and participants agreed on key activities, including a review of the National Society's constitution. In Namibia, the National Society, with help from the Namibian Law Reform Commission and the ICRC, reviewed the Namibian Red Cross Act.

Movement partners continued to coordinate their activities through the South African Partnership of Red Cross Societies and other meetings in the region. Senior personnel from the region's National Societies also participated in various Movement events abroad.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*	
RCMs collected		514		
RCMs distributed		337		
<b>Tracing requests, including cases of missing persons</b>			Women	Minors
People for whom a tracing request was newly registered		13	2	4
People located (tracing cases closed positively)		9		
	<i>including people for whom tracing requests were registered by another delegation</i>	6		
Tracing cases still being handled at the end of the reporting period (people)		22	5	8
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		75	35	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		75	36	
<b>Documents</b>				
People to whom travel documents were issued		3		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>ICRC visits</b>			Women	Minors
Detainees visited		17,542	798	173
Number of visits carried out		105		
Number of places of detention visited		54		
<b>Restoring family links</b>				
Phone calls made to families to inform them of the whereabouts of a detained relative		61		
Detainees visited by their relatives with ICRC/National Society support		76		

\* Unaccompanied minors/separated children

1. Malawi, Namibia, Zimbabwe

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Health</b>				
Health centres supported	Structures	12		
Average catchment population		1,193,265		
Consultations	Patients	1,703,270		
	<i>of which curative</i>		476,207	617,640
	<i>of which ante/post-natal</i>		159,164	
Immunizations	Doses	467,667		
	<i>of which for children aged five or under</i>			
Referrals to a second level of care	Patients	56,839		
Health education	Sessions	10,697		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)<sup>1</sup></b>				
Food commodities <sup>2</sup>	Beneficiaries	4,161		
Essential household items	Beneficiaries	14,758		
Productive inputs <sup>2</sup>	Beneficiaries	8,979		
Water and habitat activities	Beneficiaries	24,000		
<b>Health</b>				
Number of visits carried out by health staff		174		
Number of places of detention visited by health staff		47		

1. Zimbabwe

2. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.