



FFM 2018 ANNUAL REPORT

1. INTRODUCTION

This document is intended to report on the progress made and the challenges encountered by the FFM over the year 2018. The report is split into four major sections beginning with a situational analysis, followed by programme-specific details, then the 2019 proposed plan and finally the proposed 2019 budget. In short, the activities were few but there were no dishonourable events as well. Only 4 activities were implemented in the Mission (1 in the Mission School, being that of textbooks and 3 in the hospital, namely doctors' allowances, medical supplies and installation of an incinerator). The only really busy section was the livelihoods department where gardeners were busy all year round.

2. SITUATIONAL ANALYSIS

1.1. The national situation

The national situation continues to be punctuated with economic troubles. The top feature of the situation is that of skyrocketing prices, which have shuttered the viability of life for ordinary people and businesses alike. Prices for a wide range of commodities are being charged in United States currency which is beyond the reach of the majority. Commercial entities are forced by circumstances to peg their prices superficially high in order to cushion the unforeseeable costs associated with inflation. For example, a 50 kg bag of cement which used to cost \$10 in March 2018 is now at \$48 RTGS or 12 US Dollars cash.

Worse still, even the US Dollar prices for many commodities have soured. In the pharmaceuticals, a month's supply of Stopayne tablets rose from 29 US Dollars to 116 US Dollars while a month's supply of Credanil/Sinemet rose from 15 US Dollars to 60 US Dollars in many pharmacies. What makes these changes too severe is the fact that Government is incapable to control the situation because the affected medicines are in short supply, yet they are critically needed for management of chronic illnesses. While the prices have gone up four times in US currency, those who pay using alternative methods other than cash are forced to use the rate of 1 US dollar to 4 (being RTGS, bonds or mobile money).

Also central in the prevailing situation in Zimbabwe is the political stalemate whose ripple effects are affecting the economy severely. The struggling economy may further weaken as formal sector entities are threatening to shut down their businesses, thereby surrendering the economy to black (informal) market forces. Hoarding of basic commodities is the order of the day, with the Grain Millers Association lamenting that they now have to import wheat despite the bumper harvest of the previous season. According to the grapevine, inputs are being hoarded by politically charged businesses who want prices to rise beyond the reach of ordinary people so as to justify mass demonstrations and protests. To make matters worse,



importation of basic commodities has caused price increases because it requires forex which is largely obtained in the black market. These costs of acquiring forex are additional to the ordinary costs of shipment which have also skyrocketed in the context of fuel crisis.

The situation explained above is also affecting the country's international relations. Since the last elections, the Government has tried with little success to attract international aid. Before elections, hopes were high that the new investors would rush in together with international funds to rescue the situation. However, all these hopes were shattered by post-election violence which claimed lives. So the country's human rights record has essentially deteriorated, and the international community seems to be dragging their feet because they are still not inspired by changes in the democratic system.

1.2. The situation in Matibi

As for the situation in Matibi, the delayed rainy season has already shuttered the prospects for good harvests. Matibi falls in a dry ecological region where rains come late and the rainy season is very short. Farmers in the region are encouraged to grow small grains but these ones only do well when they are planted with early rains of late October and early November. For other crops, only those farmers with irrigation facilities will reap, or those with marshy fields. One source of hope for the distressed ordinary farmer is small irrigation which the FFM is rolling out in its organic gardens project.

The Rural District Council is grappling with poor distribution of services such as health centres and secondary schools. In some cases the infrastructures are too old and dilapidated, particularly classrooms and toilets. In most primary schools, the Blair toilets that are in use are inappropriate for kindergarten. Many such toilets were constructed before the primary school system expanded to embrace early childhood classes. So there is urgent need to construct new structures, age-appropriate toilets and age-appropriate furniture as was already done at Matibi Primary School.

Of late, there are confirmed reports of cholera in the neighbouring district of Chiredzi as of December 1st 2018. In the past 3 months, Harare was despoiled by cholera which killed in excess of 40. The City of Gweru (which neighbours Masvingo in the north-west) also encountered a harsh spate of typhoid. These circumstances indicate a pessimistic outlook for the local situation. Waterborne diseases are on the rise and yet the distribution of public health facilities is inadequate, particularly toilets and clean water at institutions.

Unemployment is also rampant locally, with many young people engaging in unrewarding activities such as illegal emigration and drug use. Most such desperate youths are without a proper educational background. Some of them are school dropouts while others failed their examinations. A significant proportion is clueless about what to do with their credentials



since there is no industry to absorb them. The local district training centre is unable to absorb the great numbers of those in need, while those trained still find out that the economic situation is unhelpful in their endeavours to initiate self-help projects. The home craft centre at Matibi is currently lacking staff due to financial incapacity in light of the expected running costs. The nun who used to train craft students on voluntary basis is now of age.

A happy feature in the local situation is that the FFM is now recognised officially in the stakeholders' forum. It successfully followed the tedious process from registration to inception. Having registered as a Trust on February 13th 2018, it took 10 months for it to gain the blessing of the local district authorities. The district council finally resolved to enlist the Trust on November 23rd. In that Council meeting, the FFM Trust was requested to expand the scope of its projects across all sections of Ward 3 and not the Mission vicinity alone. For the livelihood projects, this would introduce 11 new villages into the ongoing organic gardening initiative which currently serves 6; in the education projects it would mean extending the focus to other 6 primary schools and 2 secondary schools. The Mission hospital being the only institution of its kind in the ward will not be competed but still the emphasis of the FFM programme must now be on activities that serve the wider community more directly, although through the Mission hospital as usual.

Meanwhile, FFM projects at Matibi Mission have endured persistent misunderstandings with regards to beneficiary contribution. The Mission has a strong aversion towards beneficiary contributions, to a larger extent caused by years of free donations, and bad economic circumstances to a lesser extent. As a result of the culture of handouts, the Mission Hospital and the Mission School apparently assign us projects that are outside their own development plans. For example, it was hard to understand why the FFM had to fund boreholes 100% if the hospital certainly had the boreholes in plan. The same applies to the Mission school which stubbornly resisted the idea of contributing 20% towards its own ceilings, furniture and textbooks, let alone other impulsive assignments that came up along the way such as the exam office. The FFM made its approach clear by highlighting that the projects must be development partnerships with the beneficiaries where the latter contribute at least 20%. So far the only project which was done in partnership mode is the hospital incinerator, and the hospital gave in to the 20% requirement because the incinerator was needed as a matter of urgency.

3. PROGRAMME-SPECIFIC DETAILS

1.3. Sustainable Livelihoods Intervention (SLI)

The 2018 SLI programme was dominated by gardens. Apart from the 5-hectare community garden at Muchingwizi Dam where organic gardening was introduced, the FFM partnered with the villagers at Musaverema Dam and constructed two new gardens. The villagers

cleared the bushes for two gardens during the month of January while the FFM supplied the fencing materials. See picture story below.



Land clearance at Tamuka Garden



Land clearance at Njeremoto Garden: Work in the gardens is dominated by women.



Fencing materials were taken to Chipwanya Village in Matibi on 21 January 2018



Fencing was commenced at Tamuka Garden on 10 April 2018

However, the fencing itself only took place in March after nearly 2 months of waiting because the district authorities were demanding memoranda of understanding with the FFM Trust, which memoranda were taking too long to acquire. We actually took advantage of public demand to continue the project even before finalising the lengthy official procedures. Traditional leaders helped us very much in justifying the waiver of district procedures.

By April 10th both Tamuka and Njeremoto gardens were done with fencing.



Tamuka Garden on 6 April 2018

We had planned to rope in the services of organic farming trainers before planting. However, the quoted costs were unjustifiable, hence we had to improvise and avoid having to wait again for long. The Agritex Officer conducted the training and the villagers provided the food and own stationery. By end of May, both gardens had undergone the training, and the planting commenced.



The situation in Tamuka Garden at planting stage



After the structured training sessions, the trained teams continued to provide guidance in the gardens especially concerning organic control of crop diseases.

By June 20th, we realised that our intention to set up irrigation systems in the two gardens was facing challenges. The suppliers of drip irrigation kits were already charging unrealistic prices and their stocks were already unpredictable. Hence on June 20th, after collecting quotations from 4 companies, we assigned a company named Irrigation Services to do a site inspection on July 19th. We then discussed the proposed designs and agreed to start with Tamuka Garden, whose contract we signed on August 22nd having been charged \$11,595. By end of August the FFM had paid the agreed \$5,798 first instalment. Unfortunately the contractor received the money in RTGS form at the time when their own suppliers were already refusing to transact in any other form of currency beside US Dollar cash. The effect was that the contractor took long to acquire the demanded cash from the black market, thereby dragging the pace of the project at hand.

Meanwhile the villagers were already done digging trenches as instructed by the contractor as well as gathering sands and concrete. Determined to finish the first garden and revise the terms going forward, the finished the project on December 6th by hoisting the water tank, laying the pipes, fitting the solar modules and installing the water pump as well as demonstrating the drip irrigation system. By the following day, the Agritex Officer had completed lining the garden beds in alignment with the drip system. The system got completed at a time when the gardeners had finished harvesting their previous vegetables, allowing them to plant for the new cycle.

The gardeners at both Tamuka and Njeremoto Gardens have also dug two toilet pits per garden, making them four toilets in total.



Members in each of the two gardens have also already moulded 1,000 bricks for each toilet, meaning a total of 4,000 bricks in place. From FFM they are requesting 1,200 kg cement, 50

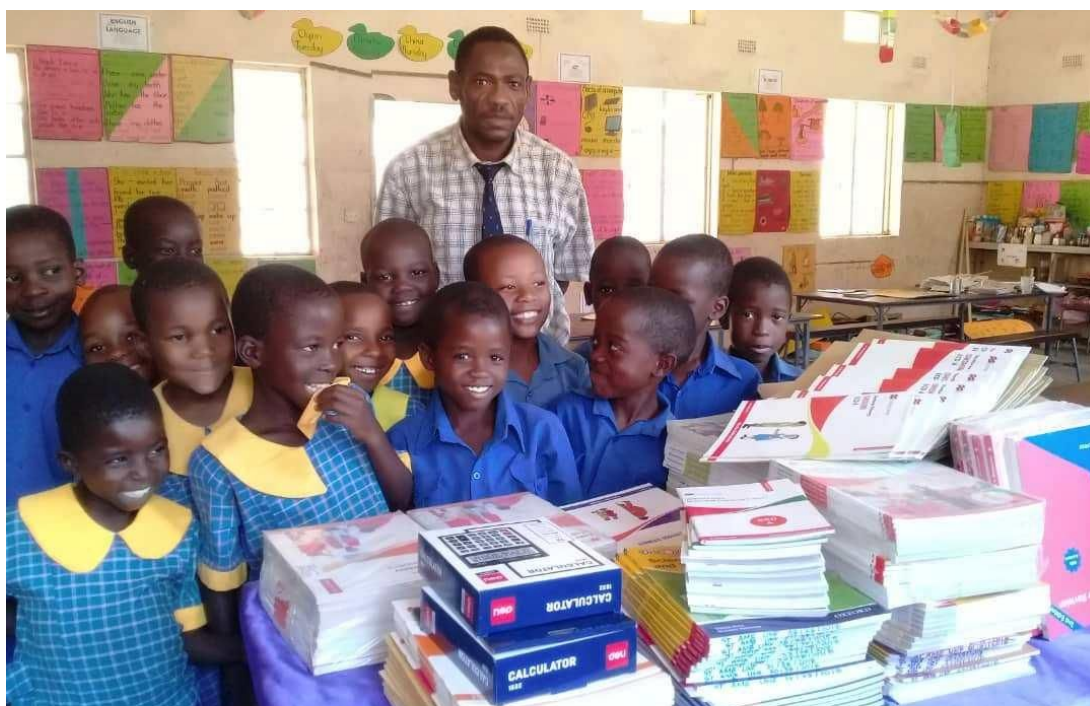
kg barbed wire and 4 fly screens. The toilets are a compulsory requirement according to the regulations of the Environmental Management Agency (EMA) and of the Ministry of Health.

1.4. Enhanced Educationalisation Assistance (EEA)

Projects in this department were centred on St Ambrose Matibi Primary School. At planning level the school had requested assistance in doing ceilings for new classroom bloc, ceilings for Early Childhood Development (ECD) classrooms, classroom furniture, new textbooks and completion of staff house. However, only one out of these was done, the major reason being the school's reluctance to pay beneficiary commitment. Ceilings for ECD were dropped from the list because the old ECD structures were later condemned as irreparable. The staff house was also dropped from the list because the same house was reallocated to hospital which later completed it since it was urgently needed there.

As for the remaining (ceilings and furniture) projects, quotations were done but the school failed to make the first move of making 20% available. Instead of funding the gathered quotations, the school threw new projects into the list namely construction of exam office, construction of new ECD classroom block, replacement of old windowpanes and so on. Yet the FFM had already adopted the 'one project at a time' policy. It was decided that no new projects will be considered before the already approved ones were implemented.

Only the textbooks project was implemented.



A Matibi class after receiving textbooks on September 26th



Only in this project did the FFM relax the beneficiary contribution rule. One wonders what would have happened even with this project. When the FFM Trust Account was opened on July 10th, the expectation was that the school would deposit \$600 (being 20% of the \$3,000 quoted by Asenga Booksellers) into this account as the first step into implementing the project under the new rule. This was not done and the school head never really committed herself to the arrangement but referred to the priest-in-charge.

The priest-in-charge only assured in words that he would make the school understand the matter. Textbooks quotations had been collected and the project approved in June but it was only in August that the FFM realised that the matter was not reaching any finality. So, on August 26th, the FFM donated the complete \$3,000 for the books which were then delivered on September 26th. It took a whole month for the school to receive the books after payment, and the reason is that the school never made serious follow-ups. How could they? Where you have not contributed anything you tend to lack concern. Not even a thank-you letter was written, even after the Projects Coordinator had requested for evidence of delivery. From that time it was decided that the culture of donations should give way to a new culture of development partnerships.

1.5. Comprehensive Healthcare Support (CHS)

This section is necessarily dominated by incentive allowances for medical doctors. On August 1st 2018, the hospital recruited a new Doctor Willian Gadaga who replaced Dr Brian Dhlandlara. He joined Dr Wilson Aririturi who had replaced Dr Sabelo Saimano in February. Notably, there is still a high turnover rate which the incentives are meant to prevent. As usual, the hospital has 2 medical doctors at any given time thanks to the facilitation by FFM.

The other central feature of the CHS Department is procurement of medical supplies. For the year, the drugs were shipped in July and reached Matibi by July 30th. The FFM typically organises 5,000 Euro worth of these supplies in every consignment. The original scheme is to have such consignments twice yearly. However, in practicality the procedures that are followed to process a consignment always make it difficult to have 2 consignments in one year.

As a result, when Matibi Hospital hosted a delegate from Action Medeor in October, it was settled that the FFM be requested to double the volumes but stick to 1 consignment per year. Sometime in the first quarter of the year the hospital was clamouring for a new method whereby they would receive cash donations from FFM. They had argued that it was better to procure drugs from local suppliers but this proposal was discontinued after the Action Medeor meeting which convinced them to continue with overseas procurement. Apart from medical supplies, the hospital has also expected to receive a consignment of some mechanical equipment arranged by Mr Sieber.

Another successful CHS project but which faced some hardships in its course is the incinerator. The contractor that did this project is Peachlock Company, with whom a meeting was done on July 16th and a contract finalised on August 9th. On September 11th, some \$4,000 was paid to this company via Western Union, being 30% of the total quoted charge of \$14,000. The contractor worked with a team from Matibi as per the 20% beneficiary contribution plan. The company's engineer worked in consultation with Dr Arituri the Medical Superintendent, Mr Waza the handyman, and Mr Shoko the Environmental Health Technician. Local Matibi hands were contracted to dig pits, an exercise which went on until October 8th. Simultaneously the parts of the incinerator were being manufactured in Harare where the contractor's company is headquartered.

The delays that were encountered from mid October were caused by shortage of cement and bricks. These were supposed to have been provided by the hospital as part of their 20% contribution but this was not done in time. A whole month was wasted while the hospital was trying to source cement which was suddenly hard to get in the whole country. The work would only resume when the hospital got some cement and this determined the pace of the project.



State of the incinerator project as at October 27th



Therefore, the hospital could hardly complain about the contractor's pace. At the time of submitting this report, the contractor was putting final touches which will mark the finishing point of the incinerator project. The Environmental Management Authority will inspect the finished job and soon the Medical Superintendent will announce the findings. Only upon satisfactory results will the FFM pay the fund balances.

Also, the FFM approved and funded the construction of two boreholes, one solar-pumped and the other conventional. Although the project will ease water supply for general laundry and gardening, it was proposed and approved in the context of a cholera emergency. The contractor in this project is Bornwater Drilling. The company was selected in a second round of quotations after the one selected during the first round failed to take off citing price irregularities. Bornwater charged \$4,400 for the two boreholes and was paid \$2,200 advance on November 22nd via Western Union. By December 11th the contractor assigned a technician named Dube to be the project leader and connected him with us. Dube said he was done servicing the rig compressor in Harare and was now arranging the fuel (which is hard to obtain these days).

Overall, the pace of projects is still worrisome. However, there is little that the FFM can do apart from constant liaison with stakeholders. Delays in the incinerator project shelved two other projects: procurement of x-ray machine and outreach vehicle. Apparently the quotations for these have not yet been gathered although reminders have been repeated more than usually. In future the FFM should not bother looking for quotations on behalf of the hospital and the schools, or even following them up. These institutions should gather the quotations at their own pace because they are the ones that understand the urgency or slackness in their respective projects, and the FFM can never know the specifications better. The FFM shall stick to its roles stipulated in Article 12 of the FFM Deed of Trust, including fund administration, entering project contracts, bookkeeping as well as preparation of project proposals and reports. The procedure with quotations shall involve the beneficiaries collecting them themselves (where necessary with the aid of the Projects Coordinator) because it is not possible for the latter to do this without the former. After analysing and approving the quotations, the FFM will expect the beneficiaries to pay at least 20% of the project fund. Only at that point will the FFM pay the balances (up to 80% of the fund), preferably after project completion.



4. PROPOSED 2019 PLAN

DEPT.	PROJECTS	NOTES
SLI	Njeremoto irrigation setup	This is a repeat of what was done with Tamuka.
	Organic gardening expansion	Shall follow the pattern of Tamuka and Njeremoto.
	Construction of 4 toilets	2 at Tamuka and 2 at Njeremoto.
	Youth corners	Involves internet being installed at every township and youth-friendly activities being initiated such as theatre arts with annual competitions.
CHS	X-Ray machine	Hospital to provide quotations and 20% of costs.
	Medical supplies	If possible double the usual volume.
	Doctors' incentives	As usual.
	Outreach vehicle	Subject to quotations and beneficiary commitment.
EEA	Classroom furniture	2 schools to be selected on 'first come first served' basis to share USD6,000 furniture fund. The first to declare beneficiary commitment gets selected first.
	Textbooks	2 schools to be selected on 'first come first served' basis to share USD6,000 textbooks fund. The first to declare beneficiary commitment gets selected first.



5. PROPOSED 2019 BUDGET

DEPT.	PROJECTS	Total (USD)	Beneficiary contribution	% Ben. contribution	FFM contribution	Notes
SLI	Njeremoto Irrigation Scheme	5'812	-	-	5'812	Gardeners provide labour.
	Fencing 2 new organic gardens	2'602	-	-	2'602	Gardeners provide labour.
	Construction of 4 toilets	540	-	-	540	Gardeners provide labour.
	Digital equipment for setting up 2 youth corners	1'210	242	20%	968	Youths to pay through initial subscriptions.
CHS	X-Ray machine			20%		Subject to quotations and beneficiary commitment.
	Medical supplies	10'000	-	-	10,000	Humanitarian. No beneficiary contribution required.
	Doctors' incentives					No beneficiary contribution required.
	Outreach vehicle	43'334	8'667	20%	34'667	Subject to hospital paying first.
EEA	Classroom furniture - School 1	1'250	250	20%	1000	School to deposit \$750, the approximate equivalent of



						250 USD, into FFM Trust Account
	Classroom furniture - School 2	1'250	250	20%	1000	School to RTGS 750, the approximate equivalent of 250 USD, into FFM Trust Account
	Textbooks - School 1	1'250	250	20%	1000	School to RTGS 750, the approximate equivalent of 250 USD, into FFM Trust Account
	Textbooks - School 2	1'250	250	20%	1000	School to RTGS 750, the approximate equivalent of 250 USD, into FFM Trust Account
Grand Total so far		68'498	Figures for two hospital projects are not yet included.			

NB: Other projects may still be allowable as long as the beneficiaries provide convincing quotations and are ready to pay at least 20% of the costs. For example, the hospital is pondering on the possibility of repairing the theatre.



6. CONCLUSION

The year 2018 was full of potential, most of which was utilised but with difficulties here and there. For the first time in the history of FFM projects the hospital contributed something towards a project. It is our prayer that the spirit is sustained and espoused to the Mission school as well. It is surprising to note that these institutions are struggling with activities everyday if their development plans are anything to go by, but they do not want to invite FFM to those particular planned projects. They only want to give FFM noncommittal projects in which the benefiting institutions do not contribute anything. While poverty and economic crises will continue being peddled to justify this obstinacy, it is strongly recommended that the FFM adopts a firm position wherein partnership/collaboration is the major condition of development funding. The FFM is doing enough to donate medical supplies and doctors' allowances without demanding beneficiary contributions. Activities are hard to fund in that 'donation' mode because the benefiting institutions have always drawn a line between their own projects and FFM projects, as if to say the FFM creates projects for them. They have funnily developed the tendency to ask FFM how far the funds have gone, even how well the activities might be going, implying that they are not constantly in touch with 'FFM work'. The key message coming out of this annual report is that such disarray must be tamed. If possible a board resolution must be made to distinguish humanitarian projects from development projects and to fix that only named humanitarian projects will be donated with zero beneficiary contribution. The rest should involve beneficiaries paying a commitment fee to ensure their interestedness and readiness to work with FFM. Otherwise there is a danger of them seeking to create faults for which to blame on FFM in the end. In the past the Mission disowned its Muchingwizi Dam when the scooping project hit a brick wall; and in 2016 the school authorities turned their back on a classrooms construction project when a misunderstanding arose involving the builder. All these tragedies of folding hands in front of 'FFM projects' will be a thing of the past if the beneficiaries are challenged to own their projects first before expecting the donors' help.