RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS ZIMBABWE RAPID RESPONSE DROUGHT 2015

RESIDENT/HUMANITARIAN COORDINATOR	Bishow Parajuli

REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The CERF After Action Review took place on 25 May 2016. The review brought together focal points from the following key sectors and agencies: Health and Nutrition: UNICEF and WHO, Agriculture: FAO, Food Security: WFP and WASH: UNICEF. Considering the importance of the lessons learnt element, some sectors which did not benefit from the funding did nevertheless participate in order to gain a better understanding of CERF priorities, requirements and implementation strategies.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES **X** NO ☐

Sector focal points were part of the CERF consultation from inception through to final reporting. In addition, a CERF update was a standing agenda item discussed during the monthly Humanitarian Country Team meetings.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES **X** NO ☐

All sectors participated in the drafting of the CERF report the draft of which was circulated before official submission.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 132,000 Million $		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	8,110,712
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral) (Food Insecurity Response Plan)	53,344,375
	TOTAL	**61,455, 087**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 10 October 2015			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	15-RR-CEF-123	Water, Sanitation and Hygiene	1,159,131
UNCEF	15-RR-CEF-124	Nutrition	573,445
FAO	15-RR-FAO-030	Agriculture	2,128,136
WFP	15-RR-WFP-071	Food Aid	4,250,000
TOTAL			**8,110,712**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	4,625,214
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	3,129.204
Funds forwarded to government partners	356,294
TOTAL	**8,110,712**

HUMANITARIAN NEEDS

Zimbabwe's food security situation remains a great concern, given the decline in overall cereal production and availability. This is as a result of a combination of factors including unfavourable weather conditions from the previous season (late 2014/early 2015), characterised by late onset of the rainy season as well as prolonged dry spells which resulted in significantly lower maize production. In the 2014/15 agricultural season, Zimbabwe registered a 51 per cent decline in maize production compared to the 2013/14. The Second Round Crop and Livestock Assessment results show an overall food deficit of 777,000 MT. Of this deficit, about 650,000 MT is the total cereal deficit. In addition, findings from WFP's ongoing monitoring also noted that communities in Matabeleland South and parts of Midlands and Masvingo Provinces were reported to have had no cereal stocks from own production since the start of the harvest season. Given the indicated cereal deficit, the country required increased amounts of cereal imports to balance the supply and demand equation, as well as timely humanitarian assistance for the current (2015/2016) marketing year. The dry conditions have also had a negative impact on livestock. There is very little grazing available and the on-going outbreak of Foot and Mouth.

According to the findings of the Zimbabwe Vulnerability Assessment Committee (ZimVAC), a total of 1.5 million people were deemed food insecure and requiring humanitarian assistance. This represented a 166 per cent increase compared to the 2014/15 consumption year. The effects of El Niño and subsequent late rainfall season, below normal rains, and high temperatures experienced throughout the planting period, affecting production and livelihoods, prompted the ZimVAC to conduct a rapid appraisal in January 2016 to update its projections. The rapid assessment estimated 2.8 million people, 30 per cent of the rural population, lacking sufficient means - combining own production, livestock, incomes and remittances or other forms of assistance - to meet their minimum food needs at the peak of the 2015/16 lean season, through March 2016. This is 88 per cent higher than initial projections and 400 per cent higher than in the previous year. Furthermore, within the same marketing season, this is the highest increase of prevalence of food insecurity the country has had in the last six years.

The assessment also showed that child malnutrition rates increased nationally by a dramatic 53 per cent since 2015 (from 1.5 percent in 2014 to 2.3 per cent in 2015). Generally, access to adequate and age appropriate food remains a challenge for a significant proportion of the Zimbabwean population. In the last two years, food production in Zimbabwe has decreased through poor land management and lack of rain, with scarcity of crops driving up the cost of food. The current El Niño event has resulted in increased food insecurity affecting more than double the amount of households that were initially expected. Further to this, the problem of safe drinking water among vulnerable population groups especially children under five and pregnant and lactating mothers continues to contribute to the increase in the incidence and prevalence of water-borne disease epidemics such as cholera and other diarrhoeal diseases which are common in the most drought prone areas thereby increasing the social vulnerability of already overburdened women and children and the prevalence of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).

The low rain and production levels led to an increase in the number of food insecure people. This was against a background in which both the country and the humanitarian community were strained and were facing resource constraints to adequately and immediately respond. Therefore, the CERF funds allowed for the provision of time-critical interventions in the sectors of agriculture, food, nutrition and WASH. The main consequence for the food sector was the provision of live-saving food assistance to the food insecure population particulars during the peak of the lean season who would have faced possible starvation without that assistance. Lack of funding would have substantially compromised the food sector's ability to provide lifesaving food assistance and nutritional support to the most vulnerable when it was needed most.

To complement the support of the food security sector, the nutrition sector focused on protecting the nutrition status of children identified to be in some of the worst affected districts and threatened by the current emergency. For the WASH sector, the drought resulted in reduced water yields from the few functioning boreholes exacerbating the risk to water related diseases especially diarrhoea and cholera. Considering that these same provinces are also prone to diarrhoeal diseases, including cholera, the programme found it imperative to ensure that the affected communities' access to safe water was restored in the shortest term. This is in addition to receiving information and support for key hygiene practices and sanitation so as to reduce

the associated health risks and prevent an outbreak which would further compound the critical nutritional status of children in the most affected areas.

For the agriculture sector, failure to provide adequate support would have caused protracted hardships as many farming households in affected areas had not been able to save adequate small grain seeds for optimal planting in the 2015/16 season which would have consequently resulted in low yields and thus low harvests in 2016, protracting humanitarian conditions.

II. FOCUS AREAS AND PRIORITIZATION

According to the ZimVAC findings, the semi-arid provinces of Midlands, Masvingo and Matabeleland North and Matebeleland South were the worst hit provinces, with harvests decreasing by 66 per cent in some of the prioritised districts. During this time, the ZimVAC identified the province of Matabeleland North to be the worst affected by food insecurity, with 28 per cent of its rural population to be very food insecure during the peak lean season, followed by Matabeleland South and Masvingo provinces. According to the statistical information available from the past three years for the provinces where the most food insecure districts are located, (Matebeleland South, Matebeleland North, Midlands, Manicaland, Masvingo and Mashonaland Central), the access to improved water sources ranges from 63 to 74 per cent. However, the information on the status of water sources in rural areas collected between April and August 2015 by the Rural WASH Information Management System (RWIMS) for six out of the 10 most food insecure districts indicated that while the 62 per cent of the identified water sources were protected, over 36 per cent of them had some degree of non-functionality (partially functional, non- functional or collapsed/abandoned).

The sporadic rains has also had a negative effect on the availability of adequate grazing and water both for humans and livestock and has increased the risk of animals dying due to feed shortages and disease. Livestock condition and consequently livestock prices have decreased significantly in some districts as a result of poor grazing, water shortages and disease outbreaks. As of December 2015, cattle deaths were being reported in various parts of the country with the highest being recorded in southern districts of Chiredzi (2,638), followed by Chipinge, (2,600), Mwenezi (1,993), Tsholotsho (1,145) and Binga (993).

The January 2016 ZimVAC assessment further revealed that 15 districts had over 40 per cent of households expected to be food insecure during January to March 2016 hunger season. The prioritised CERF districts were for the second time found to be among the top, with Buhera district being ranked as the most food insecure district with over 60 percent of households experiencing food insecurity during the 2015/2016 peak hunger season. The assessment also showed that the national global acute malnutrition (GAM) rate had increased from 2.3 per cent in May 2015 to 5.7 per cent in January 2016.

With the government's limited financial resources to rehabilitate water points coupled with the ongoing drought, this meant that most water points continued to yield low amounts of water from those that were functioning. While there were other funding partners and agencies that had planned to respond in other high priority districts, the areas selected were those that had not received any support at the time of application submission. Thus, the CERF request was instrumental in supporting communities in the most affected, kick-starting activities while resources were being mobilized from the government, donors, NGOs and UN agencies. Priority interventions were in agriculture, food, nutrition and WASH in the following districts:

Province	District	Food Insecurity % 2015	Sector	(CERF) UN Agency	Food Insecurity % 2016
Matebeleland South	Beitbridge,	11,8	Agriculture	FAO	19
	Gwanda,	13,8	Agriculture	FAO	19
	Matobo,	13,3	Agriculture	FAO	34
	Mangwe,	6,1	Agriculture	FAO	51
	Umzingwane	40	WASH	UNICEF	51
	Bulilima	23,5	Food	WFP	30
	Binga,	32,8	WASH, Nutrition	UNICEF	50

Matebeleland North	Hwange,	28,9	WASH	UNICEF	42
	Lupane,	33,1	WASH, Nutrition	UNICEF	43
	Tsholotsho,	31,7	WASH	UNICEF	45
	Umguza,	41,7	WASH	UNICEF	57
Masvingo	Chivi,	13,9	Agriculture, Food	FAO, WFP	32
	Chiredzi		Agriculture	FAO	23
	Bikita,	12,3	Food	WFP	35
	Mwenezi	31,1	Nutrition	UNICEF	50
Midlands	Chirumhanzu	13,4	Nutrition	FAO	30
Manicaland	Buhera	37,8	Nutrition	UNICEF	61
	Chipinge	13	Agriculture	FAO	28

III. CERF PROCESS

To strengthen multi-sectoral coordination and collaboration, consultations for CERF funding were held with existing sector leads for health, nutrition, food security, WASH and agriculture. Consultative strategic planning was undertaken together with the government, donors, UN and NGOs to jointly prioritise, plan, coordinate, implement and monitor responses to the general humanitarian situation as a result of the drought. In turn, all sectors consulted with their national counterparts at sub-national levels within the relevant structures. Targeting of all the interventions or services was therefore based on allocating resources effectively and efficiently based on equity and vulnerability.

The food security cluster's priority was to save lives and protect the livelihoods of households that are most affected by seasonal food shortages in affected areas. Activities were prioritised on the basis of the 2015 Zimbabwe Vulnerability Assessment Committee (ZimVAC) and in consultation with government and humanitarian partners within the food security sector. The Food and Nutrition Council and the Food Assistance Working Group were used for coordination of geographical targeting of districts for the food security interventions. These platforms also allowed to coordinate district targeting, market assessments and transfer modalities. As part of the consultation process the Agriculture and Food security Sector technical working groups were both consulted and provided input to the project.

For the nutrition projects, districts were sensitized on the monthly active nutrition screening process as well as the referral of children with MAM and SAM to health facilities for therapeutic care. They were also sensitized on the need to ensure that all children are up to date on Vitamin. The WASH sector used the WASH Coordination and Information Forum (WSCIF), the post WASH cluster coordination platform led by the Ministry of Environment Water and Climate (MoEWC) as the platform for sectoral level humanitarian response planning. The decision on the NGO Implementing Partners (NGO-IPs) for field level activities was done in alignment with ongoing development interventions for the Rural WASH Programme. CERF implementation progress updates were provided to the same Forum and its Emergency Strategic Advisory Group (ESAG). The implementation at field level was done within the coordination structures for the WASH sector in Zimbabwe, i.e. the National Action Committee (NAC), Provincial and District Water Supply and Sanitation Committees (PWSSC and DWSSC).

In addition, various donors were approached through bilateral meetings and correspondence to raise their awareness on the crisis. Since the release of the ZimVAC report in July 2015, the deteriorating food security situation in Zimbabwe was discussed extensively in meetings at the HCT, with NGOs, government representatives, World Bank and other donors. The establishment of the Humanitarian Country Team (HCT) in November 2015 and led by the Resident Coordinator, ensured a level of accountability as it also meant that all CERF-funded projects were monitored and reported against as standing agenda items in the monthly HCT meetings. The activities prioritised under CERF, therefore, complemented the interventions that were and are already being implemented within the current Humanitarian response Plan (HRP).

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 330,035									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Agriculture	20,284	14,553	**34,837**	9,580	9,772	**19,352**	20,509	20,451	**40,960**
Food Aid	37,507	34,705	**72,302**	34,705	32,035	**66,470**	37,507	72,302	**139,042**
Nutrition	1,539*	14,016**	**15,596**	1,340*		**1,299**	2,879*	14,016**	**16,895**
Water, Sanitation and Hygiene	37,447	26,867	**64,314**	30,801	24,884	**55,686**	68,248	51,751	**120,000**

1 *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

*Children under the age of 5 years treated for SAM and MAM. **Pregnant women reached with iron and folate.

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	96,777	90,141	186,918
Male	76,426	66,691	143,117
Total individuals (Female and male)	**173,203**	**156,832**	**330,035**

2 *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding.This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

Food Security

WFP's lean season assistance planned to provide supplementary rations of Super Cereal, a nutritional corn-soy blend, for households with children between the ages of six months and five years. This nutritional component would help to mitigate the rising levels of global acute malnutrition seen among children under five by addressing the specific nutritional needs of this age group. WFP's planned Lean Season Assistance, which began in September 2015, was to reach 821,460 people in 36 districts by the peak of the lean season (January-March 2016), out of the total estimated 1.5 million people facing food insecurity. It was revised slightly downward from an initial plan of 856,000, following other actors' increased coverage. By its March distribution cycle, WFP had assisted a total of 732,961 food insecure people in 20 districts under the programme with funding from USAID, Canada, Switzerland and CERF, including through an in-kind contribution of up to 30,000 MT of maize from the Government of Zimbabwe.

With CERF funding overall, WFP planned to provide food and cash assistance in four districts (Chivi, Bulilima, Bikita and Chirumanzu) up to March 2016 (reaching 79,898 people), starting from November 2015. This target figure took into account the capacity of the government and other actors to provide assistance in other districts. In January, a rapid assessment was undertaken by the ZimVAC to update the food security projections in the wake of the impact of El Niño, the revised food insecure projections at the peak of the lean season increased by 1.3 million to 2.8 million. This increase in food insecurity necessitated an upward revision of beneficiaries in the targeted districts.

The CERF project was initially earmarked to provide life-saving rations to 79,898 people for a four month period (between November and March) in the four food insecure districts, as identified through the Zimbabwe Vulnerability Assessment (July 2015) findings. This contribution as planned was used to meet the twinning costs (transportation and distribution) of an in-kind maize grain contribution by the Government of Zimbabwe; and provided a cash transfer (of $6 per person per month) in lieu of vegetable oil and pulses. WFP remained the only partner providing a complimentary cash transfer for pulses and vegetable oil, this provided an opportunity for partners implementing cash-based transfers to create a cash sub-working group to share experiences and harmonise cash transfer values and programming.

The planned distribution of super cereal was affected by supply constraints from Zambia where the commodity was to be procured. An increase in demand from Southern African Region affected the supplier's ability to meet the surge in demand, resulting in failure to provide this nutritional supplement. To overcome this, WFP has started building up its pre-positioned (GCMF) stocks of super cereal and other commodities for the region – to offset the increased demand.

Delays were experienced in partner selection processes, contractual engagements, and government coordination meetings, which resulted in delays in the commencement of distributions by a month in the two of the four planned districts. As a result, distributions started in December and not in November as planned, with some resources earmarked for November distributions not being used at the time. Consequently, as a result of a delayed start in distributions and failure to distribute super cereal to households with children under the age of five; WFP used the corresponding resources to scale-up the number of targeted beneficiaries from 30,000 to 109,000. Interventions in four targeted district were guided by the upward revisions of the food insecurity projections by the ZimVAC. Additionally, WFP targeted Mt Darwin as an additional district for the month of January reaching 29,782 people, whilst WFP internal resources were used to provide support for the district in February and March.

The CERF funds eventually reached 139,042 people in Chivi, Bulilima, Bikita, Chirumanzu and Mt Darwin, compared to the planned 79,898 people in the initial four districts. WFP has also initiated a pre-selection process for partners and service providers (through issuing of expressions of interest, request for proposals and partner shortlisting) in preparation of potential upscale in the 2016/17 Lean Season Assistance (LSA) programme which was brought forward to April 2016 – to ensure an efficient response time.

Agriculture

The CERF project yielded good results, contributing to a marked improvement in the livelihood of targeted populations. The project contributed to a reduction in poverty deaths, saved breeding stock, improved animal body condition, and helped farmers realise better prices for their livestock. The project improved household access to agricultural inputs by assisting farmers to access good quality high yielding cowpeas and sorghum seed. The sorghum and cowpeas seed performed well in a season that was characterised by very low and erratic rainfall distribution. There was very high demand for the cowpea seed, the leaves proved to be a very good relish both fresh and dried, the actual pulse can be eaten fresh or dried and the crop residue makes great stock feed. Despite poor performance of the rainfall season where a lot of farmers experienced crop write offs, farmers targeted by the project recorded higher harvests due to the better quality varieties introduced by the project. With funds generated from the sale of seed and stock feeds communities rehabilitated water points and constructed feedlots and sale pens. This eased water provision of water for both humans and livestock and for livestock dipping and feed-lotting facilities.

A total of 6,715 households have access to survival stock feed

A total of 6,715 households accessed 4,000 MT of stock feed purchased under the CERF project. The provision of stock feed helped farmers save their cattle from poverty death. Through supplementary feeding, farmers improved the condition of their animals and realized better returns from the sale of their livestock. Improved carcass quality attracted higher prices and as a result farmers were able to meet their household food needs as well as other day today household demands.

Eight thousand households have access to seed for small grains and legumes
The project procured 40 tonnes of cowpeas and 40 tonnes of sorghum to cover 8,000 households. At the end of the project 70 percent of the sorghum seed and 82 per cent of the cowpeas had been sold. The remaining seed stocks (11.76 tonnes of sorghum and 7.29 tonnes of cowpeas have been stored by the agriculture Development Associations (ADAs) for use in the next season. Total uptake of the seed was not reached mostly due to the poor performance of the rainfall. Even though all the seed was not sold the number of households who accessed seed exceeded the project target. Post monitoring results showed that approximately 50 percent of the farmers who accessed cowpeas seed shared the seed with another household therefore a total of 9 800 households were reached by the project. The cowpeas seed was well received in the target districts due to the multiple uses of the crop. The leaves make a delicious relish either fresh or dried, and the peas can be eaten fresh or dried. The crop residues are highly nutritious and can be fed to livestock. Due to its early maturity properties the cowpeas provided farmers with an opportunity to plant with late rains. The uptake of sorghum seed was however dampened by the poor performance of the rainfall season.

Nutrition
The nutrition emergency response took place in four selected districts: Buhera, Binga, Lupane and Tsholotsho with three implementing partners supporting three of the districts. Buhera district in Manicaland Province was supported by World Vision International, while Tsholotsho and Binga districts in Matebeleland North were supported by Amalima and Save the Children respectively.

The objectives of the intervention were as follows:

a) Screening of more than 90 percent of the children under five years and treat about 2,831 children with SAM (an estimated target) during the six month project period in four targeted districts;
b) Procurement and distribution of therapeutic food at district level to treat the increased SAM cases;
c) Support to training of 600 gender balanced community based cadres in the four targeted districts for provision of IYCF counselling services and support in the communities;
d) Support to IYCF in emergencies through establishing gender responsive IYCF support groups in the affected communities for exclusively breastfeeding during the first six months;
and e) Provision of micronutrient supplementation to pregnant women and children (boys, girls and including those living with disabilities) aged 6-59 months. The results achieved are shown below.

Screening of more than 90 per cent of the children under five years and treat about 2,831 children with SAM (an estimated target) during the six month project period in four targeted districts
During the period of the intervention, both active screening at community level for acute malnutrition and passive screening at health facility level were conducted for children under the age of five years reaching a total of 85,945 (87 per cent) of the targeted 98,534 boys and girls. According to the June, 2016 DHIS data, health facilities in the four districts admitted and treated for SAM 1,539 (54 per cent) children (881 girls and 658 boys) out of the targeted 2,831 children under the age of five years between November 2015 and April 2016. Out of the targeted 4,513 children, a total of 2,879 (63 per cent) children (1,539 with SAM and 1,340 with MAM) were treated for acute malnutrition between November 2015 and April 2016. Of the 2,879 children treated for acute malnutrition 1,580 were girls and 1,299 were boys. The table below shows the number of children under the age of five years screened, and treated for severe and moderate acute malnutrition in the four CERF supported districts.

District	Total no of children screened at community level	Total no of children treated for MAM	Total children treated for SAM	Total children treated for acute malnutrition
Buhera	19,728	820	815	1,635
Binga	18,624	229	289	518
Lupane	7,297	148	219	367
Tsholotsho	11,439	143	216	359
Total	57,088	1,340	1,539	2,879

In Zimbabwe, management of severe acute malnutrition is integrated with the HIV program. At the time of admission for SAM treatment, health facility staff asked if the mother knew the HIV status of the child. If the status is known it was registered and if it was not known, the children were encouraged to go for HIV testing. The table below shows that of the 1,539 children aged 0 - 59 months were admitted for the management of severe acute malnutrition from November 2015 to April 2016, 873 (56 per cent) were tested for HIV. Out of all the children admitted in the program 906 (59 per cent) registered as positive for HIV. The number of children testing positive is more than those tested as some of the children were referred from paediatric ART services and had already been tested.

The number of SAM admissions for Children 0-59months, HIV testing and HIV status by district from November 2015-April 2016. Source DHIS 2

District	Data	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	Total
Buhera	Total Admissions 0-59 months	23	188	101	103	218	182	815
	Number Tested for HIV	10	16	60	60	104	122	372
	Number HIV +	4	1	3	2	7	6	23
Binga	Total Admissions 0-59 months	10	44	59	66	58	52	289
	Number Tested for HIV	5	21	43	51	50	32	202
	Number HIV +	0	0	0	2	0	0	2
Lupane	Total Admissions 0-59 months	10	43	39	28	59	40	219
	Number Tested for HIV	9	25	26	15	52	31	158
	Number HIV +	0	4	1	2	1	0	8
Tsholotsho	Total Admissions 0-59 months	18	17	32	61	46	42	216
	Number Tested for HIV	12	13	22	35	33	26	141
	Number HIV +	0	1	5	8	0	5	19
Totals	Total Admissions 0-59 months	61	292	231	258	381	316	1539
	Number Tested for HIV	36	75	151	161	239	211	873

	Number HIV +	40	80	155	167	247	217	906

The table below shows the combined monthly outcomes of the children treated for severe acute malnutrition in the four priority districts. The overall cure rate for the period of the emergency response was 62 per cent which is slightly below the acceptable Sphere standard level of 75 per cent. Part of the reason for not reaching the acceptable level despite the response could be the high mobility of families during drought seasons. A number of families move from rural to urban areas during seasons of drought. The death rate (4.1 per cent) and defaulter rate (12.2 per cent) were within the acceptable thresholds recommended in the Sphere standards which are less than 10 per cent and 15 per cent respectively.

Number and proportion of under-fives admitted and discharged from SAM treatment in the 4 priority districts (December 2015 to April 2016)

Outcome of the CMAM program for the children admitted with SAM in four districts													
District	Total Children admitted and treated in the programme	**Discharged from the program**											Total at the end of the programme
		Cured	%	Died	%	Defaulted	%	Non recovered	%	Transfers-out	%	Total Exits	
Buhera	815	142	24%	12	5%	29	12%	21	9%	33	14%	236	579
Binga	289	106	73%	7	5%	11	7%	19	14%	1	1%	144	145
Lupane	219	56	46%	2	2%	11	11%	23	23%	6	6%	98	121
Tsholotsho	216	73	91%	5	3%	25	18%	28	21%	5	4%	136	80
Total	**1,539**	**377**	**62%**	**25**	**4%**	**75**	**12%**	**92**	**15%**	**45**	**7%**	**614**	**925**

a) Procurement and distribution of therapeutic food at district level to treat the increased SAM cases

A total of 1,000 cartons of Ready-to-Use Therapeutic Food (RUTF) and 2,000 cartons of Ready to Use Supplementary Food (RUSF) were purchased and distributed to the four selected districts to enable the timely treatment of both moderate and severe acute malnutrition. Vitamin A capsules for children under the age of five years and iron and folate for pregnant and lactating mothers were procured from the Health Development Funds and supplied to health facilities through the Essential Drugs programme.

b) Support to training of 600 gender balanced community based cadres in the four targeted districts for provision of Infant and Young Child Feeding (IYCF) counselling services and support in the communities

- Guidelines for the treatment of acute malnutrition were updated and used for training health workers for the emergency response. Data collection and reporting tools in the form of Moderate Acute Malnutrition (MAM) registers and Severe Acute Malnutrition (SAM) registers were developed, printed and distributed to all 81 health facilities in the four priority districts by December 2015.
- Out of the planned 90 health workers (registered general nurses and primary care nurses), 178 (197 per cent) (47 men and 131 women) in 81 health facilities in the four selected districts were capacitated in the management of acute malnutrition in outpatient care using guidelines updated according to the most recent global recommendations.
- Out of a planned 1,110 community based workers and volunteers, 1,340 (120 per cent) men and women (641 men and 699 women) were equipped with skills and tools to identify and refer children with acute malnutrition, pregnant women and children in need of micronutrient supplementation to the nearest health facility.

- Out of a planned 600 village health workers, 686 (114 per cent) men and women (82 men and 253 women) were capacitated in the community based promotion of optimal feeding practices and the provision of age appropriate complementary foods for children under the age of two.

c) Support to IYCF in emergencies through establishing gender responsive IYCF support groups in the affected communities for exclusively breastfeeding during the first 6 months

- 228 existing active community groups were mobilized and sensitized on optimal infant feeding practices.
- 10,245 (40 father baby pairs and 10,205 pregnant women and mother and baby pairs) received counselling and support on optimal breastfeeding practices and the provision of age appropriate complementary foods.
- According to the LQUAS assessment held during the last month of the CERF funded response, exclusive breastfeeding rates of children under the age of six months are as follows:
    - 92 per cent in Tsholotsho district;
    - 79 per cent in Lupane district;
    - 80 per cent in Binga district; and
    - 76 per cent in Buhera district.

- The average exclusive breast feeding rate in all four priority districts has is now at 82 per cent which is above the planned target of 60 percent.
- Data on the proportion of children six to eight months receiving solids and semi-solid foods was not collected. The tool for Lot Quality Assurance Survey (LQUAS) data collection captured instead complementary feeding data on consumption of a minimum acceptable diet for children aged 6-23 months. According to the LQUAS assessment held during the last month of the CERF funded response, the proportion of children 6-23 months consuming the minimum acceptable diet is as follows:
    - 55 per cent in Tsholotsho district;
    - 34 per cent in Lupane district;
    - 52 per cent in Binga district; and
    - 42 per cent in Buhera district.
- The average proportion of children six to eight months receiving solids and semi-solid foods in all four priority districts is at 46 per cent.

d) Provision of micronutrient supplementation to pregnant women (IFA) and children (boys, girls and including those living with disabilities) aged 6-59 months.

- Out of a planned 28,499 pregnant women in the four priority districts, 14,016 (49 per cent) women received and were taking iron and folic acid tablets daily from December 2015 to March 2016.
- A total of 42,048 (21,766 girls and 20,282 boys) children under the age of five years received vitamin A supplementation. The coverage vitamin A supplementation between November 2015 and April 2016 was 43 per cent mainly because children aged 6-59 months receive one dose of vitamin A once every six months and the country had a massive national campaign giving measles, rubella and vitamin A in September 2015, so most of the children were not yet due for the next dose.

WASH

Through the rehabilitation of 270 boreholes across the six districts, a total of 13,922 households (approximately 69,610 people) now have access to a safe and reliable water source within their community. In addition to boreholes rehabilitation, three piped water schemes of Stanlon (Umguza district), Gulalikabili (Tsholotsho district) and Esikhoveni (Umzingwane district) were rehabilitated using solar powered systems, benefitting another 1,203 households (6,462 people). Besides the safe water the families are now enjoying, these systems will reduce the operational costs for the communities in charge of their management – compared with the diesel pumps which were more costly to run and maintain (being this among the main reasons for their failure in the past) – as well and also minimize its carbon footprint and negative impact to the environment.

The dissemination of participatory health and hygiene education (PHHE) and community mobilization, including dissemination of messages through door-to-door visits, theatre drama and songs reached a total of 120,000 people in the six districts where the project was operational. This has contributed to raising awareness and importance of critical health and hygiene practices such as handwashing with soap at critical times. Through the facilitation of the NGO partners and the District Water and Sanitation Sub Committees (DWSSCs), the communities themselves identified the most vulnerable families (i.e. households headed by children, elderly, HIV infected/terminally ill or those with physically challenged members) who received a Non-Food Items (NFI) kit comprising of five bars of all-purpose soap, 20L jerry cans, 20L buckets with lids, Information, Education and Communication (IEC materials) and household water treatment water tablets. These NFI kits benefitted a total of 13,000 households in the six districts. These families now have access to basic means to maintain safe water and hygiene within their households at this particular time when water is scarce and sanitary conditions deteriorate

CERF's ADDED VALUE

CERF funding constituted the first funding available (and in some sectors the only funding to date) for the specific response to the drought emergency. Moreover, the CERF funding has helped to partially cover the most critical lifesaving interventions for the most vulnerable populations in the targeted districts, including the restoration of access to safe water sources for communities, agricultural inputs and key nutrition interventions.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES **X** PARTIALLY ☐ NO ☐

The CERF has added value for UN agencies by providing funding in a timely manner (almost two weeks from date of official submission). CERF contribution was one of the first that allowed for the stakeholders to respond quickly in the most vulnerable districts with Government, UN agencies and NGOs coming together to develop joint plans and scale up coordinated emergency nutrition interventions before the end of 2015. The funding improved the delivery of assistance to the beneficiaries through timely disbursement of resources, allowing enough time to engage service providers and partners in a timely delivery. CERF funds have also filled the gap during the critical initial period of the drought while food security and nutrition situation as a result of the El Niño is being investigated and there were very few other resources available for emergency response. As situation continues deteriorating, these funds have served to cover needs before additional risks (such as health) have materialized. The turnaround time for the approval and disbursement of CERF funds was also very short which is critical for agricultural activities which are time bound.

b) Did CERF funds help respond to time critical needs[1]?
YES **X** PARTIALLY ☐ NO ☐

For the nutrition component, CERF funds enabled the initiation of active community-based nutrition screening which is critical in facilitating early identification and referral of children with acute malnutrition before their condition becomes severe and life threatening. In addition, CERF funds allowed for the timely provision of therapeutic foods which are critical, especially for children with severe acute malnutrition which is a life threatening condition. For the WASH, CERF programme enabled the provision of timely WASH services to assist most affected communities in the targeted districts. However, these needs were partially covered due to the unavailability of timely additional resources. Agricultural activities are time sensitive. The CERF funds were used to address time critical needs such as the provision of much needed stock feed during the dry season before the start of the rains. It also supported the provision of cropping inputs in time for planting. Because of the short lead time of the disbursement, the fund responds to emergency situations where timely response is critical. The disbursement of the response allowed for sufficient planning and was confirmed in time to meet the needs before the peak of the lean season.

c) Did CERF funds help improve resource mobilization from other sources?
YES **X** PARTIALLY ☐ NO ☐

[1] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The successful implementation of the CERF-funded projects and the positive results attained has attracted funding from other donors. In the agriculture sectors, additional funding from other donors is in the pipeline. Although this has helped reduce the funding gap, needs in the sectors remain largely underfunded. For the food security sector, the funds helped to mobilise additional resources, especially for the joint programme with the Government of Zimbabwe. The CERF funding provided an opportunity to showcase the implementation of this programme and the extent of the reach on limited resources.

d) Did CERF improve coordination amongst the humanitarian community?
YES **X** PARTIALLY ☐ NO ☐

Strong humanitarian coordination was already in place in Zimbabwe. However the CERF helped to strengthen this further. The implementation of the programme required active stakeholder participation from implementing agencies and cooperating NGOs and Government. Existing collaboration was extended and strengthened so as to respond in a coordinated effort during the funding period. Sectoral coordination meetings with partners and donors were held on a monthly basis to discuss, among other things, programme implementation, whilst the Humanitarian Country Team meetings and Sector Working Group meetings were planned in such a manner that they became complimentary.

As a result of the CERF, the Humanitarian Inter-Sector coordination forum was established which initially brought the CERF funded sectors together to provide update on project implementation status. However, with the increase in needs and the added value that general humanitarian coordination had within the country, additional sectors joined the inter-sector forum which now has six sectors including: agriculture and food security, health and nutrition, WASH, protection, education and early recovery. Apart from CERF funds facilitating geographical convergence of activities in some areas, the funds also improved national level coordination in general which has enabled other agencies to consider replicating active some of the activities using the CERF approach. The funding also contributed to the strengthening of district level coordination where stakeholders from multiple sectors gather to discuss the effects of the drought on food security and nutrition in the district. By being implemented within the general humanitarian coordination frameworks, the CERF project supported coordination at sub-national levels through capacitating provincial and District committees and galvanized them to champion humanitarian emergency interventions. WASH Emergency interventions, for example, were not prioritized prior to the implementation of CERF funded WASH related activities. The CERF programme therefore raised awareness on the importance of a timely humanitarian response and promoted Central Government and local Government participation. Most importantly, the CERF remained one of the largest multi-sectoral funding streams which enabled agencies to leverage funding from other donors as well as complementing other donor funds.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

The CERF added significant value in re-thinking of some strategies. In the nutrition sector, the country as a whole has been appraised on the importance of investing a few resources in active community based screening. Discussions are now under way at national level on how to sustainably scale up to all districts in the country, the Village Health Worker run community based growth monitoring with the inclusion of Mid Upper Arm Circumference (MUAC) measurements and testing of oedema.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Timely response	The CERF funds came in timely for an early response which ensured that the children were supported before the nutrition status deteriorated and the four districts averted deterioration of nutrition status.	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Development of tools for monitoring and reporting forms before the onset of emergencies, to ensure quality of reporting	Finalise tools for monitoring and reporting as part of nutrition emergency response guidelines so that a standard package can be pre-tested, finalised and ready and available for use and distribution to all stakeholders including implementing partners before the onset of emergencies.	Sectors / HCT
Timeliness of humanitarian interventions	Some interventions are time sensitive. Therefore there is need to undertake resource mobilisation and initiate the CERF application process as early as August to allow for timely implementation of field activities.	Sectors
Integrated humanitarian assistance to avoid dilution of reactions	If interventions are meant to yield the desired results, there needs to be strengthened coordination with targeting of beneficiaries at household level. Interventions could consider inclusion of households with acutely malnourished children to be included as beneficiaries for general food rations and other supplementary feeding or food aid programmes. This should be considered at the planning stage.	HCT / Sectors
Logistics capacity in emergencies	There is need to increase the pre-positioned stock for commodities to cushion against a surge in demand during emergencies.	Sectors
Timely engagement of partners and service providers	Delays experienced due to delayed engagement with partners have seen agencies carrying out pre-selection of partners and service providers with proposals already in place, to allow for speedy engagements when funds are received.	Agencies
Capacity of partners in the field	Considering the duration of CERF funds (limited to six months), there is need on the part of agencies to ensure that partners in the field have adequate capacity to support the implementation of short-term projects to avoid poor delivery and implementation of activities.	Agencies
Timing of project activities	Agencies need to ensure appropriate timing of project activities to ensure that project deliverable are implemented within the proposed time. Where this is beyond the control of the agency, there is need to be proactive and possibly consider requesting for a No-Cost Extension (NCE).	Agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	30/10/2015 – 29/04/2016
2. CERF project code:	15-RR-CEF-123	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Restoring access to safe water improving hygiene practices in 6 of the most food insecure and drought affected districts in Zimbabwe		

7.Funding				
a. Total funding requirements[2]:	US$ 3,200,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[3]:	US$ 1,159,131	▪ *NGO partners and Red Cross/Crescent:*	US$ 465,450.00
c. Amount received from CERF:	US$ 1,159,131	▪ *Government Partners:*	US$ 109,190

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	20,284	16,684	36,968	37,447	30,801	68,249
Adults (≥ 18)	14,553	13,479	28,032	26,867	24,884	51,751
Total	**34,837**	**30,163**	**65,000**	**64,314**	**55,686**	**120,000**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs		
Host population	65,000	120,000

[2] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[3] This should include both funding received from CERF and from other donors.

Other affected people		
Total (same as in 8a)	**65,000**	**120,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of people reached, indicated in the table above, relates to the highest number of beneficiaries reached by Output *(Output 2 / Indicator 2.1: people receiving critical WASH related information for improved hygiene and sanitation practices)*. The initial target was based on the assumption that these activities will cover at least the same population benefiting with rehabilitation water sources. The actual results, however, includes additional population that received these messages through the various communication channels that were used by NGO implementing partners to spread the hygiene related messages, which was beyond to the communities where boreholes / piped water schemes were rehabilitated. These communication channels include: door-to-door visits by Village Health Workers (VHW), distribution of IEC materials through NFI kits, Community and School Health Clubs and hygiene promotion sessions in Health Centres. The numbers reported are estimates that accounts for a discount of possible double-counting / repeated contacts.	

CERF Result Framework			
9. Project objective	To improve access to safe water and awareness of key hygiene and sanitation practices among 65,000 people in six of the most food insecure districts in Zimbabwe, namely: Binga, Hwange, Lupane, Tsholotsho, Umguza (Matabeleland North Province) and Umzingwane (Matabeleland South Province)		
10. Outcome statement	Women, children and men living in rural communities in the targeted districts improve their access to safe water and receive critical WASH-related information to prevent diarrhoeal diseases.		
11. Outputs			
Output 1	65,000 people have access to sufficient water of appropriate quality and quantity to fulfil their basic needs through the restoration, rehabilitation or expansion of pre-existing water sources.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of people improving their access to water through rehabilitation of protected water sources which are now functional	65,000	76,072
Indicator 1.2	Number of households with access to NFIs for household water treatment and storage	13,000	13,000
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**

Activity 1.1	Rehabilitation of 270 existing water sources (piped water schemes, boreholes, etc.)[4]	Government/IPs/ NGOs, Contractors	NGOs (incl. through contractors for PWS), Rural District Councils.
Activity 1.2	Procurement of NFIs for household water treatment and storage	UNICEF	UNICEF
Activity 1.3	Distribution of NFIs for household water treatment and storage to beneficiaries	IP / NGOs	NGOs
Output 2	65,000 people have improved awareness on safe hygiene and sanitation practices		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of people receiving critical WASH related information for improved hygiene and sanitation practices	65,000	120,000
Indicator 2.2	Number of households receiving means for practicing of safe hygiene	13,000	13,000
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Participatory health and hygiene education	IP / NGO	NGO
Activity 2.2	Procurement of NFIs for hygiene	UNICEF	UNICEF
Activity 2.3	Distribution of NFIs for hygiene to beneficiaries	IP / NGO	NGO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

For *Output 2 / Indicator 2.1: people receiving critical WASH related information for improved hygiene and sanitation practices*. The initial target was based on the assumption that hygiene promotion activities will cover at least the same population benefiting with rehabilitation water sources. The actual results, however, includes additional population that received these messages through the various communication channels that were used by NGO implementing partners to spread the hygiene related messages, which was beyond to the communities where boreholes / piped water schemes were rehabilitated. These communication channels include: door-to-door visits by Village Health Workers (VHW), distribution of IEC materials through NFI kits, Community and School Health Clubs and hygiene promotion sessions in Health Centres. The numbers reported are estimates where a discount of possible double-counting / repeat contacts.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF has piloted the use of RapidPRO (a SMS based system) to gather information directly from beneficiaries on the use of NFIs. RapidPRO tool was used in the CERF project for essentially three dimensions which are:

1. Dissemination of hygiene promotion messages,
2. NFI distribution checklist

[4] This activity includes the establishment/ resuscitation of Community Based Management structures around rehabilitated water points

and 3. Post distribution monitoring. A total of 3,892 beneficiaries registered on the RapidPRO platform out of the targeted 13,000 NFI beneficiaries. Those who did not register cited reasons such as lack of network coverage or not owning a mobile phone. The beneficiaries who registered on the platform reported having received all the five NFIs (soap, bucket, jerry can, water treatment tablet and IEC materials) and they said that the quality of the NFIs was good. Only 2 per cent reported that the quality of the NFIs were not of acceptable standards. Post-distribution monitoring done through RapidPRO three months after the CERF project showed that 99 per cent of the registered beneficiaries were still using the NFIs while 1 per cent reported that they are not using the NFIs.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
A review meeting for the implementation of the CERF project was conducted on 26 – 27 May 2016, led by the Ministry of Environment Water and Climate and the participation of the key stakeholders including representatives from the Ministry of Health and Child Care, District Development Fund, Rural District Councils and NGO implementing partners. The meeting aimed to review program implementation, share lessons learnt, challenges faced and craft recommendations for future programming and provide recommendations for sustainability to Rural District Councils	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

VI. PROJECT RESULTS CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	04/11/2015 – 03/05/2016
2. CERF project code:	15-RR-CEF-124	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Providing lifesaving nutrition intervention and care to 33,012 PLW and children under age 5 living in 4 districts worst affected by drought		

7.Funding			
a. Total funding requirements[5]:	US$ 4,529,007	d. CERF funds forwarded to implementing partners:	
b. Total funding received[6]:	US$ 723,445	▪ *NGO partners and Red Cross/Crescent:*	US$ 139,667
c. Amount received from CERF:	US$ 573,445	▪ *Government Partners:*	US$247,104

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 5)			4,513	1,580	1,299	2,879
Adults (≥ 18)			28,499	14,016	n/a	14,016
Total			**33,012**	**15,596**	**1,299**	**16,895**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs		
Host population	33,012	16,895
Other affected people		
Total (same as in 8a)	**33,012**	**16,828**

[5] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[6] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Lower than planned coverage of screening (89 per cent) could be explained by: • Religious objector's resistance to participation in health related activities. • Withdrawal of some of the initial volunteers due to delayed issuing of incentives/visibility materials/bus fare refunds. • Migration of the families due to drought and need to go out to search for work Only 64 per cent of the planned 4,513 girls and boys (1.539 with SAM and 1,340 with MAM) treated for acute malnutrition could have been because of: • Mobility of households during drought periods to ensure food security • Resistance to health related services by religious objector groups. • Low turnout of children referred for treatment due to difficult to reach area and lack of money for transport/resource challenges. • Prioritisation of attendance to programmes with food aid rather than just screening where there is no "apparent benefit". Only 49 per cent of the planned 28,499 pregnant women in the four priority districts have received and are taking iron and folic acid tablets daily • Low turnout of pregnant women referred for IFA supplementation due to transport/resource challenges. • Occasional stock outs of IFA at the health facilities due to unexpected high demand resulting in mothers not returning to health facility when IFA becomes available • Reluctance of referred pregnant women to go to the health facilities.

CERF Result Framework			
9. Project objective	Improving the nutritional status of 33,012 PLW and children under five at risk through lifesaving nutrition interventions and care in four districts affected by drought		
10. Outcome statement	More than 90 per cent of the children with acute malnutrition received treatment and quality care in next six months from November to April 2015		
11. Outputs			
Output 1	Screening of more than 90 per cent of the children under five is (98,534) carried out in all wards of the four worse affected districts to guide emergency response		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Proportion of wards / emergency pockets covered in next six months	90%	100%
Indicator 1.2	Proportion of children under-5 from 4 worse affected districts screened for acute malnutrition in next six months	90%	87%

Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Rapid and massive screening of children under five in all wards	MOH, NGOs, UNICEF	MOHCC community based workers and volunteers, NGOs and UNICEF
Activity 1.2	Training of health staff on Integrated management of acute malnutrition	MOH, NGOs, UNICEF	MOHCC, NGOs and UNICEF
Activity 1.3	Training of Village health workers /community volunteers / lead mothers and fathers on screening	MOH, NGOs, UNICEF	MOHCC, NGOs and UNICEF
Output 2	Provide therapeutic feeding and care for 4,531 children 6-59 months old with acute malnutrition (GAM) to protect their lives and bring them back to healthy growth and development.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of children 6-59 months old with SAM admitted to therapeutic care programmes in four districts	2,831	1,539
Indicator 2.2	Number of children 6-59 months old with MAM admitted to therapeutic care programmes in four districts	1,682	1,340
Indicator 2.3	Proportion of exits from therapeutic care programmes who recover"	75%	61%
Indicator 2.4	Proportion of wards reporting on IMAM monthly	90%	100%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Referral , admission and treatment of children identified with SAM in health facilities	MOH , NGO	MOHCC
Activity 2.2	Sex and age disaggregated Data compilation and reporting	MOH, NGO	MOHCC, NGO
Activity 2.3	Monitoring and supervision to ensure quality of care for children with SAM	MOH, NGO	MOHCC, NGO
Activity 2.4	Procurement of RUTF and MUAC tapes	UNICEF	UNICEF
Activity 2.5	Distribution of RUTF and MUAC tapes	UNICEF, MOH	UNICEF, MOHCC, NGOs
Output 3	Ensure that all 98,534 targeted children under five and pregnant women (28,499) received micronutrient supplementation		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Proportion of children 6-59 months old who received the recommended dose of vitamin A	80%	43%

Indicator 3.2	Proportion of pregnant women who receive IFA supplements	60%	49%
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Identified children eligible for vitamin A supplementation and referral to health facilities	MOH, NGO	MOHCC
Activity 3.2	Counselling and referral of pregnant women to health facilities to receive and take IFA	MOH, NGO	MOHCC
Output 4	Ensure at least 80 % of mothers (38650) of children under two received community IYCF counselling care in next 6 months from November to April 2015		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Proportion of IYCF counsellors trained at community level	70%	95%
Indicator 4.2	Proportion of wards with at least one functional community IYCF support group	70%	77%
Indicator 4.3	Proportion of children exclusively breast fed	60%	82%
Indicator 4.4	Proportion of children 6-8 months receiving solids and semisolids food (As described in the results narrative, data collected was on proportion of children 6-23 months consuming a minimum acceptable diet)	70%	46%
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Training of community IYCF counsellors in all five districts	MOH, NGO	MOHCC, NGO
Activity 4.2	Sensitization and mobilization of existing active community group	MOH , MOWAGCD	MOHCC
Activity 4.3	Monitoring and supervision	MOH, NGO, MOWAGCD	MOHCC, NGO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Lower coverage of screening than planned, 87 per cent of children under five were screened as opposed to the planned 90 per cent: Although some progress has been made with religious objectors, more needs to be done to encourage those communities to participate in health related activities. Involving volunteers from among this religious group helped in mobilizing them for screening activities. Inaccurate population figures Number of children registered in all the villages by the community based workers (head count figures) differed from the census figures; in Buhera, Lupane and Tsholotsho were an over estimate of the actual population of under-fives whilst for Binga it was an under estimate

Lower than expected numbers of admissions due to low turnout at health facility after referral from the community: SAM and MAM patients that had been initially been admitted and were getting counselling were followed up by the volunteers and VHWs to go to the clinics and get the supplementary feed but not all reported to their corresponding health facilities. For example, in Buhera, some caregivers were expecting food rations and were "disappointed" to find

that they are being referred only for therapeutic feeds. In addition, during December when the programme started, some families had moved to urban areas for the Christmas holidays.

Low rates of children six to 23 months receiving the minimal acceptable diet: Although the exclusive breastfeeding coverage (82 per cent) is higher than the planned target of 60 per cent, only 46 per cent of children six to 23 months are receiving the minimal acceptable diet. This may be due to increased general food insecurity and lack of access to the variety of foods necessary to provide all the nutrients required to fulfil a balanced diet. Caring practices such as time to prepare foods and provision of the adequate frequency of feeds may be compromised if caregivers are travelling further to access safe sources of water.

Low coverage of vitamin A supplementation for children aged 6 to 59 months (43 per cent) was achieved because a national campaign of measles, rubella and vitamin A supplementation had been conducted at the end of September 2015 reaching over 96 per cent of children in this target group. Because vitamin A is only given once in six months, most of the children were not yet due for the next dose April 2016.

Low coverage of pregnant women accessing and taking Iron and Folic Acid supplements (49 per cent). This was mainly due to occasional stock outs of IFA at the health facilities due to unexpected high demand resulting in mothers not returning to health facility when IFA becomes available. Also reluctance of referred pregnant women to go to the health facilities for ANC services due to transport and financial challenges.

Higher output indicators for Infant and Young Child Feeding Support: This was achieved due to the fact the almost all (95 per cent) village health workers were trained and given skills to support and counsel mothers on optimal infant feeding practices. The trained VHWs were also able to facilitate IYCF support groups within the community making IYCF counselling more accessible to women with children below two years of age which also increased the proportion of children who were exclusively breastfed in the four districts.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Accountability to the affected population was ensured through:

- Report back through the District Development Committees (DDC) in which counsellors participate. The DDC is a forum where local leaders, community representatives and technical people in charge of various district programmes meet. For example, community leaders reported in DDC meetings when women referred for IFA at health facilities were attending and being returned without supplementation because of stock outs.
- Inclusion of volunteers from the population being supported, so that they participate in active screening after being empowered with skills and tools. The volunteers were selected by traditional chiefs and village heads and took an active role in community sensitisation and social mobilisation activities. They were also empowered to follow up on progress and communicate outcomes of treatment to parents and caregivers of children under the age of five years.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
An evaluation of the emergency response was conducted at the end of March 2016 and the recommendations below were given to improve the response. • There is need to fully involve health centre committee, community leaders, particularly village heads to mobilise mothers and care givers for the programme. Binga and Lupane experienced a better response from mothers after involving village heads. Whilst Buhera managed to mobilise the religious sects through the health centre committees. • The District Health Executive (DHE) particularly the district medical officer (DMO) or district nursing officer (DNO), and the District Administrator (DA) need to be	EVALUATION PENDING ☐

briefed so that they fully support the programme. Binga attributed their success from full support from the DHE and Lupane had full support from both the DHE and the DA's office and performed better than districts with NGO partners. Keep all stakeholders at all levels (provincial, district, ward) fully informed by giving updates on the programme in FNSC meetings and drought relief meetings. • There is need to utilise EPI outreach points to reach the geographically hard to reach as some of these areas do not even have village health workers. • Monthly review meetings for VHWs need to be supported to improve data quality and increase their motivation. • The full report will be made available as soon as it is finalised.	

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	FAO	**5. CERF grant period:**	06/11/2015 – 05/05/2016
2. CERF project code:	15-RR-FAO-030	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Agriculture		X Concluded
4. Project title:	Improved food security of drought affected households in Zimbabwe		

7.Funding			
a. Total funding requirements[7]:	US$ 32,106,907	d. CERF funds forwarded to implementing partners:	
b. Total funding received[8]:	US$ 3,838,000	▪ *NGO partners and Red Cross/Crescent:*	US$ Fill in
c. Amount received from CERF:	US$ 2,128,136	▪ *Government Partners:*	US$ Fill in

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	10,929	9,580	20,509	16,218	14,382	30,600
Adults (≥ 18)	10,679	9,772	20,451	9,582	8,818	18,400
Total	**21,608**	**19,352**	**40,960**	**25,800**	**23,200**	**49,000**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs		
Host population	40,960	49,000
Other affected people		
Total (same as in 8a)	**40,960**	**49,000**

[7] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[8] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Post monitoring results show that at least 50 per cent of households that accessed cowpeas seed shared the seed with one other household. In this way 12,000 households were reached by the project.

CERF Result Framework			
9. Project objective	To improve the food security of 8,000 vulnerable households in Matebeleland South and Masvingo Provinces by the end of the next season.		
10. Outcome statement	Farmers access to crop and livestock inputs is enhanced		
11. Outputs			
Output 1	6,715 households have access to survival stock feed		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Quantity of stock feed made available to farmers	4,950	4,000
Indicator 1.2	Number of households accessing stock feed	6,715	6,715
Indicator 1.3	Number of cattle feeding on survival stock feed	13,430	16,666
Output 1 Activities	**Description**	**Implemented by (Planned)**	Implemented by (Actual)
Activity 1.1	Selection of implementing partners (IPs)	FAO	FAO
Activity 1.2	Registration of beneficiaries	Implementing partners (IPs)	Implementing partners (IPs)
Activity 1.3	Mobilization of livestock development associations	FAO and IPs	FAO and IPs
Activity 1.4	Procurement of stock feed	FAO	FAO
Activity 1.5	Provision of subsidized stock feed to farmers through LDAs	IPS	IPS
Activity 1.6	Advice LDAs on use of collected funds	IPS with LDAs	IPS with LDAs
Output 2	8,000 households have access to seed for small grains and legumes		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Quantity of small grain and legume seeds made available to farmers	80MT	80 MT was procured
Indicator 2.2	Number of households accessing small grains and legume seeds	8,000	9,800
Indicator 2.3	Number of households planting small grains and legume seeds	8,000	5,648
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of small grain and legume seeds	FAO	FAO
Activity 2.2	Registration of beneficiaries	Implementing partner (TBA)	Implementing partner (TBA)
Activity 2.3	Provision of subsidized small grain and legume seeds to farmers in the target districts	IPs	IPs

Activity 2.4	Provision of training and extension	IPs	IPs
Activity 2.5	Advice LDAs on use of collected funds	IPs with LDAs	FAO+ IPs with LDAs
Activity 2.6	Monitor planting and crop growth	IPs	IPs
Activity 2.7	Post planting review	FAO and implementing partner	FAO and implementing partner

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The amount of stock feed was less than originally planned due to the high cost of inspections (quality/moisture content etc.) which was underestimated in the original project budget. A total of seven districts were targeted instead of the five that were originally planned due to additional information which showed severe critical needs in the two districts that were added. The number of cattle reached with stock feed was higher than planned. The project was designed to feed cattle at a rate of 360kg of stock feed per animal. However, farmers were giving minimum amounts of feed (approximately 240kg) per animal so that they could save a bigger number.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Trainings on accountability and complaints and response mechanisms (CRMs) were conducted in the project districts. In each district focal point persons were trained on CRM and to respond to issues arising from the targeted farmers and stakeholders. Furthermore project M&E officers continuously monitored project activities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
An internal evaluation of the project was undertaken. Report is being finalised. The report will be made available as soon as it ready.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	**5. CERF grant period:**	06/11/2015 – 05/05/2016
2. CERF project code:	15-RR-WFP-071	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Responding to humanitarian needs of people severely affected by drought		

7.Funding			
a. Total funding requirements[9]:	US$ 55,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[10]:	US$ 25,594,065	▪ *NGO partners and Red Cross/Crescent:*	US$ 2,524,086.54
c. Amount received from CERF:	US$ 4,250,000	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	24,928	23,011	47,939	37,507	34,705	72,302
Adults (≥ 18)	16,619	15,340	31,959	34,705	32,035	66,470
Total	**41,547**	**38,351**	**79,898**	**72,302**	**66,740**	**139,042**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs		
Host population	79,898	139,042
Other affected people		
Total (same as in 8a)	**79,898**	**139,042**

[9] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[10] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	More beneficiaries were reached due to the none provision of Super cereal and delayed start of operations in some districts, which resulted in funds being re-channelled to achieve higher than planned beneficiaries.

CERF Result Framework			
9. Project objective	Save lives and livelihoods in districts most severely affected by effects of the 2014/15 drought during the 2015/16 lean season in Zimbabwe.		
10. Outcome statement	1. Adequate food consumption reached or maintained over assistance period for targeted households 2. Nutritional status of children under five in targeted districts stabilized		
11. Outputs			
Output 1	79,898 beneficiaries have access to food for 4 months through food and cash transfers		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Quantity of food assistance (in-kind and cash) distributed, disaggregated by gender, as % of planned	100%	174%
Indicator 1.2	Number of women, men, boys and girls receiving food assistance (in-kind and cash), disaggregated by activity, beneficiary category, sex, food, cash transfers as % of planned	100% (41,547 females, 38,351 males)	174% (72,302 Females, 66,740 Males)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Targeting and Selection	WFP and Cooperating Partners	WFP and Cooperating Partners
Activity 1.2	Food Distributions and cash transfers	WFP and Cooperating Partners	WFP and Cooperating Partners
Activity 1.3	Monitoring	WFP and Cooperating Partners	WFP and Cooperating Partners
Output 2	Children under 5 in targeted households receive super cereal ration during the peak of the lean season (January to March 2016)		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Super cereal plus rations to households with children under 5 distributed, disaggregated by gender as % of planned	100% (3,138 girls, 3,015 boys)	0%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Targeting and Selection	WFP and Cooperating Partners	WFP and Cooperating Partners

Activity 2.2	Distribution of super cereal to households with children under 5	WFP and Cooperating Partners	N/A
Activity 2.3	Monitoring	WFP and Cooperating Partners	WFP and Cooperating Partners

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Super cereal was not provided as planned, due to supply constraints attributed to increased demand from the Southern African region to the supplier in Zambia.

WFP's planned target for its 2015/16 Lean Season Assistance, which began in September 2015, was to reach 821,460 people in 36 districts by the peak of the lean season (January-March 2016), out of the total estimated 1.5 million people facing food insecurity. WFP's plan took into account the capacity of the government and other actors to provide assistance in other districts, but was revised downward from an initial plan of 856,000, following other actors' increased coverage towards the end of the year in some districts.

Planned responses by WFP and other partners had the capacity to cover needs, subject to funding availability. At the time of the intervention, WFP and other partners were carrying out resilience-building activities through asset creation, targeting approximately 200,000 beneficiaries. These activities however came to an end in October and November, necessitating for the scaling up of the lean season response.

CARE with funding from DFID reached 336,000 people, providing a monthly ration of $25 per household. The USAID-funded consortium (i.e. Ensure and Amalima) covered approximately 125,000 beneficiaries; while the Government covered an estimated 100,000 beneficiaries with an additional 15,000 MT of maize beyond the 30,000 MT it committed to WFP.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Areas targeted for assistance were identified through a multi-stakeholder livelihoods assessment and coordination meetings. Beneficiaries were selected through a Community-Based targeting process with support from the Government, local leadership, Cooperating partners and WFP guided by WFP humanitarian principles of Humanity, Neutrality and Impartiality.

Every stage of the process, right up to and including actual distribution, was monitored by WFP and Cooperating Partners to ensure that assistance only reached those entitled to it. This included household verification exercises following registration, in which households identified in a community targeting process as eligible, are re-visited to ensure an accurate picture of their actual food needs.

WFP and partners have established a beneficiary feedback mechanism including a help desk at distribution sites (with representatives from WFP, Partners, Local government and the community itself). In addition, an anonymous suggestion box is placed in the vicinity of the distribution point. WFP has established a hotline which records and addresses any issues raised by beneficiaries on WFP programming. Each complaint is followed through and documented until it's resolved by WFP, its partners and the community.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
A centralised evaluation for the Lean Season Assistance programme is scheduled for September 2016.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-RR-CEF-123	Water, Sanitation and Hygiene	UNICEF	GOV	$61,341
15-RR-CEF-123	Water, Sanitation and Hygiene	UNICEF	GOV	$23,653
15-RR-CEF-123	Water, Sanitation and Hygiene	UNICEF	GOV	$24,196
15-RR-CEF-123	Water, Sanitation and Hygiene	UNICEF	NNGO	$90,000
15-RR-CEF-123	Water, Sanitation and Hygiene	UNICEF	INGO	$103,302
15-RR-CEF-123	Water, Sanitation and Hygiene	UNICEF	INGO	$52,323
15-RR-CEF-123	Water, Sanitation and Hygiene	UNICEF	INGO	$219,825
15-RR-CEF-124	Nutrition	UNICEF	GOV	$247,104
15-RR-CEF-124	Nutrition	UNICEF	INGO	$49,717
15-RR-CEF-124	Nutrition	UNICEF	INGO	$45,000
15-RR-CEF-124	Nutrition	UNICEF	INGO	$44,950
15-RR-WFP-071	Food Assistance	WFP	INGO	$633,400
15-RR-WFP-071	Food Assistance	WFP	NNGO	$437,056
15-RR-WFP-071	Food Assistance	WFP	INGO	$1,045,216
15-RR-WFP-071	Food Assistance	WFP	INGO	$408,415

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CIYCF	Community based Infant and Young Child Feeding
CBW	Community Based Worker
CMAM	Community based Management of Acute Malnutrition
CRMs	Complaints and Response Mechanisms
DA	District Administrator
DCP	Department of Civil Protection
DDC	District Development Committee
DFNSC	District Food and Nutrition Security Committee
DWSSC	District Water and Sanitation Sub Committee
ESAG	Emergency Strategic Advisory Group
FAO	Food and Agriculture Organisation
FNC	Food and Nutrition Council
GAM	Global Acute Malnutrition
GCMF	Global Commodity Management Facility
GoZ	Government of Zimbabwe
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
HRP	Humanitarian Response Plan
HTF	Health Transition Fund
IACCH	Inter Agency Coordination Committee on Health
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IP	Implementing Partner
IYCF	Infant and Young Child Nutrition
KG	Kilogramme
LQUAS	Lot Quality Assurance Survey
LSA	Lean Season Assistance
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MoEWC	Ministry of Environmental, Water and Climate
MOH	Ministry of Health
MOHCC	Ministry of Health and Child Care
MT	Metric Tonne
MUAC	Mid Upper Arm Circumference
NAC	National Action Committee
NCE	No Cost Extension
NFI	Non Food Item
NGO	Non-Governmental Organisation
NTWG	Nutrition Technical Working Group
PHHE	Participatory Health and Hygiene Education
PWSSC	Provincial water and Sanitation Sub Committee
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
RWIMS	Rural WASH Information Management System
SAM	Severe Acute Malnutrition
UN	United Nations
UNICEF	United Nations Childrens Fund

VHW	Village Health Worker
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WSCIF	WASH Coordination and Information Forum
ZimVAC	Zimbabwe Vulnerability Assessment Committee