

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ZIMBABWE
RAPID RESPONSE
FLOOD 2017**

RESIDENT/HUMANITARIAN COORDINATOR

Bishow Parajuli

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Upon confirmation of the reporting deadline, each applicant Agency gathered inputs internally as well as from implementing partners, beneficiaries and national counterparts, as applicable. All relevant inputs were successively integrated in the report. The last version of the report was presented to the Humanitarian Country Team (HCT), for further discussion, as applicable. Additionally, each Agency shared the report with relevant stakeholders, prior to finalization.

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 NO

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 NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$20,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,585,201
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	782,593
	TOTAL	2,367,794

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 03/05/2017			
Agency	Project code	Cluster/Sector	Amount
IOM	17-RR-IOM-021	Non-Food Items	391,446
UNFPA	17-RR-FPA-028	Sexual and/or Gender-Based Violence	198,481
UNICEF	17-RR-CEF-056	Education	297,388
UNICEF	17-RR-CEF-057	Water, Sanitation and Hygiene	444,264
UNICEF	17-RR-CEF-058	Child Protection	253,622
TOTAL			1,585,201

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN Agencies / IOM implementation	1,064,190
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	356,212
Funds forwarded to government partners	164,800
TOTAL	1,585,201

HUMANITARIAN NEEDS

As Zimbabweans were struggling to cope with the *El Niño*-associated drought that affected over 4.1 million children, women and men during the peak hunger season (January to March 2017) a tropical storm, cyclone Dineo, hit the country in February 2017, bringing torrential rains and gale-force winds which caused widespread flooding and affected 37 of the 60 districts in the country. Most affected Provinces were Matabeleland (North and South), Midlands, Masvingo, Mashonaland West and Manicaland Provinces.

Results from Government-led multi-sectoral assessments in the affected areas, carried out between February and March 2017, indicated that 251 people were killed and 128 others injured due to the floods, including drowning, lightning strikes and injury. The findings indicated massive destruction of structures such as roads, bridges, rural clinics, electricity supply lines, schools, water, sanitation and health (WASH) facilities and household property. Over 2,600 houses were destroyed countrywide, leaving hundreds of people homeless.

The Government estimated that over 100,000 people needed access to safe drinking water. More than 140 community and privately-owned dams breached, resulting in damage to downstream infrastructure, especially in Matabeleland (South and North) and Midlands Provinces. Nearly all districts reported damage to roads and collapsed bridges, rendering some areas inaccessible. School infrastructure, including classrooms, teachers' houses and toilet blocks were damaged, in some cases severely. In addition, the schools in the affected districts lost teaching and learning materials. Child Protection and gender-based violence (GBV) concerns emerged, including psychological distress, separation of children from their families increasing their exposure to neglect, abuse and exploitation, increased exposure to GBV including Intimate Partner violence (IPV).

Because of the magnitude and impact of this flood emergency, the Government of Zimbabwe (GoZ) declared a state of national disaster on 3 March 2017. On 20 March 2017, a second joint mission by senior Government Officials, Aid Agencies, UN and the media was conducted to the flood affected areas which confirmed that the magnitude of the flood emergency had indeed exceeded the capacity of national resources to address the crisis. On the same date GoZ launched the Flood Disaster Domestic and International Appeal for Humanitarian Assistance which estimated a total requirement of USD 189 million to address emergency, medium and long-term needs associated with the flood emergency. Following the Government Appeal, the Resident Coordinator on 21 March updated on the situation and notified the Emergency Relief Coordinator and OCHA Headquarters of the HCT's intention to apply for CERF funds to support Government efforts in handling the immediate life-saving activities in the WASH, Shelter, Education and Protection sectors.

II. FOCUS AREAS AND PRIORITIZATION

CERF funds were allocated to ensure that critical life-saving activities were carried out, while the Government focused on infrastructure rehabilitation and longer-term resilience-building. CERF funds were spent to satisfy immediate basic needs, including access to water, health, shelter, protection and emergency education of the affected communities, thus reducing the extent of suffering. The Government and partners focused on mobilizing additional funds – not available at the time - towards recovery and resilience interventions.

CERF funding was allocated to the Education, Protection (GBV and Child Protection, separately), Shelter/Non-food items and WASH sectors.

Education

The interventions for the Education sector focused on increasing access to safe learning spaces by flood affected Communities through critical, life-saving Education interventions. The target population were learners in 5 flood affected districts namely Gokwe North, Bubi, Tsholotsho, Hwange and Masvingo. A total of 12,505 children were reached by the CERF project. The interventions intended to restore normal learning in schools and sustain the gains achieved by development programmes which were now at risk of retrogression. To improve access to education by affected communities, CERF activities focused on the following outputs:

- Children and teachers in the affected population access education in an environment that is conducive for learning.
- Environment conducive to learning is critical for improving learning outcomes, thus, the provision of teaching and learning materials and rehabilitation on damaged classrooms and WASH facilities which enhance children's access to safe learning.

Protection

The Child Protection sector focused on mitigating the negative impacts of three major life-threatening risks to the safety and wellbeing of children that emerged because of the flooding, namely:

Psychological distress: There is wide spread recognition of children experiencing trauma from the flooding episode, the rescue process and the aftermath. Women and men are particularly at risk of experiencing increased stress which negatively impacts on their ability to provide the necessary care and protection for their children further exposing children to secondary trauma and physical and emotional abuse by their parents and caregivers. The congested and limiting living arrangements in camps did not allow parents to spend quality time with their children. The lack of recreational space for children further exacerbated the psychosocial wellbeing of children who were already experiencing distress and trauma.

Separation of children and increased exposure to risk: Unaccompanied and separated children (UASC) have been noted as a significant concern in all the flood affected areas. In the temporary camp in Tsholotsho, sixteen UASC were identified in one camp, there were indications of more UASCs according to the national child protection case management system which recorded a total of one hundred twenty-four children as separated in two other flood affected districts.

Limited capacity of community-based child protection mechanisms to identify, report and address child protection issues: Communities and families are the first line of defence for child protection. They are the key to early detection of child protection risks and timely interventions to assist those who need protection services. The Child Protection Inter-Agency Assessment highlighted that most children and family members were not aware of the risks children faced while displaced and how/where they would access assistance in case they or their children suffer any form of abuse or exploitation. Similarly, child-headed households and female/elderly-headed households and households with disabilities expressed concerns about access to basic services, information and the expensive cost of living. While most vulnerable persons reported feeling supported by their families and the community leadership, there were risks of neglect, favouritism and inequitable delivery of aid unless clear standards, procedures with strong accountability mechanisms were put in place to ensure equitable access to and provision of humanitarian assistance across the affected areas.

The GBV response targeted GBV survivors, women and girls at risk of SGBV, transactional sex and child marriage as some of the main negative coping strategies and sexual exploitation and abuse. In addition, the GBV interventions aimed at restoring dignity, ensuring access to lifesaving health services for expecting women and mitigating risks to abuse and exploitation of women and girls affected by the floods.

Shelter/Non-food Items

Initially, the response aimed to target residual and critical emergency shelter needs in Tsholotsho, Umzingwane, Insiza, Gokwe South, Gokwe North, Mberengwa, Kwekwe/Zhombe, Chipinge, Nyanga, Bulilima, Mangwe and Chivi districts with immediate, short term and life-saving interventions. In Manicaland Province, the provincial authorities advised that the affected households in Nyanga and Chipinge districts had already received adequate emergency shelters and non-food items assistance from other partners. Therefore, the local authorities recommended alternative districts in need of residual shelter and non-food items assistance, such as, Mutare, Buhera and Mutasa.

WASH

The floods compromised access to clean water, hygiene practices and sanitation, especially in the congested internally displaced People (IDP) Camp in Tsholotsho. Over 100,000 people were left without access to safe drinking water due to extensive damage to WASH infrastructure. Boreholes and latrines at schools and health facilities, were flooded exacerbating the risk to water and sanitation related diseases, especially diarrhoea and cholera. UNICEF prioritized reaching 24,850 affected people in the 5 targeted districts of Tsholotsho, Masvingo, Gokwe North, Mberengwa and Beitbridge, with immediate provision of safe water supplies, and hygiene promotion. In Tsholotsho assistance was also provided to families displaced by floods as they relocated to safe areas away from flood-prone zones, by supporting the establishment of basic WASH services, including setting up a solar powered piped water scheme and repair of water points. An estimated 100 rural community water points in the affected districts were impacted by flood waters or erosion, and so required cleaning, disinfection, repair or replacement. Considering that these same districts are also prone to diarrhoeal diseases, it was imperative to ensure affected communities restore their access to safe water in the shortest term as well as receive information and support for key hygiene practices and sanitation to reduce the associated health risks and prevent an outbreak which would have further compounded the critical nutritional status of children in the most affected areas.

III. CERF PROCESS

The CERF strategy was developed based on the findings of multi-sector and Government-led assessments, which enabled informed decision-making by the HCT with inputs from partners, government and communities. Following consultations with and among sectors, the CERF strategy and concept note was prepared by the Resident Coordinator's Office, in close collaboration and coordination with the cluster leads, as well as the humanitarian partners in the clusters and government.

At the national level, targeting for the most flood affected districts according to rapid assessments was based on information consolidated by government and partners. At the district level, targeting of all the interventions or services was based on effective and efficient allocation of resources, based on equity and vulnerability. Furthermore, synergies with other programmes such as shelter and food security were considered.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 100,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	1,780	7,755	9,535	1,609	5,499	7,108	3,389	13,254	16,643
Education	7,665		7,665	7,355		15,020	15,020		15,020
Non-Food Items	3,641	2,280	5,921	2,975	2,060	5,035	6,616	4,340	10,956
Sexual and/or Gender-Based Violence	4,204	12,613	16,817				4,204	12,613	16,817
Water, Sanitation and Hygiene	7,775	22,247	30,022	7,199	15,834	23,033	14,974	38,081	53,055

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

BENEFICIARY ESTIMATION

Child Protection Sub-Sector: Beneficiary targets for the Child Protection Sub-Sector were determined based on the findings of the Child Protection Rapid assessment in Tsholotsho temporary camp and findings of Multi-Sectoral and Government led assessments. The actual number of beneficiaries reached was based on a head count of beneficiaries of all the key programme outputs such as those reached through psychosocial support (PSS) activities via Child Friendly Spaces (CFS) and non CFS structures as well as through family reunification interventions. The numbers of beneficiaries reached through the wide scale awareness raising component were estimated. Whilst it was a challenge to estimate the beneficiaries reached through awareness sessions, technical support was provided to implementing Partners focusing on general programme implementation and recording and reporting of beneficiaries.

Education: To estimate the beneficiary numbers, the sector made use of the Ministry of Primary and Secondary Education (MOPSE) flood assessment report to establish the affected schools and the enrolments were then derived from the Education Management Information System (EMIS). The estimated figures were used in programme planning exercise as these informed the targeting. The actual beneficiaries reached were established during project implementation as increases in enrolment at some schools was observed due to the impacts of the floods particularly in Tsholotsho where some learners were forced to relocate due to flooding. There was no double counting because enrolment registers of every school were used during the compilation of the report.

Shelter/NFIs: IOM and its implementing registered all beneficiaries before the provision of emergency assistance to the affected people. The registers were then analysed to come up with the figures of the people who had been registered and received assistance. These same figures were then used in this report. 2,071 households received emergency shelter materials and out of these 1,050 households also received non-food items. There was no double counting of beneficiaries.

GBV response: Beneficiary figures for the dignity and reproductive health (RH) kits distributed were based on actuals and not estimated. The figure of women and girls who benefitted from RH kits was extracted from the Health Management Information System (HMIS) and the dignity kit distributions based on IP reports. Interventions by UNFPA and UNICEF under the protection sector were to different target groups. For UNFPA, pregnant women and girls were assisted in delivery and women and girls in flood affected areas were provided with dignity kits. In addition, during targeting, stakeholder meetings were called by the district civil protection unit (CPU) in liaison with

community leaders and issues of double dipping clearly explained as an issue to avoid. It is from this background that UNFPA is confident that double counting was avoided in the reporting.

WASH: The WASH beneficiary figures were estimated from the results of the Government-led multi-sectoral assessments in the affected areas, carried out between February and March 2017. These figures were used to plan for the response in each of the targeted districts. In addition, the Rural WASH Information Management System (RWIMS), an online near real-time system was used to further refine and prioritize on wards of interventions based on the vulnerabilities. The actual number of people reached with safe water was derived from the compilation of beneficiaries per specific water point by the established Water Point User Committees. The water supply beneficiary figures were verified and consolidated at district level by the District Water and Sanitation Sub Committee (DWSSC), before being shared with the Provincial Water and Sanitation Sub Committee (PWSSC) and the national. The NFI beneficiary figures were compiled during the registration and distribution exercise. In addition, a post distribution monitoring exercise was conducted to ascertain the use of the NFIs and the actual number of beneficiaries. The Village Health Workers and community health workers were key in disseminating key hygiene messages. The number of people reached in each session were recorded in agreed templates and shared with the DWSSCs. However, there was possibility of recounting the same people on the different hygiene sessions and topics covered. This was minimized by recording the average number of people per each village once.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	7,775	22,247	30,022
Male	7,199	15,834	23,033
Total individuals (Female and male)	14,974	38,081	53,055

² Best estimates 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

This Rapid Response CERF funding allocation reached its intended targets both in terms of outcomes and beneficiaries. It succeeded in addressing the immediate, life-saving needs of identified populations affected by floods, in terms of Shelter, WASH, Education and Protection, as follows.

Education

A total of 15,020 learners (7,665 girls and 7,355 boys) benefitted directly from the CERF funded programme through the provision of the school-in-a-box kit, comprising teaching and learning materials, mainly stationery. One kit caters for 40 students and one teacher. In addition to the school-in-a-box kit, recreational kits comprising sporting equipment and Early Childhood Development (ECD) kits for the pre-schoolers and the infants were also provided. To decongest the schools in Tsholotsho district which supported the displaced children, seven classroom tents were also provided.

Grants targeting 27 schools in five districts were also disbursed to schools in Tsholotsho, Hwange, Bubi, Masvingo and Gokwe North, to assist in the repair and rehabilitation of classroom roofs, broken windows as well as sanitation facilities that were damaged by the floods. The repair and light rehabilitation of the schools' infrastructure resulted in the provision of safe learning spaces, thereby improving the learners' access to schools as well as the improved access to safe sanitation facilities. The communities contributed to the rehabilitation of classroom infrastructure and sanitation facilities through provision of locally available resources such as pit sand, water and labour.

Women were deeply involved in project implementation, particularly in the school infrastructure rehabilitation exercise. The women in the School Development Committees (SDCs) together with their male counterparts mobilised the communities in providing locally available resources. In addition, out of 5 districts where education interventions were implemented, 3 districts namely Tsholotsho, Masvingo and Gokwe North had geographical convergence with the WASH and Child Protection Sectors. This ensured a holistic package for the targeted communities. The district personnel conducted monitoring visits to ensure that the rehabilitation works conformed to Government standards.

The humanitarian situation in the affected schools significantly changed after the implementation of the CERF funded programme. The damaged infrastructure posed a risk to the safety and well-being of learners and quality learning was compromised. With the infrastructure rehabilitated, the learners resumed learning in protected learning spaces and at the same time the teachers also benefitted in that they could again deliver the lessons in a conducive environment. Access to sanitation facilities significantly improved, thereby reducing the risk of diarrhoeal diseases. Thus, the intervention on infrastructure rehabilitation restored normalcy in learning and safeguarded the gains made with development programmes which were at risk of retrogression due to the negative impacts of the floods.

Furthermore, the output on improved access to basic teaching and learning materials was achieved. Due to the floods, the affected schools had lost their teaching and learning materials to an extent that the learners did not have any stationery for use during the lessons. This posed a threat to the learning outcomes. Hence, the provision of teaching and learning materials through the CERF-funded programme promoted positive learning outcomes.

Protection

Child Protection: With the timely and critical funds that were made available through the CERF, this much needed but often missed out intervention could be supported. The activities that were carried out as part of the child protection interventions included counselling of IDPs, attending to drop-in clients, conducting support visits, therapeutic group sessions, positive parenting, empowerment of youth and parents of school drop-outs with food processing and value addition, conducting awareness campaigns, training of stakeholders on how to respond to child protection issues in emergency situations, distribution of basic necessities to IDPs, identification and registration of unaccompanied and separated children and provision of alternative care as well as family reunification.

In partnership with the Ministry of Public Service, Labour and Social Welfare (MoPSSW), Childline and Child Protection Society, UNICEF child protection interventions reached a total of 16,643 beneficiaries (1,780 girls, 1,609 boys, 7,755 women, 5,499 men). Children benefitted from direct interventions such as psychosocial support (PSS), the provision of hygiene kits, support for birth registration, getting alternative care if unaccompanied and separated or being reunited with their families as well as support for going back to school. The adults were reached through PSS interventions, as well as through outreach activities where they were trained and received information on Child Protection in Emergencies (CPIE).

As the floods washed away dwellings, schools were also affected. With CERF funding, UNICEF worked towards bringing a sense of normalcy to children. In addressing the challenges faced by the people who were affected by Cyclone Dineo, UNICEF and partners provided interventions that addressed the plight of the survivors including provision of psychosocial support (PSS). The cases that were reported under the reporting platforms provided by the project required the utilization of techniques such as counselling, referrals and provision of information regarding protection of children and where to seek assistance. These formed the key points of the PSS that was available for both the children and women through both Child Friendly Spaces (CFS) structures as well as outside of the CFS as the teams did community engagements.

A total of 3,389 children (1,609 males, 1,780 females) were reached through the CFS. Children that were seen at case intake were all offered counselling. Based on the assessment done on the ground, 150 (instead of 300) recreation kits were procured and distributed through Childline to be used in setting up CFS and for provision of psychosocial support to affected women and children. The remaining were delivered to partners for repositioning. In addition to the recreational kits, other supplies procured included child-size tables and chairs to ensure more child friendly spaces for children and recreational kits (toys and gaming equipment). The provision of recreational kits was essential as the children could play in the settlements where they were confined, as well as in the play spaces in their villages as the mobile teams went around. A total of 1,615 children could utilize the CFS for play therapy. Through the interventions implemented at the CFS, 738 children (307 boys, 531 girls) were identified as needing more in-depth psychosocial support and were provided with 6 sessions of group counselling sessions. As degrees of the trauma varied, those who were most severely affected were also offered individual counselling.

The concerns highlighted by children who attended the CFS showed that children did not have any fora where they could process the trauma they experienced. Parents and caregivers who had been involved in the program testified that they were pre-occupied with ensuring the safety of their families, the security of their assets and securing places to reside in. This did not give them time to walk their children through the trauma they faced. Towards that end the PSS interventions provided by CERF were essential for the long-term healing of children.

1,446 women were also able to access PSS through community outreach activities. This was essential as women were the main supporters of children in the post trauma healing process. The effects of the floods were also very detrimental to the economic activities of women across the four districts. Not only was their property destroyed but a lot of them lost their economic wares and the ability to fend for their families. The dire economic straits have necessitated a concerted effort to provide for children affected by the floods especially in vulnerable and impoverished families. The PSS offered to the women focused on building their resilience and allowing them to regain their dignity as substantial caregivers. Aspects of economic strengthening were also factored in, offering the women a chance to adequately provide for their families. During the PSS sessions, women were empowered with information on positive parenting, child rights, child abuse, safe reporting mechanisms as well as child protection in emergencies and key messages for caregivers. The women affected were empowered and capacitated by the interventions and were encouraged to take an active role in safeguarding their children's rights.

As PSS by itself may not be enough to support children and women to face the loss and trauma they experienced, through the CERF intervention various NFIs were also provided to those children in need to restore their dignity based on their needs.

Table 1 below shows the composition of the 3 types of kits:

Option One*	Option Two*	Option Three*
Two jars of Vaseline	10 A4 exercise books	375ml Cooking oil
Two boxes of washing powder	One pencil	1 pair plastic shoes
One tablet of bathing soap	1 bar of washing soap	250g of Soya-chunks
One towel	750ml Cooking oil	3 candles
And (optionally) sanitary pads specifically for teenage girls, young mothers.	2 kgs of sugar 100g of tea leaves Chunks (250g packet)	50ml Vaseline 1 bar of soap 250g beans
	2 kgs of rice	3 A5 exercise books

After the CERF project, 2,895 children received one of the above kits based on their needs. The variations in the kits were spurred on by geographical differences as well as the extent of the damage suffered by the children. Also, 92 children (49 boys and 43 girls) were assisted with school uniforms in Tsholotsho and nine had their school fees paid to enrol back in school.

Finally, to strengthen the community level protection mechanisms, 13,254 people benefitted from training on CPIE using IEC materials. The trainings were designed to capacitate stakeholders and caregivers who are in constant contact with children.

The CERF funds were also used to identify and register 272 (159F/113M) orphans, unaccompanied and separated children (UASC) out of which 243 (146F/97M) were under alternative care, staying with their relatives and school matrons under kinship and community care and 29 (13F/16M) children were reunified with their families. As the living conditions of the families were still below average, families preferred their children to stay with other relatives where the children could have better sleeping arrangements. It should be noted that in most cases the children spent time with their families and spent the night elsewhere, with a relative. As this can be a protection risk, attention was provided to train and orient those families on protection risks for children and how to prevent them as well as how to identify and refer cases.

Special efforts were made through the protection interventions to ensure linkages with other sectors. For example, water point committees were trained on child protection issues. The protection actors engaged the Ministry of Education highlighting the plight of flood affected children to ensure children were kept in school and were not sent away for reasons such as non-payment of school fees. In addition, child protection committees were established in schools where children were trained on identifying abuse and were provided with the toll-free number for Childline to report cases of abuse.

GBV: A total of 16,817 women and girls accessed reproductive health, Post-Exposure Preventive (PEP) treatment, rape and dignity kits within the supported districts and provinces against a planned target of 2,563. The higher than expected achievement was mainly due to the procurement of more kits than was planned, as procurement was done through a Long-term Agreement (LTA) by UNFPA's procurement branch at headquarters instead of through costlier local procurement. This also made it possible to reach provincial hospitals within the targeted districts and these have a wider catchment area, reaching more women and girls in need of essential reproductive health services. According to programme monitoring findings, the kits brought immediate relief to hospitals and clinics that were offering services to pregnant women and girls within the provinces. A total of 2,636 women and girls received dignity kits in the 3 targeted districts. This was against a planned 2,500 beneficiaries, representing a 105 per cent achievement.

Shelter and NFIs

The main activities that were made possible by the CERF funding were as follows:

- Identified most vulnerable families to receive shelter kits and NFIs.
- Procured emergency shelter materials and NFI kits.
- Distributed shelter and NFI kits.
- Conducted training for community building volunteers in shelter construction and repair.
- Supported the coordination of humanitarian partners in emergency response.
- Conducted project monitoring visits.
- Coordinated monthly reports.

The project managed to carry out all the activities that were planned in the proposal. A total of 10,956 individuals (5,035 males and 5,921 females) out of the proposed 10,455 individuals (5,142 males and 5,313 females) received shelter and NFI kits through the CERF funding, a significant success. The identification of most vulnerable families to receive shelter and NFI kits was done by IOM, the Zimbabwe Red Cross Society (ZRCS), World Vision International (WVI), and the district civil protection units in collaboration with the benefitting communities. The planned number of families to receive shelter and NFI kits was equal to the number of the families that were reached by the project. This was achieved through collective effort of IOM, ZRCS, WVI and the Department of Civil Protection (DCP). Using CERF funding, IOM procured a total of 2,072 shelter kits, 1,050 non-food items kits and 1,436 treated round poles. IOM procured shelter kits and NFIs from South Africa because of the prohibitive prices on the local Zimbabwean market. Although there were some slight delays in the delivery of the CERF items due to the import restrictions in Zimbabwe, there was expeditious delivery of assistance because IOM engaged all the relevant ministries and as well as the Zimbabwe Revenue Authority to speed up the process. Community volunteers were trained in repairing/rebuilding their houses. 100 percent of the households could repair/rebuild their houses with CERF support. Post assistance monitoring (PAM) was conducted to identify gaps for residual support and design of resilience building interventions so that communities can be better positioned to bounce back better after the disaster as well as anticipate and cope more effectively with similar future occurrences. PAM was also important to allow compilation of lessons learned and improving preparedness and response initiatives. IOM coordinated weekly and monthly reports from project implementing partners. Most of the IDPs had received minimal shelter support of one tent per family which compromised sleeping arrangements provided by other partners before CERF funds were availed to IOM. The support from CERF addressed the residual critical shelter needs of the affected population. The affected families had access to decent shelter and this significantly reduced their vulnerability. The distribution of NFIs enabled to prepare decent meals, safe water storage and improved hygiene. The NFI kit will be significantly used in the future and the affected households are no longer in the same situation as previously implying change in the quality of life.

WASH

Through the rehabilitation of 102 boreholes across the five districts, a total of 32,762 women, children and men now have access to a safe and reliable water source in the targeted five districts. A total of 102 water point committees were revived and trained (one for each rehabilitated water point) to ensure sustainable management. Water quality monitoring was also conducted on a routine basis to ensure that the water is safe for human consumption. The project ensured flood proofing of water points through raising of borehole platforms (headworks, short casing) to avoid future contamination by flood waters. In addition to borehole rehabilitation, there was a dissemination of key hygiene messages through participatory health and hygiene education (PHHE), mass and inter-personal community mobilization, at households, schools, public places and health facilities and through door-to-door visits. The health and hygiene interventions reached a total of 53,055 people comprising 38,081 adults and 14,974 children in the five targeted districts where the project was operational. The awareness raising activities were done through the help of trained Environmental health technicians (EHTs) and Village health workers (VHWs). This contributed to raising awareness in WASH related diseases preparedness, prevention and response. IEC materials (banners, posters and leaflets) were used during the health and hygiene sessions. To compliment hygiene awareness and the provision of safe water the program distributed hygiene kits targeting those households who lost their essential households assets due to flooding. The selection of beneficiaries was done through the facilitation of the NGO Partners and the District Water and Sanitation Sub Committees (DWSSCs). Community based targeting was implored as the communities identified the most affected households. Priority was given to the most vulnerable families (i.e. households headed by children, elderly, HIV infected/terminally ill or those with physically challenged members). Each household received a Non-Food Items (NFI) kit comprising of 2kg bars of all-purpose soap, 20L jerry can, 20L bucket with lid and tap, Information, Education and Communication (IEC) materials and household water treatment water tablets. These NFI kits benefitted a total of 10,000 households in the five targeted districts. Messages and demonstrations on proper usage of the NFI kit were conducted prior to distribution. In addition, follow up monitoring was conducted to check on the usage of the NFIs and the comprehension of the hygiene messages given. These families now have access to basic means to maintain safe water and hygiene within their households thereby reducing the risk of diarrhoeal diseases caused by the negative impacts of flooding.

The project witnessed the participation of women in operation and maintenance of boreholes, with women taking more influential positions in the water point committees. In addition, six women were trained as village pump minders. The women expressed appreciation about being equipped with the skills as they highlighted that there are elevated levels of migration by their male counterparts to neighbouring countries and they are thus left with the burden of repairing the water points. This was achieved through engagement of local leaders to demystify the cultural and societal prescribed roles and responsibilities among women and men. The WASH response activities were also integrated with other sectors such as nutrition, child protection and education. In addition to providing safe drinking water, two (2) boreholes repaired in Mberengwa district provide irrigation water for two half hectare gardens each benefiting twenty (20) women directly. The beneficiaries were trained on the benefits of nutrition gardens and food preparation and preservation. This assisted in building their livelihood and provided a holistic response to the affected population, which builds their resilience. Child Protection implementing partners, trained the water point committees using a protection checklist. The field monitoring visits revealed that having access to safe drinking water contributed to children going to school as this reduced the drudgery. They did not need to fetch water from long distances. This also had an impact in the reduction of violence against girls as they were closer to their homes thereby reducing the risk of being abused while going to fetch water. Schools that were damaged by floods also received WASH services through the dissemination of key health and hygiene messages, IEC materials and repair of their water points. This assisted in improving hygiene standards at the schools and for school pupils through promotion of hand washing with soap or ash at critical times.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

Shelter/Non-food Items: CERF funds led to the fast delivery of assistance to the target communities/districts. IOM procured a total of 1,050 non-food items kits. IOM also procured a total of 2,071 shelter kits for distribution to beneficiaries. Furthermore, IOM procured a total of 1,436 untreated round poles to provide a decent structural frame for the emergency shelter units in Tsholotsho and Chivi districts. In Tsholotsho, procurement of treated poles was done to avoid cutting down of trees which would negatively impact on the environment considering the number of internally displaced persons (IDPs) who needed to be resettled. The absence of natural trees in Chivi district as it is in region four made it imperative for IOM to support the IDPs with treated poles. IOM procured shelter kits and NFIs from South Africa because of the prohibitive prices on the local Zimbabwean market. Although there were some slight delays in the delivery of the CERF items due to the import restrictions in Zimbabwe, there was expeditious delivery of assistance because IOM engaged relevant ministries and as well as the Zimbabwe Revenue Authority to speed up the process.

Education, WASH, Child Protection: The CERF funding constituted direct and earmarked funding for the flooding emergency. It helped to partially cover the most critical Education, WASH and Child Protection services in the targeted districts, including the restoration of access to safe water sources for communities which did not have any alternative option to fulfil their WASH related needs. The CERF funds allowed the stakeholders to respond quickly in the most flood affected districts and resulted in a scale up to other districts (Masvingo and Beitbridge) that were not covered by other donors. The CERF funding thus managed to cover lifesaving needs of flood affected communities and averted potential health and protection related risks. The negative impacts of floods had disrupted learning within affected schools, posing a threat to the learning outcomes as well as the gains made through development programmes. Therefore, the CERF funds made it easier to respond to the critical needs of the affected learners and ensured that learning continued in schools. The learners' right to education was compromised by the impacts of floods and CERF funds assisted in addressing the situation and restore their access to education.

SGBV: The CERF funds were received in time and UNFPA could procure and distribute the RH and dignity kits within 6 months of receipt of funds.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

Shelter/Non-food Items: The emergency shelter materials and non-food items distributed to the affected populations were in response to the time critical needs. Most of the IDPs had received minimal shelter support of one tent per family which

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.).

compromised their sleeping arrangements. The support from CERF was timely as it addressed the residual critical shelter needs of the affected population. Considering that the affected population had their household property damaged and they had no copying mechanism. The CERF support came in handy for them to resume their normal dignified life through the distribution of NFIs which enabled them to prepare decent meals, safe water storage and improved hygiene. These needs were defined by the inter-agency rapid assessments that were conducted in February and March 2017. The response assisted approximately 1,655 IDPs (998 females and 667 males) who were displaced from Sipepa ward 6 in Tsholotsho district, Matabeleland North. IDPs resided temporarily in a camp at Sipepa Clinic, pending allocation of land at higher ground in Chino and Saundweni communities by the Government of Zimbabwe. The Rural District Council and District Lands Committee (that is chaired by the District Administrator, and constituted by relevant Government Departments and Traditional Leaders) have officially demarcated land for voluntary relocation on higher ground for displaced and affected households to enable them to build their shelters with shelter kits with the support of CERF funding. On the relocation land, the settlers will have secure tenure through communal ownership under the traditional leadership act.

Education, WASH, Child Protection: CERF funding ensured that communities got critical WASH services within the shortest possible time and prevent the escalation of WASH related diseases. For example, Masvingo district registered an increase of diarrheal diseases from 1,131 in January to 1,527 in February 2017 (MoHCC, Masvingo district) at the height of the floods. This was attributed to flood waters and possible contamination of water sources among other things. During the CERF response, the diarrheal disease caseload decreased to 755 cases, which was attributed to dissemination of key hygiene messages, distribution of hygiene kits and restoration of safe water sources. With the infrastructure damaged, there was a high likelihood of school drop outs and increased absenteeism, however this was averted due to the assistance provided through CERF funding. The availability of CERF funds led to a timely response. Assistance was provided to the affected learners, to restore normalcy in learning in a timely manner and this resulted in improved access to education, thereby minimising the disruptions posed by the floods. As the child protection sector did not have sufficient funds, CERF was timely and necessary to provide much needed critical intervention.

GBV: The CERF funds enabled women and girls to deliver safely and have their dignity restored through provision of RH kits at key health facilities as well as dignity kits at community level.

c) **Did CERF funds help improve resource mobilization from other sources?**

YES PARTIALLY NO

Non-food Items: The CERF did not improve resource mobilization from other donors.

Education, WASH, Child Protection: Yes, following the injection of CERF Funding, other donors supported the reprogramming of residual drought response funds to respond to the effects of the floods in Tsholotsho, Mberengwa and Gokwe North and Umzingwane. In addition to the CERF funding, the WASH sector received \$782, 593 from other sources to respond to the effects of the floods in the mentioned districts. The CERF funding complemented these responses by addressing the gaps and focusing on additional districts that were affected by floods but not funded such as Beitbridge and Masvingo.

GBV: Funding was also received from the Governments of Ireland and Sweden for GBV prevention and response. The funds had a humanitarian component and these complemented the CERF funds in both procurement and monitoring of the project.

d) **Did CERF improve coordination amongst the humanitarian community?**

YES PARTIALLY NO

Non-food Items: There was enhanced coordination of humanitarian partners in emergency response. For shelter and NFIs sector, IOM worked closely with the Department of Civil Protection (DCP) at national and district level, the United Nations Resident Coordinator's Office (UNRCO) and the Protection Sector, particularly in establishment of a common humanitarian pipeline for emergency relief resources, attending coordination meetings held by the DCP (National Civil Protection Committee) and the UN Resilience and Disaster Risk Management Task Force from May to July 2017. Coordination meetings were conducted between IOM and UNICEF to enhance coordinated response of humanitarian assistance to the affected population. During the project timeframe, IOM also coordinated with its implementing partners, World Vision and Zimbabwe Red Cross Society. IOM initiated and organised three meetings in May and June 2017 with the DCP to discuss immediate areas of need and discuss joint response mechanisms. Five provinces² were identified for project implementation and a tentative work plan for provincial sensitization meetings was

² Matabeleland North, Matabeleland South, Masvingo, Midlands and Manicaland

developed and adopted for implementation. A total of 16 provincial and district stakeholders' sensitization meetings were conducted from May to June 2017 in all project areas³. The outcomes of these meetings were production of tentative work plans, agreed beneficiary selection criteria and timelines for the project implementation. Four coordination meetings were conducted with project implementing partners namely World Vision International (WVI) and Zimbabwe Red Cross Society (ZRCS) to finalize joint plans and agree on operational modalities. The partner organizations were engaged following a positive assessment of their available manpower, organizational skills, ability to make links to communities, willingness to cooperate with IOM procedures and level of accountability.

Education, WASH, Child Protection: The CERF funds facilitated geographical convergence of activities in some districts, where WASH, Child Protection and Education sectors implemented flood response programmes. The funds supported and strengthened the existing WASH national level and sub national level coordination structures through the provision of funds for field monitoring and supervision. The funding also contributed to the strengthening of district level coordination where stakeholders from multiple sectors gathered to discuss the effects of and the planned response to floods on WASH, child protection and education in the districts. CERF funds partially supported National level humanitarian coordination for the WASH sector in Zimbabwe. Moreover, by being implemented within the coordination frameworks for the WASH sector, the CERF project supported coordination at sub-national levels through capacitating Provincial Water and Sanitation services Committees and District Water and sanitation services committees and galvanized them to champion WASH emergency interventions. The CERF programme therefore raised awareness on the importance of a timely humanitarian response and promoted Central Government and local Government participation. The CERF programme implementation update was a standing agenda item during the monthly WASH sector coordination and information forum.

SGBV: Coordination at protection sector level was enhanced. Consultative meetings in developing a joint proposal and assessments in the affected districts were jointly done. In addition, partnerships were developed and in some districts strengthened between the government's civil protection arm at the various levels and the MoHCC and MoWAGCD during and after distributions. The distribution of dignity kits was collaborative with each stakeholder playing its role based on both its mandate and comparative advantage.

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

Shelter/Non-food Items: The CERF project empowered women counterparts beyond their gender role (i.e. women culturally not involved in construction and homestead site planning). Through the CERF project, males (83) and females (51) were trained in the construction of shelter units putting into consideration gender dynamics for site mapping and homestead set up. In addition, shelter and NFI support was also key to restoring personal security, self-sufficiency and dignity. Through emergency shelter and provision of basic NFI support, the CERF promoted protection from the elements, preservation of dignity and promote orientation and identity for affected persons. Protection of individuals was also from climate, and environmental elements thereby lowering rates from diseases, especially acute respiratory infections and lowering the risk of malaria and other diseases due to insect bites. The restoration of an individual's dignity was through enjoyment of privacy and safety provided through shelter. Finally, the emergency shelter through CERF also provided orientation and identity for affected people. The emergency shelter provided the individuals with an environment in which they can begin to focus on their situation and identify their future needs. Therefore, shelter became a keystone for recovery, providing a physical support mechanism for orientation and identity, where other resources cannot.

The Country's disaster management authorities have been made aware of the importance of investing additional resources on Flood preparedness, especially given the inherent risk of flooding in the country.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
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³ Tsholotsho, Bulilima, Insiza, Umzingwane, Mberengwa, Chivi, Gokwe North, Gokwe South, Buhera, Mutare, Mutasa districts

Flexibility of CERF funds required to cover other water supply options such as piped water scheme rehabilitation, borehole drilling or flushing. Some flooded water points had collapsed and needed replacement rather than repair.	There is a need for the CERF Lifesaving Criteria (LSC) to consider borehole drilling and repair of piped water schemes especially in a flood situation where you are not able to repair collapsed boreholes. The CERF secretariat can consider building back better in all Flood response programmes.	CERF
The convergence of WASH interventions and child protection sub-sector interventions in the same districts was instrumental in fostering complimentary activities such as the training of water point committees on child protection.	The CERF secretariat should consider enhanced multi-sectoral collaboration in future programmes. Guidelines to include recommendations on government ownership and community involvement at all stages.	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Partners implementing different sectors should operate in the same districts.	Partners implementing CERF project should coordinate from project design stage so that they will operate in similar districts for total impact.	UNRCO
Accurate planning data enables more accurate prediction of humanitarian needs and more timely intervention.	Establish a regular surveillance mechanism at community level.	UNFPA country office team/partner NGOs
Multi sectoral engagement at all levels promotes buy in, transparency, joint accountability and more efficient interventions.	Ensure an all year-round regular engagement with stakeholders at national and sub national levels.	UNFPA country office team/partner NGOs
Regular sector specific meetings enhance accountability among actors.	Hold regular planning/feedback meetings within the sector – as necessary but at least monthly.	Protection sector leads – UNFPA/UNICEF
Integration and Convergence of sectors in the same districts managed to respond holistically to the needs of children, women and men affected by floods.	Convergence of sectors should be ensured and started at a planning stage and followed out through implementation.	UNICEF/ Government/ Other UN Agencies
Monitoring visits revealed that there are a lot of possibilities for seeking synergies among different sectors such as WASH, Education, Child protection and GBV as well as shelter and NFI distribution.	Seeking synergies at the program design phase can be a cost-effective way to ensure better results for affected populations.	Sectors, RC's office
Participation and leadership of government departments throughout the project implementation was of paramount importance as it ensured sustainability of the project beyond its lifespan.	Retain this feature in future programs.	Sectors, RC's office
There was good participation of the communities in the school light rehabilitation works through the provision of locally available resources such as water, sand and bricks as well as labour. Involvement of communities created a sense of ownership and accountability. This ensured sustainability of the programme. Inception meetings at district level and involvement of the	Retain this feature in future programs.	Sectors, RC's office

Department of Civil protection was also identified as a good practice as it ensured smooth implementation of the programme and buy in of Government stakeholders.		
There is a need to be proactive in disaster preparedness so that flood associated damages and losses are minimized through preventative programmes. Mapping of all flood prone areas in the districts is imperative prior to a CERF submission.	Update as applicable flood-prone areas mapping, already available for Zimbabwe.	Sectors, RC's office, OCHA Regional.
There is a need to build more capacity for communities prone to disasters since it is evident that coping mechanisms are still lacking.	Enhance regular programming in terms of capacity building. Advice DCP to provide community training.	Sectors
Community led events in project implementation like the participatory identification of affected households promoted transparency and consensus amongst all stakeholders.	Ensure participatory approach.	Sectors, RC's office.

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	01/04/2017 - 30/09/2017		
2. CERF project code:	17-RR-CEF-056		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Restoring access to safe learning spaces					
7. Funding	a. Total funding requirements ⁴ :	US\$ 8,438,077	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 297,388	■ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 297,388	■ Government Partners:		US\$ 150,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	6,503	6,002	12,505	7,665	7,355	15,020
Adults (≥ 18)						
Total	6,503	6,002	12,505	7,665	7,355	15,020
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs				645		
Host population						
Other affected people	12,505			14,375		

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	12,505	15,020
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	A discrepancy of 2,515 was realised in the number of learners reached. This was attributed by the contribution made by UNICEF in form of teaching and learning materials. This allowed the CERF intervention to reach more people than planned and thereby resulting in more learners accessing education.	

CERF Result Framework			
9. Project objective	To increase access to education by affected population.		
10. Outcome statement	Children in the affected communities have access to education.		
11. Outputs			
Output 1	Children in the affected population access education in an environment that is conducive for learning		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of learners with access to safe and quality learning	12,505	15,020
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide disaster affected schools with rehabilitation materials through disbursement of grants and schools procuring the materials.	UNICEF & Ministry of Education	UNICEF & Ministry of Education
Activity 1.2	Provide teaching and learning materials to affected schools	UNICEF & Ministry of Education	UNICEF & Ministry of Education
Activity 1.3	Monitoring of rehabilitation works in beneficiary schools	UNICEF & Ministry of Education	UNICEF, Ministry of Education, Civil Protection Committee

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:
Through the provision of teaching and learning materials, a total of 15,020 learners were reached with the most essential teaching and learning materials to ensure that they retained positive learning outcomes. The planned target was 12, 505 learners and the intervention reached to 15,020 learners. This was caused by the increase in the school in box kits which were provided by UNICEF from the pre-positioning stock. A total of 63 additional kits which catered for 2,515 learners were provided.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
The CERF funded programme used existing Government structures and District Education personnel in engaging the schools and community representatives (school development committee). The Ministry of Education at District level working with the Civil Protection Unit provided the overall coordination, management, planning and monitoring of the interventions. The schools'

development committees were responsible for mobilizing the communities to provide locally available resources. The District Education personnel supervised the implementation of the interventions in the 5 districts. Joint monitoring visits were conducted in the project sites by the Civil Protection Committee and UNICEF personnel. To ensure timely implementation of the interventions, MoPSE also conducted regular visits and shared the reports with UNICEF. Monitoring findings revealed that the schools were utilising the teaching and learning materials provided by the programme. In addition, some of the schools rehabilitated were now able to decongest the classes and split the composite classes where different grades were now learning together due to the negative impacts of the floods.

Using the existing government systems, the districts conducted the procurement processes for the schools and purchased all the required materials. This ensured that the materials procured were of good quality and conformed to the Government standards. The School Development Committees worked closely with the school Administration in the contracting processes of builders at school level. Selection of local builders was made for sustainability purposes.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project was not evaluated due to the limited field level implementation timeframe which was 5 months. The first month was primarily used for programme planning, inception meetings and the disbursement of funds.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	01/04/2017 - 30/09/2017		
2. CERF project code:	17-RR-CEF-057		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Enhancing the resilience of flood affected communities through critical, life-saving WASH interventions					
7. Funding	a. Total funding requirements ⁶ :	US\$ 1,226,857	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 1,226,857	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 185,298	
	c. Amount received from CERF:	US\$ 444,264	▪ <i>Government Partners:</i>		US\$ 14,800	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	7,500	6,500	14,000	7,775	7,199	14,974
<i>Adults (≥ 18)</i>	5,450	5,450	10,900	22,247	15,834	38,081
Total	12,950	11,950	24,900	30,022	23,033	53,055
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	24,900			53,055		
Total (same as in 8a)	24,900			53,055		

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	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 assumed that these activities would cover at least the same population benefiting with rehabilitation water sources, which included approximately 1,000 temporary IDPs. The actual results, however, include the additional population that received these messages through the various communication channels that were used by NGO implementing partners to spread the hygiene related messages. 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.
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CERF Result Framework			
9. Project objective	To improve access to safe water and awareness of key hygiene and sanitation practices among 24,850 people in 5 districts affected by floods in Zimbabwe, namely: Mberengwa, Beitbridge, Tsholotsho, Gokwe North and Masvingo.		
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	24,850 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	24,850	32,762
Indicator 1.2	Number of households with access to NFIs (1kg bars of all-purpose soap, 20L bucket, with lid and tap for storage, 20L jerry can, aqua tablets/ water guard/ water maker, IEC materials) for household water treatment and storage	10,000	10,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of Borehole Spares	UNICEF	UNICEF
Activity 1.2	Distribution of Borehole spares to the 5 districts	UNICEF	UNICEF
Activity 1.3	Rehabilitation of 100 existing water sources	IP	IP
Activity 1.4	Procurement of NFIs for household water treatment and storage (10,000 kits)	UNICEF	UNICEF
Activity 1.5	Distribution of NFIs for household water treatment and storage to beneficiaries (10,000)	IP	IP
Output 2	24,850 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	24,850	53,055

Indicator 2.2	Number of households receiving means for practicing of safe hygiene	10,000	10,000
Indicator 2.3	Number of institutions receiving means for practicing safe hygiene	10	10
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Participatory health and hygiene education	IP	IP
Activity 2.2	Procurement of NFIs for hygiene	UNICEF	UNICEF
Activity 2.3	Distribution of NFIs for hygiene to beneficiaries	IP	IP

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:

Output 1 / Indicator 1.1: Number of people improving their access to water through rehabilitation of protected water sources which are now functional.

Through the rehabilitation of 102 boreholes across the five districts, a total of 32,762 people were reached with safe water against a target of 24,850 people. The number of people reached is higher than the planned figure. The initial target was based on an estimation of 250 people per borehole, however the final figure of beneficiaries was based on the actual people being served by the repaired borehole based on the actual records from the water point committees. Provision of safe drinking water resulted in the reduction of diarrheal diseases for example, Masvingo district registered an increase in diarrheal diseases from 1,131 in January to 1,527 in February 2017 (MoHCC, Masvingo district) at the height of the floods. This was attributed to flood waters and possible contamination of water sources among other things. After the implementation of the project, there was a decrease in diarrheal disease trends.

Output 1 / Indicator 1.2: Number of households with access to NFIs (1kg bars of all-purpose soap, 20L bucket, with lid and tap for storage, 20L jerry can, aqua tablets/ water guard/ water maker, IEC materials) for household water treatment and storage

To complement borehole repairs and ensure that communities practice safe water handling and good hygiene practises at household level a total of 10,000 targeted households in the most affected areas, received a Non-Food Items (NFI) kit comprising of 2kg bars of all-purpose soap, 20L jerry can, 20L bucket with lid and tap, Information, Education and Communication (IEC materials) and household water treatment water tablets. These families now have access to basic means to maintain safe water and hygiene within their households thereby reducing the risk of diarrhoeal diseases caused by the negative impacts of flooding. Follow up monitoring conducted during the implementation period have shown that more than 80 per cent of the people who received the NFIs were using them correctly and discussions with communities have shown that they understood the key messages given. Household water quality monitoring conducted showed presence of free residual chlorine in more than 85 per cent of the sampled households.

Output 2 / Indicator 2.1: People receiving critical WASH related information for improved hygiene and sanitation practices.

Through various health and hygiene interventions a total of 53,055 people comprising 38,081 adults and 14,974 children in the five targeted districts were reached with critical WASH related information for improved hygiene and sanitation practices. The total number of people reached is more than the initial target of 28,850 people which assumed that hygiene promotion activities will cover at least the same population benefiting with rehabilitation water sources. More people were reached through the various communication channels that were used by NGO implementing partners to spread the hygiene related messages. 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 with a discount to avoid possible double-counting / repeat contacts.

Output 2 / Indicator 2.2: Number of households receiving means for practicing of safe hygiene

To compliment hygiene awareness and the provision of safe water the program distributed hygiene kits targeting those households who lost their essential households assets due to flooding. A total of 10,000 targeted households in the most

affected areas, received a Non-Food Items (NFI) kit comprising of 2kg bars of all-purpose soap, 20L jerry can, 20L bucket with lid and tap, Information, Education and Communication (IEC materials) and household water treatment water tablets. These families now have access to basic means to maintain safe water and hygiene within their households thereby reducing the risk of diarrhoeal diseases caused by the negative impacts of flooding. Follow up monitoring conducted during the implementation period showed that more than 80 per cent of the people who received the NFIs were using them correctly and discussions with communities have shown that they have understood the key messages given. The selection of beneficiaries was done through the facilitation of the NGO partners and the District Water and Sanitation Sub Committees (DWSSCs). Community based targeting was employed as the communities identified the most affected households. Priority was given to the most vulnerable families (i.e. households headed by children, elderly, HIV infected/terminally ill or those with physically challenged members).

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

Post distribution monitoring was conducted within 3 months of distribution to check on the usage of the hygiene kits and the understanding of the messages given. In addition, focus group discussions were conducted during the project implementation period to get feedback from the communities. Results from the post distribution monitoring showed that 97 per cent of the respondents were treating their drinking water by either aqua tablets or boiling. In addition, the monitoring also showed that 98 per cent of the sampled households who received hygiene kits reported using them properly.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The project was not evaluated due to the limited field level implementation timeframe which was 5 months. The first month, was primarily used for programme planning, inception meetings and the disbursement of funds.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF UNFPA		5. CERF grant period:	01/04/2017 - 30/09/2017 (UNICEF) 01/04/2017 - 30/09/2017 (UNFPA)		
2. CERF project code:	17-RR-CEF-058 17-RR-FPA-028		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Protection			<input type="checkbox"/> Concluded		
4. Project title:	Enhancing Safety and mitigating risks of abuse, exploitation and neglect of children, adolescents, GBV survivors and expecting mothers					
7. Funding	a. Total funding requirements ⁸ :	US\$ 3,300,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 452,103	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 142,114	
	c. Amount received from CERF:	US\$ 452,103	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	3,700	150	3,850	5,984	1,609	7,593
<i>Adults (≥ 18)</i>	1,500	1,500	3,000	20,368	5,499	25,867
Total	5,200	1,650	6,850	26,352	7,108	33,460
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>				2,416		
<i>Host population</i>						
<i>Other affected people</i>	6,850			31,044		

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	6,850	33,460
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>UNICEF: The number of planned beneficiaries included those to be reached through psychosocial support (PSS) activities via CFS and non CFS structures as well as through family reunification interventions. However, during the actual program implementation, a wide scale awareness raising component was carried out to create an appreciation of the need to seek and receive PSS support. Also through awareness raising activities children and families were informed on protection risks during emergencies and information on how to seek support. The program intervention still sought to provide PSS support and family reunification as well as to strengthen child protection mechanisms at the community level. All the number of beneficiaries reached through these specialised interventions are included in the number of people reached through awareness raising.</p> <p>UNFPA: More beneficiaries were reached than planned. This was because the RH kits eventually procured could cater for local clinics, district as well as provincial hospitals. As a result, there was wider coverage.</p>	

CERF Result Framework			
9. Project objective	By end of July 2017, all children and women in affected communities have increased access and utilisation to quality child protection prevention and response services.		
10. Outcome statement	By December 2017, all children and women in affected communities have increased access and utilisation to quality child protection and GBV prevention and response services.		
11. Outputs			
Output 1	Psychosocial wellbeing and resilience of 3000 flood affected women, children and adolescents enhanced through child-friendly spaces, community-based psychosocial support services and referrals to other child protection services.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children reached with quality psychosocial support services through child friendly spaces (CFS)	1,000	3,389
Indicator 1.2	Number of child protection-kits procured	300	150
Indicator 1.3	Number of Child protection kits distributed	150	150
Indicator 1.4	Number of women and children reached with psychosocial support services through non CFS structures	2,000	1,734
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of psychosocial support services for women and children through CFS structures	UNICEF implementing partners	UNICEF implementing partners/Childline
Activity 1.2	Procurement of child protection kits	UNICEF	UNICEF
Activity 1.3	Distribution of child protection kits	UNICEF	UNICEF
Activity 1.4	Provision of psychosocial support services for	UNICEF /UNFPA	UNICEF implementing

	women and children through non-CFS structures	implementing partners	partners/Childline
Output 2	300 orphans, unaccompanied and separated children reached with identification, registration, family tracing, reunification and provision of interim care services.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of orphans, unaccompanied and separated children (UASC) identified and registered	300	272
Indicator 2.2	Number of identified and registered orphans and UASC's provided with alternative/interim care	300	243
Indicator 2.3	Number of identified and registered UASC reunified with their families	300	29
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification and registration of orphans, unaccompanied and separated children (UASC)	MOPSLSW	MOPSLSW and Child Protection Society
Activity 2.2	Provision of alternative/ interim care to orphans and UASC's, placement of children in interim/alternative care arrangements, family visits and follow-up.	MOPSLSW and UNICEF partner	MOPSLSW and Child Protection Society
Activity 2.3	Tracing and reunification of UASC with their families	MOPSLSW and UNICEF partner	MOPSLSW and Child Protection Society
Output 3	3,500 women and girls in Mat North and Mash Central provinces affected districts have access to dignity kits and Minimum Standard maternal health services.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of Dignity kits, PEP kits and RH kits procured	2,563	2,683
Indicator 3.2	Number of women and girls that receive dignity kits, PEP kits, RH kits	3,500	16,817
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procure 2,500 dignity kits, PEP kits, RH kits, MISP, post-rape treatment, to women and girls affected by floods	UNFPA	UNFPA
Activity 3.2	Distribute 2,563 dignity kits, PEP kits, RH kits, MISP, post-rape treatment, to women and girls affected by floods	UNFPA, ARC, FST, Musasa, FACT, MoHCC, MWAGCD	UNFPA, MOHCC, MOWAGCD

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:

UNICEF: Number of children reached with quality psychosocial support services through child friendly spaces (CFS) is higher than the planned amount while the number of women and children reached with quality psychosocial support services through non-child friendly structures is lower than planned. This discrepancy stemmed from the situation on the ground whereby the implementing partner managed to reach a large group of children through the Child Protection Fund (CPF) structures which complemented the CERF funded programme. The Child Protection Fund is a development programme.

The program target was to identify and register 300 orphans, unaccompanied and separated children (UASC), 91 per cent of this target was reached. This was due to a positive situation whereby fewer children than what was predicted were affected. In terms of the provision of alternative care and family reunification the target was not met. Inadequate shelter was the main hindrance to the reunification process. Reports from the field showed that all children under alternative care were in contact with their nuclear families. However, reunification did not proceed as expected as there was no adequate shelter to cater for these children hence, the separated children continued to be cared for under kinship care awaiting the construction of proper housing structures. In the meantime the Department of Social Welfare (DSW) through the Community Child Care Workers (CCWs) was monitoring the living conditions of these children through home visits. On a more positive note, efforts were underway in addressing the shelter issue as families had started the reconstruction exercise at the new sites with the assistance of the government and its partners.

UNFPA: A total of 16,817 women and girls were reached in the selected districts and provinces against a planned of 2,563. As already indicated, this over achievement resulted because the RH kits were eventually procured through UNFPA procurement branch at headquarters. As this was cheaper, more kits could be procured and consequently a significantly higher number of women could be reached. In addition, it was possible to also reach the provincial hospitals housing the target districts and these also have a wider reach of women and girls in need of these essential reproductive health services.

The reproductive health kits procured comprised of the following:

1. ERH Kit 6A - Clinical Delivery Assistance Kit - Reusable Equipment (distributed at the local clinics)
 - to perform normal deliveries;
 - to suture episiotomies and perineal tears under local anaesthesia; and
 - to stabilize patients (e.g. with drugs or a drip) with serious complications before sending to referral level (e.g. for eclampsia or haemorrhage).
2. ERH Kit 11A - Referral Level Kit A - Reusable Equipment. This kit is for use together with Kit 11 B. (distributed at the district and provincial hospitals)
 - To perform caesarean sections and other obstetric surgical interventions. To resuscitate mothers and babies.
 - To start intravenous antibiotic treatment for puerperal sepsis and pelvic inflammatory disease.
3. ERH Kit 11B Referral Level Kit B - Drugs & Disposable Equipment. (distributed at the provincial and district hospitals)

According to monitoring findings, the RH kits brought immediate relief to hospitals and clinics that were offering services to pregnant women and girls. Using the RH kits, a total of 7,446 normal deliveries were done, 661 caesarean sections were performed, 1,015 obstetric complications were successfully managed, 521 were referred to higher levels of care and received the appropriate care and a total of 4,538 obstetric operations (both minor and major) were carried out. Through the assistance provided women could safely deliver their babies using the right equipment and medicines as appropriate.

A total of 2,636 women and girls received dignity kits in all 3 target districts (Mbire – 2,036, Muzarabani 500 and Tsholotsho 144). This was against a planned 2,500 beneficiaries representing a 105 per cent achievement. Actual prices of procuring the kits were slightly lower than envisaged and therefore it was possible to procure more kits. In addition, Mbire district presented higher numbers of women and girls in need following a more widespread and in-depth assessment across all the wards. The initial rapid assessment just gave an indicative planning figure, though the needs were greater. With the extra kits procured, part of that need was met while the extra number of beneficiaries received support from other partners within the district.

The dignity kits comprised 3 packs of sanitary pads, 1 bath towel, 3 panties, 1 bar laundry soap, 1 tablet bath soap, a tooth brush, a tube of toothpaste, a Zambia wrapper as well as a bag.

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

UNICEF: The project was designed and implemented in close collaboration with the department of social welfare (DSW). During programme implementation, the DSWs community structures namely the child care workers were involved ensuring the voices of children was heard, allowing for community level monitoring of the correct use of resources.

UNFPA: Accountability to affected populations was mainly done in 2 ways:

1. During planning for both the CERF application process as well as for utilisation of funds received, extensive consultations were done with the district authorities, resident development partners as well as the affected communities. Consultations were mainly related to geographic and individual targeting to ensure selection of the right beneficiaries as well as resource allocations per district

2. Distribution of kits as well as post distribution monitoring was done jointly with both ministries at head office, provincial and district levels. This promoted transparency.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

UNICEF: The project was not evaluated due to the limited field level implementation timeframe which was 5 months. The first month, was primarily used for programme planning, inception meetings and the disbursement of funds.

EVALUATION PENDING

UNFPA: No evaluation was done of the project because it was envisaged that the two rounds of monitoring – during distributions and post distribution – would provide sufficient information to determine the results and impact of the programme. The monitoring activities were successfully conducted.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	IOM		5. CERF grant period:	10/05/2017 - 09/11/2017		
2. CERF project code:	17-RR-IOM-021		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of emergency shelter and NFI kits to households affected by 2017 displacement inducing floods and Tropical Cyclone Dineo in Zimbabwe					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 440,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 391,446	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 28,800	
	c. Amount received from CERF:	US\$ 391,446	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,228	3,085	6,313	3,641	2,975	6,616
Adults (≥ 18)	2,085	2,057	4,142	2,280	2,060	4,340
Total	5,313	5,142	10,455	5,921	5,035	10,956
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	3,175			4,285		
Host population						
Other affected people	7,280			6,671		
Total (same as in 8a)	10,455			10,956		

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>N/A</p>
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CERF Result Framework			
9. Project objective	To improve living conditions of displaced and vulnerable households affected by floods and Tropical Cyclone Dineo in Zimbabwe through provision of emergency shelter toolkits and non-food item kits, where needs have been assessed and gaps in assistance provided by other organizations identified.		
10. Outcome statement	Living conditions of women, men, boys and girls are improved in the aftermath of flooding and cyclone through addressing critical emergency shelter needs in the identified locations within the shortest possible timeframe and resources.		
11. Outputs			
Output 1	To improve living conditions of displaced and vulnerable households affected by floods and Tropical Cyclone Dineo in Zimbabwe through provision of emergency shelter toolkits and non-food item kits, where needs have been assessed and gaps in assistance provided by other organizations identified. Living conditions of women, men, boys and girls are improved in the aftermath of flooding and cyclone through addressing critical emergency shelter needs in the identified locations within the shortest possible timeframe and resources.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of vulnerable households receiving shelter toolkits	2,071 households	2,071 households
Indicator 1.2	Number of vulnerable households receiving NFI kits	1,050 households	1,050 households
Indicator 1.3	% of households able to repair/rebuild their houses with CERF support	100% (2,071 vulnerable households who receive the shelter toolkits)	100%
Indicator 1.4	# of reports	6	6
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of most vulnerable families to receive shelter toolkits and NFI kits per district through field visits with local authorities	IOM and District Civil Protection Committees	IOM, Red Cross, World Vision, District Civil Protection Committees
Activity 1.2	Procurement of emergency shelter materials and NFI kits from suppliers locally and in the region, in accordance with the target numbers identified in this project.	IOM	IOM
Activity 1.3	Distribution of shelter toolkits and NFI kits to verified, registered households, within accepted SPHERE standards.	DCP, IOM, Red Cross and World Vision	DCP, IOM, Red Cross and World Vision

Activity 1.4	Conduct trainings for community building volunteers in shelter structure repair	IOM, World Vision and Red Cross	IOM, Red Cross and World Vision
Activity 1.5	Support the coordination of humanitarian partners in emergency response as relates to shelter and NFIs working closely with DCP, OCHA and the Protection Sector, particularly focusing on establishing a common humanitarian pipeline for emergency relief resources, attending coordination meetings held by DCP (National Civil Protection Committee) and UN Resilience and Disaster Risk Management Task Force.	IOM	IOM
Activity 1.6	Conduct monitoring visits to districts and confirm beneficiaries are receiving shelter toolkits and NFI kits	IOM	IOM
Activity 1.7	Coordinate monthly reports on status and reach of distributions	IOM	IOM

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:

There was no significant discrepancy between planned and actual outcomes, outputs and activities.

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

During the needs assessment, the affected populations in all the targeted districts were consulted. They contributed to the design and planning of emergency shelter units including spatial layout with support from IOM, ZRCS, and WVI emergency shelter experts. And were involved in determining distances between shelter structures considering safety, security and gender dynamics.

During the project implementation phase, accountability to affected population was ensured by upholding the principle of accountability thereby promoting dignity of the affected by allowing them to participate in decision making. Information was timely provided to the affected regarding the targeting and nature and value of assistance to be provided to the affected people. Working with local leadership, the selection criteria were agreed upon. The affected population could request and receive further information regarding the emergency assistance and to make contributions aiming at improving future programming. Accountability was also included in the partnership agreements.

The beneficiaries and all key stakeholders were given the opportunity to participate in the post assistance monitoring. Community based monitoring and evaluation systems will be established to gather information that will used to regularly inform and improve programming and to measure impact. The project staff created opportunities to listen to affected populations' views including the marginalized people, to monitor satisfaction levels and address gaps wherever possible.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

An evaluation was not planned; however, the post assistance monitoring (PAM) was conducted post project implementation. The objective of the PAM was to assess the impact of CERF assistance and identify gaps for residual support and design of resilience building interventions to help communities bounce back better after the disaster as well as anticipate and cope more effectively with similar future occurrences. PAM also allowed compilation of lessons learned and preparedness and response initiatives. The PAM revealed that CERF assistance improved the lives of affected people by providing shelter and restoring lost non-food items. By the time of the assessment, affected people were already rebuilding. Some gaps for residual support with regards to building materials, quick

NO EVALUATION PLANNED

win livelihoods support initiatives and support with agricultural inputs were identified.	
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ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-CEF-056	Education	UNICEF	GOV	\$33,000
17-RR-CEF-056	Education	UNICEF	GOV	\$33,000
17-RR-CEF-056	Education	UNICEF	GOV	\$28,000
17-RR-CEF-056	Education	UNICEF	GOV	\$28,000
17-RR-CEF-056	Education	UNICEF	GOV	\$28,000
17-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	INGO	\$90,172
17-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	INGO	\$95,126
17-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	GOV	\$6,485
17-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	GOV	\$815
17-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	GOV	\$5,000
17-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	GOV	\$2,500
17-RR-CEF-058	Protection	UNICEF	NNGO	\$50,841
17-RR-CEF-058	Protection	UNICEF	NNGO	\$91,273
17-RR-IOM-021	Shelter & NFI	IOM	INGO	\$14,400
17-RR-IOM-021	Shelter & NFI	IOM	RedC	\$14,400

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Population
CCW	Child Care Worker
CERF	Central Emergency Response Fund
CFS	Child Friendly Space
CPC	Child Protection Committee
CPIE	Child Protection in Emergencies
CPS	Child Protection Society
CPU	Civil protection unit
DCP	Department of Civil Protection
DCPC	District Child Protection Committee
DSW	Department of Social Welfare
DWSSC	District Water and Sanitation Sub-Committee
EHT	Environmental Health Technician
EMIS	Education Management Information System
ESAG	Emergency Strategic Advisory Group
GBV	Gender based violence
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IOM	International Organization for Migration
IP	Implementing Partner
MOHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
MOWAGCD	Ministry of Women Affairs, Gender and community development
NAC	National Action Committee
NFI	Non-Food Item
NGO	Non-Governmental Organization
OCHA	Office of Coordination for Humanitarian Assistance
PEP	Post-Exposure Preventive
PHHE	Participatory Health and Hygiene Education
PSS	Psycho Social Support
PTSD	Post traumatic Stress Disorders
PWSSC	Provincial Water and Sanitation Sub-Committee
RH kits	Reproductive health kits
RWIMS	Rural WASH Information Management System
SIG	School Improvement Grant
UN	United Nations
UNICEF	United Nations Children's Fund
UNRCO	United Nations Resident Coordinator's Office
VHW	Village Health Worker
WASH	Water, Sanitation and Hygiene
WSCIF	WASH Sector Coordination Information Forum
WVI	World Vision International
ZRCS	Zimbabwe Red Cross Society