United Nations CERF Central Emergency Response Fund

RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS ZIMBABWE RAPID RESPONSE DROUGHT 2019

19-RR-ZWE-34298

RESIDENT/HUMANITARIAN COORDINATOR	BISHOW PARAJULI

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A
The AAR did not take place at the end of 2019 as it was difficult to organize and find a suitable time for all organizations to participate. Inputs from recipient agencies have been collected via email. Agency CERF focal points and cluster coordinators were consulted via email and phone, as well as during meetings of the Inter-Cluster Coordination Group (ICCG).	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes ☐ No ☒
Due to time constraints in meeting the CERF reporting deadline and only one monthly HCT meeting, the RC report on the use of CERF funds was not yet discussed in the HCT. The alternative modality followed was to collect comments and inputs from the recipient agencies as key members of the HCT.	
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒ No ☐
The draft CERF report was shared with all agency CERF focal points and cluster coordinators, as well as with the Heads of the agencies who received CERF allocation for the 2019 drought response in Zimbabwe.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator
The strategic and coordinated response to the 2019 drought in Zimbabwe funded by the CERF rapid response allocation of US$10 million enabled humanitarian partners under the Humanitarian Country Team to address urgent life-saving needs of 290,380 affected people during 6 months under the five sector areas of food security (food assistance and agriculture), nutrition, health, WASH and protection (child protection and GBV). First, this funding enabled UN agencies and partners to respond to life-saving food security and nutrition needs by providing unconditional food assistance through cash transfer, rehabilitating boreholes and watering troughs for livestock and fit community gardens with irrigation systems, and providing treatment for children under five diagnosed with severe and moderate malnutrition and reach mothers and caregivers of children below two years with IYCF-e messages and supplementation with vitamin A and multiple micronutrient powders. In addition, urgent health needs were addressed through the provision of essential medicine supplies and commodities for the management of maternal, newborn and child health diseases including treatment for communicable diseases, and the strengthening of surveillance and detection of measles, diarrhea and pneumonia including laboratory capacity and case management. Further, the WASH response addressed the lifesaving needs of access to safe drinking water through repair and rehabilitation of water points and piped water schemes, and promotion of hygiene practices through participatory health and hygiene education at communities and schools and through distribution of hygiene kits. Finally, urgent protection needs were met through the provision of access to quality child welfare and protection services, GBV multi-sectoral services, and the dissemination of life-saving information on GBV through national radio messages.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**183,667,042**
FUNDING RECEIVED BY SOURCE	
CERF	10,050,789
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	81,675,094
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**91,725,883**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-005	Food Security - Agriculture	800,000
UNFPA	19-RR-FPA-007	Protection - Sexual and/or Gender-Based Violence	200,583
UNICEF	19-RR-CEF-016	Health - Health	1,188,633
UNICEF	19-RR-CEF-017	Protection - Child Protection	275,968
UNICEF	19-RR-CEF-018	Nutrition - Nutrition	580,584
UNICEF	19-RR-CEF-019	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,493,891
WFP	19-RR-WFP-014	Food Security - Food Assistance	4,900,936
WHO	19-RR-WHO-011	Health - Health	610,194
TOTAL			**10,050,789**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**8,627,783**
Funds transferred to Government partners*	345,408
Funds transferred to International NGOs partners*	559,675
Funds transferred to National NGOs partners*	517,923
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**1,423,006**
TOTAL	**10,050,789**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

Nearly 4.3 million people in Zimbabwe were estimated to be severely food insecure during the 2018/2019 lean season (October – April). Since December 2018 household needs (purchasing capacity) had deteriorated significantly as the economic situation continued to worsen. The 2018 annual Rapid Zimbabwe Vulnerability Assessment Committee (ZimVAC) Rural Livelihood Assessment estimated that 2.7 million people in rural areas - 154 per cent more than at the same time the previous - would require food assistance during the peak of the lean season. This included an estimated 1 million people facing Emergency (IPC phase 4) of food insecurity. In addition, 1.5 million people in urban areas, including major towns and secondary cities, would face severe food insecurity. With the high likelihood of another El Niño in 2019, the situation was expected to continue to deteriorate.

Worsening economic indicators (domestic and foreign debt, hyperinflation and shortage of cash) led to unaffordable price increase for most staples and other commodities including drugs and medicine. Increased vulnerability is pushing the poverty index even further.

Although malnutrition rates have improved since the last drought in 2016 it was expected that the current cocktail of acute/chronic food insecurity, economic deterioration and the looming El Nino will negatively impact the under-five age group, as well as people living with chronic illnesses such as HIV, and that the worsening situation would add pressure on a health service that is already struggling to cope.

Factors impacting the humanitarian situation in Zimbabwe early 2019 followed an already erratic rainy season, which hampered access to safe water and sanitation and therefore increased the risk of WASH-related diseases. Lack of access to safe water exacerbated the situation for especially for children and women. As of April 2018, the ZIMVAC Assessment report showed that 16 per cent of households travelled more than 1km to fetch water from the nearest main water source. Children's access to education was also impacted as early marriage and child labour (including searching for water sources), were often used as negative coping mechanisms by families impacted by drought.

Global evidence demonstrated that food insecurity exacerbates the risk of violence, abuse, exploitation, neglect and family separation. There was an increased likelihood of child marriage and exposure to gender-based violence. An analysis of child protection cases handled by the Zimbabwean Ministry of Public Service, Labour and Social Welfare after the most recent drought indicated that girls in particular are vulnerable to family separation due to food insecurity.

Erratic rains (2018/19) were already affecting vulnerable households. Families had left their homes in search of alternative livelihood. One of the early symptoms of the deteriorating situation was school dropout, particularly for girls, leading to family separation, child labour and early marriage. Migration also increased the risk of hunger, sexual violence, exploitation and early pregnancy. The risk of exposure to domestic violence and intimate partner violence was also expected to increase as a consequence of heightened family tensions caused by crop/livestock failure and income losses. Data from the national food security assessment report 2018 (ZimVAC) overlaid by data from the HMIS also suggested that sexual violence increased in districts with higher levels of food insecurity. The link between GBV, sexual violence and HIV was well established, especially in a country with high HIV burden such as Zimbabwe.

Zimbabwe had battled several disease outbreaks in recent years, including cholera and typhoid in 2018, with 9,900 recorded cholera cases and 55 deaths, mainly in two suburbs of Harare city, since the outbreak was declared in September. This was the second largest outbreak since the 2008/2009 cholera epidemic. The country was also battling a typhoid fever outbreak which has affected Harare and Gweru cities since 2017. Health needs were on the rise especially among the most vulnerable people. Food insecurity and the deteriorating purchasing power was contributing to health risks. In addition, the lack of medicine, increased cost and access to basic health services ran the risk of new/additional outbreak of communicable diseases, including measles. The ability to contain ongoing disease outbreaks, such as cholera, acute watery diarrhoea, dysentery and typhoid was also at risk. The risk of increased gender-based violence, sexual exploitation and abuse in crisis situations put pressure on health service delivery, requiring specific attention through SRHR programs.

The UN HCT supported the government through a Flash Appeal targeting the most vulnerable i.e. those requiring immediate humanitarian intervention, identifying 4.3 million people in need, of which 2.2 million were targeted for immediate humanitarian support. The CERF funds contributed to meeting the overall objectives of the Zimbabwe Flash Appeal particularly SO 1 and SO 2. This ensured for CERF funding to support the implementation of the most critical life-saving interventions thus alleviating the negative impact of a deteriorating economic situation manifested in acute/chronic food insecurity, livelihoods losses and health issues for the most vulnerable households. CERF funding ensured a multi-sectoral approach to CERF humanitarian support whereby interventions reduced risks for food-insecure households. In addition, that health systems provided critical life-saving health support to tackle current and emerging disease outbreaks, targeting 272,000 people in 11 high priority districts (Rushinga, Mudzi, Kariba, Mwenezi, Binga, Gokwe North, Hurungwe, Chitungwiza, Epworth, Bulawayo, Mutare).

3. PRIORITIZATION PROCESS

The CERF strategic objective echoed the Strategic Objective 1 and 2 of the Flash Appeal, with the focus to provide lifesaving humanitarian assistance to the most vulnerable people by providing integrated humanitarian assistance and protection to people suffering severe food insecurity and by increasing access to basic level health services.

As access to food, basic services and labour opportunities were diminished, the CERF prioritized districts identified by the food security, WASH and health sector needs. Nutrition, protection and agriculture sectors were identified as critical with respective needs ranked high or very high. These criteria were agreed by the sector coordinators at the operational level and the HCT at the strategic level.

This CERF allocation was prioritized to target 272,000 of the most vulnerable people in 11 districts who were impacted by rising levels of food insecurity as well as health outbreaks, ensuring cross sectorial complementarity by targeting the most affected districts, and ensuring the centrality of protection, with a particular focus on preventing and responding to gender-based violence. The CERF was intentionally time-bound with an emphasis on responding to the most urgent needs during the 2018/2019 lean season and impact of economic deterioration. Rapid response was imperative given the significant numbers in crisis food insecurity, to prevent vulnerable people being forced to face a prolonged lean season in a severely degraded state.

The rationale for this CERF response was guided by the need to target lifesaving interventions to support a significantly increased number of affected population and confirmed by the December 2018/January 2019 IPC analysis. As most of the critical areas with high humanitarian needs had already been identified for the flash appeal through a prioritization exercise (severity needs analysis), the RC and HCT in Zimbabwe agreed to apply for CERF Rapid Response funding to start mobilizing funds and initiate the emergency response. The CERF application fell within the flash appeal objectives: (1): Save lives and livelihoods by providing integrated humanitarian assistance and protection to people suffering severe food insecurity; (2): Provide life-saving humanitarian health assistance by responding to outbreaks and procuring essential medicines. Seven sectors were prioritised for this CERF application after a discussion and agreement among the UN HCT members, with all activities being in line with their relevant sector strategy under the flash appeal.

Food Security – Food Sector

The Food Security sector objective was to save lives and sustain livelihoods of the most vulnerable households affected by seasonal food shortages and economic shock, with food assistance and/or equivalent value cash transfers to be provided and in a timely manner to the most food insecure people in six priority districts. Based on the findings of the 2018 ZimVAC Rural

Livelihood Assessment WFP with partners prioritized to address the most urgent food security needs of 140,870 people in the six most food insecure districts (IPC phase 3 and 4), namely Gokwe North, Kariba, Binga, Mwenezi, Rushinga, and Mudzi, during the peak of the 2018/19 lean season.

Food Security – Livelihood and Agriculture Sector

With the erratic and late onset of the 2018/19 rainy season impacting the agriculture sector, the priority in assisting the most affected household was to ensure 1) the emergency rehabilitation of boreholes by enhancing access to water for livestock and agriculture production, 2) the procurement and provision of diverse vegetable seed packs for the community nutrition gardens and 3) the provision of survival stock feed for cattle. These activities were critical for restoring and mitigating loss of life and livelihood while ensuring the dignity of the most vulnerable households.

Health Sector

Hit by a severe cholera outbreak in September 2018 and the drought, coupled with the lack of essential drugs hampering the capacity of vulnerable groups to access health care services, the priority of the Health sector was to contribute to the reduction of mortalities and morbidities related to drought and disease outbreaks in drought affected areas of Zimbabwe through the provision of life-saving and emergency basic health services and interventions.

The health sector prioritized their interventions by ensuring: 1) access to life saving treatment for drought induced health conditions; 2) procurement of essential health and nutrition supplies and commodities for management of drought induced conditions; 3) distribution of the essential health and nutrition commodities in five priority districts; 4) targeted measles vaccinations of children under five including strengthening surveillance and detection of measles, diarrhoea and malnutrition and laboratory capacity.

Protection Sector

Child protection priority interventions aimed at assisting 15,000 children and adolescents and young mothers with critical child protection service, particularly psychosocial support and programmes for prevention from violence including sexual violence, through existing community structures for children and adolescent peer support programmes. GBV priority interventions aimed at increasing access to quality GBV information, prevention and response services to all women, girls, boys and men in affected communities, prioritizing (1) access to information on GBV prevention, reporting and response services by women, girls, boys and men (88,503), (2) access to multi sectoral GBV services and (3) increased availability of GBV data for evidence based programming and enhanced coordination in emergencies in the five priority districts.

WASH Sector

The WASH sector prioritized (1) restoring access to sufficient water of appropriate quality and quantity to fulfil basic needs for an estimated 100,000 women, men and children in 7 drought affected districts; (2) awareness of safe hygiene and sanitation practices, with a focus on participatory health and hygiene education (PHHE) in communities with high malnutrition rates and schools; and (3) providing access to critical WASH hygiene kits to 15,000 families, with a focus on the most vulnerable families and schools in the targeted areas.

Nutrition Sector

The sector prioritized improving the nutritional status of 4,717 children under the age of five years at risk of mortality from malnutrition through lifesaving nutrition interventions in selected high burden cities and districts affected by drought. Key interventions included: (1) Active screening of more than 16,983 (90%) of the children under five in two cities (Harare and Bullawayo) and two districts (Huraangwe and Mutare) for early identification, referral and treatment of acute malnutrition and to the guide emergency response; (2) Therapeutic feeding and care for children 6-59 months old with severe acute malnutrition (SAM) to protect their lives and bring them back to healthy growth and development; (3) Community MIYCF counselling and micronutrient of at least 80 per cent of mothers of children under two as part of the active case finding and outreach activities.

4. CERF RESULTS

CERF allocated US$10 million to Zimbabwe from its rapid response window to sustain the provision of life-saving assistance to communities in 2019. This funding enabled UN agencies and partners to rehabilitate boreholes and watering troughs for livestock and fit community gardens with irrigation systems for 48,677 people; GBV multi-sectoral services supporting 7,932 people, assistance to district health facilities with 11,115 assisted deliveries and the provision of 1,075 Emergency Reproductive Health kits; essential medicine supplies and commodities for the management of maternal, new born and child health diseases for 93,069 people including treatment for communicable diseases to 60,630 people; access to quality child welfare and protection services for 27,703 people; treatment of 4,727 diagnosed children under five for moderate and severe acute malnutrition following screening for acute malnutrition, as well as reach of 84,534 mothers and caregivers of children below two years with IYCF-e messages and supplementation of 37,969 children with Vitamin A and 30,848 children with Multiple Micronutrient Powders (MNP's); access to safe drinking water through repair and rehabilitation of water points and piped water schemes, and promotion of hygiene practices through participatory health and hygiene education at communities and schools and through distribution of hygiene kits for 192,587 people; unconditional food assistance through cash transfer to 157,417 people; and strengthening of surveillance and detection of measles, diarrhoea and pneumonia including strengthening laboratory capacity, and through the capacity building on case management of diarrhea and pneumonia benefiting 93,069 people.

1. Food Security – Agriculture (FAO)

Contributing to a marked improvement in the food security and livelihood of targeted populations, the FAO project contributed to enhanced access to water for humans and agricultural purposes, increased access to seeds for nutritious vegetables and reduction in drought related cattle deaths. Implemented in the three drought affected districts Mudzi, Hurungwe and Mwenezi, the project reached approximately 48,677 people (9,735 households), rehabilitating 27 boreholes, and 27 watering troughs for livestock, ensuring access to potable water for both humans and livestock. In addition, 27 community gardens were fitted with drip irrigation systems and provided vegetable input packs comprising onions, cabbages and tomatoes.

2. Protection - Sexual and/or Gender-Based Violence (UNFPA)

The UNFPA project assisted a total of 20,122 people supporting 7,932 individuals with GBV multi-sectoral services, contributing to enhance safety and mitigate risks of abuse, exploitation and neglect of adolescents, GBV survivors and expecting mothers, in line with the GBV minimum standards, in the five targeted districts of Gokwe North, Mwenedzi, Rushinga, Mudzi and Binga, between April and August 2019. UNFPA and its partners also assisted five district health facilities with the provision of 1,075 Emergency Reproductive Health kits, with a total of 11,115 assisted deliveries of which 296 through caesarean section.

3. Health – Health (UNICEF)

Targeting the five districts of Bulawayo, Harare (Chitungwiza), Rushinga, Mudzi, and Kariba, 93,069 people benefited from essential medicine supplies and commodities for the management of maternal, new born and child health diseases for all health facilities, which further contributed to no reported stock outs, with 60,630 people receiving treatment for communicable diseases. In addition, 350 community health workers were trained on health promotion and early detection of common childhood illnesses like diarrhoea and respiratory infections, and their subsequent referral to health facilities. In complement, 93,100 people were reached with community sensitizations through IEC materials, radio emissions, television spots, road shows and public service announcements as well as advocacy meetings with key stakeholders involved in alleviating drought effects.

4. Protection - Child Protection (UNICEF)

Strengthening access and quality of child protection services in four drought-affected districts, including community child protection surveillance systems to prevent and respond to violations, 27,703 people out of a target of 13,000 (8,391 boys and 12,445 girls under the age of 18) benefited from access to quality child welfare and protection services, including 1,551 male and 5,316 female adolescents and young mothers above the age of 18 years. Referral to other sectors was made easier after

successfully sensitization of other sectors supported by CERF and those not supported by CERF in mainstreaming child protection. Community sensitization and community dialogues were facilitated including awareness raising reaching a total of 27,673 people.

5. Nutrition – Nutrition (UNICEF)

Providing lifesaving interventions in the 4 most vulnerable rural and urban districts of the country, 4,727 (2,689 MAM and 2,038 SAM) children under five were diagnosed and treated for moderate and severe acute malnutrition following screening of 21,433 children for acute malnutrition. In addition, UNICEF and its partners reached 84,534 mothers and caregivers of children below two years with IYCF-e messages and supplement 37,969 children of 6 to 59 months with Vitamin A and 30,848 with Multiple Micronutrient Powders (MNP's). Capacity building for the healthcare system for the emergency response was done through training of 941 frontline health workers and 1,518 Village Health Workers (VHWs) on screening and treatment of acute malnutrition, provision of nutrition commodities such as RUTF and MNP's among others.

6. Water Sanitation Hygiene - Water, Sanitation and Hygiene (UNICEF)

Through key WASH interventions including repair and rehabilitation of 360 water points (e.g., boreholes) and two piped water schemes; participatory health and hygiene education at communities and schools after training 261 village health workers; and distribution of 15,000 hygiene kits to vulnerable households and schools, and implemented in the four rural districts of Binga, Mwenezi, Hurungwe, and Gokwe North and two urban areas of Chitungwiza and Epworth, the project reached 192,587 people (including 4,757 people with disability). While providing access to safe drinking water and promoting hygiene practices, this project enhanced community participation and ownership of hygiene education activities through community health clubs.

7. Food Security - Food Assistance (WFP)

Through the CERF support, WFP assisted 157,417 people in Gokwe North, Mudzi, Mwenezi and Rushinga districts with a cash transfer ration valued at US$ 9 per person per month (availed in local currency, ZWL) from June 2019 onwards. Overall, initially planning to assist 1,135,500 people during the period from January to April 2019, due to financial constraints, WFP assisted 866,000 people at the peak of the lean season between January and March 2019. Due to a delayed start of the agricultural season as well as a mid-season drought, the lean season which traditionally ends in April was extended until June 2019.

8. Health – Health (WHO)

The WHO project reached 93,069 targeted people in communities through the strengthening of surveillance and detection of measles, diarrhoea and pneumonia including strengthening laboratory capacity, and through the capacity building on case management of diarrhea and pneumonia in affected districts. WHO trained 116 health workers on surveillance of drought induced conditions in the priority districts, 120 health workers on case management of pneumonia, measles and diarrhea, and 37 laboratory scientists on detection of priority pathogens. Further, the laboratory capacity was provided with laboratory reagents.

5. PEOPLE REACHED

Through this CERF RR grant, a total of 290,380 people were reached and assisted in comparison with a total number of 271,942 of people planned. This significant increase can be explained by the increased total reached number of people by the WASH cluster. Disaggregated by gender and age, this total number of people reached includes 79,249 women, 71,414 girls, 69,715 boys, and 69,564 men. As for displacement status, all people reached under this CERF grant were affected persons, other than internally displaced persons (IDPs), refugees and host communities.

The Food Security/Agriculture sector reached 48,677 people versus 46,800 initially targeted. The change is due to a decrease from 4 to 3 targeted project districts, with increase of the quantity of stock feed. For Food Security/Food Assistance, the total number increased from 140,870 people planned to 157,417 people reached. The increase is due to the change from in-kind to cash assistance due to the low availability of grain on the market due to the below average harvest in the region, with a decrease from 6 to 4 most insecure districts.

The total number of people planned (91,108) vs reached (89,261) for the Nutrition/Nutrition sector constitutes a slight decrease. For the Health/Health sector there were no significant differences between the planned number of 93,069 and the total number of 93,100 people reached. The difference is due to best population estimates at the time of the planning. The WASH/WASH sector reached a total of 192,587 people, a significant increase from the 100,000 people planned as the project repaired 360 instead of 350 boreholes with the actual number of beneficiaries per water point being much higher than the initial estimated 250 people per water point.

The Protection/GBV sector saw a decrease from 22,207 people planned to a total number of 20,122 reached with GBV multi-sectoral services for survivors, deliveries in supported health facilities, and access to PEP for rape survivors in health facilities. The decrease is due to a decrease in the number of survivors accessing multisectoral services (15,172 planned vs 7,932 reached), and decrease in the number of deliveries in supported health facilities (12,000 planned vs 11,115 reached), despite the increase in number of rape survivors accessing PEP in health facilities (35 planned vs 1,075 reached). For the Protection/Child Protection sector the total number increased as well from 15,000 people planned to 27,703 people reached as the interventions had an overwhelming number of participating adolescent girls, young mothers and adolescent boys.

As for persons with disabilities, whereas the total number planned was 650 under Protection/Child Protection (including 300 girls, 100 boys and 250 women), the sector faced a challenge reaching out with only 146 children and adolescents with disabilities reached due to exclusion of persons with disabilities from community activities/events and community gatherings. On the other hand, whereas the WASH sector had not planned to reach persons with disabilities, the project reached a total of 4,757 people, including 1,250 girls, 1,156 boys, 1,252 women and 1,099 men.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Internally displaced persons	0	0
Other affected persons	**271,942**	**289,942**
Total	**271,942**	**289,942**

1 *Best estimates of the number of people directly supported through CERF funding by category.*

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE[2]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	65,284	74,354	65,425	66,879	**271,942**
Reached	69,564	79,249	69,715	71,414	**289,942**

2 *Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).*

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES) [3]					
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	0	250	100	300	**650**
Reached (Out of the total reached)	1,099	1,252	1,156	1,250	**4,757**

3 *Best estimates of the number of people with disabilities directly supported through CERF funding.*

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED) [4]					
By Cluster/Sector (Planned)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	11,007	11,924	11,457	12,412	**46,800**
Health - Health	18,242	18,986	27,362	28,479	**93,069**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	28,320	30,680	19,680	21,320	**100,000**
Protection - Child Protection	0	7,000	2,000	6,000	**15,000**
Protection - Sexual and/or Gender-Based Violence	0	20,402	0	6,805	**27,207**
Nutrition - Nutrition	0	86,391	2,322	2,395	**91,108**
Food Security - Food Assistance	34,050	33,809	33,668	39,344	**140,871**

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED) [4]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	11,977	12,831	11,457	12,412	**48,677**
Health - Health	18,251	19,454	27,184	28,211	**93,100**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	42,582	64,203	42,316	43,486	**192,587**
Protection - Child Protection	1,551	5,316	8,391	12,445	**27,703**
Protection - Sexual and/or Gender-Based Violence	0	15,092	0	5,030	**20,122**
Nutrition - Nutrition	0	84,534	2,269	2,458	**89,261**
Food Security - Food Assistance	37,937	44,077	37,780	37,623	**157,417**

4 *Best estimates of the number of people directly supported through CERF funding by sector.*

6. CERF'S ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?

YES ☒ PARTIALLY ☐ NO ☐

CERF funding under the rapid response window for the drought response resulted indeed in a fast delivery of humanitarian assistance to people in selected districts in need in various cluster/sector areas including Food security/Food assistance and Agriculture, Health, Nutrition, WASH, Protection/Child Protection and GBV. For the education cluster/sector that was not included under the CERF grant, the delivery of assistance to children in schools was less fast. As the geographical scope was limited to selected and most food insecure districts, in other districts with also food insecure people in need the delivery of assistance was less rapid.

b) Did CERF funds help respond to <u>time-critical needs</u>?

YES ☒ PARTIALLY ☐ NO ☐

CERF funding did help for recipient agencies and implementing partners to respond to multisectoral needs in the various selected humanitarian cluster areas. It made it possible to quickly respond to the identified humanitarian needs following initial multisectoral, agency and INGO rapid assessments to save lives and prevent diseases.

c) Did CERF <u>improve coordination</u> amongst the humanitarian community?

YES ☐ PARTIALLY ☒ NO ☐

During the activation of the clusters it allowed partners to deliver as one, coordinating the implementation of activities and avoiding duplication of efforts. Inter and intra-sector coordination did improve under the drought response. However, it is not clear if improved coordination was caused by the CERF allocation alone. Most likely coordination was improved due to various factors including increased capacity for coordination and information management, increased emergency surge capacity among agencies and INGOs, improved coordination between and among government counterparts and line ministries, etc. related to the initial drought response and the additional response to Cyclone Idai.

d) Did CERF funds help <u>improve resource mobilization</u> from other sources?

YES ☐ PARTIALLY ☒ NO ☐

CERF funds helped to improve resource mobilization from other donors for some of the clusters/sectors. Thanks to the CERF funding to respond quickly to immediate humanitarian needs, initial fast response was possible which enabled the identification of gaps, which made other donors to provide additional funding support. For the clusters/sectors Health, WASH, Protection/Child Protection and GBV however, the CERF funds were the only source of funding received for the drought response and did not facilitate and initiate resource mobilization from other sources.

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

N/A

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
All sectors availing of CERF funding confirm that allocations are critical to kick-start respective humanitarian support especially considering that donor commitments take time to be realized. The timely consideration of CERF proposals is recognized and enables partners to draw down funding for immediate life-saving interventions. Although the reporting requirements are onerous every effort is made to ensure that deadlines can be met but this depends on the cooperation of partners. Experience shows that reporting can be difficult to conclude especially having regard to the fact that continuity of RCO and emergency/surge personnel is not a given during the period from proposal submission to final reporting.	Improved follow up and communication between the CERF secretariat and the RCO/OCHA is suggested to ensure that new focal points for reporting are identified and agreed upon when initial focal points at the time of the allocation leave their duty station during the CERF reporting process.
For Protection/GBV, at the initial stage of the project proposal drafting, the CERF Secretariat is often requesting justification or evidence such as number of cases to make the proposal stronger, which is sometimes not available.	More understanding by the CERF Secretariat for the difficulty to provide evidence and further justification for Protection/GBV information in GBV project proposals, in comparison to other clusters/sectors. Suggestion for the CERF Secretariat to use adjusted criteria and a different lens in reviewing available GBV information in GBV project proposals.
There has been limited integration of cross-cutting issues such as gender and protection at the stages of project proposal drafting and project reporting.	It is suggested for the CERF Secretariat to follow up more with the HCT for cross-cutting issues such as gender and protection to be more and better integrated and reflected in project proposals and project reports.
The CERF application process is simple, and funds are disbursed quite quickly, and this really accelerates response and saves lives. However, there is sometimes disagreement between the CERF Secretariat and the implementing agency/sector what constitutes "life-saving".	CERF Secretariat to coordinate with CERF focal points for agency CERF focal points and cluster coordinators to receive the available CERF live saving guidance note to fully understand which sector activities are life-saving and which activities are not.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The Cluster/Sector of Education is often excluded from CERF proposals	Request for more engagement and support from other clusters/sectors at the technical inter-cluster coordination level, and from the HCT at the strategic level for inter-cluster analysis of Education in relation to other clusters/sectors such as Food Security and WASH, for response interventions under the Education Cluster/Sector to be included.	HCT, ICCG
Under the HCT, limited consideration was given to protection as a cross-cutting issue in relation to other clusters/sectors.	Strengthening HCT discussion and analysis on protection as a cross-cutting issue affect the impact of other cluster/sector interventions.	HCT
After the CERF project proposal stage, the role of and CERF discussions under the HCT have been limited during the phases of monitoring, evaluation and reporting.	Increased HCT role and more strategic discussions under the HCT during the phases of CERF monitoring, evaluation and reporting, following the approval of the project proposal and disbursement of CERF funding.	HCT

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-FAO-005 - FAO

1. Project Information			
1. Agency:	FAO	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Food Security - Agriculture	**4. Project Code (CERF):**	19-RR-FAO-005
5. Project Title:	Emergency Assistance to Drought affected households in Zimbabwe		
6.a Original Start Date:	08/03/2019	**6.b Original End Date:**	07/09/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☒ No ☐ Yes (if not, please explain in section 3)	

7. Funding	**a. Total requirement for agency's sector response to current emergency:**	**US$ 10,000,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 3,029,610**
	c. Amount received from CERF:	**US$ 800,000**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, the FAO project achieved good results contributing to a marked improvement in the food security and livelihood of targeted populations. The project contributed to enhanced access to water for humans and agricultural purposes, increased access to seeds for nutritious vegetables and reduction in drought related cattle deaths. The project was implemented in the three drought affected districts Mudzi, Hurungwe and Mwenezi reaching approximately 48,677 people (9,735 households), rehabilitating 27 boreholes, and 27 watering troughs for livestock. ensuring access to potable water for both humans and livestock. In addition, 27 community gardens were fitted with drip irrigation systems and provided vegetable input packs comprising onions, cabbages and tomatoes. The project was implemented from 08 March 2019 to 07 September 2019.

3. Changes and Amendments

Initially, FAO had proposed Rushinga as one of the project districts. However, as the agricultural activities in Rushinga were covered with funding received from another emergency project, FAO submitted a request to the CERF Secretariat to remove Rushinga as a target district and concentrate activities in Mudzi, Hurungwe and Mwenezi. FAO further requested to increase the quantity of stock feed from 285 tonnes to 382 tonnes in response to increased demand for stock feed given the continued deterioration of veld conditions and unavailability of grazing.

Not all activities were concluded by the end date. Five (5) boreholes were partially completed by the project end date due to supply constraints faced by the supplier as a result of difficult macro-economic conditions experienced in the country characterised by hyperinflation and foreign currency shortages. All boreholes were completed at the time of report submission.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Food Security - Agriculture				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	11,007	11,924	11,457	12,412	**46,800**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Food Security - Agriculture				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	11,977	12,831	11,457	12,412	**48,677**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons*:*	The increase in the population reached to 48,677 from the planned figure of 46,800 is as a result of the rehabilitated boreholes serving a higher number of people due to increased scarcity and high demand for water for both humans and livestock in the project areas. In most areas the rehabilitated water points were the only source of potable water within a radius of 5-7 Km. At project planning each borehole was targeted to serve approximately 200 households (1,000 people) the number reached was on average 220 households (1,110 people) per borehole. In addition, the quantity of animal stock feed provided was increased from 285 to 382 MT reaching therefore more people.

5. CERF Result Framework

Project Objective	Improved crop and livestock production through increased access to strategic agricultural inputs

Output 1	Increased availability of survivor centred GBV prevention, mitigation and response services in selected districts			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of functional water points rehabilitated	29	27	Monitoring reports
Indicator 1.2	Amount of livestock drinking troughs rehabilitated	29	27	Monitoring reports
Explanation of output and indicators variance:		FAO submitted a reprogramming request to the CERF Secretariat on 26 April 2019 to reduce the number of boreholes from 29 to 27, which was approved on 2 May 2019. The request was made on the basis of reducing the number of target districts from 4 to 3 and increasing the quantity of stock feed.		
Activities	**Description**	**Implemented by**		
Activity 1.1	Procure services for the supply and installation of solar powered boreholes and construction of water troughs	FAO		
Activity 1.2	Rehabilitate targeted boreholes	Contracted Service Provider – Forster Irrigation		
Activity 1.3	Rehabilitate livestock drinking troughs	Contracted Service Provider—Forster Irrigation		
Activity 1.4	Train pump minders and borehole management committee members	Contracted Service Provider – Forster Irrigation		
Activity 1.5	Inspect and certify rehabilitated boreholes	FAO		

Output 2	Established and functional community gardens			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of community gardens established	29	27	Monitoring reports
Indicator 2.2	Percentage of women farmers who are active member s of the community gardens	50%	50%	Monitoring reports
Explanation of output and indicators variance:		FAO submitted a reprogramming request to the CERF Secretariat to reduce the number of gardens from 29 to 27, which was approved. The request was made on the basis of reducing the number of target districts from 4 to 3 and increasing the quantity of stock feed.		
Activities	**Description**	**Implemented by**		
Activity 2.1	Procure services for the supply and installation of solar powered boreholes and construction of water troughs	FAO		
Activity 2.2	Rehabilitate targeted boreholes	Contracted Service Provider- Forster Irrigation		
Activity 2.3	Rehabilitate livestock drinking troughs	Contracted Service Provider- Forster Irrigation		
Activity 2.4	Train pump minders and borehole management committee members	Contracted Service Provider- Forster Irrigation		
Activity 2.5	Inspect and certify rehabilitated boreholes	FAO		

Output 3	Increased farmers access to stock feed			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Quantity of stock feed delivered to target districts (MT)	285	382	Monitoring Reports
Indicator 3.2	Number of cattle feeding on survival stock feed	950	1,414	Monitoring Reports
Indicator 3.2	Number of farmers accessing stock feed	5,700	6,740	Monitoring Reports
Explanation of output and indicators variance:		Due to deteriorating grazing conditions the demand for stock feed became very high especially among livestock farmers. FAO therefore submitted a reprogramming request to the CERF Secretariat to increase the quantity of stock feed from 285 MT to 382 MT. The target number of beneficiaries reached with stock feed increased to 6,740 as a result of increased quantity of stock feed provided by the project. Subsequently the number of cattle accessing stock feed also increased to 1,414.		
Activities	**Description**		**Implemented by**	
Activity 3.1	Place order and procure stock feed		FAO	
Activity 3.2	Identify and sensitize project stakeholders		Department of AGRITEX	
Activity 3.3	Provide subsidized stock feed to targeted farmers		FAO, Agriculture Development Associations	

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Results of a vulnerability study conducted in the drought affected areas showed that farmers ranked the provision of stock feed and enhanced access to water as the major requirements to help communities and households mitigate against the impact of drought. These recommendations were taken into account during the design of the project. In addition, the project used community based participatory mechanisms to target beneficiaries for the project activities. The project used the model of Agriculture Development Associations (ADAs) to provide stock feed to drought affected small holder farmers. ADAs are community level groups comprising duly elected farmer representatives. The ADAs took the lead in ensuring access to subsidised stock feed thus fostering project ownership.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The project rolled out a comprehensive stakeholder engagement plan which ensured the participation of relevant stakeholders at the national, province, district, ward, village and farmer levels. FAO informed national stakeholders about the project through the Ministry of Agriculture. Consultations were then carried out at provincial level through the participation of the provincial authorities and leadership. The next tier of engagements was done at district level which was coordinated by the Department of AGRITEX and the District Water and Sanitation Committees. Engagement of small holder women and men farmers was done at ward level where farmers were organised into villages and then targeted through community-based approaches to receive project information and inputs. Priority was given to vulnerable small holder farmers owning less than eight head of cattle, households with high dependency ratios, households looking after orphans and disabled members.

6.b IASC AAP Commitment 3 – Information, Feedback and Action
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver? The project used different approaches to reach different stakeholders with information. At national level relevant stakeholder received communication through official written communication. Technical officers at the province, district and ward levels received information through a combination of written communication and meetings. Women and men small holder farmers who constitute the segment of the population directly affected by the drought were provided with information about the project, such as the type of assistance provided by the project, the delivery mechanisms, the targeting criteria and the number of beneficiaries. This information was provided through community meetings.
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒ The project did not implement a complaint box or hot line. The project used the approach of community based participatory engagement to minimize potential inclusion or exclusion errors.
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒ The project did not establish a mechanism for specifically reporting and handling sexual exploitation and abuse.
Any other comments (optional): N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No comprehensive evaluation was budgeted for in the project due to the short duration of the project.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.2. Project Report 19-RR-FPA-007 - UNFPA

1. Project Information				
1. Agency:		UNFPA	**2. Country:**	Zimbabwe
3. Cluster/Sector:		Protection - Sexual and/or Gender-Based Violence	**4. Project Code (CERF):**	19-RR-FPA-007
5. Project Title:		Enhancing safety and mitigating risks of abuse, exploitation and neglect of adolescents, GBV survivors and expecting mothers in districts affected by drought		
6.a Original Start Date:		01/03/2019	**6.b Original End Date:**	31/08/2019
6.c No-cost Extension:		☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)			☐ No ☒ Yes (if not, please explain in section 3)	
7. Funding	**a. Total requirement for agency's sector response to current emergency:**			**US$ 2,500,000**
	b. Total funding received for agency's sector response to current emergency:			**US$ 200,583**
	c. Amount received from CERF:			**US$ 200,583**
	d. Total CERF funds forwarded to implementing partners of which to:			**US$ 6,757**
	Government Partners			US$ 0
	International NGOs			US$ 0
	National NGOs			US$ 6,757
	Red Cross/Crescent			US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA and its partners provided GBV prevention and specialized response services to GBV survivors in the 5 targeted districts. The project reached 7,932 individuals with GBV multi-sectoral services, including: 360 GBV survivors at two supported community-based shelters, 6,497 survivors through the district multi sectoral teams including legal and justice services as well as psychosocial support, 1,075 survivors of sexual violence access to clinical services (PEP) at the rural health facilities as well as district hospitals, 2,500 women and girls reached with dignity kits. Through the project, UNFPA and its partners also enhanced the capacity of 113 GBV service providers on GBV survivor–centered approach and PSEA.

Through the CERF Project, UNFPA and its partners also assisted five district health facilities with the provision of Emergency Reproductive Health kits (with a total of 11,115 number of assisted deliveries of which 296 through caesarean section). The project assisted a total of 20,122 people and contributed to enhance safety and mitigate risks of abuse, exploitation and neglect of adolescents, GBV survivors and expecting mothers, in line with the GBV minimum standards, in the five targeted districts of Gokwe North, Mwenedzi, Rushinga, Mudzi and Binga, between April and August 2019.

3. Changes and Amendments

Output 1:
A total of 3,000,000 individuals against a target of 85,503 were reached through the dissemination of life-saving information on GBV. The achievement is due to the utilization of national level radio stations instead of district specific community stations, which could not be mobilised in the short period of time available for implementation. The use of national radio stations resulted in a wide reach at district, provincial and national level of the dissemination of GBV life-saving information.

The initially planned SMS information sharing campaign also encountered challenges with the implementation, mainly due to the financial regulations and their implications that made contracting for this service a challenge. This delayed the engagement of the service provider, as well as generating incongruences with the planned budget for the activity. The information sharing component of the project was therefore conducted only through the use of radio at a larger scale.

Output 2:
A total of 7,932 people including GBV survivors were reached with multi-sectoral services against the planned figure of 15,172 (52% achievement). Those that received services include:

- 360 GBV survivors sought shelter services through the two supported community-based shelters; 6,497 were reached through the district multi sectoral teams including legal and justice services as well as psychosocial support
- 1,075 survivors of sexual violence managed to access clinical services at the rural health facilities as well as district hospitals
- 2,500 women and girls reached with dignity kits

The under-achievement is due to the fact that GBV remains under-reported for a number of reasons, despite the continuous community-based sensitizations to encourage women and girls to report and seek services after experiencing violence. Although awareness campaigns were held during the CERF project implementation period, there still exist cultural barriers that prevent help seeking behaviour after experiencing violence.
A total of 35 RH kits were distributed: 5 rape kits, 10 clean delivery kits with reusable equipment, 10 clean delivery kits with medicines, 5 referral kits with instruments and 5 referral kits with medicines. A total of 11,115 deliveries were assisted against a target of 12,000 at 5 district health facilities. The under-achievement is due to the fact that Gokwe district hospital did not have medical doctors for some time and Caesarean section cases were transferred to Kwekwe General hospital outside the supported district.
A total of 1,075 GBV survivors were reached with Post Exposure Profilaxis (PEP) kits against a target of 35. The over-achievement is because the PEP kits were distributed at district hospitals as well, which have a larger reach than the rural health centres. The estimated reach was based on the possible number of survivors accessing treatment after rape at the rural health centre level.

Output 3:
A total of 113 against a target of 100 service providers staff were reached with capacity building on the GBV survivor centred approach in service delivery. The slight over-achievement is due to the presence of a slightly higher number of participants identified and engaged at district level, compared with the initially planned figure. The breakdown of people reached per district is provided below:
Mwenedzi – 35, Mudzi – 20, Rushinga – 18, Gokwe – 20, Binga – 20

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	20,402	0	6,805	**27,207**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	15,092	0	5,030	**20,122**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The overall underachievement is due to the lower number of GBV cases who accessed services and number of deliveries in supported health facilities.

5. CERF Result Framework	
Project Objective	To contribute to the mitigation of GBV-related risks and improve survivors' access to services in the 5 drought affected districts in Zimbabwe

Output 1	Increased access to information on GBV prevention, reporting and response services by women, girls, boys and men (88,503)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people reached with information on GBV disaggregated by age and sex (UNFPA)	85,503	3,000,000	Radio programme reach reports
Explanation of output and indicators variance:		National level radio stations were used as district specific community stations were not available and could not be mobilised in the short period of time available for implementation. This resulted in a wider reach at district, provincial and national level of the dissemination of GBV life-saving information.		
Activities	**Description**	**Implemented by**		
Activity 1.1	Share information on GBV through community radio stations	UNFPA		
Activity 1.2	Disseminate targeted bulk SMS on GBV	UNFPA		

Output 2	Increased access to information on GBV prevention, reporting and response services by women, girls, boys and men (88,503)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of survivors accessing multisectoral services	15,172	7,932	Partner reports - Musasa, MOWACSMED and HMIS
Indicator 2.2	Number of deliveries in the supported health facilities	12,000	11,115	HMIS

Indicator 2.3	Number of rape survivors accessing PEP in health facilities	35	1,075	HIMS
Explanation of output and indicators variance:		Indicator 2.1: The under-achievement is due to the fact that GBV remains under-reported for a number of reasons, despite the continuous community-based sensitizations to encourage women and girls to report and seek services after experiencing violence Indicator 2.2: The under-achievement is due to the fact that Gokwe district hospital did not have medical doctors for some time and Caesarean section cases were transferred to Kwekwe General hospital outside the supported district. Indicator 2.3: The over-achievement is because the PEP kits were distributed at district hospitals as well which have a larger reach than the rural health centres. Estimated reach was based on the possible number of survivors accessing treatment after rape at the rural health centre level.		

Activities	**Description**	**Implemented by**
Activity 2.1	Conduct GBV mentoring and coaching at community and district health centre levels	MOWACSMED/MOHCC
Activity 2.2	Support service provision at 2 community shelters (Mwenezi and Gokwe North)	UNFPA/MUSASA/ MWACSMED /MOHCC
Activity 2.3	Facilitate nutritional support for pregnant women in MWHs	UNFPA/WFP
Activity 2.4	Procure and distribute dignity kits, PEP kits, RH kits, to identified facilities; women and girls affected by drought	MOWACSMED/MOHCC

Output 3	Increased capacity of service providers on survivor centred delivery of life saving GBV services			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of people trained on survivor centred GBV service delivery	100	113	Partner reports - MOWACSMED
Indicator 3.2	Number of people trained on PSEA	100	113	Partner reports - MOWACSMED
Explanation of output and indicators variance:		The slight overachievement is due to the presence of a slightly higher number of participants identified and engaged at district level, compared with the initially planned figure.		

Activities	**Description**	**Implemented by**
Activity 3.1	Training on survivor-centered GBV service delivery	UNFPA/MOWACSMED/MOHCC
Activity 3.2	Training on PSEA	UNFPA/MOWACSMED/MOHCC

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Project design and planning phase: Community engagement was at the core of the project planning phase in which community members were engaged. Through existing community structures in the targeted districts, e.g. ward coordinators, behaviour change facilitators and village health workers, information about drought-driven negative copying mechanisms and suggestions for effective mitigation measures was collected, to ensure that the project components were acceptable and effective to the beneficiaries.

Project implementation phase: Inception meetings were conducted before programme implementation with the key coordinating Ministries, i.c. the Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MOWACSMED) and the Ministry of Health and Child Care (MOHCC) at national level. Thereafter, engagement was cascaded to the provinces and districts to ensure buy in and ownership. Mobilisation for key activities - sensitisations and dignity kit distributions - was done by MOWACSMED. Beneficiary selection and targeting was informed by the communities, including traditional leadership, working closely with the implementing partners Case Care workers under the Ministry of Public Service Labour and Social Welfare, village health workers under MOHCC and ward-based coordinators under MOWACSMED, as well as other community cadres that were part of the selection committees. In addition, communities were actively involved especially in the verification of selected beneficiaries.

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Project monitoring and evaluation: Monitoring activities were conducted during implementation, including dignity kits and RH kits post distribution monitoring. Feedback received from the beneficiaries was crucial to identify critical concerns and address them timely. Post-distribution monitoring was also conducted to verify the impact of dignity kits items on the mitigation of GBV risks and to ensure no unintended consequences for the beneficiaries.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Yes, community mechanisms and existing structure were engaged throughout the project phases to ensure that the needs of most vulnerable groups were captured and adequately addressed. Community mechanisms engaged include traditional and religious leadership, community volunteers largely recognized for their role in community outreach and GBV surveillance programmes. Community cadres include Case Care workers under the Ministry of Public Service Labour and Social Welfare, village health workers under MOHCC and ward-based coordinators under MOWACSMED, behaviour change facilitators as well as other community cadres..

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Affected population were sensitized about UNFPA mandate and its work with the Ministry of Women Affairs and Ministry of Health towards ensuring the wellbeing of women and girls in emergencies. This was done throughout the project phase, during FGDs, inception meetings, and distribution. The sensitization was key to ensure affected populations understood the areas of action within UNFPA's responsibility, vis-à-vis other UN agencies and emergency actors, in order to avoid raising expectations and ensuring smooth delivery of the aid. UNFPA also informed beneficiaries of the ethical and humanitarian principles that its staff adheres to, and in particular of the importance of protection from sexual exploitation and abuse, including the staff obligations and the right of the recipient community to report any SEA case.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

UNFPA worked closely with implementing partners MOWACSMED, MOHCC, Musasa on the ground to ensure that complaints on the delivered project interventions were constantly collected. Complaints mechanisms include feedback sessions at distribution sites, as well as the use of existing community structures (ward coordinators). Complaints were utilized to adjust the delivery modalities in line with the requirements of the affected populations (e.g. locations of the distribution points, timelines, etc).

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

UNFPA has a consolidated internal PSEA mechanism. As per UNFPA's procedures, all implementing partners are required to sign a code of conduct which includes the adherence to PSEA principles. During the CERF project implementation, PSEA pocket cards were developed and distributed to the affected population to increase awareness and enhance uptake of the PSEA reporting mechanism. These included inter-agency channels for reporting and the referral pathway. All service providers and humanitarian aid actors were sensitized on the utilization of the reporting mechanisms to ensure service provision as well as enactment of disciplinary measures for UN staff according to internal procedures.

Any other comments (optional):

N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluation was not planned as constant monitoring and post distribution monitoring through community structures, including the use of the GBV surveillance system, was considered sufficient to provide feedback to the project implementation.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3. Project Report 19-RR-CEF-016 - UNICEF

1. Project Information				
1. Agency:		UNICEF	2. Country:	Zimbabwe
3. Cluster/Sector:		Health - Health	4. Project Code (CERF):	19-RR-CEF-016
5. Project Title:		Strengthening Emergency Health Response to Drought Affected Districts		
6.a Original Start Date:		07/03/2019	6.b Original End Date:	06/09/2019
6.c No-cost Extension:		☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)			☐ No ☒ Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:			US$ 1,888,634
	b. Total funding received for agency's sector response to current emergency:			US$ 1,188,633
	c. Amount received from CERF:			US$ 1,188,633
	d. Total CERF funds forwarded to implementing partners of which to:			US$ 47,500
	Government Partners			US$ 47,500
	International NGOs			US$ 0
	National NGOs			US$ 0
	Red Cross/Crescent			US$ 0

2. Project Results Summary/Overall Performance

With the CERF RR funds, UNICEF targeted five districts considered as the most vulnerable to the effects of the drought, namely Bulawayo, Harare (Chitungwiza), Rushinga, Mudzi, and Kariba with a total population of 93,069 people. Using these funds, UNICEF procured essential medicine supplies and commodities for the management of maternal, new born and child health diseases worth US$1,011,301.64 for all of the health facilities in the five targeted districts, which further contributed to no reported stock outs. As a result, a total of 60,630 people (against a target of 60,495) received treatment for communicable diseases in these five prioritised districts during the CERF project cycle. In addition, a total of 350 community health workers were trained on health promotion and early detection of common childhood illnesses like diarrhoea and respiratory infections, and their subsequent referral to health facilities. In complement, a total of 93,100 people were reached with community sensitisations through IEC materials, radio emissions, television spots, road shows and public service announcements as well as advocacy meetings with all key stakeholders involved in alleviating drought effects. Implementation was conducted between 16 April and 6 September 2019.

3. Changes and Amendments

UNICEF Zimbabwe received CERF Funds totalling US$ 1,188,633 in April 2019 for a six-month duration up to September 2019. Upon near completion of the proposed activities in August 2019 it came to our attention that the procurement of essential commodities under project line B in the grant proposal of Supplies, Commodities and Materials with a planned budget of US$ 988,705 had exceeded by US$ 23,346.97 due to an underestimate of freight and insurance costs (originally estimated at 7.5% versus the actual incurred rate of 12%). As such, UNICEF requested and was granted a redeployment of funds to be considered from the budget line A, staff and other personnel costs which had an under expenditure of US$ 21,847. The redeployment contributed towards the over-expenditure from budget line B since the change exceeded the 15% threshold of budget shifts between categories. The reduction of supplies was spread out across the 5 districts and as such had minimal impact on the overall project outputs. No stock outs of these essential medicines and commodities were reported.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	18,242	18,986	27,362	28,479	**93,069**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	18,251	19,454	27,184	28,211	**93, 100**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	There were no significant differences between planned and actual numbers of people reached. The reported differences between the planned vs actual number of people reached are marginal. These marginal differences are due to using the best population estimates at the time of the planning (based on demogrophic data from primary sources like assessment (representative sampling) and with other secondary sources like admin data). The actual number of people reached are from sources like Health facility reports (registrars) and that are provided through NHIS and partners resports with actual beneficiaries reached

5. CERF Result Framework	
Project Objective	Contribute to the reduction of mortalities and morbidities related to drought and disease outbreaks in drought affected areas of Zimbabwe through the provision of life-saving and emergency basic health services and interventions

Output 1	65,495 people have access to life-saving treatment for drought induced health conditions			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 1.1	Number of people accessing treatment for drought induced diseases	60,495 (65%)	60,630 (65% of target population)	MOHCC, NHIS
Indicator 1.2	No of health facilities with no stock out of health commodities to manage drought induced diseases	77 (100%)	77 (100%)	UNICEF, VMAHS
Explanation of output and indicators variance:		No variance		
Activities	**Description**		**Implemented by**	
Activity 1.1	Procurement of essential health and nutrition supplies and commodities for management of maternal new born health diseases increased by drought		UNICEF with NATPHARM	
Activity 1.2	Distribution of the essential health and nutrition commodities in the five priority districts		UNICEF with NATPHARM	

Output 2	93,069 people reached with promotional and prevention messages on early health seeking behaviours			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of community health workers trained on maternal new born health diseases increased by drought and nurturing care.	250	350	MOHCC, NHIS
Indicator 2.2	Number of people reached by media channels	93,069	93,100	MOHCC, NHIS
Explanation of output and indicators variance:		There were 250 health workers trained and an additional 100 volunteers community health workers trained to add up to 350.		
Activities	**Description**		**Implemented by**	
Activity 2.1	Procurement of essential health and nutrition supplies and commodities for management of maternal new born health diseases increased by drought		UNICEF with NATPHARM	
Activity 2.2	Distribution of the essential health and nutrition commodities in the five priority districts		UNICEF with NATPHARM	
Activity 2.3	Participatory communication materials development, pre-testing and finalization		UNICEF with MOHCC	
Activity 2.4	Radio and Television spots, and Public Service Announcements		UNICEF with MOHCC	

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The health interventions provided were all inclusive and services were provided to children, men and women with disabilities and those living with HIV/AIDS. The project ensured that orientation of community health workers included special focus to people with disabilities during social mobilization as well as those living with HIV/AIDS. Monitoring was conducted on a regular basis by UNICEF and field level, together with MOHCC (and as needed, district staff.)

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Yes, existing local and/national mechanisms were used to engage all parts of the community in response to drought. At the national level, the Department of Health Promotion within the Ministry of Health and Child Care was engaged to sensitise the community leaders in order to mobilise the communities in the response. There was community engagement, social mobilisation and behaviour change activities that were employed within these affected districts. For example, existing community health workers belonging to the targeted districts were engaged both to represent the concerns of the community as well as to be trained on various health promotion initiatives. These community health workers also played a role in supporting coping mechanisms for affected communities to prepare, respond and adapt to the changing environment as per the drought onset. Communication for development strategies including advocacy meetings with key stakeholders and community leaders were implemented in the five districts. These meetings assisted in the development of tailored community interventions and soliciting community leaders and gatekeepers support for demand generation of needed services, lifesaving public information and cross-sectoral integrated message dissemination

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF emergency response was guided by its Core Commitments for Children in Humanitarian Action, its policy on humanitarian action, bringing a stronger focus on results to UNICEF's humanitarian work and aligning its commitments to the global standards such as the SPHERE standards. Additionally, the MOHCC modalities such as use of the community health workers to get information from the affected communities, feedbacks etc. as well as use of health facility staff to disseminate and gather feedback from the affected population was employed.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

N/A

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

N/A

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

There was no evaluation carried out or pending this project. The project fell within the scope of Sectoral Annual Reviews for UNICEF in terms of geographic coverage of partners as per the annual workplan for the sector. Key findings from that annual review in relation to the interventions supported by CERF include that AAP needs to be factored into the response and greater efforts need to be made to include AAP in the humanitarian interventions of UNICEF. In addition, another key finding was that Emergency Preparedness in drought affected areas also needs remain a priority for UNICEF and other partners in the health sector – to ensure there are adequate stocks and preparedness for outreach services.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

8.4. Project Report 19-RR-CEF-017 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Protection - Child Protection	**4. Project Code (CERF):**	19-RR-CEF-017
5. Project Title:	Improving Psychosocial Wellbeing of Children, Adolescent Girls and Young Mothers at risk of exploitation and abuse in families affected by food insecurity in Chitungwiza, Binga, Epworth and Rushinga		
6.a Original Start Date:	07/03/2019	**6.b Original End Date:**	06/09/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 1,100,000**
	b. Total funding received for agency's sector response to current emergency:	**US$275,968**
	c. Amount received from CERF:	**US$ 275,968**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 257,915**
	Government Partners	US$ 0
	International NGOs	US$ 171,485
	National NGOs	US$ 86,430
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, access and quality of child protection services was strengthened in four drought-affected districts, including community child protection surveillance systems to prevent and respond to violations. UNICEF through Civil Society Organisations working with District Child Protection Committees in Binga, Chitungwiza, Epworth and Rushinga capacitated 1,025 cadres working within the National Case Management System on timely identification and referral of child protection cases. Cadres included social workers, health workers, teachers, victim friendly unit police and other professionals including community cadres such as Community Child Care Workers, Village Health Workers, Community Adolescent Treatments Supporters, Water Point Committees, Champions of Change, My Space facilitators and Leaders. Their capacity development enabled 27,703 people out of a target of 13,000 in targeted districts (8,391 boys and 12,445 girls under the age of 18) to access quality child welfare and protection services including 1,551 male and 5,316 female adolescents and young mothers above the age of 18 years. Referral to other sectors was made easier after successfully sensitization of other sectors supported by CERF and those not supported by CERF in mainstreaming child protection. Community sensitization and community dialogues were facilitated including awareness raising reaching a total of 27,673 people. Implementation was conducted between 29 March and 6 September 2019.

3. Changes and Amendments

There were no changes and amendments.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Protection - Child Protection				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons:	0	7,000	2,000	6,000	**15,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	250	100	300	**650**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Protection - Child Protection				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	1,551	5,316	8,391	12,445	**27,703**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	3	26	41	76	**146**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The interventions carried out by the implementing partner REPSSI attracted an overwhelming number of adolescent girls, young mothers and adolescent boys. The model of My Space also targeted boys and young men as champions of behaviours and attitudes that enhance the protection of girls and women from any forms of violence. It was a challenge reaching out to children and adolescents with disabilities, out of a target of 650 only 146 were reached. In most families, the norm is that a person with disability is left behind at home and usually excluded from most community activities/events and community gatherings. Some children participated in both My Space activities facilitated by REPSSI and Child Friendly Spaces facilitated by Childline. Of the above figures of children reached 6,038 children (2,931 boys and 3,107 girls) accessed Child Friendly Spaces and were regular participants in recreational activities, group therapy, counselling and referral to other services. At the same time 6,011 adolescent boys and 13,283 adolescent girls were provided with psychosocial support and attended regular sessions of My Space through REPSSI. Caregivers of families in food insecure districts spend time fending for food in various ways such as selling their labour performing menial jobs, gathering and selling firewood, buying and selling vegetables etc, and hence do not have time to participate in activities. Out of a target of 2,000 the project managed to reach 1,616 caregivers. However, through community dialogues caregivers were encouraged to send their children and young adults to project activities.

5. CERF Result Framework	
Project Objective	Critical Child Protection Services are available and accessible for all children and adolescents at risk of child protection violations in four at risk-targeted districts

Output 1	Safe environments are established for the most vulnerable children to report and access critical child protection services			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of adolescent boys and girls in affected areas accessing quality and dedicated community spaces for socialization, play and learning	10,000 children (8,000 girls and 2,000 boys)	20,836 adolescents' boys and girls (8,391 boys and 12,445 girls) under the age of 18.	Implementing partner reports Monthly Dashboards
Indicator 1.2	Number of facilitators in targeted districts equipped with knowledge and skills to facilitate quality socialization, play and learning activities	500 (100 CCWs, 50 child protection actors, 350 community volunteers	749	Implementing partner reports Monthly Dashboards
Indicator 1.3	Number of community spaces supported with recreational supplies	50	48	Implementing partner reports Monthly Dashboards
Indicator 1.4	Number of New Child Friendly Spaces established	8	8	Implementing partner reports Monthly Dashboards
Indicator 1.5	Number of child protection cases identified and followed up with critical child protection services	1,000	8,349 welfare and protection cases of which 68 cases were protection cases of violence against children	Implementing partner reports Monthly Dashboards
Indicator 1.6	Improving the capacity and expertise in community spaces to provide quality child socialization, play and learning activities	REPSSI and Childline	1,025 child protection and allied workforce trained	Implementing partner reports Monthly Dashboards
Explanation of output and indicators variance:		The drought resulted in food insecurity and increased vulnerability of children especially deprivation of access to Education as caregivers prioritized food over school fees, birth certificates and even health care. Most of the children in households affected by food insecurity also did not have birth certificates. Children with disabilities' access to rehabilitation was no longer a priority and cases of neglect increased as children who need care were reportedly left unattended as caregivers went out to fend for the family. Participation of children with disabilities was limited due to distances as well as the social norms around disability related stigma and discrimination. While some children with disabilities were unable to participate in activities and lacked mobility due to lack of assistive devices, a greater number were deliberately left at home by siblings and caregivers whenever there were community activities. This is due to challenges in mobility but also largely the stigma and discrimination related to disability. Whilst this was the case in Binga, Rushinga and Chitungwiza districts the project worked with JF Kapnek Trust, an organization that is programming for children with disabilities, and through home visits some children and adolescents with disabilities were reached.		
Activities	**Description**		**Implemented by**	
Activity 1.1	Setting up child-friendly spaces and provision of quality socialization, play and learning activities		Childline	

Activity 1.2	Training of facilitators of community child friendly spaces	Childline
Activity 1.3	Procurements of equipment and supplies including release of prepositioned supplies	Childline and REPSSI

Output 2	Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women: existing systems to respond to the needs of GBV survivors are improved			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of adolescent girls at risk of sexual violence, pregnant adolescents and young mother at risk of child marriages receiving information, support and referral for protection services.	13,000 children, adolescents and young mothers at risks	13,294	Implementing partner reports Monthly Dashboards
Indicator 2.2	Number of district level structures with trained personnel on prevention of violence against children Child Protection rights, including Sexual and Reproductive Health Rights	16 structures (4 in each of the 4 targeted districts) 1 Social Welfare – Social Services and Child Welfare and Protection Services, 2 Health Centres – Maternal Health Adolescent Sexual and Reproductive Health Nutrition, HIV and 3 Water and Sanitation and 4 ECD	22	Implementing partner reports Monthly Dashboards
Indicator 2.3	Number of community cadres trained in trained in Child Protection and GBV risks assessments, referral pathway including Prevention of Sexual Exploitation and Abuse	470 community cadres (30 social workers, 150 CCWs, 150 health workers community networks and group leaders and facilitators - 50 Mother to Mother (M2M) mentors, 30 Champions of Child Protection (CoCP) facilitators, 30 Peer to Peer (P2P) facilitators and 30, Community Adolescent treatment Supporters (CATS)	749 (9 Social Workers, 107 CCWs, 127 health workers and community networks and group leaders and facilitators, 47 Mother to Mother (M2M) mentors, 243 Champions of Child Protection (CoCP) facilitators, and 30 Community Adolescent Treatment Supporters (CATS)	Implementing partner reports Monthly Dashboards
Explanation of output and indicators variance:		2.2: 6 additional structures were NAC (National Aids Council at district level), Drought Relief Committees, Behaviour Change Facilitators, Victim Friendly Unit Officers, Teachers and Sport, Arts and Recreation Officers. 2.3: More CoCP facilitators than planned were reached due to use of community-based structures such as CCWs and VHWs for community mobilisation resulting in overwhelming response from the community.		

Activities	**Description**	**Implemented by**
Activity 2.1	Facilitate community dialogues on preventing and responding to violence, abuse and exploitation, including GBV during humanitarian response	REPSSI and Childline
Activity 2.2	Training of Child Protection and Social Services workforce, Maternal Health, Nutrition, HIV and WASH in CP and GBV	REPSSI and Childline

	risks assessments and referral for welfare and protection services	
Activity 2.3	Identification and referral of children, adolescents and young mothers from affected communities to child protection and GBV services	Childline and REPSSI

Output 3	Humanitarian interventions including child protection in emergency response integrate PSS			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of children, adolescents, young mothers and caregivers receiving PSS activities	15,000 (13,000 children and adolescents and 2,000 caregivers)	19,818	Implementing partner reports Monthly Dashboards
Indicator 3.2	At least 3 other humanitarian sector interventions are mainstreaming child protection - identifying and linking children, adolescents, young mothers and caregivers to critical child protection services including PSS	3 (CERF Supported Nutrition, WASH, and Food Security and Livelihoods) including Health and HIV humanitarian interventions not supported by CERF	5 Humanitarian Sectors of which 2 were supported under CERF (Nutrition and Food Security and Livelihoods) and 3 sectors not supported by CERF (Health, HIV partners sensitized on mainstreaming Child Protection in Emergency including the Education Sector that is undertaking schoolbased feeding.	Implementing partner reports Monthly Dashboards
Indicator 3.3	Number of humanitarian workers trained in child protection mainstreaming) child protection assessment and referral services	200 humanitarian workers	276 (129 males and 147 females)	Implementing partner reports Monthly Dashboards
Explanation of output and indicators variance:		3.1: REPSSI conducted ToTs for a large number of M2M and CoCP faciltators, who, in turn, reached a higher number of children with PSS interventions. Also, the collaboration with WFP food distribution teams resulted in overwhelming attendance of PSS sessions. 3.2: Partners collaborated and jointly organized meetings, trainings and other activities as they co-existed in the same districts and were working with the same community. Therefore, they targeted the same humanitarian workers for capacity building trainings, same groups for disseminating information and same sectors for mainstreaming CPiE. 3.3: Because partners were trained as trainers more humanitarian workers were reached through cascading trainings		
Activities	**Description**	**Implemented by**		
Activity 3.1	Provision of individual and group counseling sessions, group psychosocial support sessions through peer support and mentorship,	Childline and REPSSI		
Activity 3.2	Child Protection Sector members and implementing partners prepare and present guidelines for mainstreaming CP in accordance with Minimum Standards for Child Protection in Humanitarian Action guidelines,	Child Protection Working Group/Sub Cluster members with UNICEF Leadership.		

Activity 3.3	Sensitization of humanitarian workers on effects of psychosocial distress and how to address the effects through integration of PSS	REPSSI and Childline

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Affected people with the targeted communities participated in child protection needs assessments to determine response interventions. Community based child protection mechanisms (CCWs and CPCs) were also trained and capacitated to participate in most of the project activities such as monitoring the situation for emerging issues, monitoring participation of children from marginalised. CCWs were also capacitated to follow up cases identified through CFS and My Space. Adolescent boys and girls were engaged to conduct peer education and provide peer support to their respective communities. The support groups formed through Models such as Peer to Peer (P2P) during CFS activities, the Mother to Mother (M2M) and My Space leaders, aim at building of capacity also to enable continuity of activities beyond the project life.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Local and national mechanisms were used such as Community Child Workers, Village Health Workers, Teachers, Child Protection Committee who were engaged including project participants in the response. Using CPCs, child protection coordination structures that exist at village, ward and district level, child protection concerns from each community are brought to the structure where they are discussed, resolved or referred to high level. Child protection cases are reported to CCWs who may refer to other allied workers at community level in the national case management system. For example, in case of a health concern, referral is made to Village Health Workers or Community Adolescent Treatment Supporters (CATS) if it is also HIV related for relevant information and support. Child Protection concerns such as violence, abuse exploitation and neglect are reported to the District Social Welfare Office where Case Management Officers then take up the cases in line with National Case Management System.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF monitoring visits also engaged different stakeholders at district and community level to disseminate information to affected people about the organisation, programme delivery, providing feedback as well as checking knowledge on humanitarian principles with regards to protection from PSEA and Prevention of harassment and abuse of Authority.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Child Helpline 116, which is a mechanism for support and referral of children in need of protection services, was used as a feedback/complaint mechanism to report any issues related to the project, including sharing any concerns related to sexual exploitation and abuse (SEA). In addition, partners, through their community awareness on PSEA, provided the community with contact numbers of designated persons in their headquarters for the purpose of reporting and SEA concerns. However, no cases of SEA were reported. Most reports were in the form of feedback regarding service provision which allowed partners to addressed gaps in their service delivery.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

The Zimbabwe Country Office practice on PSEA is a standard inclusion of PSEA Clause as part of each agreement with Implementing Partners CSOs. Partners including government counterparts received training on prevention of SEA. All emergency partners were requested to have all their staff complete the online PSEA course. Each partner submitted to UNICEF its internal procedures to ensure confidential reporting and management of SEA related complaints. Both Childline and REPSSI fully complied with the Zimbabwe Country

Office requirements on PSEA. During the reporting no specific cases of SEA were reported through the established systems. This may mean two things: either indeed there were not cases, thanks to the awareness and sensitization activities conducted, or that community members were not comfortable to use the prevailing channels for reporting cases.
Any other comments (optional): In future a survey may need to be conducted on the community's perception of available reporting mechanisms under the PSEA framework REPSSI and Childline automatically became members of local structures in the four districts of CERF response, e.g. the District Child Protection Committee (DCPC) and the District Civil Protection Units. This is another layer of accountability to affected population as projects are appraised during implementation and additional information is provided by local stakeholders who are members of the DCPC and Civil Protection Units. The DCPC has linkages with communities through Ward CPC and the CPU is an inter-sectorial forum where other sectors can also provide feedback to projects.

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
There was no evaluation carried out or pending this project. The project fell within the scope of Sectoral Annual Reviews for UNICEF in terms of geographic coverage of partners as per the annual workplan for the Protection sector. Key findings from that annual review in relation to the interventions supported by CERF include that Protection Mainstreaming needs to be further strengthened and build the capacity of other sectors understanding of protection issues and concerns. Also the need to leverage the partners and workers of other sectors for improved PSEA incident reporting and survivor support therein. Also, AAP needs to be factored into the response and greater efforts need to be made to include AAP in the humanitarian interventions systematically including for PSEA issues.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

8.5. Project Report 19-RR-CEF-018 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-CEF-018
5. Project Title:	Providing lifesaving nutrition intervention to children living in the affected rural districts of Hurungwe and Mutare and urban areas of Harare and Bulawayo		
6.a Original Start Date:	07/03/2019	**6.b Original End Date:**	06/09/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 3,292,084**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,303,076**
	c. Amount received from CERF:	**US$ 580,584**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 251,012**
	Government Partners	US$ 251,012
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The CERF Rapid Response funds channelled through UNICEF enabled the nutrition sector to provide lifesaving interventions in the 4 most vulnerable rural and urban districts of the country. A total of 21,433 (126% of target) children under five were screened for acute malnutrition and 4,727 (2,689 MAM and 2038 SAM) children diagnosed and treated for moderate and severe acute malnutrition. Extensive mobilisation and integration with vaccination campaigns enabled the project to exceed targets; for example, integrated Village Nutrition Campaigns were conducted across the affected districts to ensure that every child was reached and screened for acute malnutrition and furthermore, in the nationwide Measles Rubella and Vitamin A Supplementation campaign conducted, active screening activities were integrated. Activities were major contributors to surpassing the target for screening. Through the Integrated Village Nutrition days, UNICEF and its partners were able to reach 84,534 (98% of a target of 86,391) mothers and caregivers of children below two years with IYCF-e messages and supplement 37,969 children (80%) with Vitamin A and 30,848 (65%) with Multiple Micronutrient Powders (MNP's) out of a target of 47,200 children aged 6 to 59 months.

Capacity building for the healthcare system for the emergency response was done through training of 941 frontline health workers and 1,518 Village Health Workers (VHWs) on screening and treatment of acute malnutrition, provision of nutrition commodities such as RUTF and MNP's among others. The high frequency reporting necessitated by the emergency context was facilitated through the deployment of the Rapid SMS system, and this enabled timely reporting and response. Implememntation was conducted between 15 March and 6 September 2019.

3. Changes and Amendments

The implementation of some of the emergency response activities was delayed due to government currency policy changes made in June 2019. This delayed the second disbursement of funds to the implementing partner. Activities were however accelerated immediately after disbursements were sent through, and all districts were able to implement all activities within the project timeframe.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	86,391	2,322	2,395	**91,108**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	84,534	2,269	2,458	**89,261**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	**0**	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	No significant discrepancy

5. CERF Result Framework

Project Objective	Improving the nutritional status of 4717 children under the age of five years at risk of mortality from malnutrition through lifesaving nutrition interventions in selected high burden cities and districts affected by drought.

Output 1	Active screening of more than 16,983 (90%) of the children under five in the two cities and two districts is conducted for early identification, referral and treatment of acute malnutrition and to the guide emergency response			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number and proportion of children under-5 from the selected areas screened for	16,983	21,433 (126% of target)	DHIS2

	acute malnutrition in six months of intervention			
Indicator 1.2	Number and proportion of children with acute malnutrition identified and referred to health facilities for treatment of acute malnutrition	4,717	4,727 (100%)	DHIS2

Explanation of output and indicators variance:	For the 2 indicators on active screening and children treated for acute malnutrition targets were reached and surpassed mainly because we took advantage of existing structures within MOHCC allowing us to achieve more.

Activity 1.1	Active screening and referral of children under five in selected cities and districts	Ministry of Health and Child Care
Activity 1.2	Training of Village health workers /community volunteers / lead mothers and fathers on active screening	Ministry of Health and Child Care

Output 2	Provide therapeutic feeding and care for children 6-59 months old with severe acute malnutrition (SAM) to protect their lives and bring them back to healthy growth and development			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number and proportion of children under-5 from the selected areas screened for acute malnutrition in six months of intervention	16,983	21,433 (126% of target)	DHIS2
Indicator 2.2	Number and proportion of children with acute malnutrition identified and referred to health facilities for treatment of acute malnutrition	4,717	4,727 (2,269 boys and 2,458 girls)	DHIS 2
Indicator 2.3	Number and proportion of cities and districts reporting on IMAM monthly	4 (100%)	4	Administrative reports

Explanation of output and indicators variance:	All 3 indicators were reached and surpassed again because we took advantage of existing structures within MOHCC allowing us to achieve more.

Activities	**Description**	**Implemented by**
Activity 2.1	**Procurement/distribution of RUTF and MUAC tapes**	**UNICEF, Ministry of Health and Ch**ild Care, NatPharm
Activity 2.2	Admission and treatment of children with acute malnutrition at health facilities	Ministry of Health and Child Care
Activity 2.3	Training of facility-based health workers on Integrated management of acute malnutrition including doctors working in in-patient program	Ministry of Health and Child Care
Activity 2.4	Mentorship, monitoring and supervision conducted by national, provincial and district nutritionists	Ministry of Health and Child Care

Output 3	Ensure at least 80 % of mothers of children under two received community MIYCF counselling and micronutrient as part of the active case finding and outreach activities			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Proportion of Village health workers providing community level screening for malnutrition and counselling on MIYCF in emergency	>70% (1,062 out of 1,518)	1,450 out of 1,518 trained VHW (96%)	Administrative data

Indicator 3.2	Proportion of caregivers aware of at least 3 keys messages on MIYCF in emergency.	>50% (86,391)	84,53(98%)	Administrative data
Explanation of output and indicators variance:		Targets for the 2 indicators were reached and surpassed, thanks to overwhelming response from the trained VHWs. This is despite the fact that some village health workers were no longer in the system, either from deaths or migration from the district.		
Activities	**Description**	**Implemented by**		
Activity 3.1	Pre and post rapid Communication for Development Assessment conducted	Ministry of Health and Child Care, UNICEF		
Activity 3.2	Community MIYCF training for VHW and care group conducted	Ministry of Health and Child Care		
Activity 3.3	2 rounds of mid and Mass media communication completed	Ministry of Health and Child Care, UNICEF		

Output 4	Effective leadership for nutrition cluster coordination and nutrition information are in place and operational			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Number of Nutrition sector coordination meetings conducted	6	6	Sector Coordination Meeting Minutes
Indicator 4.2	Number of districts submitting monthly reports	4	4	Monthly Reports
Indicator 4.3	Integrated Phase Classification Acute malnutrition produced	1	1	IPC Report
Explanation of output and indicators variance:		No variance		
Activities	**Description**	**Implemented by**		
Activity 4.1	Conduct monthly Nutrition sector emergency coordination meetings at national, provincial, and district levels	UNICEF co-chaired by Ministry of Health and Child Care		
Activity 4.2	Deploy a Rapid Pro (SMS based) emergency information system for monitoring of admissions	Ministry of Health and Child Care with support from UNICEF		
Activity 4.3	Conduct a nutrition smart survey and IPC nutrition analysis to assess needs and facilitate informed action	Ministry of Health and Child Care, with support from UNICEF		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Community leaders were consulted at the inception of the project and community dialogues conducted to provide information about the project and how the services were going to be provided. Affected populations selected the sites in the community where active screening was going to take place and community leaders, working with village health workers mobilised mothers and caregivers for active screening. Mothers and caregivers of children under the age of five years contributed to the implementation of the emergency response through bringing their children to the health facilities, distribution or outreach points to receive services. They further contributed as volunteers or trained village health workers, with active screening, referral and follow up of children with acute malnutrition. Community members also contributed as lead mothers or participants of mother support groups. There is however a lot of room for improvement in community involvement, especially at the planning the design stages of the emergency response.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these? Existing food and nutrition security committees at provincial, district, ward and village levels were instrumental in coordinating the response and setting up care groups for IYCF support. Feedback from the community level was received by the nutrition sector at national level through minutes of coordination meetings and needs and concerns addressed to strengthen the response. Community leaders were sensitised, and they took their usual lead role in community mobilisation to ensure that all beneficiaries were aware of the programme, and that vulnerable and marginalised groups like the disabled were not left out. Some community members were involved as volunteers in delivery of some services to the communities.	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver? UNICEF has field-based officers who were responsible for the selected districts and urban areas during the response. The field staff provided leadership to the sector together with their government counterpart at sub-national level. They were able to sensitise frontline workers, affected populations on UNICEF's mandate in the emergency response, and its values for protecting the vulnerable. In other districts, UNICEF sensitised District Authorities, including the local Food and Nutrition Security Committees and frontline healthcare workers who in turn sensitised the beneficiary communities and provided relevant information.	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐
The sector was not fully capacitated to implement a standard feedback and complaint mechanism at the beginning of the response as highlighted by the Cluster Coordination Performance Monitoring (CCPM) conducted in September 2019. That gap was however quickly recognised and partners in the Nutrition Sector were then sensitised during the Nutrition Cluster Approach Training supported by the Global nutrition Cluster for sector partners which was conducted in October 2019. The training was critical to equip all players to implement a complaint mechanism for the bigger drought emergency the country is currently responding to. In addition, WFP provided suggestion boxes at food distribution points for use as feedback and complaints mechanisms and active screening was conducted at the same points. Beneficiaries therefore had access to feedback/complaints mechanism.	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☒
UNICEF has a standing policy, on handling Sexual Exploitation and Abuse related issues. Individual UNICEF staff as well as UNICEF implementing partners have undergone compulsory training on Prevention of SEA. Specifically, while formal structures or training (including compulsory on-line training) were not done at the onset of the emergency for all sector partners, the Nutrition Sector partners at all levels from National, Provincial and District level were eventually trained by the UNICEF PSEA focal person. Presently the sector is looking at standardising guidance and instituting mechanisms at sector level for managing PSEA issues	
Any other comments (optional): N/A	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned for the CERF funded activities. There was no evaluation carried out or pending this project. The project fell within the scope of Sectoral Annual Reviews for UNICEF in terms of geographic coverage of partners as per the annual workplan for the sector. Key findings from that annual review in relation to the interventions supported by CERF include that Protection Mainstreaming needs to be further strengthened in nutrition sector interventions. UNICEF and partners should continue to leverage convergence with other interventions to optimise coverage of screening and referral activities. In addition, another key finding was that AAP needs to be factored into the response and greater efforts need to be made to include AAP in the humanitarian interventions of UNICEF. Also, the need to leverage the partners for improved PSEA incident reporting and referral for survivor support therein. Furthermore, Emergency Preparedness in drought affected areas also needs remain a priority for UNICEF and other partners in the nutrition and health sector – to ensure there are adequate stocks and preparedness for outreach services.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.6. Project Report 19-RR-CEF-019 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-RR-CEF-019
5. Project Title:	Restoring access to safe water improving hygiene practices in six (6) of the most food insecure and drought affected districts in Zimbabwe.		
6.a Original Start Date:	07/03/2019	**6.b Original End Date:**	06/09/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 4,250,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,493,891**
	c. Amount received from CERF:	**US$ 1,493,891**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 648,843**
	Government Partners	US$ 46.896
	International NGOs	US$ 280.424
	National NGOs	US$ 321.523
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF RR grant, UNICEF and its partners conducted key WASH interventions including: 1) repair and rehabilitation of 360 water points (e.g., boreholes) and two piped water schemes; 2) participatory health and hygiene education at communities and schools after training 261 village health workers; 3) distribution of 15,000 hygiene kits to vulnerable households and schools. The project was implemented in four rural districts of Binga, Mwenezi, Hurungwe, and Gokwe North and two urban areas of Chitungwiza and Epworth.

This project reached a total of 192,587 people (including 4,757 people living with disability). While providing access to safe drinking water and promoting hygiene practices, this project successfully enhanced community participation and ownership of hygiene education activities through community health clubs. Through efficient funding utilization, this project significantly exceeded the target number of beneficiaries to be reached with safe drinking water and key hygiene messages. Water point committees (WPCs) were either established or resuscitated at each repaired water point, resulting in a total of 360 WPCs established. The WPCs received training on community-based management of the water points. The training conducted in July 2019 also included components of hygiene education and nutrition. The community on the other hand, assisted by mobilizing locally available resources. Implementation was conducted between 25 March and 6 September 2019.

3. Changes and Amendments

This project first conducted water point assessment to understand the status and functionality of water points in drought-affected areas. Based on the findings of this assessment, UNICEF and its implementing partners repaired and rehabilitated 360 water points. While some water points required the major rehabilitation work, others were fixed with minor repair work. Consequently, implementing partners were able to repair more water points than what they had originally planned in some areas (e.g., Gokwe North). This created a major discrepancy between the planned and achieved figures on the number of project beneficiaries by water supply interventions. The actual

number of beneficiaries per water point was much higher than the initial estimate of 250 people per water point. This is an indication that the project targeted the most vulnerable population having low access to improved water sources. In addition, more people are relying on borehole water in the targeted urban areas, increasing the number of people served per borehole. The repair approach involved replacing only parts that were worn out in each borehole and reusing those which were re-usable. Consequently, the project was able to surpass its targets of 350 slightly and managed to repair 360 additional boreholes with reusable parts. One implementing partner will distribute hygiene kits to the remaining four schools.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	28,320	30,680	19,680	21,320	**100,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	42,582	64,203	42,316	43,486	**192,587**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	1,099	1,252	1,156	1,250	**4,757**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The actual number of beneficiaries per water point was much higher than the initial estimate of 250 people per water point. In addition, more people are relying on borehole water in the targeted urban areas, increasing the number of people served per borehole. The repair approach involved replacing only parts that were worn out in each borehole and reusing those which were re-usable. Consequently, the project was able to surpass its targets of 350 slightly and managed to repair 360 additional boreholes with reusable parts. (Output 3/Indicator 3.2.) 4 out of 20 targeted schools did not receive a school hygiene kit as targeted. The target was not met due to the introduction of the Statutory Instrument (SI) 142 which made the Zimbabwean Dollar the sole legal tender, in 2019 which resulted in the change in payment modalities for goods and services, affecting suppliers' ability to supply goods and services on time. As such materials came a bit later and the full obligation could

	not be met during the project implementation time. However UNICEF has prepositioned the balance of this stock in the District as contingency stock that can be utilised by the District in case of any emergencies.

5. CERF Result Framework

Project Objective	To improve access to safe water and awareness of key hygiene and sanitation practices among 100,000 people in 6 of the most food insecure districts (Kariba, Mwenezi, Binga, Gokwe North, Chitungwiza and Epworth in Zimbabwe

Output 1	Restore access to sufficient water of appropriate quality and quantity to fulfil basic needs for an estimated 100,000 women, men and children in 6 drought affected districts			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people improving their access to water through rehabilitation of protected water sources which are now functional	100,000	192,587	Implementing partners' weekly report
Indicator 1.2	Number of families with access to household water treatment and storage	15,000	15,000	Implementing partners' weekly report
Explanation of output and indicators variance:				
Activities	**Description**	**Implemented by**		
Activity 1.1	Rehabilitation/ repair of 350 boreholes	Government/IPs/NGOs		
Activity 1.2	Rehabilitation/ repair of 2 piped water schemes[1]	Government/IPs/NGOs, Contractors		
Activity 1.3	Establishment/Resuscitation of water point management committees	Government/IPs/NGOs		
Activity 1.4	Procurement of borehole spares	UNICEF		

Output 2	Improve awareness of safe hygiene and sanitation practices, with a focus on participatory health and hygiene education (PHHE) in communities with high malnutrition rates and schools			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of people receiving critical WASH related information for improved hygiene and sanitation practices	100,000	192,587	Implementing partners' weekly report
Indicator 2.2	Number of school children (boys/girls) receiving critical WASH related information for improved hygiene and sanitation practices	20,000	20,000	Implementing partners' weekly report
Explanation of output and indicators variance:		The over-achievement for 2.1 is attributed to a variety of hygiene promotion methods used, ranging from training of 261 community volunteers who championed door to door campaigns, road show campaigns in public places and establishment of 67 health clubs in communities and in 26 schools. These health clubs cascaded hygiene education within their areas		
Activities	**Description**	**Implemented by**		

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

Activity 2.1	Refresher training of Village Health Workers (VHWs) and Community Health Workers (CHWs) supporting dissemination of critical lifesaving WASH messages / hygiene practices	Government/IPs/NGOs
Activity 2.2	Resuscitation/ establishment of community health clubs	Government/IPs/NGOs
Activity 2.3	Resuscitation/ establishment of community health clubs	Government/IPs/NGOs

Output 3	Provide access to critical WASH hygiene kits to 15,000 families, with a focus on the most vulnerable families and schools in the targeted areas			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of families receiving a WASH Hygiene kit	15,000	15,000	Implementing partners' weekly report
Indicator 3.2	Number of schools receiving a school hygiene kit	20	16	Implementing partners' weekly report
Explanation of output and indicators variance:		The target was not met due to the introduction of the SI 142 of 2019 which resulted in the change in payment modalities for goods and services, affecting suppliers' ability to supply goods and services on time. As such materials came a bit later and the full obligation could not be met during the project implementation time. However UNICEF has prepositioned the balance of this stock in the District as contingency stock that can be utilised by the District in case of any emergencies		
Activities	**Description**	**Implemented by**		
Activity 3.1	Distribution of WASH Hygiene kits in vulnerable communities and schools	Government/IPs/NGOs		
Activity 3.2	Procurement of WASH hygiene kits	UNICEF		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Village Water and Sanitation Sub Committees and local leadership with support from the Ward Water and Sanitation Sub Committees (WWSSCs)/District Water and Sanitation Sub Committees (DWSSCs) facilitated the selection of beneficiaries by the community. Actual beneficiary categorisation and selection was done by the respective communities. Beneficiary selection criteria was based on the level of vulnerability. Households would be selected from communities with high levels of malnutrition, moderate/severe acute malnutrition, HIV affected households, the poor and labour constrained category, and accessing water from unprotected sources. The project beneficiaries benefited from a full WASH Hygiene kit comprising of soap for hand washing purposes, *household* water treatment tablets, 20L bucket, 20L jerry can and Information, Education and Communication materials.
Joint monitoring visits (JMV) by a team of government, UNICEF, and implementing partners were conducted in the project sites. JMV team reached out to key informants (e.g., village heads, village health workers) through community-level structures to gain perspectives from project beneficiaries during the implementation period. Post distribution monitoring was also conducted targeting the beneficiaries who received WASH hygiene kits to share their complaints and feedback

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

WASH activities were coordinated using the existing coordination structures at national (National Coordination Unit) and subnational levels (DWSSC, Provincial Water and Sanitation Sub-Committee, PWSSC). These cover all key government departments related to the WASH sector at the various levels and NGO representation at national and sub-national levels. Coordination with other WASH partners around the WASH Sector Coordination and Information Forum and its Emergency Strategic Advisory Group ensured activities were implemented within the framework of the WASH sector strategy. The selection of the boreholes and piped water schemes was done through DWSSCs, in consultation with the communities, and also based on administrative data from the Rural WASH Information Management System. Prioritization and final identification were based on the risk of the community (i.e. availability of alternative water sources, communities presenting higher level of multi-deprivations, higher number of potential beneficiaries). The implementation strategy for piped water schemes included the use of solar-based systems as a source of power to minimize the running costs related to the use of fossil fuel after discussions with the community and beneficiaries. The piped water schemes were installed by a private contractor with facilitation from the implementing partner. The communities provided labour for plumping, connection of fittings and construction of headworks as part of community capacity building.

Communities established water point committees to manage the operation and maintenance of their water sources as the owners. The water point committees included both men and women of marginalized communities in drought-affected areas. This project also utilized the existing local mechanisms for community engagement. More specifically, Village Water and Sanitation Sub Committees and local leadership with support from WWSSCs and DWSSCs facilitated the selection of beneficiaries by the community for WASH hygiene kits. Actual beneficiary categorisation and selection was conducted by the respective communities.

Adequate involvement and support for women and other disadvantaged groups were promoted by gathering information from both women and men in the drought-affected communities. Women's participation was facilitated with community consultative meetings and training of female volunteers as village health workers for hygiene promotion activities.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF and partners conducted project sensitization and inception meetings at all levels. The program was introduced at national level which cascaded to provincial and district structures through the provincial/district water and sanitation sub committees (PWSSCs/DWSSCs). The DWSSCs and implementing partners then conducted ward level sensitization of the project, organising communities and community leaders to prioritize interventions in their wards. In addition, project entitlements were highlighted to WASH hygiene kit distribution.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Feedback/ complaints mechanism were set up at each WASH hygiene kit distribution point and no complaints were received during the process. Post-distribution monitoring also served as a key opportunity for affected people to share any complaints regarding the usability and acceptability of hygiene kits and other response activities through UNICEF's implementing partners. In addition, post distribution monitoring of hygiene kit was conducted in all districts. The post-distribution monitoring highlighted that WASH hygiene kit items were generally accepted by users and were used for the intended purpose. As this was a short project with limited staff availability, a specific hotline was not established.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

While UNICEF and its implementing partners were available and reachable for reporting SEA complaints, a specific mechanism for SEA was not developed under this project. This could be an area for future improvement. However, UNICEF trained implementing partners of prevention of SEA.

Any other comments (optional):

N/A

7. Cash Transfer Programming	
7.a Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No, there was no evaluation carried out or pending this project. The project fell within the scope of Sectoral Annual Reviews for UNICEF in terms of geographic coverage of partners as per the annual workplan for the WASH sector. Key findings from that annual review in relation to the interventions supported by CERF include that Protection Mainstreaming needs to be further strengthened in WASH sector interventions including for PSEA. In addition, another key finding was that AAP needs to be factored into the response and greater efforts need to be made to include AAP in the humanitarian interventions of UNICEF. Also, the need to leverage the partners for improved PSEA incident reporting and referral to protection sector supported services for survivor support therein. Furthermore, Emergency Preparedness in drought affected areas also needs remain a priority for UNICEF and other partners in the WASH sector – to ensure there are adequate stocks and community outreach.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.7. Project Report 19-RR-WFP-014 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Food Security - Food Assistance	**4. Project Code (CERF):**	19-RR-WFP-014
5. Project Title:	Lean Season Assistance (LSA): Cash and/or food transfers to the most vulnerable households affected by seasonal food shortages.		
6.a Original Start Date:	01/03/2019	**6.b Original End Date:**	31/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	07/09/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 160,000,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 93,889,993**
	c. Amount received from CERF:	**US$ 4,900,936**
	d. Total CERF funds forwarded to implementing partners	**US$ 210,980**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 107,767
	National NGOs	US$ 103,213
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

In 2018/19, on the backdrop of political instability, economic transition, high inflation, Cyclone Idai and the outbreak of fall armyworm, Zimbabwe experienced the worst drought the country has seen in the last 4 decades. During this time, the Lean Season Assistance (LSA) programme provided unconditional food assistance to the most vulnerable in identifying districts with the highest/worst phase classification. In the targeted districts, the people assisted were identified through community-based targeting.

Overall, with the CERF Rapid Response funds, WFP initially planned to assist 140,870 people but 157,417 were reached due to the use of ZWL to transfer assistance.Traditionally lean season ends in April, however due to a delayed start of the agricultural season as well as a mid-season drought that was experienced it was extended until June 2019. Through the support from CERF, WFP assisted 157,417 people in Gokwe North, Mudzi, Mwenezi and Rushinga districts with a cash transfer ration valued at US$ 9 per person per month (availed in local currency, ZWL) from May to June 2019.

3. Changes and Amendments

In the proposal stage, the districts to receive assistance were altered from the initial 6 to 4: Gokwe North, Mudzi, Rushinga and Mwenezi (also communicated in interim report). This was done to enable WFP to focus the CERF contribution on the most food insecure districts, with a higher concentration of people in need.

WFP was unable to procure the necessary in-kind food in time for implementation, due to the below average harvest in the region, and the low availability of particularly grain on the regional market. As a result and based on the findings of the bi-weekly market monitoring, WFP has provided all assistance enabled by CERF through cash at a rate of US$ 9 per person per month for the months of April, May and June in Gokwe North, and for May and June in the remaining three districts.
In June 2019, the Government of Zimbabwe issued Statutory Instrument (SI) 142 which made the Zimbabwean Dollar the sole legal tender. This delayed June 2019 distributions, as US$ – which had been the preferred modality of transfer – could no longer been

distributed to beneficiaries for food assistance. Therefore, WFP had to liaise with stakeholders to ensure cash-based transfers adhered to GoZ's laws and coordinate to provide cash-based food assistance through Bond Notes.
The impact of the SI resulted in difficulties receiving the physical currency provided by the Cash-In-Transit Service Provider, Securico. Therefore, the project was extended to 31 August 2019, and June distributions were delayed starting in July and spilling into August. Distributions in Rushinga were not affected by this because they were scheduled prior to the issue of SI 142. The other CIT districts, Gokwe North, Mwenezi and Mudzi received delayed distributions which extended into August.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Food Assistance				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	34,050	33,809	33,668	39,344	**140,870**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Food Assistance				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	37,937	44,077	37,780	37,623	**157,417**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Since implementation was reduced from 6 districts to 4 and because the assistance was switched to full cash-based transfers using Bond Notes, more beneficiaries were reached. The ration size/basket value in terms of Zimbabwe Dollars (ZWL)/Bond notes was then determined by the VAM Unit. It was pegged at ZWL60 per person per month. The amount of US$ was calculated using the prevailing UN exchange rate then of 1US$=ZWL8.70UN

5. CERF Result Framework

Project Objective	To save lives and sustain livelihoods of the most vulnerable households affected by seasonal food shortages

Output 1	Food Assistance provided in sufficient quantities and in a timely manner to the most food insecure people in 6 priority districts			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people assisted	140,870	157,417	June Food Release Note
Indicator 1.2	% of food insecure households in targeted districts reached with food assistance transfers (and # of food insecure individuals)	70%	78%	N/A
Indicator 1.3	Amount of cash distributed to people assisted (US$)	3,072,276	3,469,970.47	WINGS
Indicator 1.4	% of the daily kcal requirements of the people assisted enabled by the monthly transfer	63%	62%	N/A
Indicator 1.5	Quantity of food distributed	792.15MT	0	N/A

Explanation of output and indicators variance:	70% (140,870) of the food insecure households were initially targeted for assistance in Gokwe North, Mudzi, Mwenezi and Rushinga districts but, because of the exchange rate that was used for bond notes, 78% (157,417) ended up being reached as more bond notes became available. The daily kcal requirement of 62% was reached by the value of the basket given to each person assisted. No food was distributed as only cash was given to the people assisted.

Activities	**Description**	**Implemented by**
Activity 1.1	Food procurement and transportation	N/A
Activity 1.2	Finalization and adjustments of FLA	Gokwe North – World Vision International Mudzi – World Vision International Mwenezi - MDTC Rushinga - CTDO
Activity 1.3	Cash distribution	Gokwe North – World Vision International Mudzi – World Vision International Mwenezi - MDTC Rushinga - CTDO
Activity 1.4	Food distribution	N/A

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Targeting of areas and people were done using multi-stakeholder support. Geographic targeting was done through multi-stakeholder livelihoods assessment and coordination meetings. These enabled targeting at national down to sub-district level. The people assisted were selected through a community-based targeting approach led by the people to be assisted with support from the Government, local leadership, cooperating partners and WFP guided by WFP humanitarian principles of humanity, neutrality and impartiality. Every stage of the process, right up to and including actual distribution, was monitored by WFP and cooperating partners to ensure that assistance only reached those entitled to it. In addition to providing information, WFP was committed to soliciting feedback so that recipients' views could be incorporated in the planning and design of programmes and subsequent adjustments.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

WFP coordinated with Government Stakeholders at the national, provincial and district level to have a clear framework of programme implementation in order to avoid overlaps and ensure the most food insecure were reached. Through the Ministry of Social Welfare, and in coordination with the Provincial Administrator's (PA's) and District Administrator's (DA's) office, the Government was distributing food in most of the districts that WFP was targeting. Coordination was done with WFP and partners to ensure that there are no cases of double dipping.

At field office level, WFP coordinated with partners in the form of monthly cooperating partners meetings, where the partners gave updates on implementation and any challenges that they were facing. WFP would also take the opportunity to give updates to partners on any new developments and anticipated challenges.

At the ward level WFP and its Cooperating Partners (CPs) coordinated with community members and the local leadership. The local leadership sat together with WFP and the CP at the Help Desk to receive and resolve complaints from the aggrieved community members. The community members were involved in the selection of beneficiaries through participating in a community-based targeting process which includes identifying the food insecurity indicators and using the agreed criteria to identify the deserving cases with the process being facilitated by the CP. In addition, a Final Distribution Point (FDP) Committee comprising of food recipient members selected by the beneficiary households was set up at each distribution point to assist the CP with organization of the distribution process, attending to such issues as crowd control and stacking of commodities. The Community based targeting process ensured that all households in the village were identified and that no marginalized groups are left out. On each distribution day, the CPs gave a pre-distribution address to the community members to highlight the humanitarian principles, the ration per household as well as protection issues.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WFP helped organise advocacy and sensitisation events to establish minimum standards of accountability for all those involved in the drought response, including village leaders, district and province authorities, government counterparts, NGOs and UN and development partners. WFP's relationships with government counterparts at the district, provincial, and national levels reinforced accountability to local populations, with appropriate measures in place to ensure that food distributions reached the most vulnerable populations as intended and on time.

WFP utilized the pre-distribution address to provide programming information to the people it assisted prior to programme implementation. WFP works to ensure the protection of people and communities through the safe provision of dignifying assistance and the empowerment of women and children. Communities were advised the WFP activities were guided by humanitarian principles of humanity, neutrality and impartiality. WFP strives to maintain the highest standards of accountability and to ensure the best possible service delivery to people assisted.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

Yes, WFP ensured the availability of feedback mechanisms in line with corporate requirements. Such mechanisms – which included a toll-free hotline, helpdesks and suggestion boxes – allowed people to highlight concerns, including protection issues. WFP through a third-party company managed feedback mechanism with support from cooperating partners. With cooperating partners and Deloitte Advisory Services, WFP implemented feedback mechanisms that included a toll-free hotline, and help desks and suggestion boxes in all sites, in order to ensure that each inquiry or complaint was documented followed through to its resolution. These mechanisms not only provided multiple platforms to address recipient's inquiries and concerns, but also helped shape WFP programmes.

All WFP operational areas were provided with posters detailing where feedback and complaints could be channelled. Feedback was provided to individuals and communities through a variety of means including in person, on the phone or through pre-distribution addresses, depending on the nature and sensitivity of the issue and whether the complainant can be identified or is anonymous. The helpdesks were set up at registration and distribution sites. Community sensitization meetings, banners, SCOPE cards and other signage flag the availability of the hotline, which was established in 2016.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐
WFP has a zero-tolerance policy for all forms of sexual exploitation and sexual abuse (SEA) from its staff partners and stakeholders. In a bid to ensure that is adhered to, WFP conducted trainings for staff, service providers and cooperating partners to ensure that this policy translated into practice across all operations and interactions with affected populations. All WFP employees have a duty to report any concerns or reasonable suspicions regarding SEA. This duty applies whether the concerns or suspicions relate to WFP or any other personnel associated with WFP/humanitarian assistance. Concerns or suspicions of SEA can be reported through the CO PSEA focal point or directly to the Office of Inspections and Investigations at WFP headquarters. WFP also has a tollfree hotline through which assisted communities can report any issues of concern including SEA complaints. Concerns can also be channelled through helpdesks, suggestion boxes and other complaints mechanisms.	
Any other comments (optional): N/A	

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
Yes, CTP is a component of the CERF project	Yes, CTP is the sole intervention in the CERF project

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Cash for food	US$ 3,469,970.47	Multi-purpose cash	Food Security - Food Assistance	Unconditional	Unrestricted

Supplementary information (optional):

N/A

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

Evaluation was not planned within the project period. The Zimbabwe CSP Evaluation is scheduled for quarter 3 of 2020.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

8.8. Project Report 19-RR-WHO-011 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-011
5. Project Title:	Strengthening Emergency Health Response to Drought Affected Districts		
6.a Original Start Date:	13/03/2019	**6.b Original End Date:**	12/09/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 636,324**
	b. Total funding received for agency's sector response to current emergency:	**US$ 610,194**
	c. Amount received from CERF:	**US$ 610,194**
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, the WHO project reached 93,069 targeted people in communities, including 18,242 men, 18,986 women and 55,841 children, through the strengthening of surveillance and detection of measles, diarrhoea and pneumonia including strengthening laboratory capacity, and through the capacity building on case management of diarrhea and pneumonia in affected districts. WHO trained 116 health workers on surveillance of drought induced conditions in the priority districts. In addition to the above MOHCC in partnership with WHO also trained 120 health workers on case management of pneumonia, measles and diarrhoea. To improve detection of priority pathogens, MOHCC- National Microbiology Reference Laboratory in partnership with WHO also trained 37 laboratory scientists on detection of priority pathogens. Further, the laboratory capacity was assessed and provided with laboratory reagents. These interventions were carried out between March and August 2019.

3. Changes and Amendments

There were no changes, deviations or amendments in the WHO CERF drought project from the original proposal or project plan.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**

Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	18,242	18,986	27,362	28,479	**93,069**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	18,242	18,986	27,362	28,479	**93,069**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework

Project Objective	Contribute to the reduction of mortalities and morbidities related to drought and disease outbreaks in drought affected areas of Zimbabwe through the provision of life-saving and emergency basic health services and interventions

Output 1	Strengthening surveillance and detection of measles, diarrhoea and pneumonia including strengthening laboratory capacity			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of health workers trained in surveillance of measles, diarrhoea and pneumonia	120 health workers from 60 health centres in the priority affected districts	116 participants were trained	Integrated Disease Surveillance and Response (IDSR) training report
Indicator 1.2	Number of laboratories supported with capacity building, reagents and equipment	5 laboratories in the priority districts	5 laboratories were supported	Assessment reports.
Explanation of output and indicators variance:			No variance	
Activities	**Description**		**Implemented by**	
Activity 1.1	Training of health workers in the 5 priority districts		WHO/Ministry of Health and Child Care (MOHCC)	

Activity 1.2	Procurement and distribution of laboratory reagents and laboratory equipment	WHO/ MOHCC- National Microbiology Reference laboratory
Activity 1.3	Supportive visits and assessment of laboratories in the priority districts	WHO/ MOHCC- National Microbiology Reference laboratory
Activity 1.4	Training of laboratory staff in detecting measles, diarrhea and other priority conditions	WHO/ MOHCC- National Microbiology Reference laboratory

Output 2	Capacity building on case management of diarrhea and pneumonia in affected districts			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of health workers trained in surveillance of measles, diarrhoea and pneumonia	120 health workers from 60 health centres in the priority affected districts	120 health Workers were trained	Case Management training reports
Indicator 2.2	Number of laboratories supported with capacity building, reagents and equipment	5 laboratories in the priority districts	5 laboratories were supported	- National Microbiology Reference Laboratory (NMRL) Data
Explanation of output and indicators variance:		No variance		
Activities	**Description**	**Implemented by**		
Activity 2.1	Training of health workers on case management	WHO/ MOHCC -Epidemiology and Disease Control (EDC)		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

In the implementation of drought response activities WHO strengthened the community to improve participation of affected population in emergency health response through consultations during program design in order to come up with appropriate responses. Health workers were also oriented on disease prevention and control as well as malaria, diarrhoea and acute malnutrition case management as well as community engagement methodologies. The communities were also consulted during project monitoring phases in order to gauge the level of satisfaction with the initiatives.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

As part of fostering sustainable partnerships with the local communities WHO and MOHCC worked collaboratively with the traditional leadership and village health workers in the dissemination of health messages as well as community dialogues. Focus group discussions with women and girls were also held during the project period to capture needs of marginalised groups.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WHO has a values charter as well as code of conduct which guides staff conduct and also enhances professionalism. During the meetings with Health workers and communities, WHO staff discussed these values and the expected professional conduct including organisational mechanisms to address sexual exploitation and abuse.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

During the implementation of the drought response project, WHO had an informal complaints mechanism where complaints on quality of service rendered by the health facilities were received from Health Centre Committees and appropriate actions were taken.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

WHO has a policy on Sexual Exploitation and Abuse and there is mandatory training for all WHO staff. During community engagement sessions WHO staff engaged the communities on PSEA. The other key messages were that WHO does not tolerate sexual exploitation and will create a conducive environment for women and girls. In meetings with health partners and Ministry of Health Staff WHO also continued to create awareness on PSEA. WHO has a mechanism to report SEA. However, no report was received during the implementation of the project.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	**Achieved**
No	No

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

No evaluation was planned during the project design and no funds were allocated to the exercise but there are plans to include this critical component in the next CERF initiatives.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
19-RR-FPA-007	GBV	UNFPA	NNGO	$6,757
19-RR-WFP-014	Food Assistance	WFP	INGO	$107,767
19-RR-WFP-014	Food Assistance	WFP	NNGO	$74,839
19-RR-WFP-014	Food Assistance	WFP	NNGO	$28,374
19-RR-CEF-016	Health	UNICEF	GOV	$47,500
19-RR-CEF-017	Child Protection	UNICEF	INGO	$171,485
19-RR-CEF-017	Child Protection	UNICEF	NNGO	$86,430
19-RR-CEF-018	Nutrition	UNICEF	GOV	$251,012
19-RR-CEF-019	Water, Sanitation and Hygiene	UNICEF	GOV	$46,896
19-RR-CEF-019	Water, Sanitation and Hygiene	UNICEF	INGO	$280,424
19-RR-CEF-019	Water, Sanitation and Hygiene	UNICEF	NNGO	$117,580
19-RR-CEF-019	Water, Sanitation and Hygiene	UNICEF	NNGO	$203,943

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AAR	After Action Review
ADA	Agriculture Development Association
CATS	Community Adolescent Treatment Supporters
CCW	Community Childcare Worker
CCPM	Cluster Coordination performance Monitoring
CC	Christian Care
CERF - RR	Central Emergency Fund – Rapid Response
CFS	Child Friendly Space
CiT	Cash-in-Transit
CoCP	Champion of Child Protection
CO	Country Office
CPC	Child Protection Committee
CPiE	Child Protection in Emergency
CP	Cooperating Partner
CSO	Civil Society Organisation
CTDO	Community Technology Development Organization
CTP	Cash Transfer Program
DA	District Administrator
DCPC	District Child protection Committee
DHIS2	District Health Information System
DWSSC	District Water and Sanitation Sub-Committee
EDC	Epidemiology and Disease Control
FAO	Food and Agriculture Organization
FDP	Final Distribution Point
FGD	Family Group Discussion
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCT	Humanitarian Country Team
HIMS	Health Information Management System
HIV	Human Immunodeficiency Virus
ICCW	Inter-Cluster Coordination Group
IDPs	Internally Displaced Persons
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
INGO	International Non-Governmental Organization
IPC	Integrated Phase Classification
IP	Implementing Partners
IYCF-e	Infant and Young Child Feeding in Emergencies
JMV	Joint Monitoring Visit
KM	Kilometer
LSA	Lean Season Assistance
MAM	Moderate Acute Malnutrition
MDTC	Mwenezi Development Training Centre
MIYCF	Maternal, Infant, Young Child Feeding Practices
MMT	Mvuramanzi Trust

MNP	Micronutrient Powders
MOHCC	Ministry of Health and Child Care
MOWACSMED	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
MT	Metric Ton
NAC	National Aids Council
NATPHARM	National Pharmcaetical Company
NCU	National Coordination Unit for WASH
NGO	Non-Governmental Organization
NHIS	National Health Information System
NMRL	National Microbiology Reference Laboratory
OCHA	Office for the Coordination of Humanitarian Affairs
P2P	Peer to Peer
PA	Provincial Administrator
PEP	Post-Exposure Prophylaxis
PHHE	Participatory Health and Hygiene Education
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psycho-Social Services
PWSSC	Provincial Water and Sanitation Sub-Committee
RCO	Resident Coordinator's Office
RC	Resident Coordinator
REPSSI	Regional Psycho-Social Support Iniative
RH	Reproductive Health
RUTF	Ready to Use Therapeutic Feed
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SI	Statutory Instrument
SMS	Short Message Service
SO	Strategic Objective
ToT	Training of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN	United Nations
US	United States
VHW	Village Health Workers
VMAHS	Vital Medicines Availability and Health Services
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHH	Welthungerhilfe
WHO	World Health Organization
WINGS	WFP Information Network and Global System
WPC	Water Point Committee
WVI	World Vision International
WWSSC	Ward Water and Sanitation Sub-Committee
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZWL	Zimbabwe Dollar