RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

ZIMBABWE

RAPID RESPONSE

Cyclone Idai

2019

19-RR-ZWE-35840

RESIDENT/HUMANITARIAN COORDINATOR	**BISHOW PARAJULI**

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	Yes ☐ No ☒
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, 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 agencies who received CERF allocation for Cyclone IDAI response in Zimbabwe. The following agencies were provided the draft report for review and confirmation; IOM, UNHCR, WFP, WHO, UNICEF and UNFPA.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

Following the impact of Cyclone IDAI on March 2019 resulting death and displacement in Eastern Zimbabwe, the Humanitarian Country Team agreed on revising the flash appeal and requesting emergency funding through the CERF Rapid Response window. The CERF grant was requested to provide life-saving interventions to provide timely response in: Nutrition, WASH, health, protection, and Logistics for US$4.05 million. Through CERF Grant more than 386,000 people were reached in Chimanimani, Chipinge, Buhera, Mutasa, Makoni, Mutare, Masvingo, Bikita and Gutu district in Manicaland, Masvingo and Buhera provinces of Zimbabwe. The timely allocation of CERF funding facilitated the recipient agencies and their partners to immediately support the scale-up of the response to: provide nutritional screening and severe acute malnutrition (SAM) treatment with life-saving therapeutic foods, strengthened disease surveillance and emergency health response in Chipinge and Chimanimani districts. CERF allocation also supported social mobilization for the Oral Cholera Vaccination and Integrated Measles Rubella Catch-up campaigns, support provided to mobile clinics and health teams, including provision of emergency health kits (IEHK) and cholera kits and other operational support, Emergency water, sanitation and hygiene response, including the provision of emergency water supply, latrines, and hygiene materials. Using CERF allocation, it was able to provide with life-saving protection assistance for children and women. During the first two months after the disaster, road access was very limited and through CERF allocation it was able to air-lift 89.7MT of humanitarian aid to provide life-saving assistance to inaccessible districts.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**59,992,058**
FUNDING RECEIVED BY SOURCE	
CERF	4,055,106
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	30,267,227
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**34,322,333**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	19-RR-IOM-018	Camp Coordination / Management - Camp Coordination and Camp Management	202,901
IOM	19-RR-IOM-019	Emergency Shelter and NFI - Shelter and Non-Food Items	747,170
UNFPA	19-RR-FPA-027	Protection - Sexual and/or Gender-Based Violence	265,039
UNFPA	19-RR-FPA-028	Health - Health	258,610
UNHCR	19-RR-HCR-020	Emergency Shelter and NFI - Shelter and Non-Food Items	250,020
UNICEF	19-RR-CEF-066	Nutrition - Nutrition	204,025
UNICEF	19-RR-CEF-067	Protection - Child Protection	267,496
UNICEF	19-RR-CEF-068	Health - Health	264,729

UNICEF	19-RR-CEF-069	Water Sanitation Hygiene - Water, Sanitation and Hygiene	800,381
WFP	19-RR-WFP-041	Logistics - Common Logistics	498,009
WHO	19-RR-WHO-033	Health - Health	296,726
TOTAL			**4,055,106**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**2,631,253**
Funds transferred to Government partners*	247,808
Funds transferred to International NGOs partners*	862,249
Funds transferred to National NGOs partners*	313,796
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**1,423,853**
TOTAL	**4,055,106**

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

2. HUMANITARIAN CONTEXT AND NEEDS

On 15 and 16 March 2019, the eastern part of Zimbabwe was hit by the Cyclone Idai, category IV with heavy rains and strong winds caused flash floods and landslides. According to the government report, the cyclone affected more than 270,000 population with 181 decided and 330 missing, more than 10,000 houses were destroyed, and 55,000 populations were displaced. Chimanimani and Chipinge districts in Manicaland Province were the hardest-hit districts. The cyclone hit across all districts in Manicaland and parts of Masvingo and Mashonaland in Eastern provinces of Zimbabwe.

There has been significant damage to crops, livestock and particularly infrastructure including roads, bridges, water installations, power and communication and many homes, schools and community structures have been damaged. During the cyclone more than 15,000 displaced individuals were living in spontaneous settlements, in public buildings (schools, and Government buildings), in transit camps and with host families in several districts. Road and other basic Infrastructure had sustained significant damage. According to the government report, more than 95% road networks in the affected areas have been damaged. In addition, some 48 schools, 18 water points and 10 bridges have been damaged partially or destroyed totally. A total of 54 schools across Chimanimani, Chipinge and Mutare totally or partially destroyed during the cyclone. According the inter-agency assessment report, more than 4,700 hectares of crops land damaged by flash flood and wind, the situation further impacted availability and price of food. Prior to the cyclone, the food security situation in Manicaland and part of Masvingo provinces was already serious – all districts had been classified as being in IPC 3 and the district of Buhera in IPC 4. Damage to crops, food stocks and livestock is widespread especially in the most affected areas. Further, the cyclone hit the provinces during harvesting season where households were ready to harvest crop from the previous cropping season. The communities impacted by the cyclone are heavily dependent on subsistent agriculture production. Households in hardest hit villages lost all their farming and livestock assets, together with their homesteads and stored food. Most markets were not fully functional due to destruction of road infrastructure and mobile network, this led to price increases and scarcity of food in markets.

Due to the disaster, number of social basic services were disrupted including access to health care, water and education due to partial or destruction of infrastructures. Therefore, the priority interventions were to provide life-saving assistance and re-establish the social basic services to assist the most vulnerable people affected by cyclone Idai. Based on inter-agency assessment report and consultative meetings with the government, the HCT decided to apply for CERF to ensure timely assistance to the population affected by the cyclone. The Cyclone comes during a particularly challenging time for the country

which is emerging from a drought and is grappling with economic challenges that have exacerbated humanitarian conditions across the country.

3. PRIORITIZATION PROCESS

On 18th March 2019, two days after the landfall of cyclone Idai, a rapid inter-agency assessment team conducted assessment in cyclone affected districts. The assessment confirmed that the cyclone has caused widespread damage to house, infrastructure and agricultural land. The main purpose of the Inter-Agency rapid assessment was to ascertain the scale and scope of the flooding situation focusing on key areas/sectors namely shelter and non-food items, Health and nutrition, Food security, WASH, Environment, Education, Protection and Early Recovery, its impact on individuals, communities, institutions and refugees.

Based on the assessment result, the HCT under the leadership of the HC decided to prioritise WASH, Health, Nutrition, NFIs and Shelter interventions. The sectors were prioritized based on the most critical needs of affected population in the initial phase of the response. In addition, the number of people whose houses were destroyed either partially or completely need to be supported with temporary shelters. The risk for children and women to be exposed to various protection issues was assessed to be very high. Concurrently logistic and coordination of camp management activities were considered critical enablers to facilitate the response. The activities that were included in the CERF represented the most urgent needs of the affected population.

The geographical focus for CERF allocation was based on the assessment findings which was in line with the government's priority districts. Following the assessment result, the agencies prioritized eight districts Chimanimani, Chipinge, Buhera, Mutasa, Makoni, Mutare, Masvingo, Bikita and Gutu district in Manicaland, Masvingo and Buhera provinces for the CERF projects. The clusters prioritised the activities for the CERF project based on the results of the rapid needs assessment conducted on 18th March 2019 and respective priorities defined by the Government authorities. To strategize the response, Zimbabwe Flash Appeal has been revised in support of the Government-led response to Tropical Cyclone Idai and the drought that preceded it. The appeal incorporates the needs of an estimated 270,000 people affected by Cyclone Idai who were requiring urgent humanitarian assistance in at least seven districts. This is in addition to the targeted 2.2 million of the most vulnerable people in Zimbabwe who have been severely impacted by rising levels of food insecurity, the economic crisis and disease outbreaks. While the severity of needs has increased in the districts affected by the cyclone, the geographical scope of the revised flash appeal has included all cyclone affected districts in addition to drought affected 89 hardest-hit districts, which were prioritized for the food insecurity element of the original appeal. The revision of Flash Appeal is intentionally time-bound, to provide immediate lifesaving assistance to the people in humanitarian need directly impacted by the cyclone. Action during this period is critical to save lives and livelihoods. The key strategic objectives were: 1) Save lives and livelihoods by providing integrated humanitarian assistance and protection to people impacted by the cyclone IDAI and by the economic crisis and severe food insecurity. 2) Provide life-saving humanitarian health assistance by responding to outbreaks and procuring essential medicines 3) Strengthen the resilience of the most vulnerable communities to mitigate against the impact of the deteriorating economic situation.

4. CERF RESULTS

CERF allocated US$ 4.5M from rapid response window to provide life-saving assistance for Cyclone Idai affected population in the seven districts of Zimbabwe. HC/RC in consultation with HCT, decided to prioritize life-saving assistance for more than 270,000 cyclone Idai affected population through Health, wash, nutrition, protection, CCCM, Emergency shelter and NFI, and logistics interventions. The summary of CERF projects result is summarized below;

Nutrition: UNICEF and its partners provided nutritional screening for 46,823 (110%) children under five through community mobilisation efforts during vaccination campaigns and food distribution. A total of 1,743 (40%) children with severe acute malnutrition (SAM) were referred and treated with life-saving therapeutic foods. The number of children with SAM was reduced due to early identification and effective preventive interventions. All 317 (181%) of the targeted 175 village health workers in the cyclone affected districts, were trained on active screening for early identification, referral and community follow-up of children with acute malnutrition. To support appropriate infant feeding, protect breastfeeding and prevent mortality resulting from

inappropriate distribution of infant formula; Government and UN partners released a joint statement on the distribution of breastmilk substitutes and set up a system to monitor all formula and food donation. Trained VHWs reached 21,463 (101%) mothers and caregivers of children under the age of two years with IYCF-e messages and support.

Child Protection: Through CERF allocation it was able to provide critical child protection services to 24,265 children (14,857 girls and 9,408 boys). Of this figure, 554 (280 boys and 274 girls) out of the planned 300 separated and unaccompanied children received support for family tracing reunification forester care and placements in alternative care. The project reached a total of 12,635 children with awareness activities. A total of 2,334 adolescent girls at risk of sexual violence, pregnant adolescents and young mothers at risk of child marriage and sexual violence benefitted from information, support and referral for protection services. The project provided critical rehabilitation services to 448 children with disabilities (274 boys and 174 girls). At total of 2,692 children (1,298 boys and 1,394 girls) were reached with psychosocial support through child friendly spaces. An additional 5,174 children (1.341 boys and 3,833 girls) benefitted from systemic psychosocial support and psychological first aid (PFA) activities. The project trained 124 foster parents (35 males and 89 females), and reached 5,877caregivers with positive parenting sessions.

Health: Health partners strengthened disease surveillance in the 73 health facilities through training of 80 health workers in Integrated Disease Surveillance and Response in Chipinge and Chimanimani districts. To improve case management in the, WHO and MOHCC also trained 40 health workers in the management of childhood infections. UNICEF reached a total of 267,469 people through social mobilisation activities, supporting road shows being conducted in both districts to mobilise people for the Oral Cholera Vaccination and Integrated Measles Rubella Catch-up campaigns. UNICEF procured and distributed essential medicines and commodities worth to all 58 health facilities within the affected priority districts including the additional 12 established temporary health facilities. A total of 273,749 people against a target of 270,000 people (101%) were directly assisted with these funds and received treatment from different ailments in these health facilities. UNICEF mobilized a total of 267,469 people through social mobilisation activities to mobilise people for the Oral Cholera Vaccination and Integrated Measles Rubella Catch-up campaigns. A total of 182 Community Health workers mobilised their communities for the campaigns as well as provided health and hygiene education for prevention of epidemic prone diseases.

WASH: Using CERF allocation UNICEF and implementing partners (IP's) provided safe water to 95,289 people; 4,000 households received water treatment chemicals as part of the WASH hygiene kit; access created for 10,071 students to temporary sanitation facilities; provided 4 schools with permanent sanitation facilities reaching 2,390 students; piped water schemes were repaired in two health institutions; 67 Environmental Health Technicians and 500 community health workers were trained on Participatory Health and Hygiene Education. 198,063 people were reached with key hygiene messages. The project directly reached a total of 96,881 people in eight of the cyclone-affected districts in Zimbabwe of Chipinge, Buhera, Mutasa, Makoni, Mutare, Masvingo, Bikita and Gutu.

Logistics: Logistics cluster transported a total of 89.7MT of cargo on behalf of partners responding to the humanitarian crisis stemming from the impact of Cyclone Idai. The Mi8 helicopter, provided by WFP as a common service to the humanitarian community, conducted between one to three rotations per day to locations within Chimanimani and Chipinge districts, depending on cargo volumes. The helicopter was key in airlifting commodities and humanitarian workers to sites that were inaccessible by road. The logistics cluster also set up 3 Mobile storage units to support the storage and movement of commodities on behalf of humanitarian partners responding to the cyclone.

Protection/GVB: CERF allocation enable partners to provided GBV prevention services through establishment of safe spaces to 23,365 individuals (4,925 males, 19,440), GBV community-based sensitization and surveillance to 7,370 individuals, reached 80,122 individuals with dissemination of life-saving information on GBV, referred 897 GBV survivors (684 females and 213 males) to GBV specialized multi-sectoral services, procured 1,544 dignity kits, enhanced the capacity of 759 humanitarian aid workers on GBViE integration. A total of 113,057 people reached with GBV service, and contributed to GBV risk mitigation, prevention and response, in the two targeted districts of Chimanimani and Chipinge, in Manicaland province, Zimbabwe, between April and October 2019.

Health/SRH: Through this CERF Grant, UNFPA and its partners assisted a total of 31,202 women and girls through providing SRH and maternal health services in line with the SPHERE standards in Chimanimani and Chipinge districts. 25 Health facilities reached with Emergency RH Kits, which catered for 6,074 normal deliveries and 806 caesarean sections. 5 Health facilities supported with distribution of FP and STIs drugs and reached 23,211 women and girls with information and education about SRH and maternal health services in the supported districts. Through CERF allocation it was able to provide support for 1,111 women at maternity waiting rooms.

Emergency Shelter and NFI- CCCM: CCCM cluster provided emergency shelter and NFI to 4,000 displaced households or 20,000 people in the 6 districts of Chimanimani, Chipinge, Buhera, Gututu, Bikita and Zaka disricts. The CCCM project supported 224 households accommodated in the 4 IDP camps (Aboretum, Nyamatanda- Pondo Farm, Garikayi and Kopa) with coordination of activities and management of partners delivering services in the camps. IOM and its partner trained 33 government officials and 12 partners on CCCM standards, provisions of life serving operation in camps, established IDP committees, put in place a comprehensive complaints feedback mechanism, held weekly meetings with partners working in the camps and managed the camp diary for all the services delivered to IDPs. The DTM's role was to provide timely data on mobility tracking to over 90,000 displaced households, establishing their vulnerabilities and needs across the 443 villages in 12 affected districts in the 2 provinces of Masvingo and Manicaland. Through the DTM mechanism IOM conducted site assessments in all the 22 collective centres, conducted 2 intention surveys in the IDP camps and host communities.

5. PEOPLE REACHED

Through this CERF RR grant, it was able to reach 386,806 number of affected populations in Cyclone Idai affected districts of Zimbabwe through nutrition, health, protection, Camp management and camp coordination, emergency shelter, WASH and logistics interventions. This total number of people used is the highest reached number (for other affected persons) by the Health cluster, increased by the number of people reached for IDPs and host communities. Cluster lead agencies in collaboration with partner and government provided emergency health assistance for over 273,000 individuals. CERF support was leveraged with that of other donors to allow Health Cluster partners to reach and more than 480,000 peoples with Oral Cholera Vaccination (OCV); for instance, through the CERF RR, UNICEF reached a total of 267,469 people through social mobilisation activities, supporting road shows being conducted in both districts to mobilise people for the Oral Cholera Vaccination and Integrated Measles Rubella Catch-up campaigns. The CERF RR enabled WASH support for 95,289 people and more than 46,832 under five children provided with nutritional screening and over 1,700 acutely malnourished children (severe and moderate) provided with therapeutic food and SAM and MAM treatment, and emergency shelter assistance provided for 20,000 people I. CERF allocation was used to provide logistics and common service support for humanitarian actor including air lifting of 89.7MT of humanitarian aid to inaccessible locations in Cyclone Idai affected location. Three mobile storage unites provided as storage facilities and service for humanitarian actors. Under the CCCM sector, 224 households with more than 935 IDPs were provided with camp management and camp coordination support in four IDP camps, with DTM resulting in mobility tracking reaching 21,000 affected IDPs.

For all but four clusters (CCCM, Shelter/NFI, Nutrition and Logistics) the actual number of people reached was significantly different than the planned number of people as laid out in the CERF application. For Protection/Child Protection (38,053 reached vs. of 45,000 planned) less children than planned were reached mainly due to limited caseloads that were identified on the ground as well as limited levels of participation among adolescent girls mainly attributed to the fact that most of the times they were engaged in household chores. For the clusters of Protection/GBV (113,057 reached vs. 77,750 planned) and WASH (95,289 reached vs. 50,000 planned) the actual numbers of people reached was significantly higher. For the WASH cluster, UNICEF and implementing partners reached more people as there were more than 5 members per household which increased the reach of the interventions. Over-achievement under Protection/GBV was due to the utilization of various layers for information sharing, as well as the enhanced community outreach for GBV services demand generation. For the cluster Health (273,749 reached vs. 270,000) the increase is based on the UNICEF Health project of which the total number of people reached was exceeded by 3,749 since there were people migrating from the neighboring districts/ country such as Masvingo and Mozambique to access services that was being provided within the nearby health facilities.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]		
Category	**Number of people (Planned)**	**Number of people (Reached)**
Host communities	53,253	81,581
Refugees	0	0
Returnees	0	0
Internally displaced persons	24,497	31,476
Other affected persons	270,000	273,749
Total	**347,750**	**386,806**

[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	75,050	114,036	67,636	91,028	**347,750**
Reached	82,489	134,118	71,075	99,124	**386,806**

[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)	7,197	10,088	6,679	8,478	**32,442**
Reached (Out of the total reached)	7,290	10,420	6,728	8,690	**33,128**

[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**
Camp Coordination / Management - Camp Coordination and Camp Management	4,641	5,418	5,460	5,481	**21,000**
Emergency Shelter and NFI - Shelter and Non-Food Items	4,420	5,160	5,200	5,200	**19,980**
Health - Health	64,800	70,200	64,800	70,200	**270,000**
Logistics - Common Logistics	0	0	0	0	**0**
Nutrition - Nutrition	0	21,250	22,560	24,440	**68,250**
Protection - Child Protection	5,500	9,500	12,000	18,000	**45,000**
Protection - Sexual and/or Gender-Based Violence	10,250	43,836	2,836	20,828	**77,750**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	14,160	15,340	9,840	10,660	**50,000**

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**
Camp Coordination / Management - Camp Coordination and Camp Management	4,641	5,418	5,460	5,481	**21,000**
Emergency Shelter and NFI - Shelter and Non-Food Items	4,420	5,112	5,200	5,620	**20,352**
Health - Health	65,321	71,021	65,479	71,928	**273,749**
Logistics - Common Logistics	0	0	0	0	**0**
Nutrition - Nutrition	0	21,463	23,801	23,031	**68,295**
Protection - Child Protection	4,779	9,009	9,408	14,857	**38,053**
Protection - Sexual and/or Gender-Based Violence	17,168	63,097	5,596	27,196	**113,057**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	20,739	25,778	23,334	25,438	**95,289**

[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 fast delivery of assistance to people in need?

YES ☒ PARTIALLY ☐ NO ☐

CERF funding under the rapid response window following the Cyclone Idai resulted indeed in a fast delivery of humanitarian assistance to people in need in various cluster/sector areas including CCCM, Emergency Shelter/NFI, Health, Nutrition, Protection/Child Protection and GBV and WASH, immediately after the natural disaster.
CERF funds provided assistance for part of the population affected specially people in camps but thought to the protracted crisis there is still glaring gaps in Shelter assistance to 43,325 IDPs also leaving in host communities which were not reached with the support. In addition, CCCM activities need to be resumed, since the situation of the camp has deteriorated resulting in worn out shelter, inadequate WASH infrastructure, and poor management and service delivery. There is not a relocation or exit strategy set into place, and IDPs will remain in the camps for the next six to twelve months.

b) Did CERF funds help respond to time-critical needs?

YES ☒ PARTIALLY ☐ NO ☐

Critical needs were address during the first stage of the response. CERF funding did help for recipient agencies and implementing partners to respond to multisectoral needs in the various 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 improve coordination amongst the humanitarian community?

YES ☐ PARTIALLY ☒ NO ☐

During the activation of the clusters CERF fund 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 response to Cyclone Idai. 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.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped to improve resource mobilization from other donors. 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.

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

CERF funds added value in terms of improving service delivery related to protection issues and the establishment of feedback mechanisms in camp settings.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
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 life-saving and which activities are not.
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.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Protection, Gender, GBV and Human Rights issues are critical in CCCM activities.	It is integral to include them in all planning, designing and implementing activities within the camp set up.	Implementing partners (NGOs) and government
Camp committees can help disseminate information on Protection, Gender, GBV and Human Rights issues at local levels which can help initiate home grown and custom solutions to some of the gaps.	Camp committees to receive proper training	Implementing partners (NGOs)
The creation of information desks helped to create a conclusive, enabling and non-intimidating environment which enables IDPs to participate in Protection, Gender, GBV and Human Rights.	Continue creating a conducive environment for IDPs to participate in all activities	Government and Implementing partners
Omission of IDPs from WFP and Red Cross Food Distributions due to a complicated registration system	CARE and partners provided WFP and Red Cross with lists of those that would have been omitted in food distributions.	Implementing partner
Coordination among many agencies within and across sectors was indeed a challenge during the lifesaving emergency response period due to influx of aid agencies.	Effective coordination was needed for proper joint distribution programs.	Donor organization and government

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-IOM-018 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Camp Coordination / Management - Camp Coordination and Camp Management	**4. Project Code (CERF):**	19-RR-IOM-018
5. Project Title:	Provision of Camp Coordination and Camp Management Services for Affected Population by Cyclone Idai In Zimbabwe		
6.a Original Start Date:	16/03/2019	**6.b Original End Date:**	15/09/2019
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$ 8,900,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,200,00**
	c. Amount received from CERF:	**US$ 202,901**
	d. Total CERF funds forwarded to implementing partners	**US$ 86,692**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 86, 692
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

IOM in partnership with Care International managed to establish 3 temporary IDP camps in Chimanimani District, holding 171 households. Of the three established camps, Arboretum Camp holds 58 households, Nyamatanda-Pondo Camp accommodates 30 households whilst Garikai which is the largest camp within the ward holds 83 households. Accumulatively the camps hold 720 IDPs, with 346 being females and 374 males. One informal camp was established in Copa accommodating 53 households, with 233 individuals. The informal camp did not receive any coordination support, but IOM was tracking mobility of the IDP through the DTM site assessments.

The project managed to engage the displaced households, established four IDP committees, trained 33 government officials and 12 implementing partners of CCCM and managed to coordinate camp activities with various partners that include Government Departments and other NGOs. Site monitoring visits conducted twice a month by all service providers to make sure all deliverables, plans and gaps are noted for immediate action. Continuous onsite support was given to the government and partners resulted in government gradually taking ownership on all camp management process and deployment of dedicated staff to the 3 established camps.

Overall, IOM conducted assessments through the DTM in 12 districts, recording over 75,070 individuals displaced (50 905 displaced by cyclone Idai, 24,165 affected prior to the cyclone). Out of the 12 districts, Chimanimani and Chipinge were the most affected districts, the majority of IDPs (97%) were residing with host communities, with a small proportion (3%) currently being housed in 3 established IDPs camps (Aboretum, Pondo/ Nyamatanda and Garikayi) and one informal camp (Copa) targeted with CERF support, accommodating 224

households (953 individuals) in Chimanimani. Specialized support was made available on protection issues, psychosocial support and child friendly centres were established inside the camps. Continuous partners engagement and coordination within the IDPs camp activities, improved camp service delivery and servicing of infrastructure and considering the IDPs will be staying in the camps at least for the next 12 months, IMAM surveys, effective breast feeding, mainstreaming of Gender, prevention of GBV and Child Care services were some of the trainings reached out to a total of 150 enumerators residing in the camps. The IOM project covered a 6 months period being implemented from mid-March until Mid-September.

3. Changes and Amendments

The project managed to conduct Displacement Tracking Matrix to IDPs in camps and host communities in Chimanimani and Chipinge districts. Due to the changing context of the emergency it became imperative to track all the IDPs to establish the urgent needs and inform the government and partners for decision making and establishing where most urgent needs were to be directed. A total of 21 000 IDPs (10 101 males, 10 899 females) were tracked during the project period through the site assessments, return intention surveys, baseline surveys and village assessment to track the mobility, vulnerability and needs of the affected persons in 23 collective centers, 3 camps and 1 informal camp and host communities in Chimanimani (21 wards) and Chipinge (21 wards).

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

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
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	4,641	5,418	5,460	5,481	**21,000**
Other affected persons	0	0	0	0	**0**
Total	**4,641**	**5,418**	**5,460**	**5,481**	**21,000**
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	Camp Coordination / Management - Camp Coordination and Camp Management				
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	4,641	5,418	5,460	5,481	**21,000**
Other affected persons	0	0	0	0	**0**
Total	**4,641**	**5,418**	**5,460**	**5,481**	**21,000**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	23	31	18	2	**74**

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 DTM was put under CCCM sector which resulted in mobility tracking being conducted in 2 provinces, 12 districts, 443 villages, 1,220 sites and reach 21,000 affected IDPs and affected households.

5. CERF Result Framework

Project Objective	Improving the quality of life of women, girls, boys and men who are displaced because of Cyclone Idai through camp management and coordination.

Output 1	Camp Coordination Activities are Established			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of coordination meetings held	12	12	Minutes of Coordination meetings
Indicator 1.2	# of early recovery plans developed for IDPs in coordination with local authorities	1	1	Province minutes of coordination meetings
Indicator 1.3	# of site monitoring visits conducted to established displacement sites	6	6	Field reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Coordination meetings held with partners and government	IOM and Care
Activity 1.2	Site monitoring visits undertaken (2 per month for three months)	IOM and Care
Activity 1.3	Technical support given 'on the job' to key stakeholders at displacement site level partners and local authorities	IOM and Care
Activity 1.4	Technical tools shared with partners	IOM and Care
Activity 1.5	Recovery plans (outside of camps) developed	Government

Output 2	Camp Management (CCCM) activities for 21,000 Individuals are established			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of displacement areas with functional coordination and management mechanisms	3	3	Site establishment report for three camps,
Indicator 2.2	# of community meetings held (at least 2 per month)	18	18	Minutes of Meetings
Indicator 2.3	# of complaint and feedback mechanisms set up	3	3	Establishment Report in 3 Camps
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Establish site level management and coordination mechanisms to ensure monitoring of gaps in services and good coordination	IOM and Care

Activity 2.2	Hold meetings with lifesaving service providers to cover key humanitarian gaps and services	IOM and Care
Activity 2.3	Establish complaints and feedback mechanisms	IOM and Care
Activity 2.4	Hold community level meetings	IOM, Care, Government

Output 3	Information Management for the Displaced Population is Improved			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# of information products on IDPs disseminated (Demographic data, site profiles, intention surveys) to inform the delivery of life saving assistance	9	9	DTM Reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 3.1	Collect site level sex and age disaggregated data	IOM and Care
Activity 3.2	Conduct site level profiling	IOM
Activity 3.3	Conduct 'intentions' surveys if required	IOM
Activity 3.4	Disseminate Information products	IOM and Care

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?

At the beginning of the response, IOM conducted site assessments in 23 collective centres where IDPs were being housed. The purpose of the site assessments was to assess multi sectorial needs, demographics and mobility tracking of IDPs. The registration process was done in consultation with the IDP committee. 3 meetings were conducted with all IDPs before moving them into camps to understand their concerns, preferences, status and to inform them about the relocation process from collective centres into IDPs camps. On a weekly basis the IDP committees were engaged with the government stakeholders and partners providing lifesaving interventions for feedback, and any issues of interest. All IDPs met with the camp coordination team regularly to discuss issues affecting them, review quality and effectiveness of services being provided and ensuring all protection issues raised were actioned. During the establishment of the camps IDP representatives were engaged on site monitoring visits to the camp sites for their inputs and feedback. All service providers trained IDP representatives who would ensure they are included in sector specific engagements as volunteers. On a weekly basis IOM facilitated the meetings between Government and IDP representatives. A total of 16 meetings were held in Chimanimani district. At provincial level an IDP management committee was established and managed to meet bi- monthly (12 meetings held) for updates, follow up on action points and the operationalization of the permanent relocation process. At national level the CCCM cluster was merged with the Shelter and NFI cluster managed to meet monthly (6 meetings held).

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?

At national level IOM supported the Ministry of Local Government, Public works and National housing – Department of Civil Protection (DCP) with prepositioning of emergency response shelter and NFI materials. IOM also provided the District Civil Protection (DCP) with any needed support including transport and training of sub- national structures on preparedness planning and early warning systems. At provincial level IOM supported the department of public works to coordinate cluster meetings twice

per month and establishing the IDP management committee which was an advisory committee to the camp management and camp coordination teams and was responsible for monitoring camp activities and ensuring that standards are met and services are continuously being improved. At district level IOM was meeting the District Civil Protection committee on a weekly basis to feedback on progress in the camps and ensuring that relevant departments like the Department of Social welfare takes ownership of the processes and where necessary on-site capacity building is given. The IDP committees were meeting with the government at least once a week to discuss concerns and promote inputs from affected populations into all programming and decision makes processes. IOM was CCCM cluster lead and co- leading cluster meeting at national and sub national level with the government – Ministry of Local Government, Public works and National Housing. At sub national level all activities were led by the District civil protection (DCP) committee and all partners were working within the DCP framework and IOM was supporting the emergency response processes within this structure. The DCP was responsible for guiding partners on all camp management operation whilst IOM was providing technical support to make sure the government has the needed capacity to response and deliver life serving services.

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?

Through Information Help Desks established within the 3 IDP camps, CARE attended to incidents reported by the IDPs. All the information was stored in a secure database. Three large notice boards were set up in all three camps in established locations to help disseminate information to the camp population, including information about the organisations providing services in the camps, planned distributions, and complaints and feedback mechanisms. The project set-up a CCCM office/information centres in each camp to ensure access to information and camp management staffs. Information about organisations working in the camps providing different emergency response services were also shared through IDPs meeting platforms, distribution of pamphlets, adverting on notice boards through the camps and conducting awareness sessions and road shows using megaphones.

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 ☐

A safe space was designated and used as a meeting place to report complaints and provide feedback to camp management staff. A complaints register was maintained, updated regularly, documented and follow up for timely response. The project managed to introduce a Complaints and Feedback Mechanism in the three established camps and ensured SPHERE standards are met at the minimum. All cases were dealt with in confidence and protection issues were mainstreamed at all levels and stages of the response. The complaints and feedback mechanism during the implementation of the project ensured that the plight of IDPs through identified gaps and needs were referred to various partners that provided multisectoral services such as counselling, education for young children, the defence and championing of human rights for IDPs, prevention and protection of women and girls from GBV, distribution of food and NFI distributions, provision of clean water supply, hygiene promotion and meeting IDPs as a process of engaging them at all stages for their inputs on issues affecting them. These physical spaces were complemented by a third-party toll-free complaints/feedback reporting hotline that was set-up by the project and operated by Deloitte Touché. The complaints and feedback registered through the hotline or in-person were recorded in a singular database across all camps, which was developed and updated by the Project. Camp monitoring activities and beneficiary consultations were conducted twice per month. CARE also liaised with Ministry of Health and Child Care for monthly community outreach visits in the camps, checking on nutrition issues and conducting food preparation lessons for pregnant mothers and lactating mothers as well as children under 5 years. Immunisation for Cholera was also done in the camps.

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 ☐

A training on Accountability to Affected Persons and Prevention of Sexual Exploitation and Abuse in humanitarian crisis for provided for IDPs, Government staff as well as partners who were working with affected and displaced persons. A clear reporting channel was established, and all cases were handled by qualified counsellors. A total of twelve cases were recorded and tracked for redress and appropriate action taken in a timely manner.
Cases of abuse, i.c. one case of statutory rape, one case of gender-based violence and three cases of theft were reported to the social welfare and police and the perpetrators were arrested.

	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?	
An internal evaluation was conducted by the M&E department and by a thematic specialist of the Regional Office. No external evaluation was done.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.2. Project Report 19-RR-IOM-019 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items	**4. Project Code (CERF):**	19-RR-IOM-019
5. Project Title:	Provision of Shelter and NFI Materials for the Population Affected by Cyclone Idai In Zimbabwe		
6.a Original Start Date:	01/04/2019	**6.b Original End Date:**	30/09/2019
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$ 8,200,000**
	b. Total funding received for agency's sector response to current emergency.	**US$ 747,110**
	c. Amount received from CERF:	**US$ 747,170**
	d. Total CERF funds forwarded to implementing partners	**US$ 107,906**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 107,906
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The project provided humanitarian assistance for 20,000 affected population, through the distribution of 4,000 emergency shelter in six districts. Through CERF funding 1,000 tarpaulins distributed in Chipinge and Chimanimani, 700 tarpaulins in Zaka, 700 tarpaulins in Bikita and 600 tarpaulins Gutu distributed. From the total reached households, 75 were households with orphans, 243 of elderly, 12 People Living with HIV/AIDS (PLWHIV) and 74 households with people living with disabilities. The process of tents pitching was led by Ministry of Local Government, Public works and National housing with support from local leadership. A total of 260 volunteers (4-5 per village) were trained. The trained volunteers pitched 2 family shelters under the supervision of Public Works Department to reaffirm their proficiency levels and ascertain effectiveness of the training. In order to ensure sustainability of the project, beneficiaries were trained on maintenance of the emergency shelter which would be managed by the households itself. Public works continued to give support and guidance during monitoring visits. In Buhera, representatives of benefiting households were trained by four Public Works Department personnel and had to pitch 3 family shelters per day to assess their capacity levels. The project was implemented covering a six-month period from the beginning of April 2019 until the end of September 2019.

3. Changes and Amendments

No changes and amendments made in the main project implementation of activities.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	2,073	2,420	2,439	2,448	**9,380**
Other affected persons	2,347	2,740	2,761	2,772	**10,620**
Total	**4,420**	**5,160**	**5,200**	**5,220**	**20,000**
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	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	2,073	2,420	2,439	2,448	**9,380**
Other affected persons	2,347	2,740	2,761	2,772	**10,620**
Total	**4,420**	**5,160**	**5,200**	**5,220**	**20,000**
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	Provide emergency shelter and non-food items of vulnerable households in the cyclone-affected districts if Zimbabwe.

Output 1	Provide Sector Coordination for the Shelter NFI Sector			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of cluster meetings organised	6	6	Minutes of Coordination meetings
Indicator 1.2	# of cluster partners engaged in SNFI activities	10	10	4W matrix
Explanation of output and indicators variance:		N/A		
Activities	**Description**	**Implemented by**		
Activity 1.1	Weekly cluster meetings	CAFOD and Care International		
Activity 1.2	Provide Technical support to partners on temporary shelter set up and site layout	IOM		

Output 2	Provide centralized procurement for S/NFI			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of Shelter Kits procured	4000	4,000	Delivery Notes
Indicator 2.2	# of NFI Kits Procured	2124	2,124	Delivery Notes
Explanation of output and indicators variance:		N/A		
Activities	**Description**	**Implemented by**		
Activity 2.1	Procurement of shelter kits	IOM		
Activity 2.2	Procurement of NFI kits	IOM		
Activity 2.3	Transport of SNFI items from Harare to Manicaland partner warehouses	IOM		

Output 3	Distribution of shelter and NFI to 4000 households affected in the seven districts			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# HH receiving shelter assistance	4,000	4,000	Distribution Form
Indicator 3.2	# HH receiving NFI assistance	2,124	2,124	Distribution Forms
Explanation of output and indicators variance:		N/A		
Activities	**Description**	**Implemented by**		
Activity 3.1	Registration and verification of beneficiaries	CAFOD and Care International in Zimbabwe		
Activity 3.2	Distribution of Tarpaulins	Care International in Zimbabwe		
Activity 3.3	Distribution of NFI Kits	CAFOD and Care International in Zimbabwe		
Activity 3.4	Training of household representatives and volunteers on construction and maintenance of Tarpaulins	Ministry of Local Government		
Activity 3.5	Construction of tarpaulin shelters according to sphere standards	Beneficiaries assisted by Ministry of Local Government		
Activity 3.6	Post distribution monitoring	Care International in Zimbabwe and CAFOD		

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?

Focus group discussions, with representatives of all age groups, were used to incorporate the needs of IDPs in the design, implementation and monitoring of the project. During the registration process community meetings enabled target households to be identified by the community. Target households were trained on shelter construction and maintenance. Where identified households did not have labour, the community gave support to the labour endowed households to ensure the construction of the emergency shelters are a success.

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, there were existing local and/or national mechanisms used to engage all parts of the community. The beneficiary selection process was agreed at district civil protection committee level and standardised across all targeted districts. Community meeting were used to disseminate information and local leadership took the leading role in articulating ongoing activities to the beneficiaries. Construction shelter committees ensured proportionate representation of women, men, boys and girls. These committees were established by the affected communities through community engagement meetings with IOM facilitating the whole process, providing guidance on the shelter construction and shelter committees were mandated with coordination as well as facilitating construction of the emergency shelter of all affected population that received emergency shelter assistance. The process was more voluntary, and villages mobilised themselves with guidance from local leadership. IOM also engaged Local Government Department of Public works to conduct trainings to the Shelter Committees on construction of safe emergency shelter who would in turn cascade the training to the affected population at large for the fast-tracking implementation of the project deliverables. Public works and the shelter committee were responsible for monitoring all constructions hence they were overseeing all the construction sites ensuring adherence to safe construction standards.

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?

Suggestion boxes were available at all public centres like schools, clinics, shopping centres and meeting points. These were used by those who were benefiting and/or affected population in the districts. Help desk was available at all meeting to receive, record and attend any issues raised and to share information about partners and IOM principles, staff code of conduct and the intended programme deliverables. IOM and its Implementing Partners held public consultative meetings as well as Focus Group Discussions (FGDs) with the affected population to share information about the organizations as well as expected deliverables. IOM and Partners also made use of the shelter committees to cascade information, feedback and actions to the affected population at large. Focus groups were done to collect more qualitative information with regards to the vulnerabilities, needs and gaps specifically for those who would have been left out of the project or who feel they had concerns to feedback to the processes.

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 ☐

A private room or point was designated and used as a meeting place to report complaints and provide feedback to shelter and NFIs management staff. A complaints register was maintained, updated regularly and documented. These physical spaces were complemented by a third-party toll-free complaints/feedback reporting hotline that was set-up by the project and was operated by *Deloitte Touché*. The complaints or feedback registered through the hotline or in-person were recorded in a singular database across wards which were supported with emergency shelters and NFIs Registration. Assessments, distribution and construction were closely supported with complaints and feedback mechanisms and Post distribution monitoring and beneficiary satisfaction feedback were conducted to 30% of the total number of beneficiaries on a monthly basis.

	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 ☐
	Sexual exploitation and abuse were considered a serious issue within the project and was mainstreamed at all levels. A training on Accountability to Affected Persons and Prevention of Sexual Exploitation and Abuse in humanitarian crisis was provided for IDPs, Government staff as well as partners who were working with affected and displaced persons. PSEA training provided for 33 volunteers and cascaded the training in 15 targeted wards to the affected population to equipped focal persons with adequate knowledge on reporting and handling SEA complaints. The ward leadership as well as Shelter Committees were also empowered to report, and handle SEA issues raised within the affected communities. Clear reporting channel was established, and all cases were handled by qualified counsellors. IOM through its partner Counselling services unit established a hotline where all cases were recorded, and relevant support given. Improved lighting at nights, establishing Child Protection Committees, put in place security system of Neighbourhood Watch assisted by Zimbabwe Republic Police (ZRP).
	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?

An internal evaluation was conducted by the M&E department and by a thematic specialist of the Regional Office. No external evaluation was done.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3. Project Report 19-RR-FPA-027 - 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-027
5. Project Title:	Enhancing safety, mitigating risks of GBV, sexual exploitation and abuse and providing lifesaving GBV services in cyclone Idai affected districts of Chimanimani and Chipinge		
6.a Original Start Date:	10/04/2019	**6.b Original End Date:**	09/10/2019
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$ 1,000,050**
	b. Total funding received for agency's sector response to current emergency:	**US$ 451,539**
	c. Amount received from CERF:	**US$ 265,039**
	d. Total CERF funds forwarded to implementing partners	**US$ 105,634**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 105,634
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA and its partners provided GBV prevention services through establishing safe spaces to 24,365 individuals (4,925 males, 19,440), GBV community-based sensitization and surveillance service to 7,370 individuals, reached 80,666 individuals with dissemination of life-saving information on GBV, referred 897 GBV survivors (684 females and 213 males) to GBV specialized multi-sectoral services, procured 1,544 dignity kits (of which 1,000 were utilized to replace those distributed to affected communities at the onset of the cyclone, and 544 were distributed to affected communities during the CERF implementation period), enhanced the capacity of 759 humanitarian aid workers on GBViE integration.

The project assisted a total of 113,057 people in the two targeted cyclone Idai affected districts (Chimanimani and Chipinge), and contributed to GBV risk mitigation, prevention and response in line with the GBV Minimum standards and the IASC GBViE integration guidelines, in the two targeted districts of Chimanimani and Chipinge, in Manicaland province, Zimbabwe, between April and October 2019.

3. Changes and Amendments

The programme overall reached a total of 113,057 people across the planned activities, representing 145% achievement against the 77,750 targeted beneficiaries. Most of the displaced population preferring hosting solutions within family and friends, with only a minor percentage of the total IDPs residing at temporary camps. This constituted an added access challenge for GBV prevention, mitigation and response as those staying with family and friends were harder to reach than the few accommodated at the camps. This challenge was addressed through the utilization of community-based surveillance systems integrated within the broad SRHR community outreach

programmes. The SRHR/GBV integrated community outreach greatly contributed to enhance access to GBV mitigation and referrals for the IDPs residing outside the camps, and to the over-achievement under the various component of the programme.

Total 1,544 dignity kits were procured against a target of 1,000. The over-achievement on Procurement and Distribution of dignity kits was due to a slightly lower unit cost compared with the initially planned, (in particular freight cost). While the 1,000 standard kits (Basic hygiene items) included in the original plan were procured to replenish those utilized at the onset of the crisis, the extra 544 kits had a different composition of the standard ones, as they were composed of blankets, reusable sanitary pads and female underwear. The kits targeted mainly women and girls in the 4 temporary camps towards the end of the project, when winter weather (e.g. lower temperatures) was perceived as a contributing factor to the exacerbation of GBV risks (especially transactional sex – sex for NFIs). The kits were hence distributed as a GBV mitigation strategy.

GBViE capacity building initiatives reached 759 humanitarian aid workers against a target of 1,000. The sessions included inter-cluster teams' trainings on GBViE integration (GBV IASC Guidelines), minimum standards and PSEA. Partners from clusters including Food security, WASH, Health, CCCM and Shelter and Nutrition clusters teams at provincial and district level were trained. Participants varied from UN Cluster leads organizations, INGOs, NGOS and Civil society organizations, as well as government counterparts. The under achievement is mainly due to challenges encountered in engaging with some specific sectors (e.g. military workforce) due to internal protocols and procedures which limited access.

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	7,156	30,636	1,723	13,738	**53,253**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	3,094	13,200	1,113	7,090	**24,497**
Other affected persons	0	0	0	0	**0**
Total	**10,250**	**43,836**	**2,836**	**20,828**	**77,750**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	717	3,068	199	1,458	**5,442**

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	11,568	47,533	3,840	18,640	**81,581**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	5,600	15,564	1,756	8,556	**31,476**
Other affected persons	0	0	0	0	**0**
Total	**17,168**	**63,097**	**5,596**	**27,196**	**113,057**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**

Persons with Disabilities (Out of the total number of "people reached")	810	3,400	248	1,670	**6,128**

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:	Over-achievement is due to the enhanced effectiveness of utilized means of communication, such as community volunteers during integrated SRHR/GBV surveillance, information sessions at safe spaces, and the use of dignity kits distribution as an entry point for disseminating IEC materials on GBV and PSEA referral pathways, as well as to enhanced community outreach for GBV services demand generation.

5. CERF Result Framework

Project Objective	To contribute to the mitigation of GBV-related risks and improve survivors' access to services in the 2 cyclone affected districts of Chimanimani and Chipinge in Zimbabwe

Output 1	Increased access to information on GBV prevention, reporting and response services by women, girls, boys and men			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people reached with information on GBV disaggregated by age and sex	77,750	80,666	Programme Data, Distribution lists
Explanation of output and indicators variance:		Over-achievement is due enhanced effectiveness of utilized means of communication such as community volunteers during integrated SRHR/GBV surveillance, information sessions at safe spaces, and the use of dignity kits distribution as an entry point for disseminating IEC materials on GBV and PSEA referral pathways.		
Activities	**Description**		**Implemented by**	
Activity 1.1	Share information on GBV life-saving services and CBMC through IEC materials		UNFPA, MUSASA, MWACSMED, FACT, MOHCC, IRC	

Output 2	Increased access to life-saving multi sectoral GBV services, including safe spaces and multi sectoral life-saving GBV services, dignity kits, legal, psychosocial, medical assistance, community based complaints mechanisms for PSEA.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of mobile safe spaces established	3	3	Programme Reports
Indicator 2.2	Number of survivors accessing multi-sectoral services at safe spaces	15,000	24,365	Safe spaces monitoring data
Indicator 2.3	Number of vulnerable women and girls accessing CBCM	5,000	7,370	Community based surveillance monitoring data
Indicator 2.4	Number of dignity kits procured and stockpiled	1,000	1,544	Programme reports
Explanation of output and indicators variance:		Over-achievement of people reached at safe spaces is due to tight collaboration between safe spaces personnel and community outreach programmes, contributing to improved demand generation for PSS services, which led to increased access to safe spaces compared to the initial plan. Over-achievement of access to CBCM is due to the establishment of community-based complaints mechanisms (GBV community-based surveillance), which enhanced access to complaints through community		

	volunteers during door to door outreach, instead of limiting the access to complaints mechanisms at distribution points and camps. Overachievement of dignity kits procurement and distribution is due to a slightly lower unit cost as compared to the planned one (especially freight cost). This allowed to procure an extra 544 kits.

Activities	Description	Implemented by
Activity 2.1	Set up and operationalize 3 safe spaces for most vulnerable women and girls including GBV survivors	UNFPA MUSASA IRC FACT
Activity 2.2	Support service provision at 3 safe spaces	UNFPA MUSASA IRC FACT
Activity 2.3	Set up and operationalized Community based surveillance systems and complaints mechanisms	UNFPA MUSASA IRC FACT
Activity 2.4	Procure and replenish dignity kits	UNFPA

Output 3	Increased capacity of Humanitarian and Relief actors on GBV interventions mainstreaming and PSEA			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of Humanitarian and Relief actors sensitized on PSEA	1000	759	Programme Data
Explanation of output and indicators variance:		Engagement of some specific sectors (e.g. military) encountered some challenges due to internal protocols and inaccessibility for capacity building purposes. This resulted in the under-achievement		

Activities	Description	Implemented by
Activity 3.1	Sensitization of Humanitarian and relief actors on PSEA	NFPA, MUSASA, IRC

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 project was designed based on close consultations with affected populations, and in particular, most vulnerable women and girls in the two most affected districts. Consultations were conducted during the initial joint rapid assessment, through key informants' interviews, e.g. affected women and girls at hotspots, and targeted FGDs. Interaction with women and girls at the 4 temporary camps established soon after the onset, (e.g. Kopa growth point, markets, Ngorima clinic, Ngangu primary and secondary school) focused on the perception of safety risks and impressions on the relevance of safe spaces, most suitable locations and service accessibility challenges. Multi-sectoral service providers, such as health personnel, Schools staff, local and religious chiefs, community volunteers, were engaged to ensure utilization of locally accepted mechanisms for the dissemination of life-saving information and service provision.

The implementation of the programme was guided by continuous exchanges with the recipient community. Targeted FGDs continued to be conducted at safe spaces and during community outreach, in order to understand and respond to the evolving needs of the beneficiaries. This feedback was utilized to adjust the delivery modalities. Examples of programme adaptation include customization of NFIs kits (e.g. dignity kits), to fit the needs of both women and men, as well as to respond to increased GBV risks in the changing weather conditions; improved community-based GBV surveillance to respond to the needs of the majority of IDPs hosted by family and friends; inclusion of a PSS component onto the GBViE capacity building sessions for humanitarian actors as they were also going through trauma; continuous adjustment of safe spaces locations to ensure privacy and confidentiality as the set-up of the camps kept changing. Engagement of affected communities was critical to ensure that the survivor-centred approach and the DO-NO harm principles were respected throughout the implementation period.

UNFPA provided all implementing partners with a weekly monitoring tool, which included a narrative section to record any implementation challenge, evolving needs and concerns of the recipient community. UNFPA technical GBV specialist, M&E team, implementing partners with Ministry of Women affairs conducted Joint monitoring visits to verify the status of inter-sectoral response and possible impact on GBV risks. The community based GBV surveillance system, besides representing a complaints' mechanisms for the targeted population, also worked as a consistent monitoring tool 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?

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 various project phases, 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 on the ground to ensure that complaints on the delivered project interventions were constantly collected and provided timely response. Complaints mechanisms included feedback sessions at distribution sites, including 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 ☒

8.4. Project Report 19-RR-FPA-028 - UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-FPA-028
5. Project Title:	Increasing Access to sexual reproductive health services for women and girls in the cyclone Idai affected districts		
6.a Original Start Date:	20/03/2019	**6.b Original End Date:**	19/09/2019
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$ 389,458**
	b. Total funding received for agency's sector response to current emergency.	**US$ 350,610**
	c. Amount received from CERF:	**US$ 258,610**
	d. Total CERF funds forwarded to implementing partners	**US$ 46,121**
	of which to:	
	Government Partners	US$ 46,121
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF Grant, UNFPA and its partners assisted 25 Health facilities with Emergency RH Kits, which catered for 6,074 normal deliveries and 806 caesarean sections. The project also supported 5 Health facilities with distribution of FP and STIs drugs and reached 23,211 women and girls with information and education about SRH and maternal health services in the supported districts. Through this CERF grant, the project also supported 1,111 women at maternity waiting homes.
The project assisted a total of 31,202 women and girls, providing SRH and maternal health services in line with the SPHERE standards in Chimanimani and Chipinge districts between April and October 2019.

3. Changes and Amendments

A total of 169 RH kits were procured (5 Rape,10 clinical delivery kits with reusable equipment,10 clinical delivery medicines, 5 referral kits for equipment, 5 referral kits for medicines, 62 midwifery kits (2 from emergency fund), 22 clean delivery kits (2 from emergency fund), 20 contraceptive kits, 20 STI kits, 7 male condom kits and 3 female condom kits). In addition to the kits, 10 anti-shock garments for management of postpartum haemorrage,10 delivery beds, 20 hospital beds, 5 resuscitaires for neonates and 2 autoclaves were procured and distributed mainly to the 3 main referral hospitals -Chimanimani, Chipinge and Birchenough Bridge hospitals. CERF support assisted with 6,074 normal deliveries, 806 Caesarean section deliveries against projected numbers of 4,629 normal deliveries and 741 Caesarean sections. The number of kits were increased to capacitate health facilities beyond the district hospitals as the Chimanimani area became accessible early and more facilities started offering services.
The number of women admitted in the maternity waiting homes was much higher than expected with 1,612 women admitted compared to 600 planned for. The planned figure was based on existing bed-capacity for the maternity waiting homes. However, many more women than anticipated were admitted, and additional mattresses had to be procured to alleviate the accommodate the influx of pregnant women in the maternity waiting homes. The number of women reached with information on SRHR was 23,211 and less than 50,000 planned for.

The number was low as a number of women moved back to their homes as soon as the areas became accessible and others left out of cyclone areas before they could be given information.
There were two institutional maternal deaths reported in March to April period and six deaths between May and October 2019. maternal deaths reported as interventions were implemented early. Environmental health officers and midwives were quickly deployed to the communities to identify high risk women and extra midwives were deployed to capacitate the affected health facilities. The manpower was supported by CERF in terms of meals and transport.

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	55,640	65,000	51,360	65,000	**237,000**
Total	**55,640**	**65,000**	**51,360**	**65,000**	**237,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	3,000	0	1,458	**4,458**

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	9,480	22,541	0	9,660	**41,681**
Total	**9,480**	**22,541**	**0**	**9,660**	**41,681**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	1100	0	540	**1,640**

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 under-achievement is mostly due to the fact that a number of women and their families moved back to their homes as soon as the areas became accessible and others left out of cyclone areas before they could be given information on SRH services.

5. CERF Result Framework

Project Objective	To support provision of comprehensive Obstetric and Neonatal Care and Sexual Reproductive Health Services in the Cyclone Idai affected Districts of Chimanimani and Chipinge

Output 1	Strengthened Emergency management of obstetrics and neonatal care for referring hospitals in Chipinge and Chimanimani			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of facilities that received the RH kits	5	25	Distribution lists and Facility stock cards
Indicator 1.2	Number of normal deliveries conducted in the supported facilities	4,629	6,074	Health Information system
Indicator 1.3	Number of caesarean sections conducted in the supported facilities	741	806	Health information system
Explanation of output and indicators variance:		Birchenough Bridge Hospital acted as the referral hospital for Chimanimani while the district was marooned and continued to receive pregnant women after Chimanimani was accessible as some parts of Chimanimani are closer to Birchenough Bridge as compared to Mutambara, the referral hospital.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure and distribute Emergency RH kits-delivery, referral and medical equipment	UNFPA MOHCC
Activity 1.2	Support additional midwives and doctors	UNFPA MOHCC
Activity 1.3	Support with ambulance and referral system	MOHCC

Output 2	Strengthened primary health care for life saving SRHR services			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of facilities that received FP/STI drugs	5	5	Distribution list and facility stock cards
Indicator 2.2	Number of women and girls reached with information and education on SRH and maternal health services in the supported districts	50,000	23,211	Maternity records and community partners for SGBV and SRHR integrated information
Explanation of output and indicators variance:		A number of women went back to their homes as soon as areas became accessible and not all planned numbers were reached as focus remained on the marooned and admitted women.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procure and restock health facilities with essential Reproductive medicine and supply which including RH kit for FP and STIs	UNFPA
Activity 2.2	Provision of IEC material on SRH	UNFPA

Output 3	Strengthened maternity waiting home services for high risk pregnant women			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 3.1	Number of women admitted into the maternity waiting homes in the supported facilities	600	1,612	MWHs Registers
Explanation of output and indicators variance:		Birchenough Bridge Hospital acted as referral Maternity Waiting Home for Chimanimani and particularly for areas close to the hospital and accounts for the increased number.		

Activities	**Description**	**Implemented by**
Activity 3.1	Identify suitable MWH close to good road networks	UNFPA MOHCC
Activity 3.2	Support outreach programme through EHTs and Midwives to identify high risk pregnant women	UNFPA MOHCC
Activity 3.3	Provide material needed in MWHs	UNFPA 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?

A rapid assessment which included interviewing affected village heads and pregnant women as well as observation of structured destroyed was conducted and the report highlighted inaccessibility to health care facilities for SRH and other health care services, medicines washed away from health facilities including family planning commodities, number of pregnant women in the community reporting loss of pregnancy records, medicines and layette, reported births taking place in the open without assistance of skilled birth attendants increased miscarriage, overcrowded Maternity Waiting Homes (MWHs) and inadequate delivery equipment for increased number of women at accessible health care facilities. There was also inadequate staff, including skilled birth attendants for the increased number of pregnant women and inadequate capacity of nearby hospitals (such as Birchenough Bridge Hospital) to receive a large number of pregnant women from Chimanimani. The Provincial Medical Directorate for Manicaland were actively engaged in the planning of interventions and gave guidance throughout the project.

Given the above, the Manicaland provincial health team identified pregnant women and young girls as priority groups for life saving interventions, especially to 1) providing safe waiting space for pregnant women especially those of high risks; 2) rebuild and strengthen capacity of the health system to provide EMONC services to save lives; and 3) restock essential sexual reproductive health commodities.

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 Ministry of Health and Child Care (MOHCC) and local community leadership structures were engaged in the were followed in the cyclone response. The response proposal and response plans were discussed with the MOHCC, HQ through the Directorate of family health and plans were implemented by the Manicaland Medical Directorate. The local community leadership were engaged through the rural health facility staff. Members of the community played a key role in repairing a kitchen structure at one of the Maternity Waiting Homes to ensure that that the pregnant women had cooking facility.

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?

Information on the organisation was provided through personnel in charge of the health facilities and communities. UNFPA was part of the provincial response team and gave presentations on the mandate of the organisation at the various meetings. The SRH response team worked in close partnership with the protection sector who gave information on the prevention of sexual exploitation and abuse and information brochures were issued.

	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 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 was considered sufficient to provide feedback to the project implementation.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.5. Project Report 19-RR-HCR-020 - UNHCR

1. Project Information			
1. Agency:	UNHCR	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items	**4. Project Code (CERF):**	19-RR-HCR-020
5. Project Title:	Provision of shelter, core relief items to IDPs – Cyclone Idai Response		
6.a Original Start Date:	01/04/2019	**6.b Original End Date:**	30/09/2019
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$ 3,187,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 250,020**
	c. Amount received from CERF:	**US$ 250,020**
	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, UNHCR procured Core Relief Items ((CRIs)); 25,008 blankets; 25,000 Sleeping mats; 4,988 Kitchen sets; 19,000 Mosquito nets; 10,000 Jerry cans; 8,000 Plastic Buckets; 6,900 Solar Light and 650 Family Tent. These items addressed basic protection needs and ensured recovery through provision of core relief items, most of which had been destroyed by the cyclone. UNHCR Zimbabwe partnered with GOAL Zimbabwe as its implementing partner between March 2019 and August 2019 for the distribution of the core relief items to the persons affected by floods in Chipinge and Chimanimani district of Manicaland province.

The project assisted a total of 10,000 people (2,000 households). People with specific needs such as women, children elderly and people with disabilities were prioritised during the distributions. The distribution of core relief items ensured that people affected by floods have access to basic domestic items and emergency shelters to rebuild their life. Shelter which was provided through distribution of tents was used as a protection tool for affected persons as this reduced overcrowding in holding centres and further protecting women and children from sexual exploitation and abuse.

3. Changes and Amendments

There were no modifications to the original proposal.

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

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	2,350	2,650	2,350	2,650	**10,000**
Other affected persons	0	0	0	0	**0**
Total	**2,350**	**2,650**	**2,350**	**2,650**	**10,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	50	50	50	50	**200**

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

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	2,350	2,650	2,350	2,650	**10,000**
Other affected persons	0	0	0	0	**0**
Total	**2,350**	2,650	2,350	2,650	**10,000**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	50	50	50	50	**200**

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	Provision of Temporary Shelter and Core Relief Items

Output 1	Emergency shelter provided			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of persons of concern per shelter	5	5	PDM observation
Indicator 1.2	% of female-headed households living in adequate dwellings	(100/1000) 10%	10%	Key informants-Department of Social Welfare
Indicator 1.3	# of emergency shelters provided	124	124	Distribution registers
Explanation of output and indicators variance:		N/A		
Activities	**Description**		**Implemented by**	
Activity 1.1	Provision of emergency shelters at household level		GOAL	

Output 2	Core relief items provided			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	% of households whose needs for basic and domestic items are met	11 %	11%	Households assisted by UNHCR/Targeted households
Indicator 2.2	# of households receiving core relief items	2,000	2,000	Distribution registers
Explanation of output and indicators variance:		N/A		
Activities	**Description**		**Implemented by**	
Activity 2.1	Provision of core relief items at household level		GOAL	

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?

As part of the Accountability to Affected People, UNHCR through its partner implemented the Age, Gender and Diversity Mainstreaming (AGDM) approach and the rights-based approach including community persons in the identification of people who were critically in need of CRIs especially tents which were in limited supply. The community assisted in mobilisation processes and actual distributions. Affected people were also involved in the monitoring of the project giving feedback on key areas of improvement.

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?

GOAL the implementing partner was involved together with the civil protection Unit and local community leaders in conducting rapid needs assessment assessments and generation of beneficiary lists. Thereafter, they would allocate assistance to the identified and verified areas. The processes were coordinated by the district civil protection unit and the national emergency response team to avoid duplication. GOAL then identified benefiting persons and allocated according as per list and would go to the identified central or nearest distribution points within the districts. They would notify the communities, address the recipients and allocate the relief items publicly to benefiting households.

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? Sensitisation exercise were conducted by the partner, GOAL Zimbabwe on all information relating to the distribution. This included the number and description of CRIs to be received. UNHCR also provided banners on fraud and corruption to be displayed at all distribution points informing beneficiaries that all items are free of charge
	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 ☐ A hotline was established to report all cases emanating from the distribution. No cases were reported.
	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 ☐ Yes, the measures were established through the protection cluster which included referral pathways to handles cases of 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?

Evaluation was not planned as 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 ☒

8.6. Project Report 19-RR-CEF-066 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-CEF-066
5. Project Title:	Providing lifesaving nutrition intervention to children living in the cyclone affected districts of Chimanimani, Chipinge and Buhera		
6.a Original Start Date:	10/04/2019	**6.b Original End Date:**	09/10/2019
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$ 1,004,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 204,025**
	c. Amount received from CERF:	**US$ 204,025**
	d. Total CERF funds forwarded to implementing partners	**US$ 170,698**
	of which to:	
	Government Partners	US$ 147,925
	International NGOs	US$ 22,773
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF RR grant, UNICEF and its partners supported the cyclone affected districts in Manicaland and Masvingo Provinces namely; in the targeted districts which are Chimanimani, Chipinge, Buhera, Mutasa, Makoni, Mutare, Masvingo, Bikita and Gutu districts in Manicaland and Masvingo Provinces. During the timeframe of this projects (April to October 2019), 46,832 (110%) children under five were screened for acute malnutrition through community mobilisation efforts during vaccination campaigns and food distribution points. A total of 1,743 (40%) children with severe acute malnutrition (SAM) were referred and treated with life-saving therapeutic foods. The number of children with SAM was reduced due to early identification and effective preventive interventions. All 317 (181%) of the targeted 175 village health workers in the cyclone affected districts, were trained on active screening for early identification, referral and community follow-up of children with acute malnutrition. To support appropriate infant feeding, protect breastfeeding and prevent mortality resulting from inappropriate distribution of infant formula Government and its UN partners released a joint statement on the distribution of breastmilk substitutes and set up a system to monitor all formula and food donation. Trained VHWs reached 21,463 (101%) mothers and caregivers of children under the age of two years with IYCF-e messages and support.

3. Changes and Amendments

N/A

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	21,250	22,560	24,440	**68,250**
Total	**0**	**21,250**	**22,560**	**24,440**	**68,250**
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	21,463	23,801	23,031	**68,295**
Total		**21,463**	**23,801**	**23,031**	**68,295**
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 differences between planned and reached number of beneficiaries. However due to the intensity of community mobilisation and the vaccination campaign conducted, slightly more beneficiaries were reached.

5. CERF Result Framework

Project Objective	Improving the nutritional status of children under the age of five years at risk of mortality from malnutrition through lifesaving nutrition interventions in Cyclone Idai affected districts

Output 1	Active screening of more than 16,200 of the children under five in the three 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 of children under-5 from the selected areas screened for acute malnutrition in six months of intervention	42,300	46,832	Monthly Report
Indicator 1.2	Number of children with acute malnutrition identified and referred to health facilities for treatment of acute malnutrition	4,339	1,723	DHIS2 District Heath Information System 2
Explanation of output and indicators variance:		As part of the emergency response, the Nutrition Sector implemented the Integrated Village Nutrition and vaccination campaigns across the cyclone affected districts to ensure that every child was reached and screened for acute malnutrition. This activity was a major contributor surpassing the target for careening. Much fewer children were identified with acute malnutrition than those that were targeted. The sector noted the intensity of the cyclone response from other interventions such as food security, WASH and health which together contributed to preserving child health and nutrition status. Notably WFP was able to provide protective ration (superceral+) in a timely manner which has prevented further deterioration of nutrition status of young children.		

Activities	**Description**	**Implemented by**
Activity 1.1	Active screening and referral of children under five in selected cities and districts	MOHCC, GOAL, UNICEF MOHCC
Activity 1.2	Training of Village health workers /community volunteers / lead mothers and fathers on active screening	MOHCC, UNICEF MOHCC

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 of children 6-59 months old with SAM and MAM admitted to nutrition rehabilitation programmes	3,905	1,723	DHIS2
Indicator 2.2	Number and proportion of exits from programmes who recover	2,929 (>75%)	400 (74%)	DHIS2
Explanation of output and indicators variance:		A total of 542 SAM children were treated and discharged from the programme. Of these, 400 (74%) were discharged as recovered. Although the recovery rate slightly misses the 75% target for SAM as per Sphere standards, the performance reflects a substantially improved programme in the cyclone districts, compared to the National average performance of 68%. Nurses and doctors working in the treatment centres for children with SAM in the cyclone affected districts were trained and mentors by the Paediatric Association to improve both treatment and data quality of the program.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement/distribution of RUTF and MUAC tapes	UNICEF, MOHCC
Activity 2.2	Admission and treatment of children with acute malnutrition at health facilities	UNICEF, MOHCC
Activity 2.3	Training of facility-based health workers on Integrated management of acute malnutrition including doctors working in in-patient program	UNICEF, MOHCC, Paediatric Association of Zimbabwe

Activity 2.4	Mentorship, monitoring and supervision conducted by national, provincial and district nutritionists	UNICEF, MOHCC, Paediatric Association of Zimbabwe

Output 3	Ensure 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% (>175)	315 (181%)	Administrative reports
Indicator 3.2	Number of caregivers receiving IYCF-E messages, counselling and support	21,250	21,463 (101%)	Administrative reports
Explanation of output and indicators variance:		The cyclone response targeted to have at least 175 Village Health Workers supporting the emergency response in each of the three districts. Realising the intensity of the work and support needed at community level with over 400 people dead or missing, all the three districts managed to mobilise, train and actively involve more VHWs than targeted to conduct active screening, infant feeding counselling and support activities among others.		

Activities	**Description**	**Implemented by**
Activity 3.1	MIYCN in emergencies - Counselling care and support to pregnant and lactating women	MOHCC, UNICEF
Activity 3.2	Community MIYCF training for VHW and care group conducted	MOHCC, GOAL, UNICEF
Activity 3.3	2 rounds of Mass media communication completed	MOHCC, 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	11	Cluster meeting minutes
Indicator 4.2	Number of districts submitting monthly reports	3	3	Administrative reports
Explanation of output and indicators variance:		Following the official activation of the Nutrition Cluster, the cluster increased the frequency of meetings and weekly cluster coordination meetings were conducted to update 4Ws, coordinate and prioritise intervention activities as well as identify and rectify gaps where they existed. This continued for the first 2 months of the response and re-adjusted to bi-weekly as the emergency was being contained.		

Activities	**Description**	**Implemented by**
Activity 4.1	Conduct monthly Nutrition sector emergency coordination meetings at national, provincial, and district levels	MOHCC, FNC, NGOs, UNICEF, WFP
Activity 4.2	Deploy a Rapid Pro (SMS based) emergency information system for monitoring of admissions	MOHCC, 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?

Children under the age of five years and their mothers and/or caregivers, who were the main target for the Nutrition Response attended outreach points, health facilities and community gatherings for information as well as to receive nutrition services. Other community members volunteered to assist in service provision, in addition to the trained Village Health Workers who were also part of the affected population. Community members also contributed as lead mothers or participants of mother support groups. The sector could however improve by involving communities in the planning and design of the response as noted by the UNICEF commissioned real time evaluation.

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 Nutrition Sector had pre-existing and functional multi-sectoral food and nutrition security committees at sub-national level, up to the village level. These structures led the coordination of the response at the lower level, ensuring that no vulnerable group was left out. These committees further facilitated the establishment of key structures at community level, such as the Care Groups where mothers and caregivers met for IYCF support. 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.
The cluster function, at Provincial Level (Led by a dedicated Nutrition Cluster Coordinator) in leading technical response, planning and monitoring was closely supported by the national level through weekly two-way updates following the cluster meetings at these two levels. The Provincial Cluster raised queries and needs for support and the National Cluster made critical decisions and provided direction for implementation. Among other issues the National Cluster decided on the development of the Extended Protocol for use of RUTF to include treatment of moderate acute malnutrition and also the adoption of the RapidPro system for emergency reporting.

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 had full representation at field level, from a dedicated Nutrition officer who was stationed in the Manicaland Provincial offices for Mutare. UNICEF led the sector, facilitating coordination activities for the sector together with their government colleagues, with support from a Surge Nutrition Cluster Coordinator. UNICEF was actively involved in the broader government led Civil protection Committee at provincial level, providing information to stakeholders on UNICEF's mandate in the emergency response. UNICEF also sensitised frontline health workers, and communities during trainings and outreach activities about the role UNICEF was playing in the response, its values and commitments in being sensitive to the needs of the affected populations. The frontline health workers were also required to sensitise their respective communities in all areas UNICEF was supporting.

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 Nutrition sector was not adequately capacitated to implement a standardised complaint mechanism at the onset of the cyclone response. A self-assessment exercise by sector partners through the Cluster Coordination Performance Monitoring (CCPM) conducted in September 2019, also confirmed this gap. However, other partners such as WFP provided opportunity for communities to give feedback through the suggestion boxes that were set up at food distribution points, which the Nutrition sector also utilised for active screening and other activities.

The Nutrition sector partners were however capacitated later during the response at the Nutrition Cluster Approach Training supported by the Global nutrition Cluster conducted in October 2019. The sector has since initiated the process to standardise the approach for implementing a complaint mechanism by all sector partners as part of the bigger Accountability to Affected Populations AAP plan.

	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 and other sector partners have individual organisational policies on prevention and handling of Sexual Exploitation and Abuse related issues. All UNICEF staff and UNICEF implementing partners are mandated to undergo compulsory training on Prevention of Sexual Exploitation and Abuse. At sector level however, there was no formal consideration for a standard approach to account for PSEA issues as part of inception for the emergency response. The sector however recognised this need and sought support for training of cluster partners from the UNICEF PSEA focal point. All sector partners, as well as government counterparts from National, Provincial and District level were eventually trained. 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?

An independent Real-Time Evaluation of UNICEF's response to Cyclone Idai in Mozambique, Malawi and Zimbabwe was commission by UNICEF regional office in July 2019. The nutrition emergency response rating was 4 (out of 5) as good performance. Most targets being achieved or exceeded within the scheduled timeframe. Activation of expanded protocols for management of moderate acute malnutrition was done at the onset of the emergency. Issue of joint statement on infant and young child feeding. More broadly, the evaluation highlight that issues related to AAP and PSEA needed to more systematically in UNICEF responses across all sectors.	EVALUATION CARRIED OUT ☒
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

8.7. Project Report 19-RR-CEF-067 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Protection - Child Protection	**4. Project Code (CERF):**	19-RR-CEF-067
5. Project Title:	Improving Protection of Children and Adolescents Affected by Cyclone Idai in Zimbabwe		
6.a Original Start Date:	01/04/2019	**6.b Original End Date:**	30/09/2019
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$ 2,300,000**
	b. Total funding received for agency's sector response to current emergency:	**US$267,496**
	c. Amount received from CERF:	**US$ 267,496**
	d. Total CERF funds forwarded to implementing partners	**US$ 243,893**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 120,264
	National NGOs	US$ 123,629
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners provided critical child protection services over a 6 month timeframe to 24,265 children (14,857 girls and 9408 boys) . Of this figure, 554 (280 boys and 274 girls) out of the planned 300 separated and unaccompanied children received support for family tracing reunification forester care and placements in alternative care. The project reached a total of 12,635 children with awareness activities. A total of 2,334 adolescent girls at risk of sexual violence, pregnant adolescents and young mothers at risk of child marriage and sexual violence benefitted from information, support and referral for protection services. The project provided critical rehabilitation services to 448 children with disabilities (274 boys and 174 girls). At total of 2,692 children (1,298 boys and 1,394 girls) were reached with psychosocial support through child friendly spaces. An additional 5,174 children (1,341 boys and 3,833 girls) benefitted from systemic psychosocial support and psychological first aid (PFA) activities. During the reporting period, UNICEF and implementing partners exceeded planned target on child protection cases by reaching 2,692 child protection cases beyond the planned target of 1,500 cases. The project trained 124 foster parents (35 males and 89 females), and reached 5,877caregivers with positive parenting sessions. Geographic coverage of the project was cyclone affected districts in Manicaland (including Chimanmani, Chipenge, Muture)

3. Changes and Amendments

N/A

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	5,500	9,500	12,000	18,000	**45,000**
Total	**5,500**	**9,500**	**12,000**	**18,000**	**45,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	100	400	800	700	**2,000**

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	4,779	9,009	9,408	14,857	**38,053**
Total	**4,779**	**9,009**	**9,408**	**14,857**	**38,053**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	2	3	272	171	**448**

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:	Less children than planned were reached during the reporting period, mainly due to limited caseloads that were identified on the ground. There were also limited levels of participation among adolescent girls mainly attributed to the fact that most of the times they were engaged with household chores.

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 three targeted districts hard hit by Cyclone Idai.

Output 1	Safe environments and systems are established for the most vulnerable children to report and access critical child protection services, specialist services as well as PSS			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of Child Friendly Spaces established	15	5	Child Protection Humanitarian Dashboard
Indicator 1.2	Number of boys and girls in affected areas accessing quality and dedicated Child Friendly Spaces for socialization, play and learning including PSS	20,000	5,653	Child Protection Humanitarian Dashboard
Indicator 1.3	Number of boys and girls, adolescent young mothers and caregivers receiving trauma counselling including ongoing PSS	15,000	9,503	Humanitarian Dashboard
Indicator 1.4	Number of children, adolescents and caregivers with disabilities affected by Cyclone Idai receiving disability sensitive support (disaggregated by gender and age)	2,000	448	Humanitarian Dashboard
Indicator 1.5	Number of child protection cases identified and followed up with critical child protection services as well as specialist child protection services	1,500	2,602	Humanitarian Dashboard
Indicator 1.6	Number of adolescent girls at risk of sexual violence, pregnant adolescents and young mothers at risk of child marriage and sexual violence receive information, support and referral for protection services.	15,000	13,876	Partner narrative report
Explanation of output and indicators variance:		Indicator 1.1: Only 5 Child Friendly Spaces (CFSs) were set up based on need on the ground Indicator 1.2: This was due to the fact that fewer CFSs were set up than were planned Indicator: 1.3: All the identified and screened cases were provided with trauma counselling Indicator 1.4: All screened disability cases received disability sensitive support		

Activities	**Description**	**Implemented by**
Activity 1.1	Setting up Child Friendly spaces and Provision of quality socialization, play and learning activities	Childline Zimbabwe
Activity 1.2	Provision of trauma counselling, PSS, and safe socialization skills for affected children, adolescents' young mothers and caregivers.	REPSSI and Childline Zimbabwe
Activity 1.3	Strengthening Case management and support for children, adolescents and caregivers with disabilities	JF Kapnek Trust
Activity 1.4	Provision and facilitating HIV Sensitive child protection response to Cyclone Idai through case management system.	REPSSI
Activity 1.5	Facilitate safe case reporting, case management follow ups and resolution including cases of sexual abuse in line with multi-Sectorial Management of Sexual Abuse Protocol.	Childline

Output 2	Separated and unaccompanied children are identified, documented and reunified with (extended) family or placed in appropriate alternative care			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of Separated and unaccompanied Children receiving support for family tracing reunification forester care and placements in alternative care (disaggregated by type of placement)	300	544	Humanitarian Dashboard
Indicator 2.2	Number of Foster care parents identified, screened, trained and monitored	200	124	Humanitarian Dashboard
Explanation of output and indicators variance:		Indicator 2.2: Foster care givers were identified based on the prevailing caseload which was lower than anticipated		

Activities	**Description**	**Implemented by**
Activity 2.1	Identification of separated and unaccompanied minors and placement in community foster care arrangements children and other alternative care arrangements and follow up according to IDTR process guidelines	Child Protection Society
Activity 2.2	Facilitate identification, screening and training of foster parents.	Child Protection Society

Output 3	Humanitarian partners are capacitated on child protection in emergency coordination, services and PSEA			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of child protection coordination meetings held at national and subnational level	At least one weekly coordination meeting held at national level held and at least three district and	Weekly meetings were held at national level until July, thereafter on monthly basis Weekly meetings were also held at district level	Minutes of national level Coordination meetings Minutes of District Level coordination meetings
Indicator 3.2	Number of local service providers trained on Minimum Standards on Child Protection in Humanitarian Response and PSEA	5,000	698	Partner report
Indicator 3.3	Joint Child Protection issues monitoring conducted	1	3	Field missions report
Explanation of output and indicators variance:		Indicator 3.2: The target could have been overstated. Most of the key service providers in the target areas, including teachers, social workers, nurses and community cadres were trained		

Activities	**Description**	**Implemented by**
Activity 3.1	Co-leadership with government in organizing coordination meetings and sector response strategies and coordination.	UNICEF
Activity 3.2	Training of Humanitarian workers responding to Cyclone Idai in mainstreaming Child Protection.	UNICEF
Activity 3.3	Joint CP issues monitoring	UNICEF, Child Protection Society, Childline, Africaid, JF Kapnek Trust

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?

Crisis affected people participated during protection needs assessments in focus group discussions and interviews. Community based volunteers, including young men and women facilitated sessions in the child friendly spaces. CCWs participated in case identification and case follow ups. Local teachers provided PFA and psychosocial support to affected children.

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 community-based child protection mechanisms were used such as the Child Protection Committees (CPCs) and the Community Childcare Workers (CCWs). CPCs were used for community level coordination of child protection interventions. They assisted in ensuring community level multi-sectoral linkages (such as between education, health, nutrition, police and food security) for ensuring comprehensive child protection services. The CCWs were used as frontline cadres for case identification and case follow up. They worked closely with qualified social workers for referring child protection cases and providing updates on the situation of resolved cases.

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?

Community meetings and dialogues were held by partners to outline their services in the community. Partners were encouraged to continuously update communities through community meetings and engagement of affected groups.

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 ☐

At community level a hotline operated by Childline was utilised. Implementing partners were trained to develop community-based reporting mechanisms. Most issues raised through the helpline were enquiries about the interventions and available services. Instant information was provided and referrals were made.

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 ☒

Partners were trained in PSEA and received technical assistance for the development of internal polices and for handling SEA. No specific cases of SEA were reported, however, partners conducted awareness activities, including information on their internal procedures for reporting of SEA cases.

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?	
An independent Real-Time Evaluation of UNICEF's response to Cyclone Idai in Mozambique, Malawi and Zimbabwe was commission by UNICEF regional office in July 2019. The evaluation rated child protection component 4 out of 5. It highlighted that the response was timely and achieved good coverage. It noted that the child protection rapid assessment was timely conducted in the first week and strengthened capacity of social workers and CSOs. It also noted UNICEF child protection was quick at deploying partners. It observed that UNICEF Child Protection played an important role setting up the PSEA network. However, it observed that at the time, achievements were low against targets: 23% for PSS and 58% for support to unaccompanied and separated children. More broadly, the evaluation highlight that issues related to AAP and PSEA needed to more systematically in UNICEF responses across all sectors.	EVALUATION CARRIED OUT ☒ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

8.8. Project Report 19-RR-CEF-068 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-CEF-068
5. Project Title:	Strengthening health emergency response to cyclone affected children and women in Chimanimani and Chipinge districts, Manicaland Province		
6.a Original Start Date:	11/04/2019	**6.b Original End Date:**	10/10/2019
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$ 960,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 264,729**
	c. Amount received from CERF:	**US$ 264,729**
	d. Total CERF funds forwarded to implementing partners	**US$ 53,250**
	of which to:	
	Government Partners	US$ 47,350
	International NGOs	US$ 0
	National NGOs	US$ 5,900
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance
Through this CERF RR Grant for the Cyclone Idai response, UNICEF procured and distributed essential medicines and commodities worth US$186,267 to all 58 health facilities within the affected 2 districts including the additional 12 established temporary health facilities. A total of 273,749 people against a target of 270,000 people (101%) were directly assisted with these funds and received treatment from different ailments in these health facilities (Amongst these, 38,218 people (14%) received treatment from the 12 temporary health facilities). In addition, UNICEF reached a total of 267,469 people through social mobilisation activities, supporting road shows being conducted in both districts to mobilise people for the Oral Cholera Vaccination and Integrated Measles Rubella Catch-up campaigns. A total of 182 Community Health workers mobilised their communities for the campaigns as well as provided health and hygiene education for prevention of epidemic prone diseases. From these funds, the National Rapid Response Team comprising of 14 officers together with UNICEF health team conducted monthly monitoring visits in all the health facilities for the response interventions that were conducted within the affected districts. Thanks to CERF funding, there were no reported stock outs from all the health facilities in affected districts and minimal disruption of health service provision. In addition, disease outbreaks were prevented in the entire province. Overall, the project was implemented from April –October 2019 in Chipinge and Chimaninani Districts the 2 cyclone hardest hit districts.

3. Changes and Amendments
N/A

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	64,800	70,200	64,800	70,200	**270,000**
Total	**64,800**	**70,200**	**64,800**	**70,200**	**270,000**
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	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	65,321	71,021	65,479	71,928	**273,749**
Total	**65,321**	**71,021**	**65,479**	**71,928**	**273,749**
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 total number of people reached exceeded by 3,749 since there were people migrating from the neighbouring districts/ country such as Masvingo and Mozambique to access services that was being provided within the nearby health facilities.

5. CERF Result Framework

Project Objective	Prevent avoidable morbidity and mortality resulting from Cyclone Idai among affected communities in Chimanimani and Chipinge districts, Manicaland province

Output 1	People have access to lifesaving treatment			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people accessing treatment at temporary health centres/outreach points in inaccessible areas and health centres providing treatment to cyclone affected persons	37,500	38,219	MOHCC, NHIS
Indicator 1.2	Number of temporary health centres/outreach points/health facilities with no stock out of essential medicines and commodities	100%	100%	MOHCC, NHIS
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of essential medicines, measles vaccine, commodities and supplies for a population of about 500,000 being treated of different ailments.	MOHCC, NATPHARM
Activity 1.2	Distribution of essential medicines, commodities and supplies to a total population of about 500,000	MOHCC, NATPHARM
Activity 1.3	Monitoring of the project activities	MOHCC

Output 2	500,000 people are mobilized for prevention of measles, cholera and other epidemic prone diseases			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of people reached through various media channels	270,000	267,469	MOHCC, NHIS
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Interpersonal communication, group and mass communication IEC-SBCC	MOHCC
Activity 2.2	Information dissemination through social and mass media- Facebook, U-Report, UNICEF radio & TV PSAs, talk shows, drama, UNICEF website, Twitter and Instagram	MOHCC

Output 3	Capacity for planning, implementation and monitoring of health emergency interventions reinforced in Manicaland Province			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Provincial cyclone response plan developed (not budgeted on CERF)	Within 4 weeks	Within 2 weeks	MOHCC Coordination meetings and reports
Indicator 3.2	Provincial emergency vaccination plan developed and implemented timely	Within 2 weeks	Within 4 weeks	MOHCC Coordination meetings and reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 3.1	Support for development of a health sector cyclone response plan (not budgeted on CERF)	MOHCC

Activity 3.2	Support for planning, implementation and monitoring of emergency vaccination for cholera and measles	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?

This project used the existing Government structures such as the Provincial Medical Directorate and the District Medical Directorate during design and planning phase. Key messages and other communication materials for social mobilization and community engagement were developed through the department of Health Promotion within the MOHCC. People living with disabilities were involved during the implementation of OCV campaigns as outreach teams provided the door to door services to them including the old aged. Mobile health services and temporary health facilities would also cater for people living with disabilities, old aged and women and children from distanced villages to the health facilities.

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 local and national mechanisms were used to engage all parts of the communities in response. District Medical Offices from both the affected districts adequately worked with community leaders through Community Health Workers to capture the needs of the affected communities. The National mechanisms through the MoHCC National Office conducted Rapid Assessments and Monitoring visits to determine the extent of damage and effectiveness of interventions. Monitoring visits were conducted jointly with National, Provincial and District Health Authorities. Results monitoring was primarily through situation reports, field assessments and reports on social mobilization and community engagement. Implementation progress monitor made use of implementing partner's monitoring system, the National Health Information System (NHIS) and the District Health Information system (DHIS II). Additionally, the Provincial and District Health Authorities were involved in field monitoring, providing supportive supervision and responding to programming issues on the spot.

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. Monitoring was done on a regular basis by UNICEF staff and at field level, together with MoHCC, provincial and district staff. UNICEF utilized existing guidelines to monitor the performance of the partner (MOHCC) through regular programme and financial spot-checks as defined in its Harmonized Approach to Cash Transfers (HACT) Guidelines.

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 ☐

MOHCC officers (Health Promotion Officers, District Nursing Officers, District Medical Officers) from both affected districts were included in the PSEA trainings that were conducted in both affected districts. These officers were the health focal persons for reporting and handling the SEA – related complaints.

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?	
An independent Real-Time Evaluation of UNICEF's response to Cyclone Idai in Mozambique, Malawi and Zimbabwe was commission by UNICEF regional office in July 2019. Health Emergency Response rating was 5 (out of 5) which was a good performance. The evaluation noted that, response was informed by needs and targets were largely achieved Community health worker system functioned well and there was timely and good quality surge. More broadly, the evaluation highlight that issues related to AAP and PSEA needed to more systematically in UNICEF responses across all sectors	EVALUATION CARRIED OUT ☒ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

8.9. Project Report 19-RR-CEF-069 - 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-069
5. Project Title:	Providing access to water, sanitation and hygiene in cyclone Idai affected districts in Zimbabwe		
6.a Original Start Date:	01/01/1900	**6.b Original End Date:**	09/10/2019
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$ 7,015,480**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,000,000**
	c. Amount received from CERF:	**US$ 800,381**
	d. Total CERF funds forwarded to implementing partners	**US$ 609,659**
	of which to:	
	Government Partners	US$ 6,412
	International NGOs	US$ 524,614
	National NGOs	US$ 78,633
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF RR grant, UNICEF and implementing partners (IP's) provided water to 95,289 people; 4,000 households received water treatment chemicals as part of the WASH hygiene kit; 10,071 students received temporary sanitation facilities; provided 4 schools with permanent sanitation facilities reaching 2,390 students; piped water schemes were repaired in 2 health institutions; 67 Environmental Health Technicians and 500 community health workers were trained on Participatory Health and Hygiene Education; 198,063 people were reached with key hygiene messages and supported the coordination mechanisms of the WASH sub-committees at District and Provincial level. The project directly reached a total of 95,289 people in eight of the cyclone-affected districts in Zimbabwe of Chipinge, Buhera, Mutasa, Makoni, Mutare rural, Masvingo, Bikita and Gutu. All the above activities contributed to averting a 'potential second disaster' as the risk of cholera was high as Zimbabwe had experienced a cholera outbreak in September 2018 to February 2019 and was experiencing a sustained typhoid outbreak.

3. Changes and Amendments

As informed by the assessments conducted by UNICEF and the Manicaland Provincial Water Sanitation Sub-Committee, (PWSSC), over 600 community springs were affected by the cyclone. And according to the Rural Water Information Management System (RWMIS) springs are the primary water source for 27.9% of the households and account for 34.1% of the water coverage in Chipinge. Therefore, UNICEF and the IP, GOAL also prioritised the rehabilitation and protection of springs under Output 1 in cyclone affected wards where this was the only water source available.

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	2,830	3,070	1,970	2,130	**10,000**
Other affected persons	11,330	12,270	7,870	8,530	**40,000**
Total	**14,160**	**15,340**	**9,840**	**10,660**	**50,000**
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	20,739	25,778	23,334	25,438	**95,289**
Total	**20,739**	**25,778**	**23,334**	**25,438**	**95,289**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	88	108	96	108	**400**

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:	UNICEF and implementing Partners managed to reach more people as during the interventions. It was noted that there were more than 5 members per household which increased the reach of the interventions.

5. CERF Result Framework

Project Objective	To provide access to adequate water, sanitation and hygiene to 50,000 people in cyclone-affected districts (Chimanimani and Chipinge) in Manicaland Province, Zimbabwe

Output 1	Access to adequate water for drinking and hygiene purposes restored for an estimated 25,000 women, men and children in cyclone-affected districts			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people who have access to water for drinking and hygiene purposes	25,000	72,910	IPs weekly reports
Indicator 1.2	Number of households with access to water treatment materials	10,000	10,025 households	IPs weekly reports
Explanation of output and indicators variance:		The number of people served per borehole was slightly higher than the estimated 250 people per water source, with IP reports indicating that 58,079 people were reached as 169 boreholes were rehabilitated instead of the targeted 140 boreholes as rehabilitation requirements differed per borehole and as such the available spare parts were able to reach more water points to get them back to functionality. Seven springs were protected and reached 3,952 people, and the piped water schemes reached higher numbers as they served institutions such as schools and health centres and the surrounding community. It should be noted that the project was also extended to cover the other (7) cyclone affected districts that include, Buhera, Mutasa, Makoni, Mutare rural, Masvingo, Bikita and Gutu and this increased the reach of the project.		
Activities	**Description**	**Implemented by**		
Activity 1.1	Rehabilitation of 140 boreholes	Government, UNICEF, & IP's		
Activity 1.2	Rehabilitation of 2 piped water schemes and 1 water kiosk	Government, UNICEF, & IP's		
Activity 1.3	Procurement of water treatment tablets, spare pipes and borehole spares	UNICEF		

Output 2	Temporary sanitation facilities and hygiene kits provided for a total of 10,000 households			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of temporary sanitation facilities provided	100	100	IP Weekly report, Monthly Narrative
Indicator 2.2	Number of household hygiene kits distributed	10,000	7,458	IP's weekly report, Monthly narrative
Indicator 2.3	Number of people reached with key hygiene messages	50,000	198,063	IP's weekly report, Monthly narrative
Explanation of output and indicators variance:		More people were reached as the number of people per household were more than the target value of 5 people per household. At the same time the health club concept helped to increase the number of people reached with messaging in the target areas. While the IEC materials distributed in schools and shared at campaigns such as the Global Hand Washing Day and Oral Cholera Vaccination increased the project reach		
Activities	**Description**	**Implemented by**		
Activity 2.1	Establishment of 100 temporary sanitation facilities (including sanitation slabs, plastic sheets, and handwashing stations)	Government, UNICEF& IP's		
Activity 2.2	Distribution of household hygiene kits with hygiene messages	Government, UNICEF& IP's		
Activity 2.3	Health and hygiene education at institutions and communities	Government, UNICEF& IP's		

Output 3	WASH sector emergency response coordination mechanisms strengthened

Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of sector emergency response coordination meetings held	24	24	Meeting Minutes
Indicator 3.2	Number of monthly project monitoring reports produced	6	6	Joint Monitoring reports
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 3.1	Regular and timely sector emergency response coordination meetings	Government, UNICEF & IP's
Activity 3.2	Monitoring of WASH emergency response activities	Government, UNICEF & IP's
Activity 3.3	Assessment of the medium to long term needs of the affected populations	Government, UNICEF & IP's

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 Districts Water and Sanitation Sub Committees, to which our IP's and UNICEF are members, in liaison with the local leadership and with support from the Ward and Village Water and Sanitation Sub Committees (WWSSCs/VWSSC's) facilitated the assessment of the crisis affected communities who in turn also supported the selection of beneficiaries by village up to ward. Beneficiary selection criteria was factoring in vulnerability levels such as PLWHA, PLWD, Child-headed families, the elderly, pregnant and lactating mothers, children, and the chronically ill as these were more vulnerable to the effects of the cyclone.

These vulnerabilities were then cross references to the impacts of the cyclone to water and sanitation facilities to then determine priority areas of intervention. This was also strengthened with data sourced from the Rural WASH information Management System (RWIMS) on sanitation and water coverage and access to these facilities was also then used to further determine locations for borehole or spring rehabilitation and protection, as well targeting for latrine construction. 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, community members) through community-level structures to gain perspectives from project beneficiaries during the implementation period. Village Health works and or health promoters were also utilised to share concerns raised by the communities during their hygiene promotion sessions and give feedback where certain issues had been addressed.

During distributions of non-food items, help desks and suggestion boxes were availed to ensure communities could share their concerns about project implementation, beneficiary selection and on the quality and usefulness of the materials received. Post distribution monitoring was also conducted targeting the beneficiaries who received WASH hygiene kits to also check for the usefulness and quality of materials and mechanisms used to promote hygiene.

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 (Provincial/District Water and Sanitation Sub-Committee, P/DWSSC). 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. These structures have put in place clear accountability mechanisms with assessment forms that determine interventions also designed to engage with the affected communities. The selection of the boreholes, springs and piped water schemes was done through DWSSCs, in consultation with the communities, and based on administrative data from the RWIMS. UNICEF and IP's ensured the establishment

of Water Point User Committees (WPUC) before the rehabilitation of boreholes, springs and piped water schemes to ensure their involvement. For example, in Chipinge, the committees helped to determine the location of tap stands along the distribution network based on their local vulnerabilities.

The implementation strategy for piped water schemes included the use of solar-based systems as a source of power as communities indicated that this minimized the running costs related to the use of fossil fuel. This level of engagement saw communities provide labour for trenching for piped water schemes and take up operation and maintenance of the water sources. Adequate involvement and support for women and other disadvantaged groups were promoted by ensuring women are given leadership roles to ensure their participation in water point committees is meaningful and the voice of women in decision making is included. Empowerment has even extended to ensuring that women are trained to be pump minders as in the case of Mutare District.

Village Water and Sanitation Sub Committees and local leadership with support from WWSSCs and DWSSCs also facilitated the selection of beneficiaries by the community for WASH hygiene kits. Actual beneficiary categorisation and selection was conducted by the respective 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 and partners conducted project sensitization and inception meetings at all levels. The program was introduced at the national level, 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. Also, project entitlements were highlighted during the WASH hygiene kit distribution. Feedback/ complaints mechanism were set up at each WASH hygiene kit distribution point.

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 ☐

WASH hygiene kit distribution served as a key opportunity to get feedback from the communities, suggestion boxes and help desks were therefore set up at distribution points. 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. Post distribution monitoring of the hygiene kit conducted in all districts highlighted that WASH hygiene kit items were generally accepted by users and were used for the intended purpose.

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. However, UNICEF trained implementing partners on the prevention of SEA and helped the IPs develop and set up internal mechanisms for reporting and handling SEA. Though this was done this remains an area for future improvement.

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?	
An independent Real-Time Evaluation of UNICEF's response to Cyclone Idai in Mozambique, Malawi and Zimbabwe was commission by UNICEF regional office in July 2019. For WASH, the rating was 5 out of 5 in terms of timely response, through meeting the immediate needs for sanitation through temporary latrines in schools and communities, supporting the restoration of the main water supply covering 25,000 people within 3 weeks in Chipinge while support was also given to emergency water trucking in the interim. And the existing rural WASH Information Management System was in place and used as assessment tool. While informing the planning and direction of ongoing recovery efforts and identifying lessons to strengthen preparedness levels and responses to future emergencies. Crucial highlights from the review pointed out to a timely and adequate response to the needs of the affected that averted a potential second disaster through a cholera outbreak. While key recommendations to inform the recovery have also been highlighted in the document and UNICEF is using this information in recovery work. More broadly, the evaluation highlight that issues related to AAP and PSEA needed to more systematically in UNICEF responses across all sectors. Furthermore, through its role as co-lead of the WASH Forum, UNICEF supported the WASH forum to undertake a review and validation exercise of the cyclone response that developed the WASH Cluster's early recovery plans. The review has resulted in the development of assessment tools that can be used in various humanitarian responses.	EVALUATION CARRIED OUT ☒ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

8.10. Project Report 19-RR-WFP-041 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Logistics - Common Logistics	**4. Project Code (CERF):**	19-RR-WFP-041
5. Project Title:	Provision of Common Services Post-Cyclone Idai		
6.a Original Start Date:	23/03/2019	**6.b Original End Date:**	22/09/2019
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$ 2,000,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 780,858**
	c. Amount received from CERF:	**US$ 498,009**
	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

Working through the logistic cluster, WFP transported a total of 89.7MT of cargo on behalf of 11 partners responding to the humanitarian crisis stemming from the impact of Cyclone Idai which affected 252,269 people. The Mi8 helicopter, provided by WFP as a common service to the humanitarian community, conducted between one to three rotations per day to locations within Chimanimani and Chipinge districts, depending on cargo volumes. The helicopter was key in airlifting commodities and humanitarian workers to sites that were inaccessible by road to 15 landing zones. The logistics cluster also set up 3 Mobile storage units to support the storage and movement of commodities on behalf of partners responding to the cyclone.

With the improvement of road access as efforts to repair bridges and roads by the government, partners started to pay off and requests for air transport of cargo decreased towards the end of April, with the helicopter operation ceasing operations on 27 April. The UNHAS commenced operations on the 25th of March 2019 and rounded-up on the 24th of April 2019.

3. Changes and Amendments

CERF funds were meant to be fully utilised for the cyclone response, but due to the early departure of the helicopter and subsequent decline in demand for common services (due to improvement in primary and secondary access roads) the funds were not fully utilised. Unutilised funds (US$109,919) due to the early departure of the helicopter will be returned to CERF.

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

Cluster/Sector	Logistics - Common Logistics				
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	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**
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	Logistics - Common Logistics				
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	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**
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 support did not directly provide support to people but supported through providing common services to partners.

5. CERF Result Framework

Project Objective	Timely provision of common logistics services, including air transport for relief supplies to access remote and hard-to-reach flood-affected areas.

Output 1	Life-saving humanitarian cargo is transported to affected areas and project implementation sites quickly and efficiently through the provision of coordinated air transport services and access to critical logistics information.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Percentage of service requests to handle, store and/or transport cargo fulfilled	85%	90%	Logistics cluster
Indicator 1.2	Number of coordination meetings held	12	11	Logistics cluster Zimbabwe closure report
Indicator 1.3	Service satisfaction rate on Cyclone Idai Logistics Sector User survey is 80% above	80%	85.7%	UNHAS user satisfaction survey
Indicator 1.4	Number of Mobile Storage Units (10 x 24m) provided to humanitarian community as common storage	3	3	Logistics cluster report
Indicator 1.5	Number of partners utilising common air transport and storage services	10	24	Logistics cluster Zimbabwe closure report
Explanation of output and indicators variance:		A total of 24 partners were supported with Helicopter, storage and information services during the cyclone response. 90 percent of total service requests were achieved. Requests not fulfilled were for transportation of commodities like meat and increased personnel transportation when cargo loads were high.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of air transport services for relief supplies	WFP
Activity 1.2	Provision of storage and handling services	WFP
Activity 1.3	Provision of logistics coordination information	WFP
Activity 1.4	Provision of MSUs	WFP
Activity 1.5	Contracting and implementation of air transport and storage services	WFP

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?

WFP as the logistics lead in consultation with partners, local responders and Government, helped to coordinate the logistical response, including the air cargo movement and storage augmentation. The provision of common services ultimately ensured a fast tracking in the delivery of life saving support, both materials and personnel.

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 and partners utilised existing national emergency district and national level fora's such as the Civil protection unit and District level coordination meetings to ensure support was not duplicated and was provided to all the affected communities. Service provision facilities were set up guided by multi-stakeholder engagements and through gap analysis to ensure services were not duplicated and everyone received the support in time.

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 through coordination meetings with partners and stakeholders emphasised minimum standards of accountability for all those involved in the cyclone response. 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 service provision was guided by humanitarian principles.
	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 ☐ Broadly under its activities, WFP availed feedback mechanisms which included a toll-free hotline which allowed people to highlight concerns, including protection issues. WFP through a third-party company managed feedback mechanism ensured each inquiry or complaint was documented and followed through to its resolution. These mechanisms not only provided multiple platforms to address inquiries and concerns. The toll-free hotline provided an opportunity for all people to report any issues of concern to WFP.
	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 ☐ As part of efforts to strengthen and ensure adherence towards a zero-tolerance policy for all forms of Protection against Sexual Exploitation and abuse (PSEA) from its staff partners and stakeholders, 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. Anonymous communication could also be done through suggestion boxes at distribution points. This provided an opportunity for matters to be noted, addressed and followed through.
	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?

WFP carried out a monitoring exercise: – All United Nations Humanitarian Air Services (UNHAS) users were reached thereby recording a 100 percent response rate. – Overall, 85.7 percent of humanitarian actors were satisfied with quality of UNHAS services for air transport of cargo, passengers and goods handling services against a set target of 70 percent customer satisfaction one month into the emergency. – 100 percent of the users indicated that they were able to address the challenge they had which was inaccessibility to the affected areas and populations as bridges and roads had been washed away by the floods. – Some of the notable achievements include the flexibility of UNHAS to go an extra mile by providing 3 rotations per day to increase coverage and the ability of the World Health Organization to distribute oral cholera vaccinations and the World Food Program to distribute essential food supplies through UNHAS services.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

8.11. Project Report 19-RR-WHO-033 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Zimbabwe
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-033
5. Project Title:	Early detection and response to epidemics in cyclone Idai affected districts		
6.a Original Start Date:	11/04/2019	**6.b Original End Date:**	10/10/2019
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$ 900,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 292,726**
	c. Amount received from CERF:	**US$ 296,726**
	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 grant, WHO, working collaboratively with Ministry of Health, Child Care and partners strengthened disease surveillance in the 73 health facilities through training of 80 health workers in Integrated Disease Surveillance and Response in Chipinge and Chimanimani districts. In an effort to improve detection of priority pathogens the laboratories in Mutare and district levels received reagents. To improve case management in the above-mentioned facilities, WHO and MOHCC also trained 40 health workers in the management of childhood infections. Through the CERF funds, WHO was able to coordinate the Health partners who were involved in OCV in the two districts. This also involved health partner mapping. Through the CERF grant, WHO also managed to strengthen coordination of health partners in Manicaland Province for effective response through setting up of the Incident Management System in Mutare. The project was implemented from April to October 2019.

3. Changes and Amendments

There were no deviations in the implementation of the project and WHO adhered to the deliverables as per proposal.

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	64,800	70,200	64,800	70,200	**270,000**
Total	**64,800**	**70,200**	**64,800**	**70,200**	**270,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	6,480	7,020	6,480	7,020	**27,000**

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	64,800	70,200	64,800	70,200	**270,000**
Total	**64,800**	**70,200**	**64,800**	**70,200**	**270,000**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	6,480	7,020	6,480	7,020	**27,000**

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:	While the number of people living with disabilities was not captured, it is assumed that 10% of the target population were people living with disabilities and thus the 27,000 which was initially proposed.

4. CERF Result Framework

Project Objective	To contribute to the reduction of mortalities and morbidities related to Cyclone Idai and disease outbreaks in Manicaland through strengthened surveillance and coordination.

Output 1	Health workers in 73 health facilities in Chimanimani and Chipinge trained and equipped with skills and tools for timely identification and reporting of alerts and outbreak-prone diseases			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of facilities who submit weekly reports on time (50 in Chipinge and 23 in Chimanimani)	73	73	DHIS 2 platform
Indicator 1.2	Number of health workers trained on surveillance and case management (2 per facility)	146	120	Training reports
Indicator 1.3	Number of EHTs and EHO deployed	28	25	Monthly reports

Explanation of output and indicators variance:	While the number of participants that were planned for the project was two per reporting facility, some facilities only had one health worker trained which explains the variance for indicator 1.2. For Indicator 1.3, the number of EHTs targeted was 28 but the project ended up targeting 25, due to the shortage of Environmental Health practitioners on the ground.

Activities	Description	Implemented by
Activity 1.1	On the job support to health staff on surveillance, early warning system and reporting	WHO supported Ministry of Health and Child Care staff in conducting on the Job training for health workers at facility level.
Activity 1.2	Training of health staff on disease detection, reporting and confirmation	WHO supported training of 80 health Workers on Integrated Disease surveillance and Response and this was done in partnership with Ministry of Health and Child Care and Save the Children.
Activity 1.3	Training of 86 health workers on Case management of priority diseases(Cholera, Dysentery, Typhoid and Measles)	50 health workers were trained in case management in Chimanimani and Chipinge districts.
Activity 1.4	Orientation and deployment of environmental health practitioners on disease surveillance	WHO supported the Environmental Health Practitioners with fuel for follow up in Chimanimani and Chipinge districts.
Activity 1.5	Deployment of Rapid response teams to investigate suspected outbreaks	WHO supported RRTs to carry out Malaria investigations in Muchadziya and Mutswangwa which had malaria outbreaks.

5. 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?

One of the strategies that WHO used to improve participation of affected population in emergency health response was to support community dialogues. Prior to the community dialogues, health care workers were given orientation in disease prevention and control as well as malaria, diarrhoea and acute malnutrition case management. The trained health care workers then sensitised community leaders and village health workers first before holding community ward dialogues. Community dialogues were conducted using local languages which was essential for community participants to express themselves freely. The facilitators (nurse in charge, Environmental Health Officer/technician and Nutrition Ward Coordinators) initiated the dialogue by sharing the objectives and an overview of the disease trends in the wards focusing on malaria, diarrhoea and malnutrition.

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?

WHO and MOHCC worked closely 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. WHO also worked with community structures during mobilisation of Oral Cholera Vaccine which was administered in Chipinge and Chimanimani districts.

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 community dialogue discussions that were spearheaded by WHO and the Ministry gave the communities a platform to give feedback on the health programmes that were implemented in the target districts.
	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 Program implementation WHO had an informal complaints mechanism where complaints 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 fora with health partners and Ministry of Health Staff WHO also continued to create awareness on PSEA.
	Any other comments (optional):
	In addition to the above, WHO has hotline number 8644041044 that can be used to report cases of Sexual Exploitation and abuse and this number is shared with stakeholders.

7. Cash Transfer Programming

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

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
	N/A	N/A	N/A	N/A	N/A

Supplementary information (optional):

CTP was not used during the Cyclone Idai Response in Manicaland. However, WHO will consult the stakeholders and other health partners on opportunities for CTP in future interventions

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

WHO is planning to conduct an After-Action Review of Cyclone Idai response during the second quarter and the date will be provided in due course.	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-IOM-018	Camp Management	IOM	INGO	86,692
19-RR-IOM-019	Shelter & NFI	IOM	INGO	68,119
19-RR-IOM-019	Shelter & NFI	IOM	INGO	39,787
19-RR-FPA-027	Protection	UNFPA	NNGO	69,411
19-RR-FPA-027	Protection	UNFPA	NNGO	28,324
19-RR-FPA-027	Protection	UNFPA	NNGO	7,899
19-RR-FPA-028	Health	UNFPA	GOV	46,121
19-RR-CEF-066	Nutrition	UNICEF	GOV	147,925
19-RR-CEF-066	Nutrition	UNICEF	INGO	22,773
19-RR-CEF-067	Child Protection	UNICEF	NNGO	45,991
19-RR-CEF-067	Child Protection	UNICEF	NNGO	56,560
19-RR-CEF-067	Child Protection	UNICEF	INGO	109,255
19-RR-CEF-067	Child Protection	UNICEF	NNGO	21,078
19-RR-CEF-067	Child Protection	UNICEF	INGO	11,009
19-RR-CEF-068	Health	UNICEF	GOV	47,350
19-RR-CEF-068	Health	UNICEF	NNGO	5,900
19-RR-CEF-069	Water, Sanitation and Hygiene	UNICEF	NNGO	78,633
19-RR-CEF-069	Water, Sanitation and Hygiene	UNICEF	INGO	285,761
19-RR-CEF-069	Water, Sanitation and Hygiene	UNICEF	INGO	130,924
19-RR-CEF-069	Water, Sanitation and Hygiene	UNICEF	INGO	107,929
19-RR-CEF-069	Water, Sanitation and Hygiene	UNICEF	GOV	6,412

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After-Action Review
AGDM	Age, Gender and Diversity Mainstreaming
CAFOD	Catholic International Development Charity
CBPF	Country Based Poul Fund
CCCM	Camp Coordination and Camp Management
CCWs	Community Case Workers
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CP	Child Protection
CPC	Child Protection Committee
CRIs	Core Relief Items
CTP	Cash Transfer Program
DCP	District Civil Protection
DHIS 1 and 2	District Health Information System 1 and 2
DTM	Displacement Tracking Matrix
EHO	Emergency Health Officer
EHTs	Emergency Health Team
EMONC	Emergency Obstetric and Neonatal Care
FACT	FACT International
FGDs	Focus Group Discussion
FP/STI	Family Planning/Sexually Transmitted Infection
FTS	Financial Tracking Service
GBViE	Gender Based Violation in Emergency
GVB	Gender Based violation
HACT	Harmonized Approach to Cash Transfers
HC	Humanitarian Coordinator
HCT/UNCT	Humanitarian Country Team/ United Nation Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
IDPs	Internally Displaced Population
IDTR	Identification, Documentation, Tracing and Reunification
IEC	Information Education Communication
IEC-SBCC	Information Education Communication and Social & Behaviour Change Communication
IEHK	Interagency Emergency Health Kit
IMAM	Integrated Management of Acute Malnutrition
IOM	International Organization for Migration
IP's	Implementing partners
IPC 3	Integrated Food Security Phase Classification
IRC	International Rescue Committee
IYCF	Infant and young children feeding
IYCF-E	Infant and young children feeding in Emergency
JMV	Joint monitoring visits
MIYCF	Maternal, Infant and young children feeding in Emergency
MOHCC	Ministry of Health and Child Care

MT	Metric Tone
MUSASA	National Non-governmental organization
MWACSMED	Ministry of Women Affairs, Community, Small and Medium Enterprise Development
MWH	Maternity Waiting Home
NATPHARM	National Pharmaceuticals Company
NCE	No Cost Extension
NFI	Non-Food Item
NGO	Non-governmental Organization
NHIS	National Health Information system
OCHA	Office for Coordination of Humanitarian Affairs
OCV	Oral Cholera Vaccination
P/DWSSC	Provincial/District Water and Sanitation Sub-Committee,
PDM	Post Distribution Monitoring
PFA	psychological first aid
PLWHIV	People Living with HIV/AIDS
PSEA	Prevention of Sexual exploitation and Abuse
PSS	Psychosocial Support
PWSSC	Provincial Water Sanitation Sub-Committee,
RC/HC	Resident Coordinator
REPSSI	Regional Psychosocial Support Initiative
RH	Reproductive Health
RTE	Real-Time Evaluation
RUTF	Ready to use therapeutic food
RWMIS	Rural Water Information Management System
SAM	Severe Acute Malnutrition
SEA	Sexual exploitation and Abuse
SMS	Short Message service
SNFI	Shelter non-food Item
SRH:	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UNFPA	United Nation Population fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nation Child Fund
VHWs	Village Health Workers
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization
WPUC	of Water Point User Committees
WPUC	of Water Point User Committees
WWSSCs/VWSSC	Ward and Village Water and Sanitation Sub Committees
ZIMSTAT	Zimbabwe Statistical Agency
ZRP	Zimbabwe Republic Police