ZIMBABWE
RAPID RESPONSE
DROUGHT
2023

23-RR-ZWE-62402

Edward Kallon

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

The AAR for the FSL component was not conducted as the project activities were completed at the tail-end of the implementation period. Feedback was received from the stakeholders during the fieldwork and during the inter-sectoral monitoring visit, which was led by the RCHC, and OCHA, including implementing partners and government departments. As part of programme monitoring, the UN Resident Coordinator also joined the Protection, Food Security and Livelihoods, WASH, and Nutrition partners, to review progress, and discuss the impact & sustainability of the CERF-funded Anticipatory Action interventions. The Health Cluster held a Cholera After Action Review (3-7 June 2024). This was used to inform the report WHO report which was largely implementing the health project under the CERF grant. The Intra-Action Review occurred 3 weeks before the project's end hence the feedback equally included the information that an AAR was going to include. For the rest of the clusters, a sole AAR was not held due to the different end dates which came about as the WASH and FSL clusters re-programmed and incorporated emerging requirements and implementing modalities. However, this did not affect the input which shaped this final report. UNFPA, through the Ministry of Women Affairs Community Small and Medium Enterprises Development at the national level, convened multi-sectoral stakeholders from the 8 targeted districts of Beitbridge, Gwanda, Umguza, Hwange, Buhera, Chipinge, Chiredzi and Mwenezi at a close out meeting held on the 11th of June 2024, to reflect on the key learnings and reflections drawn from the project implementation. UNFPA held a close out and after-action review whereby the HCT members, the sector leads the RCHC participated and witnessed rich post- implementation feedback. The close out meeting used the CERF guidance to consult the stakeholders, cluster leads and projects where multi-sectoral collaborations existed were visited. In addition, Zimbabwe, through the Resident Coordinator's office hosted a drought assessment mission by Ms. Reena Ghelani, ASG and Climate Crisis Coordinator for the El Niño response from 30 July to 2 August 2024. The ASG met with senior government officials including the Vice President, ministers, UN Agencies local authorities, humanitarian actors on the ground, and affected communities. She visited selected sites where UN agencies, including UNFPA have implemented the CERF funded anticipatory actions for mitigation of El Nino impacts. These engagements enabled a reflection of anticipatory actions and highlighted the gaps that still existed to adequately respond to the critical needs of people affected by the drought and cholera outbreak which ended in June 2024.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT). Yes ☒ No ☐

The use of funds was discussed at HCT meetings from the allocation, progress in implementation, monitoring and conclusion. Each month the sector leads shared the progress and any emerging issues with the HCT. The UNCT was also updated on the received and use of funds for their information.

Please confirm that the final version of this report was 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 stakeholders were able to comment on the final versions as they discussed the input in an ICCG meeting and commented on the report.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

With the CERF funding, a total of **590,960 people** were reached through the different interventions and services. The projects reduced the impact of the drought in **29 districts** and while responding to the cholera outbreak in the same districts. The anticipatory actions funding enabled a multisectoral mitigation against the impact of the El Niño-induced drought, protecting vulnerable communities and safeguarding their well-being. This funding enabled the treatment and prevention of wasting, as well as access to safe water in the realm of surge drought. The funded anticipatory actions mitigated the impact of the El Niño-induced drought, protecting vulnerable communities and safeguarding their well-being. The projects were also able to do so through procurement and direct distribution of survival stock feed, construction of **50 livestock** watering troughs, dissemination of drought advisory messages coupled with gender-based violence awareness, capacity building. This ensured that the farmers saved cattle that are an important productive asset for small householder farmers with various uses such as provision of draught power, manure, milk, transport, as well as being a source of income to meet basic needs through GBV sub cluster allocation towards anticipatory actions, built community capacity to mitigate GBV risks and enabled increased access to quality case management and multi sectoral services like health, legal and police services as required by survivors.

As a result**, 64,000 people** accessed safe quality water, **6,479** survivors accessing quality GBV service support as well. Of the total reached people 15,000 were able to receive tock feed for their livestock and 320 were capacitated stock feed preparation too and **269,543** people accessed cholera treatment.

CERF's Added Value:

In 2024, the United Nations Central Emergency Response Fund (CERF) significantly contributed to the sectoral efforts in reducing the impact of El Nino induced drought through anticipatory action and combating cholera outbreak in Zimbabwe. The funds were instrumental in supporting various aspects of the response, including the provision of safe water, the dissemination of critical hygiene supplies, and the facilitation of risk communication and community engagement activities. The CERF's support was a part of the collective international aid that enabled the delivery of essential services and resources, ultimately helping to mitigate the impact of the cholera crisis on millions of people, including a substantial number of children. These initiatives were part of a broader multi-sectoral intervention aimed at addressing the drought before it hit the population in Zimbabwe and provided the urgent needs of affected populations and preventing further spread of the cholera. The distribution of stockfeed and provision of livestock drinking troughs was done right before the peak of the impact of drought on livestock, enabling farmers to save their livestock, which is the source of the livelihoods.

Did CERF funds lead to a fast delivery of assistance to people in need?

Yes ☒ Partially ☐ No ☐

CERF funds enabled rapid delivery of life-saving assistance in five of the 29 high-priority districts identified as severely/chronically drought-prone and/or having an increased prevalence of acute malnutrition. This support enabled the scale up of critical activities, including emergency nutrition interventions to prevent wasting, as well as access to safe water. In addition, the GBV surveillance and strengthened referrals at community level in the targeted districts increased the community actions to identify and respond to GBV. The allocation of funds by CERF, alongside contributions from other donors, enabled WHO and partners to provide critical humanitarian assistance to millions of people, including a significant number of children. This multi-sectoral intervention covered key areas such as water, sanitation and hygiene (WASH), Cholera case management (setting up of Oral Rehydration Points - ORPs and Cholera Treatment Centres - CTCs), and risk communication, which were crucial in controlling the spread of the disease and reducing mortality. The swift response, supported by these funds, highlights the importance of international cooperation and funding in addressing public health emergencies. These anticipatory actions mitigated the impact of the El Niño-induced drought,

protecting vulnerable communities and safeguarding their well-being. Provision of the shuttle services enabled survivors to timely access multi-sectoral GBV services.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The fund's contributions were key in bolstering the initiatives of WHO, along with other partners, to implement comprehensive interventions which included water, sanitation, and hygiene (WASH) programs, effective case management, and strategic risk communication, which collectively reached more than two hundred and sixty thousand individuals, including children, with clean water to CTCs, and vital hygiene supplies. CERF's allocation summary underscored the importance of prompt action in the critical area of health with focus on the most impacted populations including refugees. The collaborative effort was crucial in controlling the outbreak and lessening its effects on vulnerable groups. The funding shortfall was overcome with the aid of various donors, ensuring that the urgent needs of the communities were addressed promptly. WHO situation reports emphasized the extent of the humanitarian aid delivered and the continued call for contributions to maintain the momentum of the response initiatives. CERF funds enabled timely scale-up of services, preventing an increase in life-threatening wasting.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The Fund also played a significant role in enhancing coordination among the humanitarian community. CERF has facilitated a more effective and coordinated humanitarian response. CERF funds facilitated a multi-sectoral approach, bringing together Nutrition, WASH, and agriculture activities within the same districts, providing comprehensive and anticipatory action towards the drought. Coordination was done through OCHA for all clusters. Collaboration efforts between the WASH (UNICEF) and FSL (FAO) sectors in provision of water for both livestock and people were enhanced during the implementation of the project. For the GBV sub cluster, meetings were held in preparation for the interventions, during implementation and monitoring of the interventions. The meetings all served to strengthen coordination among cluster members and across other sectors, including among those that also received CERF funding. The fund's model emphasizes collective outcomes over individual organizational outputs, thereby fostering a collaborative environment. CERF grants are implemented in partnership with a wide range of actors, including local and international NGOs, host governments, and Red Cross/Red Crescent societies, ensuring a broad reach and the localization of humanitarian efforts. This approach has been instrumental in building the capacity of national actors in crisis-affected countries and in ensuring that a diverse set of partners are actively involved in the planning and prioritization of humanitarian actions.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☒ No ☐

Additional resources for continuing mid-upper arm circumference (MUAC) screening-based surveillance have been mobilized from other sources to support surveillance in more districts. UNFPA Zimbabwe received funding from the UNFPA's Global Emergency Fund for the Cholera outbreak response in the country with a focus on the prevention and treatment of cholera in pregnant women during the emergency. The resources complemented those received from CERF for GBV anticipatory action and enabled UNFPA to contribute to both Health and protection cluster actions in response to cholera and the drought. The project also collaborated with a USAID/BHA-funded project titled Community Engagement in Anticipatory Actions to pilot and fine-tune a CEAA Manual. Post the project, FAO has also been invited to submit a concept note for further funding to the tune of USD 800,000 targeting livestock interventions.

Considerations of the ERC's Underfunded Priority Areas[1]:

[1]In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERFrequests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas here

.

The funding enabled sectors to ensure the HCT has strong advocacy tools for protection and operational access, especially concerning streamlined government communication on operational changes for NGO partners. These were implemented with the HCT agreeing to use tools developed by the Intersectoral team enabling the inclusion of people with disabilities, women, girls, boys, and the elderly. As partners implemented their activities side HCT meetings were able to make strategic decisions with the HC's leadership to enhance the advocacy in support of free and unhindered humanitarian access (by humanitarian partners to people in need and of people in need to assistance and protection), in areas impacted by humanitarian emergencies. Specifically, Protection cluster partners strengthened community-based mechanisms for GBV risk mitigation and protection from SEA. The funding opportunity helped to complement ongoing government efforts to potentially impact the country's food security situation in the targeted areas, particularly through addressing critical life-saving activities, supporting women and girls who are highly impacted by food insecurity at the household level including through the proliferation of gender-based violence in times of food shortages.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**28,890,000**
CERF	4,999,538
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	**4,999.538**

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US$)

Agency	Project Code	Sector/Cluster	Amount
FAO	23-RR-FAO-044	Food Security – Agriculture	1,200,000
UNFPA	23-RR-FPA-062	Protection - Gender-Based Violence	500,000
UNICEF	23-RR-CEF-077	Water, Sanitation and Hygiene	2,002,000
UNICEF	23-RR-CEF-077	Nutrition	598,000
WHO	23-RR-WHO-055	Health	699,538
Total			4,999,538

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

Total funds implemented directly by UN agencies including procurement of relief goods	**2,749,212**
Funds sub-granted to government partners*	42,562
Funds sub-granted to international NGO partners*	1,220,570
Funds sub-granted to national NGO partners*	987,194
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**2,250,326**
Total	**4,999,538**

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

People Directly Reached

A total of 64,160 people directly benefited from improved access to safe water, exceeding the revised approved target of 55,100. The target was exceeded as the number of approved solar-piped water systems increased from 8 to 12. However, cost savings realized from smaller systems allowed for the upgrade of 15 piped water systems, exceeding original projections. The number of people reached was verified through Water Point Committee registers, ensuring accurate tracking of beneficiaries. Furthermore, 23,313 households (target 18,000), were reached with hygiene supplies. Utilization of prepositioned commodities and CERF logistical support enabled the target to be exceeded, and distribution registers were used to track supply distribution. Additionally, 2,700 people benefited from hygiene promotion interventions through 90 established health clubs and tracked/verified via distribution and membership registers.
Nutrition sector interventions in Chipinge, Buhera, Bikita, Chiredzi and Beitbridge districts benefited 108,318 adults and children, preventing wasting due to drought. A total of 1,248 children (649 girls and 599 boys) were identified with wasting (743 severe and 505 moderate wasting), requiring RUTF treatment. Utilization of existing government structures and partner collaboration led to over-achievement. A two-month no-cost extension enabled treatment of 743 children (target 500) with severe wasting. Accurate tracking prevented double counting.
The FSL sector interventions reached out to **14,824**people, a figure based on the distribution lists for stockfeed that were generated from a database that was created after a robust beneficiary selection and registration process.

People Indirectly Reached:

A total of 889,800 people were reached through community engagement/hygiene promotion efforts conducted by 179 trained village health workers (VHWs) using various methods including door-to-door sessions. Other methods used include roadshows, mass awareness methods (radio shows, information and education and communication materials printed under this project). The hygiene promotion reach was estimated using census data, VHW household registers and radio listenership figures, based on the number of people within the catchment areas. Furthermore, approximately 9,300 caregivers received support through Care Groups, which indirectly benefited approximately 37,200 members with counselling that integrated agricultural and WASH interventions.

In recent years, various regions in Zimbabwe have reported below-average rainfall levels. El Niño was expected to further aggravate these conditions by severely disrupting food production, nutrition, education and water supply in many provinces. The 2023 ZimVac Reports and FAO Hunger Hotspot Report estimated that 3.5 to 4.2m people were facing acute food insecurity during the peak lean season in February 2024. An IASC Early Warning Report highlighted the 'high risk' faced by the population due to macroeconomic instability causing currency depreciation and inflation, hindering access to essential items. Two out of three seasonal forecasts (ECMWF and IRI) projected a high probability for a below--average rainy season while the other one (SARCOF) projected normal to below-normal rainfall between December and January. Additionally, a rapidly deteriorating cholera outbreak was compounding the crisis. As of 22 November 2023, the country had recorded a total of 9,894 cholera cases, including 1,304 confirmed cases, across 46 districts.

Operational Use of the CERF Allocation and Results:

On 6 December 2023, the Emergency Relief Coordinator (ERC) approved a $5 million CERF Rapid Response allocation to mitigate the compounded effects of El Niño-induced drought conditions and a rapidly escalating cholera outbreak. The allocation targeted 262,000 people primarily in the southern and western parts of Zimbabwe. FAO, UNICEF, UNFPA, and WHO focused on early action in the food security and livelihoods, nutrition, health, WASH, and protection sectors. The cholera component was implemented under the WASH and health sectors.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Agriculture	7,800	7,200	0	0	15,000	2,810	10,449	260	1,305	**14,824**
Health	71,582	66,076	65,809	58,533	262,000	**75161**	70040	65,809	58,533	**269543**
Nutrition	750	0	2,200	2,100	5,050	54,410	4,976	24,418	24,514	**108,318**
Protection - Gender-Based Violence	14,879	5,910	7,521	3,690	32,000	23,419	9,466	3,390	1,880	**38,155**
Water, Sanitation and Hygiene	20,160	18,720	17,280	15,840	72,000	44,832	41,632	38,429	35,227	**160,120**

People Directly Assisted with CERF Funding by Sector/Cluster*

The CERF grant facilitated the HCT to ensure that the projects mainstreamed protection and operational access existed for NGO partners implementing CERF interventions to reach people in need of assistance and protection, in areas impacted by humanitarian emergencies. Ensure availability and accessibility of comprehensive GBV response services (including social services, case management, health, lega and police support. The referral pathways and safe referrals were activated during project implementation. The project also activated mechanisms for women's participation in disaster response (with special focus on early warning systems.The HCt also ensured that all projects had 15% of people with disabilities.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	262,000	590,960
Total	**262,000**	**590,960**

Table 6: Total Number of People Directly Assisted with CERF Funding*			Number of people with disabilities (PwD) out of the total	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	71,582	200,632	1,339	1,985
Men	66,076	136,563	532	1,387
Girls	65,809	132,306	677	908
Boys	58,533	121,459	423	795
Total	**262,000**	**590,960**	**2,971**	**5,075**

There were cases of overachievement due to the increase of districts especially for cases of cholera and increased number of drought- impacted communities**.**

PART II – PROJECT OVERVIEW

2. PROJECT REPORTS

3.1 Project Report 23-RR-FAO-044

1. Project Information					
Agency:	FAO		**Country:**	Zimbabwe	
Sector/cluster:	Food Security - Agriculture		**CERF project code:**	23-RR-FAO-044	
Project title:	Mitigating the Impact of El Nino-induced Drought (MIEND)				
Start date:	19/01/2024		**End date:**	18/09/2024	
Project revisions:	No-cost extension ☒		Redeployment of funds ☐	Reprogramming ☐	
Funding	**Total requirement for agency's sector response to current emergency:**				**US$ 9,059,265**
	Total funding received for agency's sector response to current emergency:				**US$ 0**
	Amount received from CERF:				**US$ 1,200,000**
	Total CERF funds sub-granted to implementing partners:				**US$ 0**
	Government Partners				US$ 0
	International NGOs				US$ 0
	National NGOs				US$ 0
	Red Cross/Crescent Organisation				US$ 0

2. Project Results Summary/Overall Performance

Through the CERF funding, FAO enhanced access to survival stock feed by 3,000 vulnerable households(14,824 people) for the protection of livelihood assets through distribution of 1500MT of stockfeed (500MT survival meal and 1000MT of pen feeding meal), improved access to water for livestock by supporting construction of 50 livestock drinking troughs and increased awareness by communities on drought mitigation strategies through dissemination of drought advisory messages using community three community radios (Vemuganga, Diamond FM and Hevoi FM) station reaching out to over 498,327 people (listenership). The project achieved the outputs between 19 January 2024 and 18 September 2024 in Buhera, Chipinge and Bikita districts. The capacity of 3000HH (100% 0f the target) to manage stockfeed and livestock feeding was enhanced through cascading of trainings through 38 extension staff (152% of the target) that were trained by FAO. Three livestock development communities in the three districts were also linked with livestock manufacturers and developed a roadmap for partnership to facilitate supply of commercial stockfeed closer to the farmers in the district.

3. Changes and Amendments

A request for a two-month no-cost extension (NCE) was approved. The NCE was required to procure additional 650 MT more stockfeed, that could be distributed to approximately 1000 additional households (5000people). The target households would be from the same Village Business Units (VBU's) which were being targeted by UNICEF for water

4. Number of People Directly Assisted with CERF Funding*

supplies.

Sector/cluster	Food Security – Agriculture									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	7,800	7,200	0	0	**15,000**	2,810	10,449	260	1,305	**13,519**
Total	**7,800**	**7,200**	**0**	**0**	**15,000**	**2,810**	**10,449**	**260**	**1,305**	**13,519**
People with disabilities (PwD) out of the total										
	496	454	0	0	**950**	**125**	**473**	**0**	**0**	**598**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Although over 498,327 people received drought advisory messages using community three community radios (Vemuganga, Diamond FM and Hevoi FM) station, about 80% of the project targeted households in the districts of Chipinge, Bikita and Buhera received advisory messages related to drought.

6. CERF Results Framework:

Project objective	To reduce the impact of the drought in the worst affected districts in Zimbabwe by June 2024

Output 1	Enhanced access to survival stock feed by vulnerable households for the protection of livelihood assets

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Food Security – Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Ag.5 Quantity of stockfeed purchased and distributed to vulnerable farmers (1500 MT)	1500 MT	1500 MT	Beneficiary Database/Distribution registers
Indicator 1.2	Ag.1 Number of people receiving agricultural inputs (stockfeed)	15,000	14,825	Database/ Distribution registers
Indicator 1.3	Ag.6 Number of people receiving training on agricultural skills, practices and/or technologies (extension staff)	25	60	Attendance registers and training report
Indicator 1.4	Proportion of households trained on feed and feeding management reporting a gain in knowledge (At least 80%)	80%	100%	Attendance registers Database
Indicator 1.5	A proportion of households reporting to have received awareness information on prevention of GBV and PSEA. (At least 80%)	80%	100%	Attendance registers Database
Explanation of output and indicators variance:		Indicator 1.3: FAO was able to increase the number of Ministry of Agriculture Extension staff due to training at the community level. This reduced unit costs.		

Activities	Description	Implemented by
Activity 1.1	Procure stock feed	FAO
Activity 1.2	Distribute stock feed to final beneficiaries	FAO and Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
Activity 1.3	Strengthen community-based livestock management structures (LDAs);	FAO and Ministry of Lands, Agriculture, Fisheries, Water and Rural Development, Stockfeed Manufacturers Association, Livestock and Meat Advisory Council and Ministry of Small and Medium Enterprise Development
Activity 1.4	Create awareness on GBV and PSEA for men, women, boys and girls during activity implementation and monitoring	FAO and Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
Activity 1.5	Establish linkages between farmers (LDAs) and the private sector e.g., stock feed suppliers to encourage them to form private-community partnerships (PPCP);	FAO and Ministry of Lands, Agriculture, Fisheries, Water and Rural Development, Stockfeed Manufacturers Association, Livestock and Meat Advisory Council and Ministry of Small and Medium Enterprise
Activity 1.6	Conduct a short-term refresher course for extension staff on livestock feed and feeding management	Stockfeed Manufacturers Association, Ministry of Lands, Agriculture, Fisheries, Water and Rural Development and FAO

Activity 1.7	Train men and women farmers on livestock feed and feeding management	FAO and Ministry of Lands, Agriculture, Fisheries, Water and Rural Development

Output 2	Improved access to water for livestock watering by worst affected households			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated (Number of communal water points with livestock drinking troughs constructed)	50	50	Field Monitoring Report
Indicator 2.2	Proportion of households reporting improved access to water for livestock in intervention districts [At least 80%]	80%	60%	Department Of Livestock Production and Development, Rural Infrastructure Development Agency field monitoring reports
Explanation of output and indicators variance:		Water tables are drying up due to excessive demand for water as the country is now at the peak of EL NINO-induced drought.		

Activities	**Description**	**Implemented by**
Activity 2.1	Identify water points in need of water trough construction	FAO, Rural Infrastructure Development Agency (RIDA), and D Ministry of Lands, Agriculture, Fisheries, Water and Rural Development
Activity 2.2	Procure and distribute materials for construction of water troughs	FAO
Activity 2.3	Train water point committees on management of the water troughs, repair, and maintenance;	RIDA, Ministry of Lands, Agriculture, Fisheries, Water and Rural Development and FAO
Activity 2.4	Raise community (including men, women, boys, and girls) awareness on management of the water troughs, repair, and maintenance;	FAO, RIDA and Ministry of Lands, Agriculture, Fisheries, Water and Rural Development

Output 3	Increased awareness by communities on drought mitigation strategies			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 3.1	Proportion of households reporting to have received advisory messages related to drought (At least 80%)	80%	80%	Field monitoring Reports, Community Radio Contracts
Indicator 3.2	Proportion of people reporting usefulness of advisory messages received (At least 60%)	60%	100%	Field Monitoring Reports, Community Radio Feedback
Explanation of output and indicators variance:		10% of the beneficiaries are beyond the radio signal coverage while some have no radio receivers.		

Activities	**Description**	**Implemented by**
Activity 3.1	Establish a drought related advisory and messaging platform relevant to each district/community	Ministry of Lands, Agriculture, Fisheries, Water and Rural Development, Meteorological Services Department and Community Radio Stations
Activity 3.2	Disseminate drought related advisories and messages to men and women farmers in the target districts	Ministry of Lands, Agriculture, Fisheries, Water and Rural Development, Meteorological Services Department and Community Radio Stations

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[2] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[3]:

Provincial and district inception meetings were conducted to consult the government officials who sit in the Provincial/District Drought Relief Committees where their input was incorporated in the implementation phases, particularly in refining the criteria for selecting wards and project sites as well as self-selection and registration of the beneficiaries. The Government officers including the local extension staff conducted the various project activities including beneficiary registration, verification, distribution of stockfeed, training of communities, and monitoring construction of livestock watering troughs. A grievance redress mechanism was set up to capture the positive/negative feedback from the affected people and inform project implementation

b. AAP Feedback and Complaint Mechanisms:

Grievance Redress Mechanisms were deployed at distribution centres in the form of help desks and suggestion boxes. Project participants were advised to directly contact the FAO focal point in case of any complaints and project feedback at the distribution centres.

[2] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[3] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Although no reports on SEA were received, FAO`s staff on the project were trained on GBV and SEA prevention. During contact with beneficiaries, awareness of men, women, boys, and girls was raised GBV and PSEA awareness by increasing knowledge of reporting mechanisms for the potential victims and punitive measures provided by law for the potential perpetrators, including the rest of the community. A grievance redress mechanism was also availed for use as a channel of reporting about the potential or occurrence of GBV and SEA.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Women and girls were given equal access and opportunity with men and boys to participate in the project. The project set up distribution points for stock feed within reachable distances in each ward to shorten distances traveled and to allow women and girls to access the stock during safe hours of the day.

e. People with disabilities (PwD):

Through the spelled-out select criteria, priority was given to the most vulnerable households, especially members with disabilities and the elderly, female-headed households, looking after orphans and vulnerable children, households with members that are chronically ill, internally displaced people, returnees, and other vulnerable groups.

f. Protection:

By mitigating livestock losses, the action significantly reduced the likelihood of losing livelihoods in the targeted districts, hence reducing GBV and PSEA due to exposure to negative coping mechanisms

g. Education:

NA

8.Cash and Voucher Assistance (CVA)becasue

Use of Cash and Voucher Assistance (CVA)?

Planned	**Achieved**	**Total number of people receiving cash assistance:**
No	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was not considered because the main objectives of the project and the implementation activities submitted in the proposal was to protect animal assets and restore targeted communities means of livelihood. Emergency livestock feed was not available or accessible to target communities in the local area due to drought and extremely high costs.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Project Inception Meeting	https://www.manicapost.co.zw/us1-2m-for-vulnerable-families-stock-feed/
Stockfeed Distribution	https://x.com/faosfsafrica/status/1841833387620794647?t=JoTKx6buwIfkkvOXlqB4Eg&s=19W

3.2 Project Report 23-RR-FPA-062

1. Project Information					
Agency:	UNFPA		**Country:**	Zimbabwe	
Sector/cluster:	Protection - Gender-Based Violence		**CERF project code:**	23-RR-FPA-062	
Project title:	Strengthening GBV services for vulnerable women and girls in affected districts by El Nino drought-impact				
Start date:	16/01/2024		**End date:**	15/07/2024	
Project revisions:	No-cost extension ☐		Redeployment of funds ☐	Reprogramming ☐	

Funding		
Funding	**Total requirement for agency's sector response to current emergency:**	**US$ 2,100,000**
	Total funding received for agency's sector response to current emergency:	**US$ 0**
	Amount received from CERF:	**US$ 500,000**
	Total CERF funds sub-granted to implementing partners:	**US$ 374,032**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$374,032
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its partners worked in 8 districts namely Beitbridge, Gwanda, Umguza, Hwange, Mwenezi, Chiredzi, Buhera, and Chipinge. The protection sector managed to reach out to 38,155 people with GBViE services and information through targeted information sessions, strengthening of referral mechanisms for multi-sectoral GBV services by conducting GBV surveillance and community outreach, and timely dissemination of life-saving information on the referral pathway. There was a high uptake of information and services, evident through the high numbers reached at the community level, as highlighted above. The increased demand could also be attributed to the increased need for GBV risk mitigation initiatives given the drought. UNFPA and partners managed to provide GBViE services through: a) the establishment of 40 safe spaces for most vulnerable women and girls and a total of 3,356 women and girls accessed the safe spaces; b) the provision of psychosocial support to all women and girls (3,356) who accessed the safe spaces; ; c) scaling up the accessibility of survivor-centered GBV life-saving, multi-sectoral services through the establishment of a shuttle system which reached 6,479 survivors. The shuttle enhanced survivors' access to clinical management of rape services, psychosocial support, and referrals to legal aid particularly those in remote and hard-to-reach areas, and survivors with disabilities; d) scaling up of GBV risk mitigation actions and PSEA across all humanitarian response sectors, including providing technical guidance to frontline responders across sectors to establish measures for GBV risk mitigation and strengthening complaints mechanisms/PSEA reporting mechanisms. A total of 226 non-GBV actors received training on these issues; and e) enhanced community awareness

3. Changes and Amendments

In consultation with OCHA, and local stakeholders, Hwange district was targeted instead of the originally planned Binga district. This is because during the project inception phase, Musasa Project, the IP, was informed by the Social Services Department of the Binga Rural District Council that they preferred that the resources availed by the project be used to set up a physical structure to house survivors instead of all the proposed interventions. The department's decision was endorsed through a full council meeting. Since the project interventions could not be changed to construction, the Hwange district authorities welcomed the interventions. as it was also part of the priority districts targeted for interventions but had not been selected due to limited resources. Additionally, on receipt of funds and in preparation for disbursement of resources to the implementing partners, World Vision indicated that they were no longer able to take up the project implementation. This was because the support costs required at the head office level had increased from the beginning of the year 2024 and could not be adequately covered by the approved resources. Musasa was approached to take up the community component that was supposed to be under World Vision and they agreed to take up the activities within the confines of the available budget. Overall, the project met the set targets with most being overachieved due to the high demand created by the project resulting from the high needs within the target districts

Sector/cluster	Protection - Gender-Based Violence									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	14,879	5,910	7,521	3,690	**32,000**	23,419	9,466	3,390	1,880	**38,155**
Total	**14,879**	**5,910**	**7,521**	**3,690**	**32,000**	**23,419**	**9,466**	**3,390**	**1,880**	**38,155**
People with disabilities (PwD) out of the total										
	1,339	532	677	332	**2,880**	**889**	**104**	**209**	**80**	**1,282**

4. Number of People Directly Assisted with CERF Funding*

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <1

5. People Indirectly Targeted by the Project

A total of 122,096 people were indirectly reached under the project. These people were reached with information on the GBV referral pathways that were updated and disseminated and community outreach campaigns. Multi-media including UNFPA's social media platforms (including facebook and X), print media and UNFPA's website were used to engage and sensitise the general population and stakeholders on GBVie.

6. CERF Results Framework

Project objective	To contribute to the mitigation of GBV related-risks and improve survivors' access to life-saving services in the hardest to reach areas of 8 districts forecasted to be drought affected through El Nino in Zimbabwe

Output 1	Improved availability of GBV risk mitigation measures

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	3000	3,356	Musasa program reports
Indicator 1.2	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported	40	40	Musasa program reports
Indicator 1.3	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated (strengthening of referral mechanisms)	8	8	Musasa program reports
Indicator 1.4	PP.1b Number of people accessing protection referral mechanisms and/or pathways	9,000	9,801	Musasa program reports

Explanation of output and indicators variance:	All targets were achieved with 2 of the 4 indicators reaching above 100% of the target. This was because of the high demand created by the programme through community engagement, GBV surveillance, and word of mouth from survivors who have accessed services which saw more survivors demanding the available services.

Activities	**Description**	**Implemented by**

Activity 1.1	Establish safe spaces for women and girls	Musasa
Activity 1.2	Provide PSS and GBV risk mitigation support at safe spaces	Musasa

Output 2	Increased access to life-saving multi-sectoral GBV services through shuttle services			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ■
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	6,000	6,479	Musasa program reports
Explanation of output and indicators variance:		More people were reached than planned		
Activities	**Description**	**Implemented by**		
Activity 2.1	Set up shuttle service for GBV survivors	Musasa		
Activity 2.2	Provide counselling, and facilitate referrals for GBV survivors through the shuttle service	Musasa		
Activity 2.3	Support additional counsellors for the national GBV hotline	Musasa		

Output 3	Enhanced GBV risk mitigation and PSEA community-based complaints mechanisms across relief operations			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☐
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of frontline Humanitarian and Relief actors operating in (CERF targeted) districts likely to be affected by drought affected sensitized on integrating GBViE	240	226	UNFPA Training registers and mission reports

	mitigation and PSEA into relief operations			
Indicator 3.2	PG.1 Number of human rights and/or protection monitoring missions, analyses and/or reports that inform the humanitarian response (GBV Surveillance)	4	6	UNFPA monitoring reports and technical support visit reports; Implementing Partner reports
Explanation of output and indicators variance:		Fewer frontline workers were reached than planned as other sectors have limited presence at the district level beyond the government departments		

Activities	**Description**	**Implemented by**
Activity 3.1	Sensitize frontline Humanitarian and relief actors operating in (CERF targeted) districts likely to be affected by drought on GBViE mitigation integration and PSEA (including on the establishment of Community-based complaints mechanisms)	UNFPA (in partnership with other UN agencies within the protection sector ie UNHCR, UNICEF, IOM, and UN Women)

Output 4	Increased awareness among communities on GBVie and PSEA			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ■
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of people reached with key messages on GBViE, PSEA and available GBV services	32,000	38,155	Musasa program reports
Indicator 4.2	Number of GBV survivors identified through community-based GBV engagement and timely referred to multi-sectoral services	800	1,364	Musasa program reports
Explanation of output and indicators variance:		The demand for information and services was higher than planned. Musasa made use of various platforms to raise awareness at the community level		

Activities	**Description**	**Implemented by**
Activity 4.1	Conduct community based awareness raising sessions on PSEA, GBViE and demand creation for services	Musasa
Activity 4.2	Conduct GBV surveillance and referrals for GBV services	Musasa

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[4] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[5]:

Extensive consultations were done with communities and local stakeholders at the inception phase of the project in the 8 targeted districts. The meetings aimed to ensure local-level geographical targeting and prioritization given the available resource envelope. The meetings enabled buy-in, a critical factor in sustaining the gains of the project at community and district levels. Regular feedback meetings and report submissions were done through Musasa at district and provincial levels. In addition, monitoring visits to project sites were done jointly with local stakeholders, UNFPA as well as the coordinating ministry, Ministry of Women Affairs, Community Small and Medium Enterprises Development.

b. AAP Feedback and Complaint Mechanisms:

Three complaints-handling mechanisms including mobile suggestion boxes, information desks during community meetings, and a toll-free line were used. Information on the complaint mechanisms was disseminated to community members at all community meetings, and it was also included in IEC materials widely disseminated to the communities. Additionally, communities were informed about their rights and entitlements in accessing assistance, the expected standards of conduct by humanitarian aid workers, the services available, and how to access them.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Community-based awareness-raising sessions on PSEA, GBV, and demand creation for services played a crucial role in empowering communities and promoting safety. Feedback from community members and community leaders showed that community members were better able to identify and report incidents, challenge harmful social norms, and better support survivors. The national hotline and toll-free lines were the main mechanisms used for reporting SEA-related complaints. The platform is confidential and handled by the organization's M&E department. UNFPA's Office of Audit and Investigation Services (OASIS) confidential services were also shared to enable confidential reporting.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project's main intervention areas and primary target group were women and girls mitigating GBV risks and ensuring access to quality multi-sectoral GBV services. In most societies, women have limited space to meet, and public spaces are often inhabited largely by men. Traditionally, women's responsibilities include taking care of children, cooking, carrying out household chores, and generally looking after the family. While these roles may change during crises, where women may find themselves working or becoming the breadwinner, they remain responsible for the household, nevertheless. The safe spaces therefore provided a platform where women and girls, being the intended beneficiaries, felt comfortable and enjoyed the freedom to express themselves without the fear of judgment or harm. In addition,

[4] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[5] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

the various livelihood initiatives done at the safe spaces enabled women to be economically empowered, contributing to household needs and positively influencing discussions at the household level about food and money.

e. People with disabilities (PwD):

To reach persons with disabilities, the community-based organizations of persons with disabilities and umbrella bodies like the Federation of Organisations of Disabled People in Zimbabwe (FODPZ) were engaged to facilitate access to persons with disabilities including those with invisible disabilities. Disability-inclusive programming is still an area that requires further strengthening guided by the National Disability Policy under the Department of Disability Affairs in the Ministry of Public Service Labour and Social Welfare.

f. Protection

The shuttle service enhanced protection for survivors of GBV by ensuring they had access to critical services through facilitated referrals including to places of safety as required. Additionally, the safe spaces for women and girls that were set up in the target districts provided a confidential space for women and girls to get information on GBV and services available and carry out activities that both economically and socially empowered them as a GBV risk mitigation measure. The awareness-raising sessions at the community level on SEA as well as the complaints handling mechanisms availed meant that communities had access to protection-related information and the GBV referral pathway. The activities done were aimed at achieving full respect for the rights of the affected communities in accordance with international humanitarian law. The activities facilitated the creation of an environment that was conducive to mitigating, preventing, and responding to protection violations and restoring human dignity.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The CVA was not considered as this modality has so far not been utilized by UNFPA in Zimbabwe. To ensure a rapid start with minimum delays, existing partnerships, and response modalities were used. Since CVA requires an assessment of feasibility, thorough community consultations as well as adequate time for planning, in-kind assistance was used as this would ensure quick action. The CVA has been used in other UNFPA country offices and going forward will be recommended based on key learnings from these country offices as well as experiences of other UN agencies in the country that have utilized CVA.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

4 Title	Weblink
Iris's Story	https://www.youtube.com/watch?v=0Auc6a6V2kQ
Voices from the field	https://www.youtube.com/watch?v=lRhNJCrr4DE
Supporting Community Resilience In The Face Of El Nino	https://youtu.be/rh1LgL3S7ew?si=Felt74W-ECFf6hbu
Strengthening Community Resilience Key to Ending GBV	https://newziana.co.zw/strengthening-community-resilience-key-to-ending-gbv-un/
Government of Zimbabwe Intensifies fight Against GBV	https://www.herald.co.zw/govt-intensifies-fight-against-gbv/
Making Communities Safe for women	https://healthtimes.co.zw/2024/06/15/making-communities-cerf-for-women-how-zimbabwes-gbv-program-has-improved-access-to-services-in-el-nino-affected-districts/
Community Resilience in the face of Elnino (TV Cover0	https://drive.google.com/file/d/1IBTHdxigQkroypUPhBVObQ8Ee4v2R3KO/view?usp=sharing
Victims Of GBV Get Reprieve	https://www.newsday.co.zw/southerneye/local/article/200028656/victims-of-gender-based-violence-get-reprieve

4.1 Project Report 23-RR-CEF-077

1. Project Information					
Agency:	UNICEF		**Country:**	Zimbabwe	
Sector/cluster:	Water, Sanitation and Hygiene Nutrition		**CERF project code:**	23-RR-CEF-077	
Project title:	Prevention of wasting and provision of access to safe water, sanitation and hygiene in El Nino and cholera affected communities in 5 provinces of Zimbabwe				
Start date:	01/01/2024		**End date:**	31/08/2024	
Project revisions:	No-cost extension ☐		Redeployment of funds ☐	Reprogramming ☐	
unding	**Total requirement for agency's sector response to current emergency:**				**US$ 10,500,000**

Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 2,600,000**
Total CERF funds sub-granted to implementing partners:	**US$ 1,818,619**
Government Partners	US$ 42,562
International NGOs	US$ 1,162,895
National NGOs	US$ 613,162
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Nutrition interventions benefited a total of 108,318 adults and children in Chipinge, Buhera, Bikita, Chiredzi, and Beitbridge districts, scaling up actions for the prevention of wasting due to drought impact and succeeding in maintaining proxy-GAM and proxy-SAM below 2 percent.
From January to August 2024, through the CERF grant, UNICEF and partners screened 48,932 children under five for malnutrition (24,418 girls; 24,514 boys). A total of 1,248 children (649 girls; 599 boys) were referred and admitted for treatment of wasting (743 severe and 505 moderate wasting) and provided with essential RUTF, benefitting approximately 600 children. Additionally, 354 VHWs (210 females and 144 males) were trained to establish Nutrition Care Groups, reaching 58,813 caregivers with essential nutrition counseling. Furthermore, 87 District Food and Nutrition Security Committee (DFNSC) members were trained (33 females and 54 males), and 132 district officials (59 females and 73 males) were reached through project inception meetings.

Additionally, 64,160 people (15,395 girls, 14,115 boys, 17,965 women, 16,682 men, including 321 with disabilities) accessed safe water in drought-prone and cholera-affected communities through the rehabilitation of 71 boreholes and the upgrading of 15 solar piped water schemes in Chipinge, Buhera, Bikita, Chiredzi and Beitbridge districts from January to August 2024. Hygiene kits were distributed to 23,313 households (93,252 people: 22,381 girls, 20,515 boys, 26,111 women, 24,246 men), and 12,832 learners (6,695 girls; 6,137 boys). Hygiene awareness activities including door-to-door sessions by 179 trained VHWs, roadshows, and radio messaging benefitted 889,800 people. Furthermore, 70 community and 20 school health clubs were established, averaging 30 members each.

Upgraded solar-piped water systems and rehabilitated boreholes reduced the water-carrying burden for long distances (from 1.2 kilometers to 50 meters, in some instances). Solar piped water systems enabled multiple uses of water, as three dip tanks, six community gardens, and 10 cattle troughs were supported by the water systems. Increased access to safe water in schools enabled more productive learning time and improved hygiene practices. Additionally, through established gardens, local marketing opportunities and household food supplies' availability have been enhanced.

The over-achievement of the nutrition sector (108,318) was a result of the following: Approximately 9,300 caregivers received support through Care Groups, which indirectly benefited approximately 37,200 members with counselling that integrated agricultural and WASH interventions. A total of 889,800 people (213,600 girls, 195,800 boys, 249,000 women, and 231,400 men) were reached by 179 trained VHWs (20 males and 159 females), through community engagement efforts which included door-to-door sessions, roadshows, as well as other mass awareness methods (radio shows and information, education, and communication materials printed under this project). Additionally, mass gatherings, including funerals, church, and religious gatherings, were utilized to disseminate messages. This project

complemented the drought mitigation efforts and the cholera outbreak response initiatives, adopting multiple channels to maximize reach.

The total number of people directly assisted with WASH services (160,122), tripled more than the planned number due to several reasons. These are people were reached through the Care Groups that were established under this project. Care Groups are a national approach, sitting with MOHCC, for expanding coverage of multi-sectoral nutrition counselling and support to households. They use a cascade approach (so VHWs and Lead-Mothers are trained, and they go and establish the actual care group, consisting of 10-15 neighboring caregivers). We underestimated the cascade effect when we were setting our beneficiary numbers. We also underestimated the interest in the uptake of establishing Care Groups. So, the VHWs were trained as planned, and they recruited more lead mothers than planned - therefore, establishing more care groups than planned, which in turn influenced the final numbers reached through this approach.

3. Changes and Amendments

Most of the nutrition and WASH indicators show an over-achievement against the planned targets. This was mainly due to the approach of leveraging and strengthening existing government structures, collaborating with partners with existing presence within the districts which enabled UNICEF to build on the ongoing activities. For example, in some districts, government health officials leveraged training opportunities to expand the Care Groups networks by training VHWs and lead mothers. This strategic approach enabled the creation of 936 Care Groups, exceeding the target of 125, subsequently enabling over-achievement in other activities such as counselling and community-based screening. The increased screening coverage led to timely identification of children with wasting, identifying 743 children with severe wasting across the five targeted districts, against the planned target of 500.
Thanks to UNICEF's prepositioned contingency stock of critical hygiene kits, managed by the Government, WASH partners were able to reach more people. Additionally, CERF funding enabled efficient end-mile distribution. Furthermore, UNICEF requested for realignment of water targets in February 2024 based on submissions made by the Government. The request was approved by CERF at the end of March 2024, allowing UNICEF to revise the water supply target from 72,000 to 55,100 people. Additionally, the request included revisions of the number of piped water systems, increasing the target from eight to 12 systems, and reducing the handpumps rehabilitation target from 145 to 67. UNICEF also requested for a two-month no-cost extension which was approved by CERF resulting in the end of project adjustment from 30 June 2024 to 31 August 2024.

Sector/cluster	Nutrition									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	750	0	2,220	2,100	**5,070**	54,410	4,976	24,418	24,514	**108,318**
Total	**750**	**0**	**2,220**	**2,100**	**5,070**	**54,410**	**4,976**	**24,418**	**24,514**	**108,318**
People with disabilities (PwD) out of the total										

	10	0	5	5	**20**	**9**	**2**	**7**	**6**	**24**

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	20,160	18,720	17,280	15,840	**72,000**	44,832	41,632	38,429	35,227	**160,122**
Total	**20,160**	**18,720**	**17,280**	**15,840**	**72,000**	44,832	41,632	38,429	35,227	**160,122**
People with disabilities (PwD) out of the total										
	322	299	276	253	**1,150**	420	320	290	270	1,310

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Approximately 9,300 caregivers received support through Care Groups, which indirectly benefited approximately 37,200 members with counselling that integrated agricultural and WASH interventions. A total of 889,800 people (213,600 girls, 195,800 boys, 249,000 women and 231,400 men) were reached by 179 trained VHWs (20 males and 159 females), through community engagement efforts which included door-to-door sessions, roadshows, as well as other mass awareness methods (radio shows and information, education, and communication materials printed under this project). Additionally, mass gatherings, including funerals, church, and religious gatherings, were utilized to disseminate messages. This project complemented the drought mitigation efforts and the cholera outbreak response initiatives, adopting multiple channels to maximize reach.

6. CERF Results Framework

Project objective	To contribute to prevention of an increase in wasting and providing access to safe water, and hygiene to 77,070 people in five districts in Masvingo, Manicaland, and Matabeleland South provinces, Zimbabwe.

Output 1	Strengthen integrated nutrition activities for the prevention of wasting

Was the planned output changed through a reprogramming after the application stage?		Yes ☐		No ☒
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies	750	58,906	Partner Records
Indicator 1.2	Number of Care Groups trained	125	936	Partner Records
Indicator 1.3	Number of monitoring visits conducted	25	20	Partner/UNICEF Records
Explanation of output and indicators variance:		Over-achievement against the planned targets was mainly due to the approach of utilizing and strengthening existing government structures for the response, as well as collaborating with partners with an existing presence in the targeted districts, which allowed UNICEF to leverage/build on ongoing activities – for instance, shorter refresher training for Care Group structures (Village Health Workers, lead mothers and Care Group members) instead of the full training. In some districts, government health officials leveraged training opportunities to expand the Care Group network by ensuring the training of all VHWs and lead mothers in the district, who then went on to establish their Care Groups, with a cascade effect. This enabled the training of **936 care groups** surpassing the target of 125. Overachievement in the number of Care Groups trained led to increased reach through community awareness sessions on maternal, infant, and young child feeding in emergencies.		

Activities	**Description**	**Implemented by**
Activity 1.1	Training to establish / refresher training for Nutrition Care Groups	World Vision
Activity 1.2	Refresher training to strengthen Food and Nutrition Security Committees	World Vision
Activity 1.3	Joint supportive supervision to Care Groups (DFNSC members, MoHCC, and implementing partner)	World Vision, DFNSCs, MoHCC and UNICEF

Output 2	Increase community based MUAC screening for early identification and surveillance of wasting			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	N.4 Number of people screened for acute malnutrition	4,320	48,932	Partner Records

Indicator 2.2	N.3a Number of children 6-59 months admitted to SAM treatment programme (therapeutic feeding)	500	743	Partner Records
Indicator 2.3	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	75	85	DHIS2
Explanation of output and indicators variance:		MUAC screening was carried out every month for the duration of the project. The number of children screened monthly ranged from 30,791 (lowest) to 48,932 (highest) in one month. We have reported the figure for the highest month. Therefore confirming that this does not include any double counting. The high achievement is also influenced by the extra care groups that were established as screening was also promoted through the groups. The Ministry of Health and Childcare (MoHCC) enhanced community-based MUAC screening for early identification and referral by printing screening registers and ensuring all district nutritionists were aware of the activity, leading to improved surveillance. Additionally, Care Group members contributed to community-based screening which enabled the over-achievement in the number of people screened for acute malnutrition. Six hundred cartons of RUTF were procured under the project, sufficient to treat 600 children with wasting. Thanks to the approved two months no-cost extension for this project, UNICEF and its partners were able to reach 743 children with treatment for severe wasting in the five districts, and 505 children were treated for moderate wasting. Cure rates achieved were above the SPHERE minimum standards of at least 75 percent, and defaulter rates surpassed the SPHERE minimum standard (of <15 percent) at 8 percent.		
Activities	**Description**		**Implemented by**	
Activity 2.1	Community based Middle Upper Arm Circumference (MUAC) screening for early identification and referral to treatment of children with wasting (find and treat) and surveillance		UNICEF implementing partner- World Vision	
Activity 2.2	Procurement and pre-positioning of RUTF		UNICEF	

Output 3	An estimated 72,000 women, men, and children in 5 drought-prone and cholera-affected districts in Masvingo, Manicaland and Masvingo province have safe access to and use a sufficient quantity and quality of water to meet their drinking and domestic needs			
Was the planned output changed through a reprogramming after the application stage?			Yes ☒	No ☐
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene	72,000	64,160	Completion Certificate Water Point Committee Registers

Indicator 3.2	WS.16a Number of people receiving critical WASH supplies (Number of households with access to water treatment chemicals)	18,000 households	23,313	Distribution Registers
Indicator 3.3	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated	153 water systems	86	Completion Certificate

Explanation of output and indicators variance:	In response to the Government's request to enhance access to safe water by increasing piped water schemes, the project's initial plan was significantly adjusted to align with the new strategy on solar piped water systems and adopt the village business unit model. Initially, the project aimed to rehabilitate 145 boreholes, but this target was reduced to 67 boreholes. This reduction allowed for an increase in the number of piped water schemes from 8 to 12 and aimed to shorten the travel distances for safe water access and promote its multipurpose use. Consequently, the target population was revised downwards to 55,100 people. However, the shift from rehabilitating more handpump boreholes to piped water systems led to a decrease in the number of people benefiting from improved water access, as fewer boreholes were repaired. Despite this, UNICEF exceeded the revised target of 55,100, successfully reaching 64,160 people. Where savings were realized by partners, UNICEF increased the target for piped water systems and developed 15 systems. Additionally, the project was able to support the strategic shift required by the Government to long-term infrastructure, which enables a single water source to serve more people, reduce walking distances, and bolster livelihood and nutrition activities by supporting three dip tanks, six community gardens, and 10 cattle troughs across the five targeted districts. The over-achievement in the number of people reached with hygiene kits was possible because UNICEF leveraged its prepositioned hygiene kits and CERF logistical support to reach more people in the targeted communities.

Activities	**Description**	**Implemented by**
Activity 3.1	Rehabilitation/ repair of 145 boreholes	71 boreholes were rehabilitated by the District Rural Infrastructure Development Agency (RIDA) with support from UNICEF and its implementing partners namely Mercy Corps, Christian Care and International Medical Corps.
Activity 3.2	Rehabilitation/upgrading of 8 solar piped water schemes	15 solar piped water schemes implemented by the District RIDA with support from UNICEF and its implementing partners namely Mercy Corps, Christian Care and International Medical Corps.
Activity 3.3	Refresher trainings for Water point management committees	86 water point committees trained by the MoHCC, District RIDA with support from UNICEF and its implementing partners namely Mercy Corps, Christian Care and International Medical Corps

Output 4	Improve awareness of safe hygiene and sanitation practices, with a focus on participatory health and hygiene education (PHHE) in communities and schools
Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒	
Sector/cluster	Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	WS.17 Number of people receiving WASH/hygiene messaging (Number of people receiving critical WASH related information for improved hygiene and sanitation practices - 500,000 and Number of school children (boys/girls) receiving critical WASH related information for improved hygiene and sanitation practices 20,000)	72,000	93,252	Distribution Registers
Explanation of output and indicators variance:		A total of 93,252 people out of the targeted 72,000 were directly reached with key hygiene messages on diarrhoeal prevention and management, handwashing with soap, and water treatment. The over-achievement is attributed to the use of multiple channels, including roadshows, door-to-door awareness campaigns, and health clubs. Additionally, more people were reached with hygiene messages through 90 health clubs that were established (70 in communities and 20 in schools). Furthermore, VHWs, with support from the local environmental health technicians (EHTs) also supported hygiene message dissemination through door-to-door awareness campaigns. Furthermore, a total of 889,000 people out of the targeted 500,000 (213,600 girls, 195,800 boys, 249,000 women, and 231,400 men), were indirectly reached with key messages on diarrhoeal prevention and management, handwashing with soap, and water treatment through mass media communication channels particularly talk show sessions on local radio stations which enabled mass outreach at the provincial level.		

Activities	Description	Implemented by
Activity 4.1	Refresher training of Village Health Workers (VHWs) and Community Health Workers (CHWs) supporting dissemination of critical lifesaving WASH messages / hygiene practices.	179 VHWs and CHWs were trained by the MoHCC, UNICEF and implementing partners (Mercy Corps, Christian Care and International Medical Corps).
Activity 4.2	Resuscitation/ establishment of community health clubs	70 community health clubs were established by the MoHCC, UNICEF and implementing partners (Mercy Corps, Christian Care, and International Medical Corps).
Activity 4.3	Resuscitation/ establishment of school health clubs	20 school health clubs were established by the MoHCC, UNICEF and implementing partners (Mercy Corps, Christian Care and International Medical Corps).

Output 5	Provide access to critical WASH hygiene kits to 18,000 families, and with a focus on the most vulnerable families and schools in the targeted areas
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) to (18,000 Households)	72,000	93,252	Distribution Registers
Indicator 5.2	Number of schools receiving a school hygiene kit	30	50	Distribution Registers
Explanation of output and indicators variance:		UNICEF partners and the Government were able to utilize the UNICEF prepositioned contingency stock comprising of critical hygiene kits managed by the Government, to exceed the targets. Additionally, CERF funding enabled efficient end-mile distribution		

Activities	Description	Implemented by
Activity 5.1	Distribution of WASH Hygiene kits in vulnerable communities and schools	Distribution was done through the MoHCC and UNICEF with its implementing partners namely Mercy Corps, Christian Care, and International Medical Corps in 5 districts.
Activity 5.2	Procurement of WASH hygiene kits	UNICEF

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[6] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[7]:

Stakeholders at the community level were involved in the design, implementation, and monitoring of the WASH and nutrition interventions through the district and ward level Food and Security Committees, the District Water Sanitation and Sub-Committees, Care Groups, community, and school health clubs. Care Groups were established by VHWs in collaboration with lead mothers/fathers who subsequently set up Care Groups within their communities, ensuring broad participation. The health clubs facilitated by community health volunteers/VHWs in collaboration with the local environmental health technicians enabled inclusive discussions and structured feedback. Both groups determined the frequency of their meetings, and the Care Groups collaborated with the district and ward Food and Nutrition Security Committee for complementary activities. The Food and Nutrition Security Committees carried out joint monitoring visits to the Care Groups and the feedback collected was key in providing localized technical support and quality assurance.

b. AAP Feedback and Complaint Mechanisms:

AAP was integrated into all activities to ensure the affected people were at the centre of the humanitarian action as follows:

- Communities participated safely and appropriately, ensuring equal opportunities for all, including the vulnerable.

[6] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

[7] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

- Communication and information were shared through two-way communication channels, ensuring communities' awareness of their rights, entitlements, and implementing partner's obligations. Community dialogues and inception meetings ensured transparency and accountability throughout the project.
- Feedback and complaint mechanisms such as hotlines, help desks, suggestion boxes and feedback sessions were implemented at water points at a frequency determined by communities. All feedback received was recorded and addressed in a manner that safeguarded the communities.
- Coordination with WASH partners in the districts and District Water, and Sanitation Sub-committees to avoid overburdening communities and duplicate efforts.
- Selecting of water sources for rehabilitation/development through the District Water Supply and Sanitation Committee in consultation with the communities.
- Conducting of joint monitoring visits with members of community-level structures and government representatives.
- Conducting of post-distribution monitoring targeting beneficiaries who received WASH hygiene kits.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF implementing partners' staff received training on PSEA. The trained focal persons provided technical support during project implementation, addressing PSEA-related issues. The project was continuously assessed to identify and respond to protection risks and vulnerabilities affecting children and communities. This included establishing safe, confidential, and reliable mechanisms for accessing assistance and raising concerns, including gender-based violence (GBV). Communities were educated about PSEA and informed on how to report related issues. The implementing partners actively monitored the effectiveness of these mechanisms. Project activities such as construction of piped water schemes reduced the distance travelled by women and girls thereby lowering the risk of sexual exploitation, while water tap locations were agreed by the communities to minimize the risks of exploitation.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Care Groups primarily targeted female caregivers empowering mothers to improve and monitor the nutrition status of their children. A total of 793 female-led and 143 male-led Care Groups were trained, promoting a more inclusive and equitable approach to childcare and development through fathers' engagement in child-feeding practices.

In addition, the project integrated gender considerations into WASH activities, addressing women's practical and strategic needs. For example, women held key decision-making positions in water point committees, comprising 50 percent of decision-making structures and 80 percent of the trained water point operators. Additionally, UNICEF and partners implemented measures to ensure the inclusion of, the elderly, youth, women, and people with disabilities, to ensure their protection and inclusion in the project cycle. Meaningful representation of women and girls in water point committees promoted safety at water points. UNICEF also collaborated with the Government and other partners to improve specialized services for GBV referral.

e. People with disabilities (PwD):

Care Group activities were community-based, and meetings were held in accessible locations prioritizing the safety of all caregivers and children, including those with disabilities. For the upgrading of piped water systems, community consultations led to the installation of water taps closer to the households of people with disabilities, ensuring easier access to water. In certain districts, community health clubs utilized the households of people with disabilities as demonstration sites where they constructed hygiene-enabling facilities such as pot racks, tippy taps near toilets, rubbish pits, and ideal kitchens.

f. Protection:

To safeguard the dignity and safety of affected people, including the elderly and people with disabilities, separate consultations were conducted with girls, boys, women, and men, to ensure that services provided equitable access and reduced incidences of violence. The project ensured that girls, boys, women, and men, including the elderly and people with disabilities, have access to feedback and complaint mechanisms so that remedial action can address their specific protection and assistance needs. The project also produced information, education, and communication (IEC) materials that were context-specific, age and gender appropriate particularly for the IEC provided in schools, and information delivered for school health clubs was aligned with the school health club training modules. Reduced distances and times spent while collecting water through upgraded water systems and rehabilitated boreholes resulted in the reduced risk of women and girls being violated while fetching water.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was not planned as a modality at the proposal stage for this project. Zimbabwe continues to face inflation, and restrictions on the use of cash transfers as a programme modality and experienced above-average food prices throughout the project period because of El Nino which affected harvests and food production across the region. UNICEF and its partners therefore chose a programming modality that guaranteed access to programme commodities within the timeframe of the project. In addition, the CVA modality is not appropriate for early identification and treatment of child wasting.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

g. Education:

The project integrated educational components to enhance its impact. Twenty school health clubs were formed to facilitate peer-to-peer learning on hygiene promotion, and 30 schools were supported with critical hygiene kits to enable good hygiene practices in schools. Additionally, several of the developed piped water systems also supported schools, leading to improved teacher retention and learner attendance. These educational aspects not only promoted hygiene practices but also created a more conducive learning environment.

9. Visibility of CERF-funded Activities

Title	Weblink
Chiredzi Care Groups protecting children's nutrition in light of El Nino	Chiredzi Care Groups protecting children's nutrition in light of El Nino | UNICEF Zimbabwe
MUAC screening guards against malnutrition in Bikita, Zimbabwe	https://www.unicef.org/zimbabwe/stories/muac-screening-guards-against-malnutrition-bikita-zimbabwe
Revived health clubs spearhead cholera, malnutrition fight	https://www.unicef.org/zimbabwe/stories/revived-health-clubs-spearhead-cholera-malnutrition-fight
Ravaged by El Nino, a community galvanizes to ensure success of water scheme	https://www.unicef.org/zimbabwe/stories/ravaged-el-nino-community-galvanizes-ensure-success-water-scheme

World Vision Zimbabwe Combats Malnutrition and Child Wasting Amid El-Nino Drought	World Vision Zimbabwe Combats Malnutrition and Child Wasting Amid El-Nino Drought | Zimbabwe | World Vision International (wvi.org)

4.1 Project Report 23-RR-WHO-055

1. Project Information			
Agency:	WHO	**Country:**	Zimbabwe
Sector/cluster:	Health	**CERF project code:**	23-RR-WHO-055
Project title:	Strengthen Cholera Response in most affected districts of Zimbabwe		
Start date:	28/12/2023	**End date:**	27/06/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 2,900,000**
	Total funding received for agency's sector response to current emergency:	**US$ 0**
	Amount received from CERF:	**US$ 699,538**
	Total CERF funds sub-granted to implementing partners:	**US$ 57,675**
	Government Partners	US$ 0
	International NGOs	US$ 57,675
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

WHO in collaboration with the Ministry of Health and Child Care (MoHCC) with CERF support focused on strengthening response capacity, enhancing case management, improving water, sanitation, and hygiene (WASH), and bolstering risk communication and community engagement (RCCE).

1. Improved Strategic Planning and Coordination:

- **Risk and Needs Assessment:** A collaborative gap analysis, conducted with the MoHCC and partners, identified critical funding requirements across all cholera response pillars. This assessment informed resource allocation and strategic planning.
- **Public Health Emergency Operations Center (PHEOC) Engagement:** Regular coordination meetings, facilitated through Central Emergency Response Fund (CERF) support, were conducted with MoHCC pillar leads, provincial teams, and stakeholders. These meetings ensured synchronized response activities and facilitated information sharing. A total of four (4) meetings were held throughout the project to maintain collaborative momentum.

2. Prevention of Sexual Exploitation, Abuse, and Harassment (PRSEAH):

- A comprehensive risk assessment was conducted, and a costed mitigation plan was developed and implemented, ensuring PRSEAH integration into all outbreak response activities.
- Orientation on PRSEAH was provided to MoHCC managers, including directors, deputy directors, and program managers, in collaboration with UNICEF.

- Public awareness on PRSEAH was amplified through the distribution of 22,000 posters and 1,100 T-shirts with cholera and PRSEAH messaging to communities.

3. Case Management and Essential Supplies:

- Procurement of essential medical supplies valued at $153,557, including medications, rehydration solutions, tents for Cholera Treatment Centers (CTCs), and sanitation/disinfection materials, ensuring treatment capacity for over 2,000 cases and community-level support for over 5,000 mild cases through 30 locally procured Oral Rehydration Point (ORP) kits.
- Support for 9 CTC/Cholera Treatment Unit (CTU) upgrades, establishment of 36 ORPs, development and distribution of 1,500 copies of 8 different cholera case management job aids, and a mortality audit to inform response strategies.
- Geographic mapping of 273 CTCs and ORPs, detailing partner support and decommissioning status.
- Enhancement of patient care through the rehabilitation of 150 canvas beds in CTCs.
- Provision of $14,668 in airtime and fuel support to enhance Rapid Response Team (RRT) mobility.
- Implementation of a standardized CTC register to improve data capture.
- Distribution of 8,000 cholera case definition posters (A3 and A4 sizes) across 63 districts.
- Training of Data Information Officers from all provinces and cities to improve data collection and analysis.

4. Water, Sanitation, and Hygiene (WASH):

- Provision of water trucking services to high-risk areas, including St. Mary's Chitungwiza, Stoneridge, and Harare, for four months.
- Distribution of disinfectants to CTCs in Harare, Chitungwiza, Shamva, Marondera, Mutare, and Masvingo.
- Procurement of water quality testing kits and consumables worth $84,830 to scale up water quality surveillance in CTCs, ORPs, and communities.
- Hiring of mobile latrines to improve sanitation at Chitungwiza Central Hospital and St. Mary's CTCs.
- Training of 60 Environmental Health Practitioners on water quality monitoring.

5. Risk Communication and Community Engagement (RCCE):

- Implementation of RCCE activities in 26 districts, reaching over 150,000 individuals with cholera prevention knowledge and skills.
- Door-to-door campaigns reaching 165,975 individuals in over 50,000 households.
- Mobile awareness campaigns reaching 125,426 individuals in shops, markets, and other public spaces.
- Engagement of 280 key stakeholders.
- Distribution of 28,500 cholera and polio posters and flyers.
- Social media outreach reaching 9,800 individuals in Chitungwiza.

CERF funded interventions significantly contributed to the containment of the cholera outbreak. Ongoing collaboration with the MoHCC and partners, coupled with continuous monitoring and evaluation, is essential to sustain progress and mitigate the impact of future outbreaks.

If permissible, future CERF efforts could consider focused strengthening of health systems to address acute needs, improving WASH infrastructure and enhancing community resilience.

3. Changes and Amendments

No amendments or changes were made to the project workplan

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	71,582	66,076	65,809	58,533	**262,000**	75,161	70,040	65,809	58,533	**269,543**
Total	**71,582**	**66,076**	**65,809**	**58,533**	**262,000**	**75,161**	**70,040**	**65,809**	**58,533**	**269,543**
People with disabilities (PwD) out of the total										
PwD	517	478	458	423	**1,876**	**542**	**488**	**462**	**439**	**931**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

While the primary focus for the WHO support was the refugee population, the health facility also serves the surrounding host communities, who indirectly benefit from improved healthcare services and disease control measures. The various trainings held including cholera diagnosis, integrated IPC, WASH & Case management provided valuable skills that can be utilized beyond the immediate cholera response, benefiting the individuals and the community in the long term. The cascading training model ensured that the expertise gained by the initial trainees is disseminated to other healthcare workers including community health workers, multiplying the impact and benefiting a wider segment of the community.

6. CERF Results Framework

Project objective	Objective: To contain and control the ongoing cholera outbreak in Zimbabwe, significantly reducing morbidity and mortality.

Output 1	Enhance coordination for the cholera response in Zimbabwe.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Bi-Weekly Coordination meetings conducted over 3 months)	6	6	Attendance Register
Indicator 1.2	Report of the risk and ne (2 Needs and risk assessments completed in 3 months)	2	2	Outbreak response Reports + MoHCC Gap Analysis Report
Indicator 1.3	H.11 Number of people receiving treatment for acute watery diarrhoea (incl. cholera)	60000	182,536	MoHCC Weekly Disease Surveillance Report
Explanation of output and indicators variance:		The high number of diarrhoeal cases were as a result of the second wave of Cholera. This coincided with Christmas and New Year celebrations associated with many family and religious gatherings.		

Activities	**Description**	**Implemented by**
Activity 1.1	Facilitate coordination meetings at national, provincial, and district levels. .	MoHCC
Activity 1.2	Assist the Ministry of Health and Childcare in conducting risk and needs assessments. .	MoHCC, WHO
Activity 1.3	Enhance the functionality of Public Health Emergency Operations Centers (PHEOCs) at national and provincial level.	MoHCC
Activity 1.4	HR support for implementation of the cholera response activities	WHO

Output 2	Improve case management and infection prevention and control (IPC) to reduce cholera mortality to at least 50% of current critical fatality rate (CFR).

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Commodities procured and distributed to the 26 districts	Facilities in the 26 district have commodities to treat at least 100 patients	Over 220 Patients per district treated	Delivery Notes to the MoHCC
Indicator 2.2	Updated information on CTCs and ORP set up	The CTCs and ORPs are mapped out in the 26 districts	143 CTC and 39 ORPs Mapped	MoHCC Online CTC Mapping Tool (link)
Indicator 2.3	Number of Health care workers mentored (on site) in case management and IPC the 26 districts	80 % of health care workers in the supported districts are trained	84%	Attendance registers
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 2.1	Procure cholera case management supplies and equipment	WHO
Activity 2.2	Establish a real-time mapping platform for Cholera Treatment Centers (CTCs), Cholera Treatment Units (CTUs), and Oral Rehydration Points (ORPs).	MoHCC, WHO
Activity 2.3	Conduct training of trainers and follow up health care workers cascade trainings on cholera case management and infection prevention and control (IPC). Regularly assess CTCs, CTUs, and ORPs for compliance with IPC standards.	MoHCC, WHO

Output 3	Strengthen comprehensive surveillance efforts.			
Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	At least one investigation in areas reporting cases	26	33	Outbreak response reports
Indicator 3.2	Number of surveillance officers trained on data analytics	80 % of DHIOs in the 26 districts trained	100%	Training reports + Attendance Registers
Indicator 3.3	Number of alerts investigated by RRTs	90 % of all alerts investigated	94%	MoHCC Verified Case Line list
Explanation of output and indicators variance:		The areas of investigation increased from 26 to 33 districts, and this was due to the spread of the disease. These extra districts were neighboring districts of the initial 26 selected.		

Activities	Description	Implemented by
Activity 3.1	Conduct regular epidemiological investigations to identify transmission drivers' communities.	MoHCC. WHO
Activity 3.2	Capacitate 24 priority district surveillance officers on data analytics.	MoHCC, WHO
Activity 3.3	Provide logistical resources for Rapid Response Teams (RRTs) to conduct field investigations.	WHO

Output 4	Interrupt transmission in affected areas through WASH and RCCE in health facilities.			
Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒				
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of water quality monitoring kits procured and distributed	5 water quality kits procured	5	Delivery Notes
Indicator 4.2	Number of Health care workers trained in Food safety	80% of health care workers in food safety 26 targeted districts	100%	Training Report
Indicator 4.3	IEC materials distributed on food safety	2000	2000	Delivery Notes
Indicator 4.4	Number of Water Trucking Deliveries (Batches of 5000l)	80	120	Delivery Notes
Explanation of output and indicators variance:		The variance in water trucking deliveries was due to high demand at Cholera treatment centres (CTCs) to ensure patients have access to SAFE water		

Activities	Description	Implemented by
Activity 4.1	Procure and distribute field water quality monitoring kits and consumables for four high-burden districts.	WHO, MoHCC
Activity 4.2	Provide food safety training of trainers in high-risk districts.	MoHCC, WHO
Activity 4.3	Develop and disseminate standardized messaging for food safety in high-burden districts.	MoHCC, WHO

7. Effective Programming CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[8] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections**

[8] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.

a. Accountability to Affected People (AAP)[9]:

The Ministry of Health and Child Care (MoHCC) conducted a comprehensive Gap Analysis in February 2024 to understand the extent of the outbreak and develop effective intervention strategies. The analysis was carried out in all provinces and districts affected by the outbreak, ensuring a complete picture of the situation. The assessment also included areas traditionally at high risk for the disease, even if they hadn't reported cases yet. This proactive measure helped identify potential hotspots and prevent further spread. Marginalized communities, specifically the Tongogara refugee camp, were included in the analysis with the support of UNHCR. This ensured that the needs and vulnerabilities of these often-overlooked groups were addressed. The project actively sought input from various stakeholders. Community dialogues and feedback sessions in health facilities provided valuable insights into the outbreak's impact and challenges faced by the community. Data collected during the assessment was disaggregated by age, sex, and disability. This detailed information allowed for targeted interventions tailored to specific groups with unique needs.

b. AAP Feedback and Complaint Mechanisms:

A robust community engagement strategy was implemented throughout the program. The project relied heavily on community input through Health Centre Committees and suggestion boxes. This ensured that the program was responsive to local needs and concerns. By including village health workers in the Health Centre Committees, the project tapped into a crucial frontline resource for community health. WHO, the Ministry of Health and Child Care, and other partners played an active role in strengthening the community feedback system, demonstrating commitment to community engagement. Regular consultations with diverse community leaders ensured that the program was culturally sensitive and aligned with community values and priorities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WHO and its partners have implemented a comprehensive training program for all staff, emphasizing the importance of preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH). Specialized PRSEAH focal points deliver the training, ensuring consistency and expertise. Recognizing the heightened risks in emergency settings, WHO maintains a strong stance against PRSEAH with a zero-tolerance policy and a confidential reporting mechanism. The project extends beyond internal measures by raising community awareness, empowering communities to identify and report misconduct, and fostering a safer environment. WHO also trained MOHCC directorate, by training MOHCC top directorate, WHO is building the capacity of the local health authority to address PRSEAH issues within their organization. Mandatory training, a code of conduct, and community awareness initiatives aim to prevent PRSEAH incidents. By implementing these measures, WHO is not only protecting its staff but also contributing to a safer environment for the communities it serves

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Data collection disaggregated information by age, sex, and disability, ensuring interventions addressed the specific vulnerabilities of women and girls. Community-based interventions were spearheaded by village healthcare workers and most of them were women.

e. People with disabilities (PwD):

Data was collected and analyzed based on disability status, allowing for tailored support services for people with disabilities. Oral Rehydration Points (ORPs) were set up in accessible locations to benefit everyone, including those with disabilities.

f. Protection:

[9] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

Protection was mainstreamed throughout the project by ensuring equitable access to services for all affected and vulnerable individuals, regardless of status. The health facility at Tongogara refugee camp provided health services to refugees and host communities. Cholera treatment centers and oral rehydration points were strategically located to maximize accessibility. Critically, the project addressed the heightened risk of sexual exploitation and abuse (SEA) in crisis settings by providing specialized training to Ministry of Health and Child Care (MoHCC) gender, inclusivity, and wellness focal points. These focal points are then expected to cascade the SEA training, amplifying its reach and impact on the communities.

g. Education:

School health masters were sensitized on cholera prevention and control and the messaging is being cascaded to children during school assembly and classes.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Although Cash and Voucher Assistance (CVA) is generally favored, certain aspects of cholera outbreaks made it less suitable or practical. Effective cholera control depends on immediate access to oral rehydration therapy, case management, IPC, and WASH improvements. Direct provision of goods and services was more effective for these interventions. Establishing treatment centres, ensuring clean water access, and implementing hygiene campaigns require coordinated logistics and specialized skills, which individual cash recipients cannot easily replicate. During the acute phase of an outbreak, the paramount goal was swift treatment and containment to save lives. The inherent delays in establishing CVA mechanisms could be detrimental in this critical period.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities	
Title	**Weblink**
Setting up of ORPs in Kasukuwere Village (Twitter)	https://x.com/who_zimbabwe/status/1772895246113767498?s=48&t=DPirrkJCyd3KNPAcJram5g
Rapid Diagnostic and Culture testing training (Twitter)	https://x.com/who_zimbabwe/status/1772539789155148028?s=48&t=DPirrkJCyd3KNPAcJram5g
Infection, Prevention and Control (IPC) Standard Operating Procedures Development (Twitter)	https://x.com/who_zimbabwe/status/1770335692301783225?s=48&t=DPirrkJCyd3KNPAcJram5g
Ramping up response to curb Zimbabwe cholera outbreak (Twitter)	https://x.com/unocha_rosea/status/1750784506703835472?s=48&t=DPirrkJCyd3KNPAcJram5g
Ramping up response to curb Zimbabwe cholera outbreak (Web Story)	https://www.afro.who.int/countries/zimbabwe/news/ramping-response-curb-zimbabwe-cholera-outbreak
Cholera Data Management and Visualization Training (Twitter)	https://x.com/WHO_Zimbabwe/status/1803755882473296074
Enhanced cholera surveillance data in Zimbabwe improves accountability and focused response (Web Story)	https://www.afro.who.int/countries/zimbabwe/news/enhanced-cholera-surveillance-data-zimbabwe-improves-accountability-and-focused-response

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
23-RR-CEF-077	Nutrition	UNICEF	INGO	$425,635
23-RR-CEF-077	Nutrition	UNICEF	GOV	$15,300
23-RR-CEF-077	Water, Sanitation and Hygiene	UNICEF	INGO	$685,601
23-RR-CEF-077	Water, Sanitation and Hygiene	UNICEF	NNGO	$613,162
23-RR-CEF-077	Water, Sanitation and Hygiene	UNICEF	INGO	$51,659
23-RR-CEF-077	Water, Sanitation and Hygiene	UNICEF	GOV	$27,262
23-RR-WHO-055	Health	WHO	INGO	$57,675
23-RR-FPA-062	Gender-Based Violence	UNFPA	NNGO	$374,032