CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

ZIMBABWE
RAPID RESPONSE
DROUGHT
2024

24-RR-ZWE-64774

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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.	NA

An AAR was not held. However, partners held a closedown meeting with districts teams where the projects were implemented. The meetings provided highlights of the results that were achieved. District teams also indicated that the situation in the 8 districts was far better than where districts did not have CERF support. This was shown by a total of 503 children were referred and treated for wasting (out of a target of 450), while UNICEF ensured a continuous supply of Ready-to-Use Therapeutic Food (RUTF) and other essential nutrition supplies. CERF funds also enabled the delivery of 50,365 metric tonnes (MT) of cereals across 30 districts as part of the Government's Food Deficit Mitigation Strategy in Zimbabwe. This initiative helped alleviate food insecurity following the El Niño-induced drought.

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 HCT held a meeting on the progress and completion CERF report. In the update meeting, the members noted that the grant had improved nutritional levels in the 8 districts, and the food was also moved to 30 districts. The HCT then agreed to continue monitoring the nutritional situation in those districts that were maintained and to mobilize resources for those districts that were not covered. The HCT also requested a detailed report from the Nutrition sector, which was going to be shared with the Ministry of Health to give them a heads up on the Nutrition and Food Security situation in the country.

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' sector leads (UNICEF and WFP) cleared the report before submission.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The Nutrition sector was able to continue screening children in the high priority affected districts. The screening data have shown that these anticipatory and response actions have mitigated the impact of the El Niño-induced drought, protecting vulnerable communities and safeguarding their well-being, as levels of child wasting have remained stable throughout the El Niño period and not increased as happened at the last comparable El Niño. CERF funds enabled the delivery of 50,365 metric tonnes (MT) of cereals across 30 districts as part of the Government's Food Deficit Mitigation Strategy in Zimbabwe. This initiative helped alleviate food insecurity following the El Niño-induced drought. The food security sector was able to deliver food to 30 districts and save the lives of more than 4 million people.

CERF's Added Value:

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

Yes ☒ Partially ☐ No ☐

These CERF funds enabled rapid delivery of life-saving assistance for nutrition in eight 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. Activities continued with no break in 5 of the districts supported by the previous CERF grant and were quickly established in the additional 3 districts.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

These CERF funds enabled the continuation of essential nutrition services and scale up to an additional 3 districts, contributing to preventing an increase in life-threatening wasting. CERF funds also enabled the delivery of 50,365 metric tonnes (MT) of cereals across 30 districts as part of the Government's Food Deficit Mitigation Strategy in Zimbabwe. This initiative helped alleviate food insecurity following the El Niño-induced drought.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

CERF funds supported a multi-sectoral approach at the community level that is used for the implementation of activities for the prevention of wasting, strengthening multi-sectoral integration across sectors on the ground towards interventions to mitigate the drought. With the support of this contribution, the Government of Zimbabwe enhanced the coordination of humanitarian assistance among various stakeholders, emphasising complementarity and minimising potential duplication. The activities initiated by CERF funding fostered effective coordination between humanitarian stakeholders. Distribution plans and grain movement strategies were thoroughly deliberated by stakeholders before implementation.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

Additional resources for continued mid-upper arm circumference (MUAC) screening-based surveillance have been mobilized from other sources to support surveillance in more districts, scaling up in early 2025 to the 38 high-priority districts identified at the ZimLAC 2024 survey. The CERF contribution also enabled the Government to transport its grain, which it lacked the resources for, thereby facilitating

an effective response. This contribution underscored the severity of the drought, resulting in increased resources from Japan and new contributions from Korea and the African Development Bank

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

Activities under this grant were targeted to support women and female caregivers to enable them to protect their young children from malnutrition throughout the El Nino-induced drought. This was achieved through the Care Group approach, which targeted caregivers, who are primarily women and girls, and also made an effort to establish male-led care groups to emphasize among male community leaders what is being taught to women through the care groups. CERF funds directly helped by supporting the establishment of these care groups.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**429,300,000**
CERF	3,000,727
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	**1,600,758**
Total funding received for the humanitarian response (by source above)	**4,601,485**

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	24-RR-CEF-036	Nutrition	1,000,758
WFP	24-RR-WFP-033	Common Services - Logistics	1,999,969
Total			**3,000,727**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**2,351,329**
Funds sub-granted to government partners*	211,639
Funds sub-granted to international NGO partners*	313,421
Funds sub-granted to national NGO partners*	124,338

[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 CERF requests. 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.

Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	
Total	**3,000,727**

* 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:

The El Niño-induced drought severely exacerbated Zimbabwe's already critical food security crisis. Comparing projections of people in IPC3+ (Oct-23 vs Oct-24), there were an additional ~500,000 people facing food insecurity, from 2-2.5m to 2.5-3m people (+22 per cent), with a prevalence of 17.5 per cent (up from 12.5 per cent in 2023). A preliminary WFP Drought Hotspot Analysis from 26 April estimated 6 million people to be drought affected, with ROSEA estimating 2.7 million to require immediate assistance. The situation was further exacerbated by limited governmental response capabilities, ongoing economic difficulties, and an ongoing cholera outbreak. A preliminary Flash Appeal by the Country Team estimated the funding requirements for this emergency to be $429.1 million. Previously, in December 2023, CERF made a $5 million Rapid Response allocation for early action to respond to the drought ($4 million) and cholera outbreak ($1 million), which is set to end in June 2024.

Operational Use of the CERF Allocation and Results:

This additional $3 million allocation provided nutrition and logistical support to the drought-affected populations. The nutrition sector focused on preventing malnutrition by providing food assistance, particularly to children under five. Key activities included expanding and strengthening Care Groups, enhancing linkages with social protection, conducting MUAC screenings and referrals, and ensuring adequate supplies of therapeutic milk. WFP supported the movement and quality control of cereal stocks and ensured timely delivery. This allocation provided humanitarian assistance to approximately 400,000 people.

People Directly Reached:.

UNICEF implemented the Central Emergency Response Fund (CERF) nutrition interventions in eight high-priority districts of Buhera, Chipinge, Bikita, Chiredzi, Beitbridge, Bulilima, Gwanda and Mangwe from June 2024 to February 2025. This effort directly reached 169,182 adults and children against the target of 88,600, including 47,548 women, 4,165 men, 61,162 girls, and 56,307 boys, through scaled-up response actions to prevent wasting and mitigate the impact of the El Niño-induced drought. These numbers are based on the number of men and women reached through Care Groups, and the number of children reached with screening for wasting at the community level. They also include children reached with treatment for wasting and with micronutrient powders, though these are not counted twice. The number of children reached with screening is the highest monthly number recorded and represents the number of children screened, knowing that all children should be screened every month – it does not represent the number of screening episodes, again, to avoid double-counting of individual children.

People Indirectly Reached:

At least 450,000 people benefited indirectly from the programme for the nutrition interventions. They were reached through mass media platforms, community campaigns, and commemorations.

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 - Food Assistance	0	0	0	0	0	0	0	0	0	**0**
Nutrition	3,500	100	42,600	42,400	88,600	47,548	4,165	61,162	56,307	**169,182**

* 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.

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	88,600	169,182
Other affected people	0	0
Total	**88,600**	**169,182**

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	3,500	47,548	10	8
Men	100	4,165	0	1
Girls	42,600	61,162	10	7
Boys	42,400	56,307	10	11
Total	**88,600**	**169,182**	**30**	**27**

PART II – PROJECT OVERVIEW

2. PROJECT REPORTS

3.1 Project Report 24-RR-CEF-036

1. Project Information			
Agency:	UNICEF	**Country:**	Zimbabwe
Sector/cluster:	Nutrition	**CERF project code:**	24-RR-CEF-036
Project title:	Increased prevention, early identification and surveillance for wasting in the context of El-Nino induced drought in 5 districts in Zimbabwe		
Start date:	14/06/2024	**End date:**	11/02/2025
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency: .	**US$ 30,675,000**
	Total funding received for agency's sector response to current emergency:	**US$ 1,600,758**
	Amount received from CERF:	**US$ 1,000,758**
	Total CERF funds sub-granted to implementing partners:	**US$ 649,398**
	Government Partners	US$211,639
	International NGOs	US$ 313,421
	National NGOs	US$ 124,338
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

UNICEF implemented the Central Emergency Response Fund (CERF) grant nutrition interventions in the eight high-priority districts of Buhera, Chipinge, Bikita, Chiredzi, Beitbridge, Bulilima, Gwanda and Mangwe from June 2024 to February 2025. This effort reached 169,182 adults and children against the target of 88,600, including 47,548 women, 4,165 men, 61,162 girls, and 56,307 boys, through scaled-up response actions to prevent wasting and mitigate the impact of the El Niño-induced drought.

Results from monthly Mid Upper Arm Circumference (MUAC) screenings for wasting among children aged 6 to 59 months in these districts have indicated a stable Proxy Global Acute Malnutrition (proxy-GAM) and Proxy Severe Acute Malnutrition(proxy-SAM), both maintained below two per cent. From June 2024 to February 2025, the highest number of children screened for wasting per month in the eight districts was 60,305 children (ages 6-59 months) from the target of 85,000. A total of 503 children were referred and treated for wasting (compared to the target of 450), while UNICEF ensured a continuous supply of Ready-to-Use Therapeutic Food (RUTF) and other essential nutrition supplies. Treatment services for managing children with acute malnutrition are available in all health facilities in Zimbabwe, however, with varied levels of quality. To address capacity gaps in the

implementation of the national Integrated Management of Acute Malnutrition (IMAM) protocol at the facility level, 253 health workers (147 women and 106 men) from eight districts were trained through CERF funding. Additionally, over 9,000 IMAM materials, including guidelines, registers, and other reference materials, were printed and distributed to more than 200 health facilities in high-priority districts. Essential nutrition supplies were procured, including 118 cartons of F75 and 45 cartons of F100, for the life-saving treatment of children with severe wasting and complications, enhancing inpatient treatment of children with severe wasting. A total of 250,000 boxes of multiple micronutrient powders were procured and distributed through the Care Groups, benefitting 9,319 children (4,979 girls and 4,340 boys) by improving the nutrient quality of their diets and preventing malnutrition.

Furthermore, the project continued to strengthen the use of the Care Group approach as a platform for nutrition-related behaviour change in implementation areas. Joint support visits by the District Food and Nutrition Security Committees (DFNSC) were conducted to ensure functionality of 3,057 Care Groups established under this project and to promote their sustainability from a target of 360. Additionally, a total of 11,773 primary caregivers of children aged 0 to 23 months received nutrition counselling through Care Groups out of a target of 3,600. Significant work was also done in nutrition and social behaviour change, where, in addition to the work through the Care Groups, community members were also reached through the World Breastfeeding Week commemorations.

The project supported the Food and Nutrition Council (FNC) in conducting the Zimbabwe Livelihoods Rural assessment (ZimLAC), generating valuable data on food security and nutrition status among children, adolescents, and adults. This data informed the identification of the worst-off high-priority districts for the nutrition sector response in Zimbabwe during the El Niño. With the results of the ZimLAC Rural 2024[2], the high priority districts were increased from 29 to 38, including those with a relatively high global acute malnutrition (above 5 per cent) and those known to be drought prone. In addition, the FNC used the Child Food Insecurity Experience Scale[3] (CFIES) to gather data from children and adolescents about their experiences with food insecurity. Data was collected from 620 school children aged between 10 and 17 years on their experiences with food insecurity. Three districts (Mudzi, Mutoko, and Murewa) were selected based on their ranking for food insecurity in the 2024 ZimLAC Rural survey, and four schools were selected in each of the three districts, two primary and two secondary schools. Data was collected by the FNC in November 2024, at the start of the lean season. Results showed a mean CFIES score of 10.01 (out of a possible 20), indicating significant food insecurity, with over 50 per cent of children in Mudzi and Murewa experiencing food-related challenges. Primary school attendees, particularly girls, were more likely to experience food insecurity. Factors such as household composition and geographic location significantly influenced food security levels, with children in Murewa showing a threefold increased risk of experiencing food insecurity.

Furthermore, a formative study was conducted to generate evidence on community adaptation mechanisms to the drought. Participants highlighted that the El Niño-induced drought led to negative coping mechanisms, such as consuming only one meal a day, often from unsafe or unconventional food sources. Breastfeeding was significantly affected as children were separated from their mothers early while mothers sought work. The minimum acceptable diet for children was deemed unachievable due to limited access to diversified foods, with families consuming at most two food groups (starch and vegetables), or in some cases just starch. A dominant perception among women was that a lack of quality, nutritious food impacted the quantity and quality of breast milk. The findings were utilized to guide the co-creation of Social and Behaviour Change (SBC) materials.

[2] Zimbabwe Livelihoods Assessment Report 2024 | UNICEF Zimbabwe
[3] Development, Validity, and Cross-Context Equivalence of the Child Food Insecurity Experiences Scale for Assessing Food Insecurity of School-age Children and Adolescents - PubMed

3. Changes and Amendments

The thematic area on nutrition surveillance formed one of the key backbones in the project's intervention approach with the objective of ensuring that all children were screened on a monthly basis. However, the proportion of children reached remained low, with an average monthly screening coverage of 21 per cent of children across the eight districts. This prompted the project to conduct operational research on the nutrition surveillance system in five of the eight districts to identify bottlenecks contributing to the low performance of the indicator. Key findings revealed that community health workers experienced low motivation due to a lack of incentives and a paper-based system requiring manual monthly data entry. Conversely, the project significantly exceeded its target for establishing Care Groups, achieving the creation of 3,057 Care Groups compared to the initial target of 360 across the eight districts. This result was anticipated following the performance on an earlier CERF grant allocated to UNICEF and represents a positive achievement, as the Care Group model is essential for convening caregivers and facilitating the delivery of infant and young child feeding counselling and support services. This success was largely driven by the inclusion of almost every village health worker in the target districts in the training to establish Care Groups, creating a multiplier effect. Village Health Workers select and train lead mothers, who then establish their groups.

4. Number of People Directly Assisted with CERF Funding*

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	3,500	100	42,600	42,400	**88,600**	47,548	4,165	61,162	56,307	**169,182**
Other affected people	0	0	0	0	0	0	0	0	0	**0**
Total	**3,500**	**100**	**42,600**	**42,400**	**88,600**	47,548	4,165	61,162	56,307	**169,182**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

5. People Indirectly Targeted by the Project

A total of 450,000 people benefited indirectly from the programme. They were reached through mass media platforms, community campaigns and commemorations. During World Breastfeeding Week, the project conducted radio dialogues through three community radio stations in Manicaland, Matabeleland South and Masvingo to raise awareness on the importance of exclusive breastfeeding and continuation up to two years and beyond. The radio sessions also integrated messaging on health, WASH and protection in a drought situation. In addition, the project printed and disseminated posters and visibility materials that increased community knowledge of the four priority behaviours to prevent malnutrition; 1) Exclusive breastfeeding and continuation up to two years and beyond, 2) MUAC screening and seeking treatment for malnutrition, 3) Dietary Diversity: feeding a four star diet with micronutrient powders, and 4) Growing/producing a variety of drought/climate resistant crops for household food consumption. The materials were disseminated through health facilities, community spaces and farmer field schools. Cooking demonstrations conducted during commemoration days also increased community knowledge and self-efficacy to prepare a four-star diet using locally available foods.

6. CERF Results Framework

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Project objective	To contribute to prevention of an increase in wasting among children under 5 years in 5 drought-affected districts in Masvingo, Manicaland and Matabeleland South provinces in Zimbabwe.
Output 1	Strengthen integrated nutrition and social behaviour change activities for the prevention of wasting in the context of drought

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

Sector/cluster	Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of primary caregivers of children aged 0-23 months who received IYCF counselling	3,600	11,773	Partner records
Indicator 1.2	Number of functioning Care Groups	360	3,057	Partner records
Indicator 1.3	Number of children and caregivers reached with lifesaving messaging to prevent wasting	88,600	169,182	Partner records
Explanation of output and indicators variance:		The over-achievement against the planned targets was mainly due to leveraging and strengthening existing government structures for the response and collaborating with partners already present in the targeted districts. This approach allowed UNICEF to build on ongoing activities, such as conducting shorter refresher training for Care Group structures (VHW, lead mothers, and Care Group members) instead of the full training sessions. In some districts, government health officials utilised training opportunities to expand the Care Group network by ensuring the training of all VHWs and lead mothers. These trained individuals then established their Care Groups, creating a cascade effect that enabled the training of 3,057 care groups, far surpassing the target of 360. This multiplier effect of the Care Group approach significantly increased the reach of primary caregivers of children aged 0-23 months with nutrition counselling, reaching 11,773 against a target of 3,600. The rollout of the SBC component strengthened activities such as World Breastfeeding Week commemoration, IEC material distribution, and community dialogues, further increasing the number of children and caregivers reached with life-saving messaging to prevent wasting to 169,182 (target 88,600).		

Activities	Description	Implemented by
Activity 1.1	Refresher training / training to expand Nutrition Care Group coverage	World Vision, Nutrition Action Zimbabwe
Activity 1.2	Joint supportive supervision to Care Groups (DFNSC members, MoHCC, and implementing partner)	World Vision, Nutrition Action Zimbabwe, DFNSCs, MoHCC, UNICEF.
Activity 1.3	Procurement of multiple micronutrient powders and distribution through Care Groups to protect child diets	UNICEF

Activity 1.4	Develop and roll out an SBC drought-response package	World Vision, DFNSCs, MoHCC and UNICEF

Output 2	Increase and maintain 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 **x**

Sector/cluster	Nutrition

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	N.4 Number of people screened for acute malnutrition	85,000	60,305	Partner records
Indicator 2.2	N.3a Number of children 6-59 months admitted to SAM treatment programme (therapeutic feeding)	450	503	Partner records, DHIS2
Indicator 2.3	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	75 per cent	85 per cent	District Health Information System 2 (DHIS2)

Explanation of output and indicators variance:	The project contributed to the screening of 60,305 children against the target of 85,000. Despite low average MUAC screening coverage per month, there was an improvement in the total number of children reached for early identification and referral for treatment of wasting. The achieved reported against the indicator reflects the average number of children screened per month, rather than the total cumulative number screened over the project period, to avoid duplication in reporting. This was due to strong collaboration between UNICEF, implementing partners, and the Ministry of Health and Child Care (MoHCC). Collaboration efforts included printing of MUAC screening data collection tools, sensitisation of DFNSC, and promotion of family-led MUAC, which increased children's access to screening services. VHW and Lead Mothers conducted screening activities through care groups as well as utilizing community gatherings to extend the services. Family-led MUAC empowered mothers and caregivers to routinely measure their children's MUAC. Community dialogues helped deconstruct negative socio-cultural norms, resulting in more men and grandmothers taking children for active screening sessions. Additionally, 503 children were reached with treatment services for wasting from the initial target of 450 children as a result of the increased and regular

	(i.e., monthly) screening activities that ensured early identification and referral to treatment. Similarly, a higher recovery rate was achieved (85 per cent from a target of 75 per cent) thanks to the inclusion of IMAM refresher training as part of the activities under this project, and the uninterrupted supply of essential nutrition commodities that was available throughout the project.

Activities	Description	Implemented by
Activity 2.1	Community based Middle Upper Arm Circumference (MUAC) screening and assessments for early identification and referral to treatment of children with wasting (find and treat) and surveillance	World Vision, Nutrition Action Zimbabwe, MoHCC
Activity 2.2	IMAM refresher training and surge capacity support to improve quality of treatment for severe wasting	World Vision, Nutrition Action Zimbabwe, MoHCC.

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]:

A people-centred approach embedded AAP in the design, implementation, and monitoring of the El Niño response that was undertaken in the following ways:

- A multi-sectoral approach promoted through the district and ward Food and Nutrition Security Committees and community structures was adopted as a sustainable approach for the delivery of integrated services to ensure communities practice healthy behaviours, access services, cope with shocks, and build their resilience to future shocks.

[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.

- UNICEF, collaborating closely with the District Food and Nutrition Security Committees, conducted a mixed-method rapid assessment to understand community perceptions, behaviours, and coping mechanisms among drought-affected communities. A total of 720 people were consulted through household surveys, focus group discussions, and key informant interviews. Participants shared insights that informed the development of key SBC messages and information packages to prevent wasting in the context of a drought.
- A total of 3,100 Village Health Workers and Care Group lead mothers were actively involved in conducting community-based surveillance for nutrition. Additionally, they engaged communities through lifesaving messaging on nutrition practices in the context of the drought. During their interactions with Care Groups and community members, VHWs and lead mothers collected feedback that informed targeted messaging and programme responsiveness to emerging trends.

b. AAP Feedback and Complaint Mechanisms:

Implementing partners utilized a range of feedback platforms that include hotlines, SMS/WhatsApp, suggestion boxes, and community dialogues to solicit feedback on integrated health, nutrition, child development, water, sanitation, and hygiene services in response to the drought. Community dialogues jointly conducted with the district and ward Food and Nutrition Security Committees served as platforms for information sharing, capacity building, and collection of feedback and complaints from communities. The presence of key stakeholders and technical staff from Agritex, health, nutrition, and social services departments during these community meetings facilitated a quick response to some of the complaints and feedback.

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

Project staff received training on PSEA, and 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 project also printed posters and banners to raise awareness of SEA and promote reporting through established confidential channels.

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 nutritional status of their children. A total of 3,057 Care Groups were trained across the eight districts, promoting a more inclusive and equitable approach to childcare and development through fathers' engagement in child feeding practices. However, the overachievement of male beneficiaries was also a result of the expansion of these care groups, coupled with well-structured SBC messages that encouraged male participation in care group activities. In one of the communities where the Care Groups came up with a locally made nutrient-dense porridge, some male champions also spearheaded the adoption of this porridge. The project also conducted a rapid qualitative assessment survey, which, among other things, sought to assess the occurrence of gender-based violence in the wake of the El Niño drought. Findings highlighted an increasing level of stress and anxiety within communities triggered by the loss of livelihoods and income. In border districts (Beitbridge, Mangwe, and Gwanda), there has been a perceived increase in adolescent girls and young women engaging in transactional sex, especially along the highway routes, in exchange for money, food, or other necessities. These findings were shared with relevant

departments in the Ministry of Women's Affairs through DFNSC platforms, aimed towards shaping appropriate interventions to protect women and girls.

e. People with disabilities (PwD):

Care Group and nutrition surveillance activities, including CHW active screening and family-led MUAC, were community-based, and meetings were held in accessible locations, prioritising the safety of all caregivers and children, including those with disabilities.

f. Protection:

To safeguard the dignity and safety of affected people, communities were sensitized on safeguarding issues and protection risks. Focused discussions were conducted on caring for children, prevention of gender-based violence, and child marriage in an emergency context.

Furthermore, the project established mechanisms to ensure the safety of all participants, including the elderly and people with disabilities. Community meetings were held in safe and accessible locations, while men and women were engaged in separate groups during community dialogues. This approach allowed vulnerable individuals to express their views freely, without fear of victimization or discrimination. Additionally, the project ensured that girls, boys, women, men, the elderly, and people with disabilities had access to feedback and complaint mechanisms to address their specific protection and assistance needs. The project also produced IEC materials that were context-specific and in the appropriate local languages of the beneficiaries.

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	NA	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 as a result of the El Niño that affected harvests and food production across the region. UNICEF and 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 the 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.

9. Visibility of CERF-funded Activities

Title	Weblink
Village Health Workers: Frontline Heroes in Zimbabwe's Fight Against Nutrition Crisis/UNICEF Zimbabwe	**Village Health Workers: Frontline Heroes in Zimbabwe's Fight Against Nutrition Crisis/UNICEF Zimbabwe**
Nutrition SBC Package for El Nino Response	**Co-created SBC materials on 4 priority behaviours to prevent malnutrition**
Empowering mothers to combat malnutrition in Chipinge	**Empowering mothers to combat malnutrition in Chipinge District**
Joint project monitoring visit to Chipinge and Chiredzi districts UNICEF, World vision and MOHCC	**Joint project monitoring visit to Chipinge and Chiredzi districts UNICEF, World vision and MOHCC**
World breastfeeding week commemoration Buhera, Chiredzi and Bikita	**World breastfeeding week commemoration**

3.2 Project Report 24-RR-WFP-033

1. Project Information

Agency:	WFP	**Country:**	Zimbabwe
Sector/cluster:	Common Services - Logistics	**CERF project code:**	24-RR-WFP-033
Project title:	Support Zimbabwe's government in implementing its Food Deficit Mitigation Strategy (FDMS)		
Start date:	18/06/2024	**End date:**	17/12/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 8,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,999,969**
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

WFP supported the FDMS programmes' grain movement as part of the government's El Niño response. This support enabled the WFP to achieve 85% of the planned grain movement. WFP supported the government's three-phase distribution cycles from July through December 2024.

The government faced logistical challenges related to the slow movement of grain due to limited resources to transport grain, as well as delays in the payment of transporters. Consequently, WFP extended support to districts not included in the initial plan to address evolving transport needs. Towards the end of the first phase of FDMS, coordination workshops were held nationwide, involving key staff from both the Grain Marketing Board (GMB) and the Department of Social Development. These workshops streamlined and improved the coordination of planning and transportation requests, eliminating the ad hoc requests previously received. All transport requests were now channelled through the Department of Social Development's national office.

In addition, one national workshop and three regional workshops were conducted, involving GMB Supply Chain Managers, Procurement Officers, and Social Development Officers. These trainings emphasized the need for coordination and effective communication regarding stock availability, transport, receiving, and documenting commodities. Accountability and responsibility were highlighted to ensure secure and efficient food delivery. Proper documentation and reporting of grain movement were also stressed. A total of 143 stakeholder staff received the training.

During the second phase of FDMS distributions, covering August to October 2024, a grain movement planning committee meeting identified surplus and deficit grain depots. This identification was critical for the early prepositioning of stocks in deficit areas to ensure

timely distribution readiness. The third phase focused on finalising the planned support to the government. The target tonnage was 59,000 metric tonnes, which was not achieved due to changes in pick-up depots by the Grain Marketing Board, resulting in the activity covering an additional seven districts.

3. Changes and Amendments

WFP sought a two-month no-cost extension to the contribution to offset delays initially faced in the upliftment of commodities from the government. The extension also enabled WFP to finalise payments for transporters who submitted invoices for services rendered after the festive period.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services – Logistics									
	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	0	0	0	0	**0**	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	0	0	0	0	0

5. People Indirectly Targeted by the Project

WFP provided transportation services to the government. The number of people reached by the government through this support is not yet available.

6. CERF Results Framework

Project objective	To support Zimbabwe's government in implementing its Food Deficit Mitigation Strategy (FDMS) to improve food security for rural populations affected by the El Nino-induced drought by providing logistical support to ensure timely delivery of grain to communities.
Output 1	Timely delivery of grains

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

Sector/cluster	Common Services - Logistics			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	CS.2 Total weight of cargo transported by land, sea or air in MT per project.	59 000Mt	50,860	WFP Supply chain system (LESS)
Indicator 1.2	number Transporters contracted	5 Transporters per district	50	WFP Supply chain system (LESS)
Indicator 1.3	number of Commodity Quality and Quantity assurance checks	Q&Q check per truck dispatched	2,192	Inspectors (Q&Q) ledgers
Explanation of output and indicators variance:		The target of 59,000 metric tonnes was not achieved due to changes in pick-up depot locations by the Grain Marketing Board, which resulted in the activity being extended to additional districts. Overall, WFP contracted 50 transporters. The number of transporters per district was no longer a relevant metric, as many operated across multiple districts. As a result, WFP reported the total number of transporters contracted at the national level.		

Activities	**Description**	**Implemented by**
Activity 1.1	Commodity Transportation	WFP
Activity 1.2	GMB branded Empty Bags procurement	WFP
Activity 1.3	Grain bagging	N/A
Activity 1.4	Commodity Quality and Quantity assurance checks	WFP

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

[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

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]:

To enhance transparency and coordination, WFP engaged the Ministry of Public Service, Labour, and Social Welfare to ensure they were informed that WFP had sourced funding to support the transportation of grain under the FDMS programme. WFP convened meetings with the Grain Marketing Board and the Ministry to map out strategies for programme implementation modalities. WFP ensured that the Ministry was informed of available options for their contracted transporters.

b. AAP Feedback and Complaint Mechanisms:

WFP's feedback mechanisms consist of multiple channels, including a toll-free hotline, a help desk, and suggestion boxes. These channels are accessible across all geographic locations served by WFP and cater to all demographics. The different platforms complement each other, allowing assisted communities to select their preferred channel. Users can also provide feedback anonymously. Two-way communication channels with the Ministry included daily meetings to appraise them on the status of grain movement in the respective areas and on any challenges or changes to the programme. Feedback in all cases was handled in compliance with WFP corporate data protection and privacy requirements.

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

WFP's Policy on Protection from Sexual Exploitation and Abuse (PSEA) applies to its staff, partners, vendors, and other contracting entities or persons engaged to perform any services under the respective WFP contract. WFP employees were briefed on PSEA through onboarding packages and visual materials displayed at the Country Office and field offices. Additionally, WFP conducted a series of training sessions targeting transporters to raise their awareness of PSEA. WFP has also ensured that information on confidentiality, reporting misconduct, and issues related to sexual exploitation and abuse was widely shared. These reporting channels included WFP feedback channels, PSEA focal persons, and the Office of Inspections and Investigations Branch at WFP headquarters. WFP activities adhered to PSEA policies, guidelines, and protocols.

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

The project did not have direct project beneficiaries.

e. People with disabilities (PwD):

The project did not have direct project beneficiaries.

f. Protection:

The project did not have direct project beneficiaries.

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.

g. Education:

The project did not have an education component.

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.

No CVA considered:

During the response period, no cash transfers were implemented. The grant was specifically allocated to the World Food Programme (WFP) to support the Government in mobilizing grain already available in its Strategic Grain Reserve. The primary focus of the funding was to facilitate logistics and transportation, enabling the movement of grain from reserve depots to designated distribution points accessible to the affected communities. As such, the intervention aimed to complement in-kind government stocks rather than initiate a market-based response through cash or voucher modalities.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
None	0	US$ 0	Choose an item.	Choose an item.
None	0	US$ 0	Choose an item.	Choose an item.
None	0	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
None	None

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Total CERF Funds Transferred to Partner US$	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities By Implementing Partner*
24-RR-CEF-036	Nutrition	UNICEF	$313,421	22-Aug-25	22-Aug-24
24-RR-CEF-036	Nutrition	UNICEF	$124,338	7-Aug-24	14-Aug-24
24-RR-CEF-036	Nutrition	UNICEF	$91,750	30-Jun-24	1-Jul-24
24-RR-CEF-036	Nutrition	UNICEF	$119,889	16-Jul-24	22-Jul-24