

**ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Zimbabwe
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Reporting Period	1 January – 31 December 2007

I. Executive Summary

By the end of 2006 it became clear that the humanitarian situation in Zimbabwe continued to be driven by a set of complex, overlapping and often worsening economic and social factors. The Zimbabwe 2006 Consolidated Appeal, in its efforts to provide timely and adequate humanitarian assistance, had become one of the larger consolidated appeals remaining hugely under-funded throughout the year. But the lack of sufficient funding prevented humanitarian agencies to address in full the identified life-saving needs.

Among the expected trends in 2007 the humanitarian community identified a steady decline in the availability of basic agricultural inputs, a significant food gap, a continued need for assistance and protection of mobile and vulnerable populations, a continued impact of contentious human rights and governance issues, and a further reduction in resources for humanitarian programming. This was foreseen to be accompanied by a continued economic decline resulting in a reduction in household purchasing power, decreased access to basic social services for vulnerable populations and the severe impact of HIV/AIDS.

Policy constraints and an increasingly uncertain pattern of weather, characterised by poor rains and droughts, made farming difficult and unpredictable. Poor rains also further imposed on water shortages on a significant proportion of the population, particularly in the south of the country. Increasing numbers of people were assessed as living with limited or no access to safe drinking water, including an estimated 1.5 million inhabitants of Bulawayo, the second largest city of Zimbabwe.

The deterioration of the humanitarian crisis in Zimbabwe in combination with a documented decline in humanitarian funding triggered the Emergency Relief Coordinator (ERC) to allocate \$4 million relayed over two rounds under the under-funded window of the CERF.

Towards the end of 2007 it became clear that the inability of the agricultural sector to produce enough food, as well as the difficulties of importing foodstuffs, largely contributed to a rapidly widening food gap. New figures showed that the national cereal production for 2007 was estimated to be 44 percent below the 2006 Government-reported figure, which would result in little for over 4 million people facing acute food insecurity in urban and rural areas at the turn of 2007/2008. The application to the rapid response window of the CERF end 2007 was part of the response to ensure that life-saving activities could take place to address this sudden, steep increase in food beneficiaries and to be able to provide food support to the most vulnerable groups.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$ 395,551,054 Received: \$ 227,854,767			
Total amount of CERF funding received by funding window	Rapid Response: \$ 8,000,000 Underfunded: \$ 3,999,076 Grand Total: \$ 11,999,076			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$ 11,201,793 Total implementing partners: \$ 797,283 (DID UN AGENCIES ONLY CHANNEL SO LITTLE TO IMPLEMENTING PARTNERS – ABOVE IS UNICEF WASH PROJECT ONLY!) <i>Note: The grand total must equal the total CERF funding allocated</i>			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	1,795,584	278,063	725,408	655,558
Geographic areas of implementation	Most areas of the country, with specific focus on the following provinces: Bulawayo; Harare; Manicaland; Mashonaland Central, East & West; Masvingo; Matabeleland North & South; Midlands			

II. Coordination and Partnership-building

Following the announcement that Zimbabwe had been allocated \$2 million for the shelter and watsan sectors from the CERF window for under-funded emergencies, the Humanitarian Coordinator (HC) convened an ad-hoc IASC Country Team meeting on 13 February 2007 to discuss priorities for this round of CERF funding. The IASC Country Team identified Bulawayo as the priority geographical area, and requested the technical teams from the shelter and watsan sectors to come together to decide how the allocation could best be spent. The technical meeting, which was held on 15 February 2007, decided to split the allocation into two equal parts of \$1 million for shelter and watsan. Separate discussions were then held within each sector in order to agree on the project portfolios that would be most suitable for the suggested activities in Bulawayo. The proposals were then finalised by the sector lead agencies for the HC's consideration and recommendation to CERF.

The decision-making process during the 4th round followed a fairly similar mechanism as under the 3rd round of under-funded emergencies. Upon receipt of the ERC's letter highlighting the approval of a second allocation of \$2 million to Zimbabwe under the under-funded window, the HC forwarded the call to the UN agencies involved in emergency relief activities. The main task was for the agencies to select proposals for funding from amongst the Zimbabwe 2007 Consolidated Appeal project sheets that had not been funded or had remained gravely under-funded. In follow-up, the sector leads facilitated meetings with their partners to ensure transparency in the prioritisation of projects and allocation of funds. In the meetings all sector organizations went through the complete list of Consolidated Appeal projects in an effort to identify those that fully met the CERF criteria. Each project was analyzed by all participants present in the meetings and projects that met the criteria and were considered a priority were selected to be funded by CERF. As a result eight projects were selected and submitted for consideration to the IASC Country Team and approval by the HC, which then recommended the proposals to CERF.

Finally, the huge increase in food-insecure beneficiaries towards the end of 2007 prompted WFP in September 2007 to ask the HC to apply to CERF for funds under the rapid response window for emergency food aid on behalf of the food sector. WFP prepared the project proposal and submitted it to the HC for clearance, after which it was sent to the CERF Secretariat for approval by the ERC.

The most important partnerships under the 2007 CERF funding rounds were between UN agencies and NGOs. Sector partners were all closely involved in the prioritisation process of projects for recommendation to the CERF Secretariat. In addition many NGO partners were selected for

implementation of the projects that had finally received CERF grants. The watsan sector has been particularly active in further strengthening partnerships between UNICEF as the lead agency and NGOs involved in watsan activities by appealing for CERF funds on behalf of several key NGOs as their projects had been identified as a priority for the sector. In other sectors UN agencies such as WFP made use of already formalised partnerships with implementing partners to facilitate implementation. In addition, other forms of partnership have been explored, such as an increasing level of cooperation between UN agencies to considerably improve implementation capacity through the strategic utilisation of competitive advantages within other organisations. A good example is the partnership between IOM and UNFPA in the protection sector where the agencies closely collaborated throughout all phases of project planning, implementation and monitoring, as well as the partnership between FAO and IOM in the agriculture sector that allowed for substantial economies of scale. Finally, UN/NGO collaboration with government officials at strategic levels was actively pursued to ensure acceptance of the emergency relief activities and the full adherence to local standards. The assistance of some government partners has also played a big role in mobilising the beneficiaries in instances where access was not easy.

III. Implementation and Results

Rapid Response projects

FOOD

Food Support for Vulnerable Groups (07-WFP-060)

A speedy response to the appeal made by WFP in September 2007 was essential in order to plan adequately for what was a major assistance operation. One of the key factors (and major challenges) to operational success in Zimbabwe has been early, rapid and efficient procurement and delivery of food into the country, since most of the food needs to be procured in neighbouring countries. The CERF grant was used to resource a significant pipeline break that was expected in the month of December 2007. Allocation of the funds allowed for the distribution of much needed food commodities during the peak of the lean season. Given the worsening political and economic situation in the country in September 2007, WFP anticipated (correctly so) that the food situation of vulnerable households was to greatly erode at the start of the hunger season leaving them with limited access to food. The CERF funding assisted in the mitigation of acute hunger among vulnerable populations in both rural and urban areas, with the primary effect of saving lives, increasing dietary diversity and reducing household asset depletion.

Underfunded projects

AGRICULTURE

Support MVP Communities with Fertiliser, Technical Training & Extension (07-FAO-040)

The agricultural sector in the Zimbabwe 2007 Consolidated Appeal had been grossly under-funded, with only a negligible number of projects having received adequate funding. In this light, the CERF-funded component managed to add considerable value to the ongoing IOM project, which originally included seed distribution only. Through added fertiliser distribution, technical training and extension activities, the beneficiaries were enabled to improve their farming practices and expect higher yields. For a full appreciation of the impact, however, it will be necessary to wait for the season to further develop. More analysis will be included in the final report. Through the under-funded emergencies window, the project managed to assist vulnerable households who would otherwise not be able to source fertiliser. The project is being implemented through close teamwork by FAO and IOM together with local NGOs.

HEALTH

Provision of Adequate Supplies of IV Fluids (07-CEF-089) / (07-WHO-046)

Zimbabwe had a critical shortage of IV fluids due to the closure of a factory which was the main supplier throughout the country. The Zimbabwe 2007 Consolidate Appeal project meant to fill this critical gap was not funded. The purchase of IV fluids and providing training has made it possible for health workers to adequately and effectively respond to diarrhoeal disease outbreaks, including cholera in order to save lives. Provincial strategic stocks have been set up to improve accessibility to these supplies. Training of health workers in Integrated Diseases Surveillance and Response has improved early detection of outbreaks, and therefore early response, which has helped reduce mortality due to diarrhoea.

Zimbabwe Food & Nutrition Surveillance System (07-CEF-061)

Within the past couple of years, there has been a general lack of nutrition information being collected by partners. As a result, the demand for nutrition data is high, especially in the current context of high HIV/AIDS and Orphan & Vulnerable Children (OVC) rates, drought, reduced purchasing power and food insecurity. The information collected by the surveillance system allows for better evidence-based programming by cluster partners. It informs if there is a problem with child nutritional status, the extent of problem and where the problem is. CERF funding for the Nutrition Surveillance System project arrived late in 2007, upon which plans were made to continue the project and implement a new round of data collection in April 2008. However, the protracted Zimbabwe election process further delayed the launch of this activity pushing implementation back to the first two weeks of June 2008. The first results on child nutritional status are now expected to come out by mid-July.

PROTECTION

Protection & Promotion of Sexual/Reproductive Health & Rights (07-IOM-018) / (07-FPA-022)

The CERF grant covered a joint UNFPA/IOM project, whereby UNFPA was primarily responsible for procurement of emergency reproductive health kits and provision of technical support, whilst IOM took on the implementation of field activities. The project enabled the continuation and strengthening of essential elements of the Sexual and Gender-Based Violence (SGBV) response through the facilitation of access to essential life-saving emergency reproductive health kits to under-privileged and often marginalized populations. The activities undertaken facilitated collaboration between different UN agencies with special technical expertise in reproductive health and working with migrant populations. Furthermore, stakeholders' collaboration was facilitated through coordination meetings and by supporting new and existing implementing partners. Additionally, the project enhanced the implementation of a comprehensive multi-sectoral response to SGBV among Mobile & Vulnerable Populations (MVPs). Finally CERF enabled greater synergies and collaboration in community-based campaigns addressing cross-cutting themes as HIV/AIDS, gender, SGBV, human trafficking, safe migration and other protection-related issues.

SHELTER

Transitional Shelter for Mobile & Vulnerable Populations (07-IOM-003)

The CERF funding enabled IOM to pursue the expansion of its shelter assistance to other MVP areas in need of shelter. Originally, 300 units of transitional shelter were earmarked for MVP communities in Bulawayo but the local authorities could only provide 33 housing plots. Given that security of tenure, as manifested in the allocation of housing plots, is a major requirement, IOM got approval from CERF to reallocate the remaining 267 units to other areas in need of shelter countrywide.

WASH

Provision of Emergency Safe Water Supply, Sanitation & Hygiene Education (07-CEF-023)

The CERF funding contributed immensely in mitigating the serious effects of water shortage in Bulawayo, the second largest city of Zimbabwe, at a time when the city was experiencing an outbreak of diarrhea. Over 68,000 people benefited through access to safe water supply from boreholes rehabilitated using the CERF funding. Furthermore, CERF contributed in the provision of adequate safe sanitation facilities benefiting 800 displaced households in the outskirts of Harare and Bulawayo. In addition, the CERF ensured that all 3,000 inhabitants from the Tongogara Refugee camp have gained access to safe water through undertaking rehabilitation activities of the water supply system. Finally, some 108,000 people in Kadoma benefited from the trucking of safe water in addressing huge water shortages. Without CERF funding, the above interventions would not have been possible as there was a lack of resources for humanitarian assistance in the sector at the time.

(a) Monitoring and Evaluation:

AGRICULTURE

Support MVP Communities with Fertiliser, Technical Training & Extension (07-FAO-040)

IOM and its partners have worked in close collaboration. Monitoring and evaluation activities are still in progress. All IOM partners are taking part in a countrywide Post-Planting Survey, which aims at establishing farmers' utilization of inputs, accuracy of targeting criteria and crop status. Results of the survey would be ready by the second quarter of 2008. FAO and IOM will keep monitoring the

development of the season, and the potential impact of the project through field visits and focal group discussions. At the time of writing a Post-Planting Survey is being conducted in over 35 districts to assess the input usage, status of crop and compliance with targeting criteria. The final report will give an account of the findings.

FOOD

Food Support for Vulnerable Groups (07-WFP-060)

WFP Zimbabwe is part of a regionally harmonized results-oriented monitoring and evaluation system consisting of (i) consolidated monthly output reports, (ii) post-distribution monitoring and (iii) Community Household Survey (CHS) to capture short-term and long-term effects of food aid on households and provide early-warning data. CMORs collect corporate output indicators from each country; Post Distribution Monitoring, conducted monthly by country offices and collated quarterly by the regional office in Johannesburg, is an intermediary tool measuring access to, use of and satisfaction with food aid. The CHS, designed to monitor the longer-term effects of WFP interventions, is a critical tool in results based management. It uses a quarterly household questionnaire on food availability and access, and a monthly community-based instrument on food availability. The system is used jointly by WFP and Consortium for Southern Africa Food Emergency (C-SAFE), a consortium of US-funded NGOs and the second largest food pipeline into Zimbabwe. CHS provides disaggregated information on beneficiaries and non-beneficiaries of WFP food aid programmes, including OVC status, HIV/AIDS indicators, food consumption, coping strategies and education. Ad-hoc surveys and reviews of secondary data will complement these systems. The ZIMVAC surveys provide additional information for monitoring and evaluation.

HEALTH

Provision of Adequate Supplies of IV Fluids (07-CEF-089) / (07-WHO-046)

UNICEF and WHO provided adequate technical support and undertook monitoring and evaluation activities in the field. Regular field assessments and analysis of disease trends through the health information system was conducted. The strengthened rapid notification system in Ministry of Health & Child Welfare (MoH&CW) was useful in monitoring disease trends. Information from other partners in the health sector was also used through a coordination mechanism set up by MoH&CW and WHO.

Zimbabwe Food & Nutrition Surveillance System (07-CEF-061)

During the nutrition surveillance data collection, each enumeration team has a supervisor which is responsible for monitoring the individuals capturing the data. Likewise, there are national level monitors who, after identifying the weakest teams in training, follow up on these teams for the first several days in the field. There will also be national level monitoring of the data entry process.

PROTECTION

Protection & Promotion of Sexual/Reproductive Health & Rights (07-IOM-018) / (07-FPA-022)

Monitoring and evaluation of the CERF funded project is based on a data collection and analysis system maintained by both implementing agencies and implementing partners. At agency level a database of all materials procured, a distribution plan and a database of all project interventions is maintained. Data on field level activities is collected from Field Activity reports submitted by the IPs after each community based activity. In addition IOM conducts a post-assistance monitoring assessment quarterly in all the beneficiary communities.

SHELTER

Transitional Shelter for Mobile & Vulnerable Populations (07-IOM-003)

During the shelter construction, IOM shelter specialists monitored progress in relation to the agreed work plans with partners, and undertook quality checks to ensure conformity of the shelters to ideal standards. Building inspectors from local authorities were also incorporated to certify and approve the standards of the shelters that are constructed. After the shelters had been completed and habituated, IOM carried out a Post-Assistance Monitoring (PAM) exercise. A PAM measures IOM's progress against its set indicators for shelter provision. Main indicators measured by the PAMs are whether the shelters have been able to protect household members against environmental hazards and provide privacy to household members. IOM also has a database in place which captures information on all assisted households by the type of completed shelter units provided per each household and evaluation of the CERF funded project is based on a data collection and analysis system maintained by implementing agencies. At agency level a database of all materials procured, a distribution plan and a database of all project interventions is maintained. Data on field level activities is collected from field activity reports submitted by the implementing partners after each community based activity. In addition IOM conducts a PAM assessment quarterly in all the beneficiary communities.

WASH

Provision of Emergency Safe Water Supply, Sanitation & Hygiene Education (07-CEF-023)

The partner agencies submit a quarterly report to UNICEF and keep UNICEF informed about the implementation status of the project. In addition, UNICEF staff undertakes periodic field visits to monitor the progress and conduct joint monitoring field visits with implementing partners. Based on the current experience, the monitoring and evaluation mechanisms are not adequate to monitor the progress and impact of the project on the project results. The cluster lead and its members share information during cluster meetings. However, the cluster will require improving its monitoring and evaluation mechanisms.

(b) Initiatives Complemented CERF- Funded Projects:

AGRICULTURE

Support MVP Communities with Fertiliser, Technical Training & Extension (07-FAO-040)

The project is very much in line with other interventions implemented by a number of NGOs in the agricultural sector (distribution of seed/fertiliser, provision of training, extension). The provision of top dressing fertiliser, in combination of training for micro-dosing, is also in response to the chronic unavailability of fertiliser that most farmers (especially in communal areas) experience. A number of NGOs have included micro-dosing training and distribution of fertiliser in their standard assistance package.

FOOD

Food Support for Vulnerable Groups (07-WFP-060)

A complementary food pipeline managed by a USAID-funded group of NGOs under the C-SAFE provides food support for targeted vulnerable people. Geographic areas of operation are closely coordinated with WFP and C-SAFE to avoid any programmatic overlap or duplication. No government safety nets for the vulnerable population are in place; hence the WFP and C-SAFE pipelines are the only recourse.

HEALTH

Provision of Adequate Supplies of IV Fluids (07-CEF-089) / (07-WHO-046)

The Ministry of Health and Child Welfare already has structures in place to deal with diarrhoeal disease outbreaks, although a shortage of resources (medical supplies) and lack of training of health staff in disease surveillance has made response to outbreaks inadequate. Mission Hospitals (church - related organizations) and NGOs have also been supportive of the health sector through importation of drugs and other supplies, as well as capacity building among health staff. WASH cluster members, NGOs and community leaders' activities in health education, water and sanitation and community mobilization in conjunction with the improved disease surveillance and case management contributed to address the outbreaks adequately and effectively.

Zimbabwe Food & Nutrition Surveillance System (07-CEF-061)

In terms of nutritional surveillance, other mechanisms of information collection provide secondary data for the background/context that surround child nutritional status. For instance, the information which will come as a result of the Crop and Food Supply Assessment Mission will provide a background to the food security situation, which helps inform on how the nutritional status of the population is being affected.

PROTECTION

Protection & Promotion of Sexual/Reproductive Health & Rights (07-IOM-018) / (07-FPA-022)

CERF funding enabled IOM to support two UNAIDS coordinated workshops on "Preparation and Response to HIV and AIDS in Emergencies." The workshops were organized for UN, International Organizations, private and public sector service providers in the response to the emergency caused by floods in two regions in Zimbabwe between December 2007 to January 2008. Furthermore, IOM and UNFPA initiated a comprehensive needs assessment on sexual and reproductive health needs of MVPs during the implementation period in order to inform future programming and prioritization of interventions for the target population.

SHELTER

Transitional Shelter for Mobile & Vulnerable Populations (07-IOM-003)

IOM's shelter intervention is done in close partnership with local and international NGOs, faith-based organizations and local authorities. All communities benefiting from IOM shelter assistance follow a standard implementation procedure. It requires the participation not only of IOM and its implementing partners but also the local community leadership, the city or municipal government authorities and the national government authorities when applicable. During the shelter construction process, the community and other stakeholders select the candidates which are then trained to be the builders of the shelters. This procedure has proven to be more cost effective, empowers the beneficiaries as it warrants ownership and at the same time has proven to have built the capacities of the local residents in building shelters. As an effect, the IOM shelter intervention has built local capacities of residents to build houses/shelters even in areas that are not necessarily IOM caseloads. Beneficiaries who were trained in brick moulding, for instance, have utilized their newfound skills as a source of livelihood by moulding bricks for other members of the community that needed bricks for the construction of their own houses. Provision of shelter intervention has also resulted in the relative facilitation for the increase in the security of tenure for MVPs over the stands allocated to them by government.

WASH

Provision of Emergency Safe Water Supply, Sanitation & Hygiene Education (07-CEF-023)

WASH partners are involved in humanitarian response during cholera outbreaks providing assistance for water and sanitation activities, providing major assistance in rehabilitation of boreholes and other water points, conducting participatory health and hygiene education, providing WASH relief supplies such as water purification tablets and water containers. WASH partners do conduct the assessment of humanitarian needs and raise funds to carry out the WASH interventions. Additional WASH interventions are ongoing in Bulawayo, Kadoma, Hopley and Hatcliffe. These initiatives complement the CERF-funded projects.

IV. Lessons learned

AGRICULTURE

Support MVP Communities with Fertiliser, Technical Training & Extension (07-FAO-040)

Overall, the project has been successful in reaching its targets. The strategy of providing MVP beneficiaries with agronomy training has greatly improved the capacity of farmers to make effective use of the inputs received (seed and fertiliser). The provision of the training on micro-dosing has to a great extent facilitated the process of equipping MVP farmers with knowledge and skills in the proper and appropriate use of CAN fertilizers. Through the support of FAO, IOM and its implementing partners look forward to better yields in the farms which will have a significant impact on the MVP household's food security. At the time of writing it is not possible to verify the impact of the project at household level as it is still too early in the agricultural season.

FOOD

Food Support for Vulnerable Groups (07-WFP-060)

Post the large Vulnerable Group Feeding program, which ran from September 2007 to March 2008, WFP undertook a lessons-learned exercise in two areas – large scale community-based targeting as a methodology and an operational review. The conclusion was that the method introduced by WFP to ensure effective targeting of food-insecure rural households was successful. The participatory targeting method provided community ownership of the food-assistance registration process. Cooperating partners noted that the method ensured that when effectively administered the abuse of power was minimized. WFP has yet to hold a consultation with donors on the findings, but the donor community in general has been very positive overall with the method.

HEALTH

Provision of Adequate Supplies of IV Fluids (07-CEF-089) / (07-WHO-046)

CERF projects close a critical gap in early and effective response to diarrhoeal disease outbreaks. Following existing MoH&CW structures and policies allowed for full contribution of health workers and capacity building for future outbreaks. Coordinated response to disease outbreaks is important in achieving positive results. Training of health staff in IDSR improves efficient and effective response to diarrhoeal disease outbreaks.

Zimbabwe Food & Nutrition Surveillance System (07-CEF-061)

The implementation of the nutritional surveillance has been hindered by the election process. The original date of enumeration was two weeks post elections. Considering that this activity requires

teams of people to move around the country capturing information from households, it was deemed a security risk and postponed. The situation in regards to the current agricultural season, which is predicted to be very poor, is justification to carry out the activity as soon as possible. Currently, enumeration is scheduled to take place in early June, with results to be released mid July.

PROTECTION

Protection & Promotion of Sexual/Reproductive Health & Rights (07-IOM-018) / (07-FPA-022)

The value of partnerships across agencies enhanced programme effectiveness and implementation. Creating stakeholders forums proved to be a useful tool in disseminating and creating linkages to enable other humanitarian actors and service providers to compliment IOM's humanitarian interventions.

SHELTER

Transitional Shelter for Mobile & Vulnerable Populations (07-IOM-003)

During the shelter construction process, the community and other stakeholders selected the candidates which were then trained to be the builders of the shelters. This procedure has proven to be more cost effective and at the same time have proven to have built the capacities of the local residents in building shelters. As an effect, the IOM shelter intervention has built local capacities of residents to build houses/shelters even in areas that are not necessarily IOM caseloads. Additionally, provision of shelter has also resulted in the facilitation for the increase in the security of tenure for MVPs over the stands allocated to them by government. The shelter intervention is seen by government as a manifestation of the beneficiary's effort to improve the stands provided to them. With a completed shelter in-place, beneficiaries have a better and more stable hold over the stand provided to them. Through the shelter intervention, IOM has also attained its objective of ensuring stabilization of mobile populations paving the way for more medium and longer-term assistance such as sustainable livelihoods.

WASH

Provision of Emergency Safe Water Supply, Sanitation & Hygiene Education (07-CEF-023)

The implementation of the project revealed that there is a need for increased coordination and collaboration in the provision of humanitarian response. This need was partly met through inter-agency meetings providing a valuable forum for information sharing, as well as through efforts aimed at building stronger partnerships. In a polarized environment there is a need to use non-controversial programmes such as watsan-related programmes as entry points for other humanitarian interventions. Finally, non-availability of construction materials and supplies have caused delays in the construction work and remains to be a major challenge in the WASH cluster.

V. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Agriculture	Support MVP Communities with Fertiliser, Technical Training & Extension (07-FAO-040)	200,000	42,800	IOM	Increased household food security through increased yields per unit area, and increased seed security within the MVP communities	Training on micro-dosing to IOM, AGRITEX and NGO staff; Agronomic and micro-dosing training of contact farmers; distribution of 50kg packs of CAN/LAN fertiliser to 42,800 beneficiaries.
Food	Food Support for Vulnerable Groups (07-WFP-060)	8,000,000	1,314,400	SC-UK; ORAP; WV; Oxfam GB; CI; GOAL; PI; Concern; CC; CRS; IOM; Africare; MCT; IPA	(i) Increased ability to manage shocks and meet immediate food needs; (ii) reduced and/or stabilized malnutrition rates; (iii) increased/stabilized attendance rates at pre- and primary schools.	With the food purchased with the CERF funds, WFP gave emergency rations for 1,314,400 people during the lean season.
Health	Provision of Minimum Stock of IV Fluids for Zimbabwe (07-CEF-089)	600,000	150,000	MoH&CW, NGOs, MSF	Timely and appropriate management of dehydration in cholera and acute watery diarrhoeal cases.	Project supported outbreaks in Mashonaland East, Central & West and Midlands's provinces.
	Support the Provision of Adequate Supplies of IV Fluids (07- WHO-046)	500,000	3,100	MoH&CW; City Health Officials; UNICEF; MSF	IV fluids purchased and distributed; health workers trained in IDSR; workshop on development of Assessment Tool and Standard Operating Procedures (SOPs) in diarrhoea control held; health workers and communities trained in PHHE; SOPs printed and distributed; drugs for Tongogara Refugee Camp Clinic purchased; monitoring and evaluation conducted; logistic support for data management Provided.	IV fluids were purchased and distributed, which contributed to saving life in diarrhoea disease outbreaks. This consignment was critical as the acute shortage of IV fluid due to the closure of Datlabs Factory and the economic crisis in Zimbabwe resulted in shortages. Training was provided to health workers from urban health authorities and sub-districts in cholera prone areas, resulting in improved surveillance, early detection of diarrhoeal disease outbreaks and treatment of cases and consequent reduction of mortality. A workshop to finalise SOPs for diarrhoea and cholera control was held for health staff from all provinces. Drugs for Tongogara Refugee Camp Clinic have been ordered, and are being delivered to fill gaps of medical supply shortage in the camp. Equipment was purchased to support data management. Data analysis for an appropriate intervention was key in reducing morbidity and mortality related to the diarrhoea outbreaks.
	Zimbabwe Food & Nutrition Surveillance System (07-CEF-061)	199,084	9,000 children under five to be sampled	Food and Nutrition Council; MoH&CW, various NGOs	Information on child health and nutritional status from 13 sentinel districts to inform overall health status of the population.	Activity to take place early June 2008

Protection	Protection & Promotion of Sexual/Reproductive Health & Rights (07-IOM-018) / (07-FPA-022)	300,000 & 199,992	85,000	IOM, Musasa Project, Counselling Service Unit	Strengthened service provision to SGBV survivors through procurement and distribution of life-saving commodities to MVPs. Develop and distribute Information Education Communication (IEC) materials addressing heightened risk factors of displaced populations to SGBV. Improved access to reproductive health services. Strengthened community response to SGBV through establishment of early warning systems at community level and provide linkages with law enforcement systems.	Life-saving commodities and drugs have been made available to health facilities and health workers in the MVP communities, benefiting an estimated 85,000 people. T-shirts were distributed to MVP communities providing a two-way support: clothing and disseminating messages on SGBV. Reproductive health kits, condoms, emergency contraception and post-exposure prophylaxis have been made available to the MVP communities. About 12,000 women and girls of reproductive age group now have access to good sanitary hygiene. Community health workers now serve as a linkage for referring survivors of SGBV to law enforcement, medico-legal, comprehensive health care including psycho-social support. Strengthened stakeholder capacity to protect sexual reproductive health in MVP communities through training. Increased availability and distribution of programme support IEC materials and support to participation in local World AIDS Day commemorations
Shelter	Transitional Shelter for Mobile & Vulnerable Populations (07-IOM-003)	1,000,000	1,500	EFZ; ZCDT; ISL; PA	At least 300 households are provided with transitional shelter.	300 MVP households benefiting from the shelter intervention. Out of 300, 75 shelters are currently being constructed and an additional 95 units have been allocated and are currently waiting for the arrival of materials. Excavation of the stands has already been done.
WASH	Provision of Emergency Safe Water Supply, Sanitation & Hygiene Education (07-CEF-023)	1,000,000	208,765	CC; Kadoma Municipality; WV; PA	Reduced morbidity and mortality due to water and sanitation-related diseases amongst targeted populations. Significant improvement in health and well-being of the target population. Improved access to adequate water and safe sanitation facilities. Improved health and hygiene behaviour and practices amongst target communities.	Improved access to safe disposal of human excreta through the provision of household latrines and overall improvement of the hygiene state of the settlements. Water trucking benefited more than 108,000 vulnerable people. Fuel, water pumps and water purification tablets were provided for the trucking, as well as a truck for the local water authorities. Hygiene promotion activities undertaken led to improved hygiene behaviour and practices amongst the affected communities. Reduced incidents of diarrhea. Rehabilitation of water supply system is ongoing and is expected to complete by end June 2008. However, refugees are already having access to safe water from rehabilitation work. Improved access to safe water supply to 68,000 vulnerable people in Bulawayo through rehabilitation of existing and drilling of new boreholes.

CERF IN ACTION: Success stories with pictures

HEALTH

Provision of Adequate Supplies of IV Fluids (07-CEF-089) / (07-WHO-046)

Background

Between the months of May and July, 2007, there were outbreaks of severe diarrhea in the City of Kadoma and Gokwe North and South Districts. As of 26/07/07, Kadoma had reported 3,589 cases and 32 deaths (Case Fatality Rate (CFR) 0.9 percent), 15 of who were community deaths. Gokwe North District had reported 502 cases, with 15 deaths (CFR 3 percent), 11 of whom were community deaths. Gokwe South District had a total of 882 reported cases and 19 deaths (CFR 2.2 percent). In all the cases, the assessment team from MoH&CW HQ, WHO and UNICEF found out that the response to the outbreak was delayed due to lack of medical supplies including IV fluids for rapid response, capacity among health workers and poor surveillance systems, the community were not able to detect that they were in an outbreak situation and were not aware of their roles, hence the urgent need for provision of emergency medical supplies and training for health workers and the community to save lives.

Early Response

Early response to diarrhoea outbreaks was a challenge initially when outbreaks broke out in urban areas in May, 2007. Training of health workers in IDSR, community education and the provision of IV fluids and other supplies in affected areas effectively reduced morbidity and mortality. While at the start of the outbreaks CFR was as high as 3 percent (e.g. Gokwe outbreak), it quickly went down to zero, and this was attributed to several factors which included: a) provision of adequate IV fluids and other medical supplies on time; b) improved disease surveillance resulting in early detection of outbreaks and treatment of cases through training of health staff in IDSR; c) community awareness and early treatment seeking behaviour through health education; d) Setting up of provincial emergency strategic stocks to ensure early response. Outbreaks were identified almost immediately through improved surveillance systems, and response was affected within 24 hours.

Community Mobilisation

IEC materials on cholera and other diarrhoeal diseases were reproduced and distributed to affected areas for community education. These were used by health workers and home visitors to educate the communities on how to prevent the spread of infection. SOPs on diarrhoeal disease control (including cholera) were developed for a systematized approach to the current and future outbreaks.

Coordination

WHO chairs the Health Working Group in the UN Humanitarian system, and is responsible for coordinating activities with other UN Agencies and NGOs that are part of the working group. Development of the CERF Proposals was done through the working group. This coordinated effort ensures that there is no duplication of functions, each contributing a complementary role based on the organisation's mandate. Main partners in the Health Working Group are UNICEF, UNFPA, IOM, UNHCR, ZRC, MSF, Oxfam GB, Africare, SC-UK, CC. This multi-agency approach contributes to a multisectorial response to the outbreak. This approach is key in dealing with diarrhea outbreaks as root causes are most of the time out of the health sector. There is also the Inter Agency Coordination Committee on Health that is chaired by the Deputy Director, Disease Prevention and Control, that is held every month. WHO is the secretariat of these meetings. Members are all organisations that run health programmes, and include UN Agencies and NGOs. This is also a coordinating body that ensures that MoH&CW policies are followed in implementing health programmes, and directing resources to areas of need.

PROTECTION

Protection & Promotion of Sexual/Reproductive Health & Rights (07-IOM-018) / (07-FPA-022)

Building Capacity Changing Lives

IOM and UNFPA have been integrating gender, HIV and AIDS, and social protection issues in all aspects of their programming. These issues have been addressed as cross cutting themes in existing interventions within the emergency humanitarian assistance programme. CERF funding increased the availability of human and material resources to enable social protection interventions as outlined below.

Implementing and technical staff skills development

- A total of 68 participants from humanitarian NGOs, law enforcement, government service line ministries, local authorities, civil society and faith-based organizations, from a total of five districts were trained on all the thematic areas of the project in a humanitarian context.
- 18 medical doctors, working in both the private and public sectors in locations with IOM is providing assistance, were trained on the clinical management of rape survivors.
- 23 IOM field staff and implementing partner focal persons trained on the thematic issues with special focus on areas where programming challenges were faced, such as promoting the care female condom as well as responding to SGBV, with a specific focus on domestic violence. One participant stated in the evaluation at the conclusion of the training *“I liked the Domestic Violence section best because the misconceptions that I had about the new Act were addressed. Infact I had little information on it, but I am now well equipped.”*
- CERF funding enabled IOM to support two UNAIDS, OCHA and IOM coordinated workshops on “Preparation and Response to HIV and AIDS in Emergencies.” The workshops were organized for UN, International Organizations, private and public sector service providers in the response to the emergency caused by floods in two regions in Zimbabwe between December 2007 to January 2008. A total of 39 officials from the private, public and humanitarian agency sectors participated in these workshops.

Material inputs supporting the project implementation

- Emergency reproductive health kits were procured as follows: 35 administration and training kits, 23 rape treatment kits, 23 PEP kits, 25 oral and injectible contraception kits, 25 STI drug kits, and 1 clinical delivery assistance kit.
- 140,000 units of 250 grams cotton wool and 1,200 promotional T-Shirts procured and distributed.
- 34,000 HIV and SGBV IEC materials, 50,000 ‘Passports’ to Safe Migration and 1,000 ‘Safe Migration’ bumper stickers, were reproduced. Additionally, ‘Counter-Trafficking in Persons’ IEC materials are being developed.

Outcomes and impact at sector level

The project developed the skills and human and material capacity of service providers and humanitarian actors to deal with sudden emergency situations such as the floods in December and January, and the ongoing emergency situation. IOM Zimbabwe submitted an abstract on the integration of gender in the emergency flood response which was accepted for presentation at the “Gendering Disasters workshop” in New Zealand on 31 July 2008.

Community awareness raising activities highlighted these issues that are often sidelined in an emergency situation. In addition several protection related cases on child abuse, neglect, and domestic violence, have been raised by community members, and responded to timeously by all stakeholders.

SHELTER

Transitional Shelter for Mobile & Vulnerable Populations (07-IOM-003)

In 2004, the community of Kachidza in the District of Mt. Darwin, Province of Mashonaland East, was severely affected by a hailstorm that rendered at least 65 households homeless. In the aftermath of the hailstorm, the district authorities and the Civil Prevention Unit appealed for assistance from various humanitarian organizations. IOM immediately responded by providing immediate life saving assistance such as blankets, plastic sheets for temporary shelter, kitchen utensils, sanitary ware, soap and medicines.

As a follow up to the immediate emergency response, IOM provided the community (65 households) with assistance for the reconstruction of their houses. This assistance was provided after a thorough assessment and verification exercise.

One beneficiary that was able to receive assistance in Mt. Darwin is Mr. Mafaiti Murambiza. He is 75 years old and lives with 4 children. He was able to receive a standard NFI kit during the immediate outset of the hailstorm and later received support in the reconstruction of his house. The shelter provided to Mr. Murambiza is a two-roomed house constructed out of cement bricks. He and his family also benefits from the sanitation facilities that has been constructed by IOM for the community.

With a smile on his face Mr. Murambiza said *“I feel very grateful and overjoyed because of the assistance that I have received from IOM. Right after the hailstorm, I prayed hard to have a house. I never imagined myself having a house like this. Because of this, my life has improved as I feel more recognized and respected by the community. I no longer feel inferior.”*

Through the excellent coordination by IOM with the various stakeholders, the provision of shelter assistance was made possible. Funding support from CERF has benefited not only Mr. Murambiza but has benefited the reconstruction of 64 more households.

WASH

Provision of Emergency Safe Water Supply, Sanitation & Hygiene Education (07-CEF-023)

Bulawayo, Zimbabwe – Gogo Emily Ncube struggles to hoist the 25-litre bucket of water onto her head. It is a gruelling chore for her frail 72-year old frame but it is also an inevitable one. In fact, it is her second five kilometre trip to the borehole today. For the past two weeks Gogo (Grandmother) Ncube has not received any town water supply. And so she heaves and walks – a better option, she says, than another trip to the clinic with a sick grandchild. “It is just too much,” she tells me. “I look after four orphaned grandchildren. Last week the smallest one, Nobuhle had a serious stomach ache. I know it was caused by the water from the nearby wells. That water is not clean. Now I have to walk a long way, but what can I do ...?”

The water and sanitation situation in Zimbabwe's second largest city is dire. Twenty litres of water per person per day, is the globally accepted bare minimum (for drinking, cooking, cleaning and washing). Currently residents of Bulawayo are able to access just one-third of that. As a result, across the city long winding queues at the few functioning water points can be seen from as early as dawn. After school, children with huge containers forage for the next day's supply.

Unsafe shallow wells are sprouting in most of the city's high density suburbs as desperate residents look for alternative sources of water. In turn the water woes have worsened sanitation conditions as residents resort to defecating in bushes instead of instead of the toilets in their homes since they have no water to flush. Unsurprisingly, the incidence on diarrhea cases as a result of contaminated water and poor hygienic practices is rising. According to the city health department, more than 2500 cumulative cases of diarrhea have been reported since the end of August, an average of around 40 per day.

"Where there is a lack of safe water and sanitation, together with poor hygiene practices, conditions become hazardous for women and children," said Dr. Festo Kavishe, the UNICEF representative in Zimbabwe. "Illnesses and diarrhea outbreaks such as these significantly contribute in child mortality and with partners we are urgently addressing them."

With vital support from the CERF, UNICEF continues to work to improve the situation in Bulawayo.

Working with a coalition of NGOs based in Bulawayo, UNICEF has drilled ten boreholes and is rehabilitating a further seventy-five. Seven water tanks with a water carrying capacity of 10,000 litres each have been provided to some of the city's schools. UNICEF has provided hundreds of thousands of water treatment tablets with a capacity to treat and purify more than three million litres of water. Thousands of Oral Rehydration Solution sachets and hundreds of kilograms of washing soap have

been distributed. And vital IEC on hygiene and diarrhea is being circulated to improve hygienic practices in the home and the community.

“We’ve worked around the clock, but there remains a need for investment in a much more sustainable and better managed water and sanitation system,” said UNICEF’s Officer in charge of Water, Sanitation and Hygiene, Maxwell Jonga. “This situation is complicated by the effects of almost four years of drought, continued economic downturn, and the AIDS pandemic, but we continue to scale up our response.”

List of Acronyms

CC- Christian Care
CFR- Case Fatality Rate
CHS- Community Household Survey
CI- Care International
CRS- Catholic Relief Services
EFZ- Evangelical Fellowship of Zimbabwe
ERC- Emergency Relief Coordinator
HC- Humanitarian Coordinator
IEC - Information Education Communication
IPA- Intercountry People's Aid
ISL- Integrated Sustainable Livelihoods Trust
MCT- Mashambanzou Care Trust
MoH&CW -Ministry of Health & Child Welfare
MSF- Médecins Sans Frontières
MVP- Mobile and Vulnerable Population
ORAP- Organization of Rural Associations for Progress
OVC- Orphans and Vulnerable Children
PA - Practical Action South Africa
PAM -Post-Assistance Monitoring
PI - Plan International
SC-UK - Save the Children–UK
SGBV - Sexual and Gender-Based Violence
SOPs - Standard Operating Procedures
WV - World Vision - ZCDT
Zimbabwe Community Development Trust