CERF
A SOUND HUMANITARIAN INVESTMENT
THE CENTRAL EMERGENCY RESPONSE FUND

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

Country	**Zimbabwe**
Resident/Humanitarian Coordinator	**Elizabeth Lwanga – R/HC a.i**
Reporting Period	**1 January 2009 – 31 December 2009**

I. Summary of Funding and Beneficiaries

Funding (US$)	Total amount required for the humanitarian response:		$718,630,252
	Total amount received for the humanitarian response:		$457 million
	Breakdown of total country funding received by source:	CERF	$26,808,077
		CHF/ERF COUNTRY LEVEL FUNDS	$4.7 million
		OTHER (Bilateral/Multilateral)	$430,191,918
	Total amount of CERF funding received from the Rapid Response window:		$7,899,348
	Total amount of CERF funding received from the Underfunded window:		$18.9 million
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	$11,394,287
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	$7,626,643
		c. Funds for Government implementation:	$8,164,067
		d. **TOTAL:**	**$26,808,077**
Beneficiaries	Total number of individuals affected by the crisis:		12.2 million
	Total number of individuals reached with CERF funding:		9.3 million
			2,269,144 children under 5
			3,766,068 females
Geographical areas of implementation:		**Mashonaland Central** (Shamva, Centenary,Bindura, Mt Darwin, Mbire and Guruve) **Mashonaland East** (Mudzi, Buhera)	

	Mashonaland West (Makonde, Kariba,Chegutu**)** **Manicaland** (Mutare, Chipinge) **Midlands** (Gweru,Mberengwa, Zvishavane) **Bulawayo** (Bulawayo) **Matabeleland North** (Hwange, Victoria Falls,Kazungula, Pandamatenga) **Matabeleland South (**Plumtree, Bulilima, Mangwe, Maitenge, Mphoeng) **Masvingo** (Chiredzi **Harare** (Caledonia) **NB for Cholera response coverage was nationwide**.

II. Analysis

Zimbabwe benefited from three tranches of CERF funding in 2009. In February, the country received US$7,899,348 under the Rapid Response Window for cholera response. During the two allocations for the Under Funded Window, Zimbabwe received a total of US$18.9m for WASH, Health, Food, Education, Protection, Logistics and Nutrition. The funds received were instrumental in scaling up response as well as providing resources for critically underfunded areas such as response for Internally Displaced Persons and the cholera response.

The humanitarian situation in Zimbabwe in 2009 that prompted a CERF response was a continuation of the dire circumstances experienced in the country in 2008. The prevailing complex and overlapping political, social and economic factors exposed populations to extreme vulnerabilities which had exhausted their coping strategies. Further, a third consecutive failed agricultural season left an estimated 7 million people dependent on food assistance between January and March 2009. The education sector was crippled by a series of strikes. In addition, the high vulnerability levels, coupled with one of the world's highest HIV infection rates of 15.6 percent, deepened the population's vulnerability to shocks. There are 1.5 million Orphaned and Vulnerable Children, including over 100,000 child headed households. Due to natural disasters and the political and economic situation, there are an imprecise number of persons who remain internally displaced. However, the formation of an all inclusive government in February 2009 and the official introduction of the multiple currencies curtailed hyperinflation, but the international community remained cautious in extending direct support to the government which meant that underlying causes of the resulting humanitarian crisis were not fully addressed.

A Rapid Response request was approved in February 2009 soon after the Government of Zimbabwe declared a cholera epidemic in the country in December 2008. By the time it was brought under control in July 2009, it had spread to all 10 provinces with some 98,592 reported cases and 4,288 deaths. The CERF provided resources for the initial response to cholera through projects implemented by WHO, UNICEF and WFP. Additional funding, most of it smaller, was also received from other donors including governments of Korea, Botswana, Mozambique. DFiD provided much needed funding for the Cholera Command and Control Centre (C4) which provided a platform for coordination of the response between partners and MOHCW while the African Development Bank supported procurement of water treatment chemicals for Harare city (as requested by MOHCW) and health promotion interventions in all provinces. The funding from the CERF specifically filled in gaps identified that included: lack of ORS for community treatment of diarrhoea, lack of medical and logistical supplies for treatment of cholera, lack of transport, challenges in communication which affected incident reports resulting in delays in response. The health system had virtually collapsed as a result of economic decline that affected provision of basic services. Health workers could no longer

report to work due to low salaries, unavailability of essential medicines, equipment and basic supplies. Despite an intervention by the EC worth some 4.7 million Euros, the ability of the Government to fulfill its obligations towards providing the balance of the essential medicines required continued to decline rapidly to levels of less than 30 percent availability of vital and essential medicines and medical supplies. The lack of medicines and medical supplies at primary and secondary health care facilities had a large impact on people's ability to access basic health care.

The CERF resources could not have come at a more critical time and was used for training of case management teams (approximately 500 health workers) were trained in all ten provinces, with field visits to more than 20 cholera treatment centres and health facilities. An initial 181 tons / 531 m3 of cholera supplies were distributed to 61 districts in 10 provinces in four weeks. Eight Provincial Medical Directors and three City Health Departments received provincial cholera kits to care for 100 severely affected patients, 600 patients needing oral rehydration and setting up a CTC. 33 desktop computers and printers were provided to MOHCW health information unit for use in surveillance by provincial and national authorities. Generators were also procured to support communication within each province (erratic power was listed as one of the major challenges faced by provinces in surveillance and response to disease outbreaks).

Under the UNICEF supported project, the funds were used to implement the Health workers retention scheme and the Vital Medicines Support programme. Some 27,325 employees of the Ministry of Health and child Welfare were retained for three months. Beneficiaries of the Health workers Retention Scheme were the primarily health workers operating in the primary and secondary health care level. Funding was also utilised to procure vital and essential medicines. Procurement focused on the primary health care package, designed to provide essential primary care for a period of three months at a time. 1200 primary health care facilities benefitted from the primary health care packages procured with CERF funding. The distribution of the primary health care packages to facilities enabled 44 percent of health facilities to achieve a minimum of 50 percent drug availability of selected essential drugs

The logistics cluster was re-activated under the leadership of WFP. With the funding, WFP set up five common logistics hubs with storage facilities, provided mobile storage tents to UN agencies and NGOs operating in the rural areas and ensured common road transport and timely deliveries of relief items to beneficiaries. The funds enabled WFP to offer services in areas which had high cholera incidents but had no logistics hubs. Agencies that were assisted through WFP's logistical services included WHO, UNICEF, MSF, CARE, IFRC, NATPHARM (the Zimbabwean parastatal pharmaceutical company), IOM, International Medical Corps, Save the Children.

Please see annex 2 for a graphical representation of how the CERF funds and other assistance reaching the country slowed down the spread of cholera. – Graphic by WHO.

Under Funded Emergency grant window:

WASH- Zimbabwe experienced an acute cholera outbreak which surpassed the speed of the response, making it difficult to control. The underlying causes related to the lack of safe drinking water and inadequate sanitation resulting in poor hygiene practices. Access to safe water supply and basic sanitation in Zimbabwe has eroded significantly over the last years. The outbreak claimed over 4,200 lives, a cumulative case load of 97,000 and a case fatality rate of

4.5 percent[1], well above the normal emergency threshold of 1 percent international standard. In urban areas, the situation was compounded by a shortage of water treatment chemicals resulting in many suburbs and small towns going without water for long periods. Points of effluent overflow were frequently encountered in big cities due to the breakdown of the sewage infrastructure, subsequently causing cross contamination of piped water and shallow wells. Many households were forced to resort to unprotected contaminated open wells for water. Rural communities were also hard hit by the cholera outbreak. WASH partners regularly reported that more than 60 percent of boreholes were no longer functioning and sanitation coverage was low at community level and institutions - clinics and schools. In schools the WASH situation required urgent attention in order to protect children from diarrhoeal diseases, including cholera. A rapid assessment conducted in February 2009 by education partners indicated significant problems in school-based WASH facilities as well as a lack of essential training to ensure safe hygiene behaviour of children and teachers in schools; of the 187 schools accessed, only one school had basic cleaning supplies, less than 25 percent had access to functional hand-washing facilities on school grounds and none of the teachers had received emergency hygiene training which they could pass on to children in their care. Provision of emergency cleaning supplies for facilities, soap, targeted IEC materials, and essential training will significantly decrease the potentially life-threatening risks in the large gatherings of children at schools. The village health worker system that existed in early 2000 that reportedly made a significant impact on communicable diseases had collapsed. Revamping this system was important to ensure community based hygiene activities and interpersonal communication takes place. New and old recruits as well as other community based workers and volunteers will therefore be trained and equipped with necessary documents to produce a quality community based intervention. The community based hygiene program will be implemented by WASH cluster partners as part of comprehensive water and sanitation rehabilitation projects at community level, in collaboration with the Ministry of Health and Child Welfare and district councils.

UNICEF will support WASH cluster partners in cholera mitigation and prevention through the community based hygiene programme and the rehabilitation of water and sanitation facilities in rural communities (especially institutions such as clinics and schools).

Proposals were solicited from potential partners. Submitted proposals were then peer reviewed by the WASH Cluster's Strategic Advisory Group (SAG) with support from UNICEF. Those found satisfactory were recommended for funding by the CERF. (The project on-going a No-cost Extension request is also to be submitted)

Health interventions were implemented by WHO, UNFPA, IOM and UNICEF. Funds channelled under WHO provided critical support to the Village Health Worker (VHW) programme, the national Health Information Programme and the national Malaria Control Programme which had all been badly affected by the socio-economic crisis. The VHW programme became non functional due to attrition of VHWs and lack of resources for allowances and management of the programme. The Health information system faced similar challenges while the Malaria control programme faced a sudden crisis due to disruption in payment of Global Fund disbursements to Zimbabwe (HIV programme was also affected by this but it was unable to acquire CERF funding). The CERF therefore prevented the programmes from completely falling apart while giving them time to secure additional funding (Global fund for malaria, UNDP/ADB for VHW and NHIS).
UNFPA project area revolved around maternal and infant health care. The recently published 2007/2008 Zimbabwe maternal and prenatal mortality study (ZMPMS) has estimated the

[1] Ministry of Health and Child Welfare/C4 Rapid Notification System April 21, 2009

maternal mortality at 725 deaths per 100,000 live births in Zimbabwe. This MMR is one of the highest in the region and is exceptionally high. Equally critical is neonatal deaths, which in Zimbabwe is contributing to almost 30 percent of all deaths in children under the age of five years. An estimated 13,500 neonatal deaths occur per year in Zimbabwe, mostly in the home. DHS 2005/2006 estimates under-5 mortality at 71/1000 live births for male children and 68/1000 live births for female children and the neonatal mortality at 23/1000 live births and 19/1000 live births respectively. Haemorrhage, hypertension / eclampsia, sepsis and obstructed labour remain the four leading causes of direct obstetric deaths. Effective interventions exist to treat these complications, and deaths from them are avoidable. The ZMPMS estimates that successful prevention and treatment of these complications represents the potential to reduce maternal deaths by 46 percent. None of the interventions are complex or beyond the capacity of a functioning health system in Zimbabwe. More women will have to reach facilities, and when they do so, they should receive effective treatment. Effective treatment includes medical and surgical care (ZMPMS: 26 percent of district hospitals do not provide caesarian sections).

CERF funding was provided for institution emergency obstetric care to address maternal and neonatal deaths by tackling delay in reaching an institution, and delay in receiving life saving maternal and newborn care at health facilities. The targeted provinces were those with the highest number of notified maternal deaths from the available 2006 National registry data. CERF funding enabled the under-funded EMoC interventions to continue. As an adjunct to the CERF funded interventions more resources were able to be mobilized from the Japanese Government to augment response to the second delay. Under UNICEF, the CERF funding contributed significantly in ensuring that immunization programs do not stop. Immunization is the most cost effective health intervention and it is critical that minimum immunization coverage is maintained. CERF funds were critical in maintaining programme activities, however considerable needs remain unmet, as evidenced by the recent measles outbreaks (by 14 March, 2010, 183 children died and there was a total of 1,884 suspected cases). Interventions by IOM were largely community-based, focused on strengthening community health systems for disease surveillance, prevention and control through training community health volunteers on establishing Oral Rehydration Points (ORP), distributing essential materials such as soap, water treatment tablets, information, education and communication materials and training health staff on various aspects of case management and public health response to the outbreak. IOM's response targeted cross border mobile populations and IDPs, vulnerable groups that are not easily reached through the usual public health approaches used for sedentary populations. The interventions contributed to a) Reduction in new infections and prevention of avoidable deaths from cholera; b) Increased capacity of health officials in the nine border areas to plan, implement and monitor disease outbreak response interventions; c) Contribution to the revitalization of the village health worker program, which is critical to the reduction of community deaths due to cholera.

Nutrition: The CERF grant requested in this sector will complement existing resources and ensure delivery of immediate lifesaving treatment for severely malnourished children and adults in 11 "hot spot" districts, and among internally displaced populations throughout Zimbabwe. Unfortunately the project has suffered significant delays in implementation. Once the project starts, the CERF funding will be used for the rapid expansion of the CMAM services, which is relatively a new way of addressing acute malnutrition. CMAM is structured towards building significant capacity of government in those districts. It also fosters a close collaboration and coordination among the agencies and MOH implementing this intervention. By the end of the project period, UNICEF and its implementing partners will have ensured access to lifesaving acute malnutrition treatment services for approximately 650,000 people: 82,000 children under

the age of five (38,540 boys and 43,460 girls) and 22,000 pregnant or lactating women. (A no-cost extension request is to be submitted to the CERF Secretariat)

Protection: As the protection sector was seriously under funded- having attracted an average of 30 percent funding at the time of the request, CERF funding was extremely welcome in addressing the most urgent and pressing needs. The grant allowed the receiving organisations to implement programmes for the most vulnerable populations in the country. The eight CERF allocations under protection in 2009 are all interlinked and related, and there are regular discussions about the progress of the programmes between the participating partners, among others in the Protection Cluster meetings. Therefore the CERF grant has enhanced intra-cluster coordination between all partners.

Material support and legal assistance, counselling and sensitization on the rights of IDPs was carried out through UNHCR and IOM, Together, in three different projects they have reached over 27,000 IDPs so far, while the second project is still ongoing. The CERF funding managed to address cases of existing displacement and those of new displacements, and has contributed to the integration and return of IDPs. The displacement related programmes also targeted local authorities in sensitizing them about IDP rights and the need for reconciliation. The first CERF allocation under displacement covered Mashonaland East and Midlands provinces, while the second (ongoing) allocation is aimed at Mashonaland Central and Harare provinces.

Of the three projects dealing with emergency assistance of survivors of gender based violence, the first ongoing project is facilitated by IOM, UNFPA and UNICEF, who are working together to reach 150,000 women and children with information about referral mechanisms. In terms of direct medical, psychosocial and legal response, approximately 3,000 women and children so far have been reached. UNFPA also received separate funding to provide 1,000 survivors of gender based violence with life-saving reproductive health services, while over 30,000 women, children and men were reached through community mobilization. The GBV projects address one of the most serious ongoing protection violations in the country, and CERF funding has allowed a strengthened response to GBV. To respond to the needs of children affected by violence, UNICEF and its partner Save the Children UK, with CERF funding, implemented a programme of humanitarian assistance to approximately 8,126 people (or about 2,709 in each of 3 communities, that is Caledonia in Harare, Gweru and Mberengwa in Midlands) most affected by the displacement and violence, 87 percent of whom are children and adolescents. Interventions included provision of age and gender appropriate non-food items, structured play and recreation for children, strengthening of child protection and school committees to report and respond to child abuse, individually tailored support to address specific issues (such as family separation, abuse, etc), and engagement of adolescents in peer-to-peer supportive discussions.

Education: The situation in the national education system is characterised by resignations, absenteeism and low morale amongst teachers, increased numbers of children dropping out of school and violence against children. This situation is more pronounced and the needs greater within Internally Displaced Persons settlements that continuously face marginalisation from public services as a consequence of their displacement. There is a consistent pattern of school-based violence, and an alarming degree of degradation in school infrastructure including water and sanitation facilities, playground facilities, and classroom integrity, all of which have repercussions for the physical safety of teachers and children, and the teaching and learning climate in the schools, especially with the anticipated resurgence of cholera during the next rainy season. Implementation of the project started in January 2010 and the impact will become more visible once more of the activities are completed.

Food: CERF funding supported the World Food Programme's food assistance interventions under PRRO 105950 with implementation scheduled from May 2008 to April 2010. The programme in its second year of implementation will continue to meet the life-saving, critical food needs of an estimated 2 million vulnerable people in total during the peak hunger season. Specifically, the CERF grant will meet the food requirements for 4,500 people in food insecure institutions in the period October 2009-April 2010. Program beneficiaries are from vulnerable institutions in urban and rural areas. Even in a year with good harvests, these beneficiaries are not likely to see an improvement in their food supply. They require consistent and reliable food assistance throughout most of the year until such time that the general economy improves and the Social Services can provide them with social welfare grants. The programme is meant to improve access to food (food consumption and diet diversity) of food insecure institutions. The CERF funding enabled the WFP to continue its institutional feeding programmes in poorly funded institutions (orphanages, elderly homes, care homes for the disabled and homes for the mentally ill). The funding from CERF assisted WFP and its CPs to mobilise for complementary services for different partners including medical and educational support for the inmates. Until December 2009 a total of 4, 383 inmates were assisted using the CERF funds.

Logistics: In the second round of UFE, the logistics cluster was granted funding for inter-agency support because some of the implementing partners - both UN and NGOs - had faced challenges in distributing the relief items to the beneficiaries during the recent cholera outbreak. It has become evident that a more coordinated approach, better definition of the supply chain within each cluster and improved reporting and communication between government agencies and the humanitarian community was required to deliver the relief items to the beneficiaries at the right time and at the right cost. The CERF funding received was essential in strengthening the overall humanitarian response by allowing for better coordination between the various clusters and a more rapid response to the crisis, both of which helped prevent another major outbreak.

Overall, the CERF has contributed to increased coordination among all partners i.e. NGOs and the United Nations. For the UFE, the inter-cluster forum, that brings together all cluster leads, was used to recommend distribution of the available resources. Their recommendations were approved by the HCT and endorsed by the HC. This ensured that the decisions were taken following technical advice by the inter-cluster forum. Most of the clusters reported increased coordination such as Protection where all projects implemented under CERF were inter-related. A national taskforce comprising health cluster partners, MOHCW and local NGOs was formed in the implementation of the VHW programme. This prevented duplication while also promoting partnership in the programme. Logistics assisted partners to deliver much needed assistance in far flung areas at reasonable costs while WASH and Nutrition funding has assisted UNICEF to build new partnerships with national NGOs as well as international NGOs that they were not partnering with in the past. Partnerships with Government organizations such as MOHCW and NatPharm was enhanced during prioritization and implementation of health projects by both UNICEF and WHO.

III. Results:

Sector/ Cluster	CERF project number and title (if applicable please provide CAP/Flash project code)	Amount disbursed from CERF US$	Total budget in US$	Number of beneficiaries targeted with CERF funding	Expected Results/outcomes	Results and improvements for target beneficiaries	CERF's added value to the project	Monitoring and evaluation mechanisms	Gender Equity
Water and Sanitation	Emergency safe water supply, sanitation and hygiene promotion to affected vulnerable (high risk of Cholera) populations in urban and rural areas of Zimbabwe. ZIM-09/20548/124 09 –CEF – 040 - A	$2,541,800	$28,500,000	531,700 (239,265 children, 152,066 women and 140,369 men)	Reduced incidence of cholera cases in urban areas. Access to safe water and sanitation at a reduced distance of less than 1km from rural households benefiting 85,000 people Access to safe water and sanitation in 61 schools and clinics Schools are able to store clean water for washing of hands Increased knowledge and good hygiene practices among targeted populations.	Preparations for implementation arrangements with the 3 partners are in progress and one partner has withdrawn.	CERF funding significantly contributed to the success of WASH cholera response and risk reduction programme.	Field visits and assessments Review meetings with partners Meetings with beneficiaries including children and families.	The project remains gender cognisant of the different roles of women, men and children in water and sanitation activities. Participation of both women and men is ensured in all the project cycle stages to ensure that gender role differences are taken into consideration.
Health - Nutrition	Community-based Management of Acute Malnutrition (CMAM) in Zimbabwe ZIM/-09/H/21827/R/124 09-CEF-040-D	$1,419,326.00	$3,000,000	Indirect targets: Children <5 82,000 Children with GAM 6458 Direct targets 10,277 children under the age of 5 years, 2568 Pregnant and Lactating women, 2273 PLWHA	Increase in number of children accessing quality services for treatment for severe malnutrition. Increased number of pregnant and lactating women accessing nutritional support and integration of management of SAM with HIV/AIDS	Funds disbursed for the following planned activities Delivery of CMAM services in the districts of Gutu, Chivi, Mberengwa, and Umzingwane, Chipinge, Binga and Kariba and to internally displaced populations) when fully implemented will contribute to improved survival and reduced suffering of children with SAM. Social mobilization, early identification and decentralized treatment (aspects of CMAM) program	CERF funding allowed rapid expansion of the CMAM services, which is relatively a new way of addressing acute malnutrition. CMAM is structured towards building significant capacity of government in those districts. It also fosters a close collaboration and coordination among the agencies and MOH implementing this intervention	Supervisory visits, Activity report Nutrition Survey	The treatment program is accessible for both boys and girls. Admission and treatment outcome data will be disaggregated by gender. The nutrition counselling focuses on women, while the community mobilization also reaches men. Over 2000 pregnant and lactating will receive supplementary feeding, and also screened for SAM.

						make the program very accessible and prevents severe complications, which in turn reduces the opportunistic cost of SAM (cost of treatment and caring for sick children).			
Health	Reaching mothers and newborn babies with life saving interventions in communities ZIM - 09/H21700/124 09 –CEF-040 -C	$439,342	$2,300,500	50,000 mothers 50,000 newborn babies	Community sensitized about health maternal and new born practices at community and family level Capacity building for community based care for mothers and newborns training of VDW Care and mgt of sick mother and neonates at home improved Linkages between hf and community workers	Funds disbursed to implement community maternal and newborn care in Chikomba and Uzumba Maramba Pfungwe, where Maternal mortality is high	CERF funding contributed significantly in scaling up this new intervention in Zimbabwe. Early Postnatal care in the first week is practically inexistent in Zimbabwe and this is the period where most of the mothers and newborn die. CERF funding was instrumental in kick starting this new concept of postnatal care in Zimbabwe	Training Reports (Pre-test, post test) Supervisory visits Activity reports	Project designed to promote maternal health at community level, with implication of spouses, bothers and community leaders.
Protection	Child Protection: Peace Building and reconciliation: provision of psychosocial and other essential supports for children affected by violence in 2008 ZIM -09/P-HR-RL/21024/R 09-CEF-040-B	$164,010		500 children and 500 women (for direct services) plus at least 60 counsellors for capacity development	500 women and 500 children empowered with knowledge and skills about their right to protection against GBV as well as where and how to report such violations; 60 peer counsellors are trained on counselling skills in 3 project sites; 400 children and women received specialised counselling, upon request; 80 counsellors are trained on counselling skills in Makoni and Mberengwa; Structures to provide psychosocial support for	To date: Partnership with Women's Action Group in Mudzi and National Faith Based Council of Zimbabwe in Mberengwa and Makoni were formed to provide psychosocial support to GBV survivors. 3 stakeholders meeting were held in Mudzi, Makoni and Mberengwa. The current situation of GBV survivors in the 3 areas were understood by stakeholders and action points were adopted.	Rapid allocation of CER funds allowed the project to address urgent needs in the communities which were affected by violence.	The partner agencies submit quarterly report to UNICEF and keep UNICEF informed about the implementation status of the project. In addition, UNICEF staff makes periodic field visits to monitor the progress and conduct joint monitoring field visits with implementing partners. Based on the current experience, the monitoring and	The project targets mainly women and children as survivors and targets of Gender based violence.

					GBV survivors are strengthened in 3 identified districts.			evaluation mechanisms are not adequate to monitor the progress and impact of the project on the project results. The cluster share information during cluster meetings.	
Food - WFP	Protracted Relief and Recovery Operation Zimbabwe 10595.0: Protracted Relief for Vulnerable Groups Zim -09/ F/23505/561 09-WFP-049	$415,350	$545,576,036 (May 2008-April 2010)	Total: 4,386 beneficiaries 1,369 females under the age of 18 912 Adult females 1,263 males under the age of 18 and 842 adult males	4,500 people supplied with food Increased accessibility of food to the most vulnerable institutions protect livelihood and reduce asset depletion	4,500 people supplied with food Increased accessibility of food to the most vulnerable institutions Protect livelihood and reduce asset depletion	Uninterrupted and improved access to food	Main tool used is the Institution Feeding Contact Checklist (ICC). This is used to generate Monthly Monitoring Report. The ICC reports on the adequacy and timeliness of deliveries, beneficiary figures, adequacy of the Institution's record keeping and control procedures, food storage and preparation, community participation, and water and Sanitation issues.	The programme benefited both males and females living in institutions equally
Logistics	Augmented Logistics Services to the Humanitarian Community in response to the Cholera outbreak in Zimbabwe CAP section to be requested to provide a code 09-WFP-007	$433,350	The total project was designed for 1.175Million USD. The only funding received was from CERF.	60,000	Priority relief items delivered on time in the right locations to those in most urgent need, through the prompt establishment of a basic logistics network. The delivery of the cargo scheduled in close coordination with WHO and other partners.	Through the timely activation of the logistics cluster, WFP coordinated the supply chain of relief items to the cholera affected population, thus assisting agencies with the planning and execution of their supply chain.	The CERF funding allowed for an immediate start of the activities – from coordination to contracting of transport and consolidating warehouse space. This has in turn resulted in avoiding duplications, filing	The time between the requested service and the distribution of the items has been monitored as well as the warehouse capacity made available vs the capacity utilized by the partners	Items have been distributed to cholera patients as well as prevention to other beneficiaries equally to men, women, girl and boys.

					The technical support that WFP will provide to government bodies with whom WHO is working on the cholera response helped on the logistics capacity building of the local authorities	WFP managed five common logistics hubs with storage facilities, provided mobile storage tents to UN agencies and NGOs operating in the rural areas and ensured common road transport and timely deliveries of relief items to beneficiaries. The provision of requested services was concentrated in areas where agencies had not yet been able to set-up logistics themselves. Agencies that were assisted through WFP's logistical services included WHO, UNICEF, MSF, CARE, IFRC, NATPHARM (the Zimbabwean parastatal pharmaceutical company), IOM, International Medical Corps, Save the Children, Assistencia Medica Internacional and Zimbabwe's Ministry of Health.	the gaps as well as ensuring cost efficiency since the consolidation of the assets allowed better rates for warehousing and transport.		
Logistics Cluster	Augmented Logistics Services to the Humanitarian Community in Zimbabwe ZIM09/F/23942 09-WFP-050	$408,526	This grant was assigned to the same project with revised scope on providing better coordination on logistical issues	60,000	Priority relief items will be delivered on time in the right locations to those in most urgent need, through the prompt establishment of a basic logistics network. The delivery of the cargo will be scheduled in close coordination with other cluster leads and its partners who will provide the	The focus of the project was the improved coordination with humanitarian partners. Coordination meetings were held on a weekly and later bi-weekly basis. Rather than executing services for the partners the focus was on assisting them	The CERF funding allowed for setting up of a coordination and information management structure within the logistics cluster. It also allowed for assisting with services to the Civil Protection Department of Zimbabwe during several small scale	The time between the requested service and the distribution of the items has been monitored as well as the warehouse capacity made available vs the capacity utilized by the partners.	Items have been distributed to cholera patients as well as prevention to other beneficiaries equally to men, women, girl and boys.

					requirements. Defining and executing the supply chain for various clusters will lead into capacity building within the agencies and local/international NGOs to respond to similar crises in the future. The technical support that WFP will provide to government bodies with whom WHO is working on the cholera response will certainly help on the logistics capacity building of the local authorities. All cargo moving through the common transport system will be tracked and the information disseminated.	with contacts, guidance and better information sharing that resulted in mainstreaming the logistics cluster into the day to day humanitarian activities in Zimbabwe. The coordination, especially wash and health clusters, enabled that inputs are distributed on time and as prevention which resulted in better preparedness for the expected cholera outbreak and much lower caseload.	operations to which the CPD was able to respond.		
Protection	Comprehensive Protection and emergency assistance to IDPs and Returnees in Harare and Mashonaland Central Provinces ZIM-09/P-HR-RL/20749/120 09-HCR-029	$205,996	$4,927,138	2500 households [12.500 IDPs/returnees]; 45 female; 55% male; 18% children [1000-Harare, 1000-Mash Central and 500-Chegutu]	Network of community based workers established and trained to monitor displacement patterns, humanitarian conditions and the process of return and reintegration Minimum conditions for return of the displaced and returnee families are created. Assistance provided to some 400 most vulnerable IDPs/returnees families and host families for emergency income generation activities in two provinces. 2 training workshops on IDPs rights conducted for the relevant government officials, civil society and community leaders in the targeted districts will	A network of legal counsellors, psychosocial support counsellors, legal assistants, a Reconciliation Officer and a livelihoods officer was set up to cover Mashonaland Central and Harare. IDPs/Returnees directly benefited from the UNHCR conflict resolution/reconciliatio n initiatives in Mash Central province. A total of 417 documentation cases (216 male, 201 female) have been assisted so far during mobile Legal counselling sessions related to documentation, legal rights and obligations in Mash Central Province	CERF funds allowed the project to begin immediately after recovery and reintegration plans were formulated and mechanisms for delivery. Livelihoods interventions formed an entry point for Protection interventions in communities that were heavily polarized: the material assistance formed a platform for more sensitive Protection Interventions. CERF Funds have made it possible for UNHCR's partner staff to receive specialized training from Save the Children UK on	A monitoring system was put in place through the field presence of UNHCR staff. Monitoring tools were also developed to track progress and impact. Monitoring visits were conducted by UNHCR Programme Officer and reports were submitted. IPs also engaged field staff and Community based workers to monitor and report progress. HCR and its partners assessed the number of vulnerable	All deserving vulnerable IDP/Returnee women received sanitary ware. So far in Harare 107 Households [191 Male and 264 Females] received NFI support including sanitary ware for women In Mash Central 50 HH [27Male and 23 Female] received Agricultural Inputs as part of reintegration livelihoods support In Mash Central 26 HH [17Male and 9] Female received Small Livestock[goats, rabbits free range chickens and guinea fowl] as

					contribute to improved protection and advocacy/awareness on basic human rights and rights of the displaced persons. Individuals and families affected by displacement are offered adequate physical, legal and social protection 10 Awareness sessions conducted and information disseminated on SGBV and child protection by the psycho-social community workers in their respective wards. 10 Awareness sessions on IDPs rights and conflict resolution/ reconciliation conducted	Child protection sessions are being conducted at community level for child protection mainstreaming. Community Reconciliation sessions are being conducted to assist the population of concern to deal with sustainable reintegration and reconciliation in places of return, host communities and places of displacement in Mash Central province 47 HH [Male 117 Female 78] have so far been assisted. Psychosocial counselling support was extended directly to 369 HH [289 Female and 339male individuals] in the 2 Provinces of Harare and Mash Central to deal with post-traumatic stress and broken-down psycho-social support systems 2 UNGP on IDPs sensitization Workshops are yet to be conducted in the 2 provinces once the necessary consultations are complete.	mainstreaming Child Protection in the projects interventions	Returnees in need of reintegration and reconciliation support.	part of reintegration livelihoods support So far: in Mash Central 40 HH [25 Male 15 Female] have been benefited from Cash for Work Projects which are currently being implemented
Education	Supporting children's right to education in mobile and vulnerable communities ZIM-09/E/20636/109 09-IOM-022	$739,850	$739,850	25,000 direct Beneficiaries 12,500 girls 12,500 boys 1,000 adults	40 schools have improved on safer physical facilities Enhanced protective and learning environment for students	Project commenced in October 2009. Capacity building of project partners and MoEASC officials in child protection and health and hygiene	CERF funds enabled the project to expand activities to include WASH interventions to 20 identified schools	IOM and its partners jointly plan activities per district Monthly progress update meetings are	50% of the school children are girls. Special attention will be paid to the hygiene needs of girls to ensure full participation in

					Increase in number of schools reporting quality after-school recreational and life-skills activities for students Strengthened teacher, children's and community participation and knowledge in emergency preparedness Increased number of life skills activities All project activities and utilization of funds are expected to be completed by 30 June 2010	so that they can roll out training at district and school level. Awareness rising on child protection issues among School teachers, SDCs, and children. Community participation in mobilisation of local resources required for WASH infrastructure in 10 schools Formation of School health hygiene clubs in 20 schools to create awareness in the community on health and hygiene issues.	CERF funds will contribute to the improvement of the health and protective environment of children.	held by project partners Bi-monthly progress reports are submitted to IOM by project partners	school activities. Separate latrines are being built for girls and boys.
Protection	Comprehensive Protection and emergency assistance to IDPs and Returnees in Harare and Mashonaland Central Provinces ZIM-09/MS/21904 09-IOM-023	$409,030	$10 million	IOM: 5,345 IDPs 1,069 households	Up to 569 most vulnerable displaced/returnee families and host families are assisted with the adequate level of emergency life-saving NFIs, including provision of sanitary material for women. 500 IDPs have basic emergency shelter. All 10 targeted communities have strengthened protection reporting mechanisms, healing and reconciliation mechanisms that promote psychosocial well-being and healing.	531 displaced and host families assisted with emergency life-saving NFIs including provision of sanitary material for women. 418 households assessed, verified and registered for emergency shelter assistance in Caledonia. IOM faced challenges in getting local authorities to accept emergency tarpaulin shelters Three targeted communities were mobilised and trained in order to strengthen protection reporting mechanisms. IOM faced challenges in getting access to some of the targeted communities	CERF funds enabled speedy response to displaced households	Post Assistance Monitoring (PAM) surveys were conducted to determine the outcome of assistance rendered. Other data collection tools used were monitoring and assessment reports to collect programme related information.	Women were prioritised as the recipients in NFI distributions. Special attention being paid to the needs of women especially in the composition of the NFI pack. The NFI pack was gender sensitive.

Protection GBV Sub-cluster	Addressing protection needs of the most vulnerable groups in MVP communities through community based protection systems ZIM-09/P-HR-RL/20761 09-IOM-024	$138,700	$138,700	150,000 individuals, children: 50,000, women: 90,000, men: 10,000	Increase in access to referral mechanisms for communities and survivors of GBV Increase in access to basic health and legal support services for child and adult survivors of GBV Increase in skills among adult and child survivors to minimize risk and exposure to secondary trauma and violence Increase in access to psycho-social support for child and adult survivors of GBV All project activities and utilization of funds are expected to be completed by 30 June 2010	5 stakeholders meetings were held in 3 districts and 2 provincial teams (Manicaland and Midlands). The first 5 stakeholder meetings were to give feedback on the joint IOM, UNICEF and UNFPA study to promote a coherent and comprehensive approach to GBV at field level, including prevention, care, support, and recovery and works to hold perpetrators accountable by developing norms, and promoting action that is in line with the IASC *Guidelines for Gender-based Violence Interventions in Humanitarian settings* Service Agreements signed with two (2) Partners (Women's Action Group and Musasa Project) for Mudzi and Mberengwa districts respectively. IOM will conduct GBV outreach activities directly in Makoni district.	Rapid allocation of CERF funds allowed the project to begin by conducting stakeholder meetings and buy in of the project in districts which had experienced high post political election GBV	IOM and its partners jointly planned activities per district. Bi-monthly staff meetings were carried out to assess the project's progress	Special attention was paid to the special needs of survivors of GBV among women, girls and boys to ensure full inclusion and participation in livelihoods and life-skills activities at planning stage. Special attention paid to the active inclusion of men and boys in community awareness sessions on GBV at planning stage in an effort to harness men to play a protective role and not be perpetrators of GBV
Health	Reaching women and new born babies with life saving reproductive and child health services including emergency obstetric and neonatal care in institutions and communities	$935,360	$4,012,500	50,000 pregnant women and their new born babies	No stock out of 3 core EMONC drugs / equipments in all targeted institutions At least one waiting mother centre fully functional in each of the targeted hospitals (21 district hospitals in Matabeleland north and	Project implementation is underway. Procurement of commodities and materials for Maternity Waiting Home (MWH) materials and training are underway.	Rapid allocation of CERF funds allowed the project to begin while additional resources were being mobilised	Monitoring will involve field visits and review of training reports and facility records.	The project targets pregnant women however male involvement is encouraged through requesting the community to provide labour for refurbishment of the MWHs

	ZIM-09/H/21582 09-FPA-023				Mashonaland west C-sections are offered in at least 90% of district hospitals (19 / 21) in Matabeleland north and Mashonaland west				
Health	Health cluster coordination, disease surveillance and health information management in the health sector ZIM-09/H/21864/122 09-WHO-044	$819, 464	$4,148,000	620,000 in 3 districts	A cluster coordinator in place to help MoHCW in facilitating health partners' interventions, sharing information and capacity building Technical staff recruited Radio communication equipment and computers purchased Improved surveillance at community level Project monitored.	3 technical staff recruited to support MOHCW key activities in health promotion, data management and environmental health Procurement of 6 motorcycles for Environmental Health Technicians (EHTS) in the three districts to intensify water quality surveillance and disease surveillance activities Training in integrated diseases surveillance and response for 65 provincial level health workers Procurement and installation of radio communication equipment for 8 additional districts including repeaters, lightening arresters, solar panels to power the radios, aerials, 72 VHF hand held radios and batteries, vehicle mobile units and software for the equipment Production and dissemination of 2000 Cholera control guidelines Procurement of laboratory equipment and supplies for the National Microbiology Reference Laboratory	Non functional communication systems continued to cause challenges for hard to reach health facilities to make surveillance reports. The CERF through several projects is working towards the revitalisation of the surveillance system Continued training in disease surveillance and response is needed for new cadres of staff following the migration of skilled ones; the CERF is contributing to this pool of skilled staff The water quality surveillance programme is being revitalised, motorcycles will enable EHTs to carry out field activites in the programme Items procured for the VHW programme are both incentives for work as well as work aids. They have enabled better coverage of VHW areas (30 households each VHW)	Joint monitoring visits to the field by WHO and MOHCW Monitoring of communication project by the MOHCW ICT coordination forum	Men, women and children equally benefited

						and Training and equipping of 130 VHWs in Beitbridge and 160 in Chipinge underway Reference materials, uniforms, kits and bicycles for about 400 VHWs procured	MOHCW national level programmes strengthened through the recruitment of staff resulting in revitalisation of VHW programme, strengthened surveillance as evidenced by increased dissemination of information to partners and strengthened environmental health programmes		
Protection /Human Rights/Rule of Law	Protecting and promoting reproductive health rights in ten MVP communities ZIM-09/P-HR-RL/20641 09-FPA-022	$289,975	$960,000	150,000 individuals: 50,000 children, 90,000 women and 10,000 men	Increase in access to referral mechanisms for communities and survivors of GBV. Increase in access to basic health and legal support services for child and adult survivors of GBV. Increase in PSS support for child and adult survivors of GBV Increase in skills among child and adult survivors to minimize risk and exposure to secondary trauma and violence	Training of multi-sectoral teams of nurses, doctors, police and social workers to enhance understanding on survivor centred approaches, referral and coordination. Trainings took place in Mutare and Rusape and about 50 persons were trained Project implementation is underway	CERF funds allowed the project begin immediately after the needs were identified.	Project is still in the implementation phase. Monitoring will involve field visits of hospitals, police stations to verify services for survivors for GBV	The project targets mainly women and children who form the large majority of persons affected by GBV however a small number of males are also targeted.
Water and Sanitation	Emergency safe water supply, sanitation and hygiene promotion to affected vulnerable (high risk of Cholera) populations in urban and rural areas of Zimbabwe ZIM-09/WS/20548/124	$ 4,100,300	$14,000,000	531,700 (239,265 children, 152,066 women and 140,369 men)	Improved access to adequate and safe water for 18 urban towns and cities Reduced incidence of cholera cases in urban towns and cities Clean water supplied in urban centres receiving water treatment chemicals	Improved access to safe water supply to 4 million people in the urban and peri-urban areas through the provision of 5,125 tonnes of aluminium sulphate and 40.5 tonnes of HTH for urban water treatment. Improved hygiene behaviour and	CERF funding significantly contributed to the success of WASH cholera response and risk reduction programme.	Field visits and assessments Review meetings with partners Meetings with beneficiaries including children and families .	The project remains gender cognisant of the different roles of women, men and children in water and sanitation activities. Participation of both women and men is ensured in all the project cycle stages to ensure that gender role differences are

	09-CEF-012-A				Access to safe water and sanitation at a reduced distance of less than 1km from rural households, 20 new boreholes and 86 rehabilitation of boreholes Access to safe water and sanitation in schools and clinics 6,600 schools receiving and utilizing the hygiene kits, with sanitation facilities thoroughly cleaned and maintained. Schools are able to store clean water for washing hands Behaviour change in 3,000,000 children and 90,000 teachers reflecting understanding of need to adopt safe hygiene habits to prevent illness and death. Change will be based on pre- and post-assessments at targeted schools in high-risk areas. Increased knowledge and good hygiene practices among targeted populations	practices amongst the 42,203 vulnerable communities through hygiene promotion activities. Improved hygiene promotion skills amongst 127 community hygiene promoters, volunteers, village health workers and school health masters. Improved technical skills amongst 36 community latrine builders for school and household latrine construction. 3,500 people are benefiting from access to safe water from the the 12 new boreholes drilled and 4 well upgraded in vulnerable communities in Mt. Darwin, Chiredzi and Kadoma districts Improved operation and management of water points in targeted communities from trained water point committees and pump minders and benefitting from pump minder tool kits for the use in the maintenance and repair of water points.			taken into consideration.
Health	Reaching vulnerable children and women of child bearing age with immunisation preventing EPI target disease outbreak ZIM-09/H/21700/124	$1,015,484	$7,029,000	1,450,000 children <5	95% children 9 – 59 months against measles 2. 95% children aged 6 – 59 months with vitamin A supplementation	Measles1408584 (92%),Polio 1665461 (93%),1473278 (90%) Vitamin.A December 2009 child health days, BCG: 27,518; Pentavalent: 78,328 Polio: 91,442 Measles: 49,310	CERF funding contributed significantly in ensuring that immunization programs do not stop. Immunization is the most cost effective health intervention and it	Immunization Reports Health information System Supervision	Projects designed to serve girls and boys all children, vulnerable and hard to reach one

	09 – CEF -012 - B						is critical that minimum immunization coverage are maintained, CERF funds was critical to maintain a certain level of activities, however more needs to be done as the current measles outbreaks is showing us.		
Protection	Emergency Psychosocial and protection support to children affected by violence and displacement in urban areas of Zimbabwe 08 May 2009 -31 December 2009 ZIM-09/P-HR-RL/22114/109 09-CEF-012-C	Contribution amount: $349,999 Programmable amount: $327,109		8,126 people in 900 households	Target = 1,800 children, 900 parents 150 children directly benefiting from child abuse referral 20 participants 30 Peer Educators trained and to roll out to at least 400 adolescents.	900 households benefited.1038 children from these households benefited from clothes (459 boys and 571 girls ranging from 1 to 17 years) 152 cases were received and referred to specialized service providers by Childline. 29 volunteers, 8 males and 9 females were trained (including 12 children, 6 boys and 6 girls) in Child Friendly Space monitoring and management in Mberengwa 125 people (60 males, 65 females, including 15 boys and 11 girls) were trained in the three geographical locations. Approximately 1000 community members were reached in Mberengwa only through awareness at ward gatherings, churches and school meetings. Two awareness raising campaigns reached 290 boys, 325 girls, 2 males and	Rapid allocation of CER funds allowed the project to address urgent needs in the communities which were affected by violence.	The partner agencies submit quarterly report to UNICEF and keep UNICEF informed about the implementation status of the project. In addition, UNICEF staff makes 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 share information during cluster meetings. mechanisms.	109 children (56 boys and 53 girls) and 105 adults (53 females and 52 makes) participated actively in the project assessments, while 6 children (3 boys and 3 girls) and 64 adults (33 females and 31 males) attended the start-up meetings and meaningfully contributed to the overall project design. The involvement of men, women, boys and girls in these meetings has helped to ensure that the identification of NFIs for the project us also in keeping with gender and age issues.

						3 females at school level in Mberengwa. In Gweru, 38 boys, 52 girls, 17 males and 49 females were reached at community level. 4 teachers from 4 schools have been identified to spearhead the peer support groups.			
Health	Reactivation of the Village Health Worker programme for cholera control Merlin and WVI 09-WHO-010	$297,902	$11,234,500	450,000 men, women and children in Chiredzi, Mt Darwin and Mudzi districts	Improved timeliness and completeness of the weekly surveillance data Timely detection and response to outbreaks using the weekly surveillance system Continuous communication at office and field level for surveillance purposes	18,750 long lasting insecticide treated nets procured and distributed to pregnant women and children under five 20 tents procured for teams to carry out Internal Residual Spraying (IRS) in 18 districts Camping equipment (200 stretcher beds and sleeping bags each) Procurement of safety shoes, overalls, sun huts and clear visors for 1500 sprayers 2000 pump spare parts 18 computers to strengthen health information system Procurement of antimalarials for presumptive treatment of 2080 pregnant women The procurements were to supplement already existing supplies for the IRS programme in the 18 districts	The revitalisation of the VHW programme was an identified but unfunded priority (both Health cluster and MOHCW). The CERF enabled the review and initial implementation.	WVI and Merlin carried out baseline and post training assessments in Mt Darwin, Mudzi and Chiredzi WHO and partners (Merlin and WVI) carried out monitoring of trained VHWs Long term monitoring mechanisms have been developed with the District Nursing Officers	Men, women and children benefited and will continue to benefit equally from this programme because it addresses all aspects of community health

Health	Strengthen response to malaria outbreaks in epidemic prone districts 09-WHO-011	$1,046,213	$2,100,000	2,421,199 people at risk in the 18 targeted districts	Reduced incidence of malaria Malaria cases are well managed at health facility level	Procurement of 6motorcycles for Environmental Health Technicians (EHTS) in the three districts to intensify water quality surveillance and disease surveillance activities Training in diseases surveillance and response for health workers Procurement and installation of radio communication equipment in 3 districts Production and dissemination of 1600 Cholera control guidelines Procurement of laboratory equipment and supplies for the National Microbiology Reference Laboratory and Training and equipping of 130 VHWs in Beitbridge and 160 in Chipinge underway Reference materials, uniforms, kits and bicycles for about 400 VHWs procured	Disruption in the Global Fund disbursements to Government of Zimbabwe led to sudden gap, where supplies and allowances for IRS, medicines for treatment of patients and preventive treatment of pregnant women were in short supply. As malaria affects at least 18 districts in low lying areas, this could have resulted in an increase in malaria cases and the spread, through travellers, to unaffected districts.	Joint MOHCW and WHO supervisory and support visits were done to various malarious districts to monitor case management, vector control and data management. Progress was noted and advise given to scaling implementation of the various activities. Appropriate corrective measures were carried out as soon as possible in order to improve response. National, provincial and district health executive teams participate in these missions.	Women, traditionally care givers, are an important target group for LLINS and other malaria programmes. They support early case detection and management of malaria. IN addition, malaria in pregnancy may lead to complications and even death of both mother and child. VHWs are expected to support early detection of cases, case management of uncomplicated malaria, supervision of malaria control activities, transmission of malaria data to the health facility and encouraging community participation in malaria control at village level.
Health	"Health cluster coordination, disease surveillance and health information management in the health sector" 09-WHO-012	$327,542	$4,148,000	450,000 men, women and children in Chiredzi, Mt Darwin and Mudzi districts	Improved timeliness and Completeness of the weekly surveillance data Timely detection and response to outbreaks using the weekly surveillance system Continuous communication at office and field level for surveillance purposes	Training of 1,209 Village Health Workers Community Health Volunteers in oral rehydration therapy. 1,479 Community Health Volunteers were trained by IOM in **7** districts. Each volunteer was responsible for an	Non functioning communication systems continued to cause challenges for hard to reach health facilities to make surveillance reports. The CERF through several projects is working towards the revitalisation of the	Joint monitoring visits to the field by WHO and MOHCW Monitoring by the MOHCW ICT coordination forum	Men, women and children equally benefited

						average of 50 households (200 people). By extrapolation, the project exceeded target beneficiaries by more than 100,000 people. Project trained 71 clinic level & 15 district-level MoHCW staff on the Oral Rehydration Strategy, management of cholera patients and infection control practices. 30 MoHCW staff trained on water quality monitoring and Participatory Health and Hygiene Education Two inter-country meetings were held and was attended by 48 district level health staff & other members of the Emergency Preparedness and Response Team The trained community health volunteers were provided with IEC materials, soap, water treatment tablets to facilitate hygiene promotion at the household level. Provision of Oral Rehydration Point kits to clinics in the target communities as well as Village Health kits to contributed to a better health service delivery. 8 latrines with synthetic slabs and synthetic cabins were constructed for	surveillance system Although cholera control guidelines had been revised, there was a need to disseminate them to health facilities and provincial/ district authorities to ensure compliance with them The water quality surveillance programme is being revitalised, motorcycles will enable EHTs to carry out field activites in the programme Items procured for the VHW programme are both incentives for work as well as work aids. They have enabled better coverage of VHW areas (30 households each VHW)		

						Plumtree Hospital, the shelter project for IDPs & at the Plumtree border. Access to safe water was assured through the distribution of water treatment tablets for use at household level			
Health	Consolidating Emergency Community and Environmental Health Responses for Mobile and Vulnerable Populations ZIM-09/H/21721 09-IOM-007	$697,426	$4,500,000	350,000 (Children: 40% Women: 40% Other group: 20%)	Reductions in new infections and avoidable deaths from cholera Increased capacity of health officials in nine border areas to plan, implement and monitor disease outbreak response interventions Improved access to safe water and sanitation in target communities Increase in number of people practising improved hygiene behaviour	A network of legal counsellors, psychosocial support counsellors, legal assistants, a Reconciliation Officer and a livelihoods officer was set up to cover Mashonaland East and Midlands province. 802 IDPs/Returnees directly benefited from the UNHCR conflict resolution / reconciliation initiatives in Murehwa and UMP districts in Mashonaland East Province. 88 Group Legal Counselling sessions related to documentation, legal rights and obligations, were held in Midlands and Mashonaland East Provinces with 3165 beneficiaries[1639 Male and 1526 Female] 816 child protection sessions were conducted at community level with children, adults and community leaders as part of child protection mainstreaming across all interventions. 359 community sessions were	Rapid allocation of CERF funds allowed the project begin immediate after the needs were identified	IOM Zimbabwe developed a comprehensive M&E framework for the cholera response which consists of assessment and monitoring tools. Assessment data and program activity information are stored in a database, allowing efficient tracking and reporting. In addition, frequent monitoring visits and regular meetings with beneficiaries and partners were conducted. For MERLIN, monitoring visits were conducted at 14 clinics in Chiredzi District which received ORP kits.	Special attention was paid to the training of both men and women as community health volunteers. In the past, there has been a feminization of hygiene promotion activities.

						conducted to assist the population of concern to deal with SGBV issues in places of return, host communities and places of displacement. Psychosocial counselling of 1164 HH [643 Female and 1331male individuals] to deal with post-traumatic stress and broken-down psycho-social support systems 3 UNGP on IDPs sensitization Workshops were conducted in 3 Provinces: Mash East-UMP and Mrehwa districts, Midlands-Mberengwa district. UNHCR co-facilitated training of the Joint IDP Assessment teams in 2009 before their deployment.			
Protection	Protection and emergency assistance to IDPs and Returnees ZIM-09/P-HR-RL/20749/120 09-HCR-005	$697,105	$4,927,138	25.000; 45% female; 55% male;18% children	Up to 1,000 most Vulnerable displaced/ returnee families and host families are assisted with the adequate level of NFIs, including provision of sanitary material for women. Minimum conditions for return of the displaced and returnee families are created, including support for reintegration and reconciliation through life-saving and emergency livelihoods interventions and the distribution of NFIs. 3 training workshops on	Rehabilitation of 27 water points in Centenary district. Rehabilitation of 11 water points in Chipinge district. 38 water point committees were trained in water point management to ensure community involvement in routine upkeep and maintenance. 100 community health volunteers were trained in health and hygiene promotion to	CERF funds allowed the project begin immediately after recovery and reintegration plans were formulated and mechanisms for delivery. Livelihoods interventions formed an entry point for Protection interventions in communities that were heavily polarized: the material assistance formed a platform for more sensitive Protection Interventions.	A monitoring system was put in place through the field presence of UNHCR staff. Monitoring tools were also developed to track progress and impact. Monitoring visits were conducted by UNHCR Programme Officer and reports were submitted. IPs also engaged	All deserving vulnerable IDP/Returnee women received sanitary ware as part of NFI distributions. NFIs were distributed to vulnerable households, including IDPs and returnees. During distribution they , were sensitized on S.G.B.V, documentation and reconciliation 738 men and 522 women received Agricultural Inputs

					IDP rights conducted for the relevant government officials, civil society and community leaders in the targeted districts will contribute to improved protection and advocacy/awareness on basic human rights and rights of the displaced persons. Individuals and families affected by displacement are offered adequate physical, legal and social protection 20 Awareness sessions conducted and information disseminated on SGBV and child protection by the psycho-social community workers in their respective wards. 20 Awareness sessions on IDPs rights and conflict resolution/reconciliation conducted by the legal counsellors in each district for better co-existence	aid in raising community awareness on cholera prevention and control in Centenary.	The first ever United Nations Guiding Principles sensitization workshops were conducted by UNHCR under CERF Funding in Mashonaland East's UMP and Mrehwa Districts and Midland's Province's Mberengwa district, where SC-UK was part of a collaborative workshop.	field staff and Community based workers to monitor and report progress. HCR and its partners assessed the number of vulnerable Returnees in need of reintegration and reconciliation support.	as part of reintegration livelihoods support 353 men and 434 women received Small Livestock [goats, rabbits, free range chickens and guinea fowl] as part of reintegration livelihoods support
Water and Sanitation	Consolidating emergency community and environmental health responses for mobile and vulnerable populations (Water, Sanitation and Hygiene Promotion and Community Level Empowerment for displaced populations) ZIM-09/H/21721/298 09-IOM-006	$300,028	$4,500,000	6,960 HH in Centenary and Chipinge districts Approximately 35,000 individuals provided with access to water.	Improved access to WASH facilities and supplies at the household level within targeted communities. Improved community awareness regarding proper hygiene practices and importance in disease prevention at the household level within targeted communities.	Distribution of drugs and commodities is underway due to their late delivery in country. At least one ambulance at each of the district hospitals was refurbished and 80% of maternity unit staff were trained in LSS	Rapid allocation of CERF funds allowed the project begin immediate after the needs were identified.	Developed comprehensive M&E framework for monitoring project implementation progress. Assessment data and program activity information are stored in a database, allowing efficient tracking and reporting. In addition, frequent monitoring visits and regular meetings with	Special attention was paid to the training of both men and women as community health volunteers. In the past, there has been a feminization of hygiene promotion activities.

								beneficiaries and partners were conducted.	
Health	Reaching women and new born babies with life saving emergency obstetric and neonatal care in institutions 09-FPA-005 ZIM-09/H/21582	$1,000,001	$1,000,001	50,000 pregnant women and their new born babies.	No stock out of 3 core EMONC drugs in all targeted hospitals At least one ambulance on road in hospitals C-sections are offered on 24X7 basis in the targeted hospitals At least 80% of staff in maternity units received refresher training in life saving emergency obstetric and neonatal care.	46% facilities with >50% drug availability % coverage of health workers retention scheme. *June 2009 child health days under 5 children reached for*	CERF covered the total cost of the project. Without CERF funding we would not have been able to achieve the expected results nor would the target beneficiaries have benefitted from the emergency obstetric and neonatal care	Field visits were carried out that included inventory of the EMoC drugs and commodities, ambulances and status of the theatres for performing c-section. Document review drug stock returns from the MOHCW were also reviewed for EMoC drugs, Training reports for the LSS training.	The project targets pregnant women however male involvement is encouraged through requesting the community to provide labour for refurbishment of the MWHs
Protection	Protecting and promoting sexual and reproductive health rights in MVP communities affected by recent political violence ZIM-09/P-HR-RL/20641 09-FPA-006	$150,000	$960,000	30,000 (20,000 women, 5,000 children and 5,000 men) in Chirimanzu, Mberengwa, Guruve, Mbire, Marondera and Murehwa districts	At least 1,000 survivors of GBV access life-saving reproductive health services Increase in GBV reporting by 25% at the end of the project At least 80% of persons interviewed in the community are aware of three channels to report GBV At least 50% of the NGOs trained mainstream GBV prevention and response in their community interventions	Case management teams trained in all provinces Emergency medical and logistical supplies for treatment of cholera (for 3 months) procured and distributed through the PUSH strategy to all provinces and districts Guidelines on case management and infection control finalised and disseminated Support of Rapid Response Teams to carry out investigations and response through procurement of 11 vehicles and 124 motorcycles Key health promotion	CERF funds facilitated up scaling of the project to these six districts and also facilitated procurement of drugs an integral component to GBV response	Field monitoring visits were undertaken and these included focus group discussions with community leaders, women and men. Interviews with service providers conducted. Community awareness activities reports were produced Captured stories from community members on impact of the programme	Main focus of the project was to raise awareness on GBV of which women are the main victims. The programme raised awareness on women's rights and protection issues through the Domestic Violence Act

						messages on early treatment seeking and treatment of diarrhoea disseminated-reduced community deaths Re-orientation of health information officers			
Health	Provision of Basic health Services 09 – CEF-005	$5,414,200	$28,500,000	6 million – total population	70% availability of essential medicines at primary and secondary health care facilities. % coverage health worker's retention scheme		CERF funding contributed significantly in ensuring that health workers returned to their work. CERF funds have permitted UNICEF to kick starts the health worker retention schemes which was critical to ensure minimum services in Health facilities	Vital Medicine and Health Facility Survey Activity report on Retention allowances payment Bank transfer report (Crown Agents)	Projects designed to serve girls and boys all children, vulnerable and hard to reach one
Health	Strengthen response and management of cholera, other diarrhoeal diseases and emerging infectious diseases ZIM-09/H/20937/122 09-WHO-002	$2,051,798	$11,234,500	12.2 million (41% below 15 years ; 55% between ages 15-64; and, 4% above 65 years) in all ten provinces of Zimbabwe	Increased access to cholera prevention & treatment services Improved case management capacity Revitalization of provincial and district emergency response teams Improved surveillance, case detection and rapid response Reduced number of cases & deaths of cholera both in the community and at CTCs		The CERF funding was flexible and enabled WHO to support MOHCW to put in place basic strategies that rapidly improved surveillance, case management and health promotion. This contributed to the reduction in unnecessary deaths while addressing critical gaps in supplies, transport, and surveillance and case management.	Joint WHO & MOHCW (C4) monitoring visits to the field C4 logistics officers visited all provinces to put in place mechanisms to support proper distribution of supplies and to gather information on gaps that needed to be filled	The benefit was equal among men, women and children although during the outbreak it was found that men were at higher risk of contracting cholera.

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

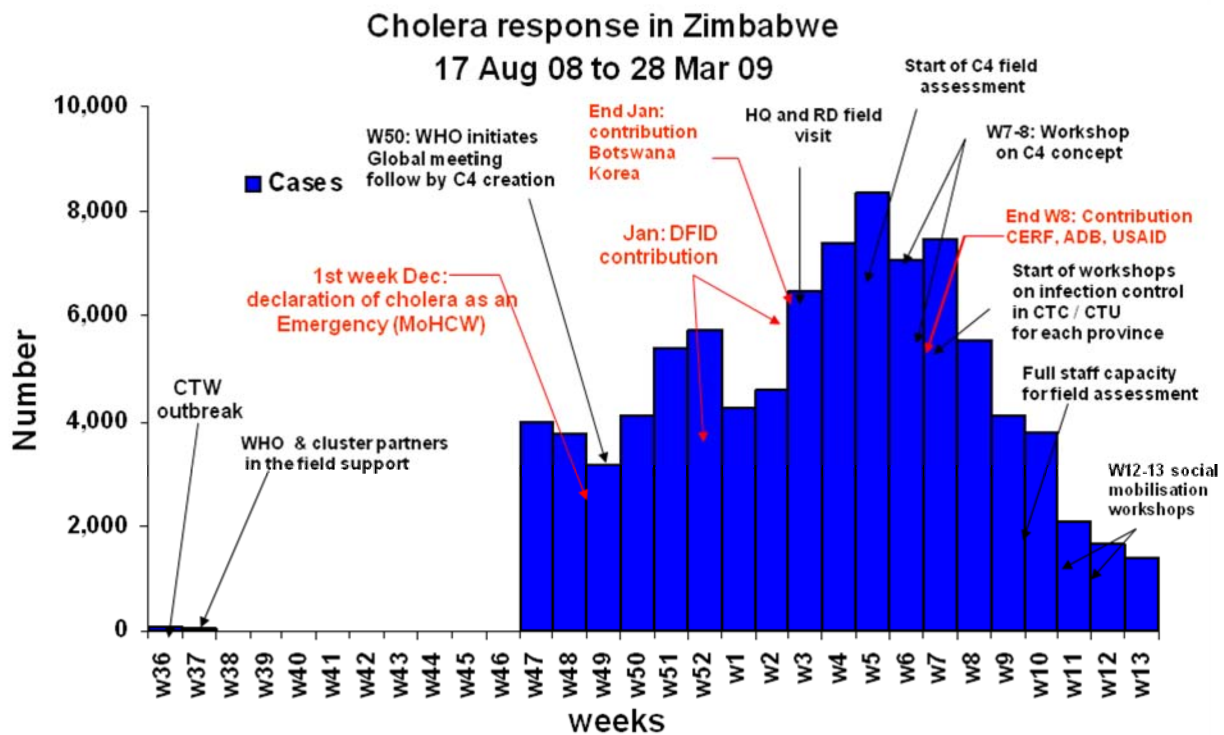
CERF disbursement to implementing partners (UFE & RR) -2009				
Agency	**Agency Project**	**Sector**	**Grant taken up by UN agency US$ Date**	**Grant disbursed to NGO/ Partners**
1.UNICEF	Emergency safe water supply, sanitation and hygiene promotion to affected vulnerable (high risk of Cholera) populations in urban and rural areas of Zimbabwe. ZIM-09/WS/20548/124 (09-CEF-040-A)- **UFE**	Water and sanitation	**2,541,800** 30-10-2009	**Total: $496,920.** No disbursement so far. IPs are ACF :**136,920**, CARE Intl :**132,000** FCTZ: **228,000.** Private engineering consultants and construction contractors.
2. UNICEF	Community-based Management of Acute Malnutrition-(CMAM) ZIM-09/H/21827/R/124 (09-CEF-040-D). **UFE**	Health - Nutrition	**1,419,326** 30-10-2009	Total: **$1,087,723** The process of handing over funds to following partners is ongoing. ACF: **203,289** Plan International: **194,133** World Vision: **206,800** SC UK: **283,501** IOM: **200,000**
3. UNICEF	Reaching mothers and newborn babies with life saving interventions in communities ZIM-09/H21700/124 (09-CEF-040-C). **UFE**	Health	**439,342** 30-10-2009	**Total: $402,000** In process money should be disbursed during Jan 2010 to NGO Community Group on health:
4. UNICEF	Peace Building and Reconciliation: Provision of psychosocial and other essential supports for children affected by violence in 2008 ZIM-09/P-HR-RL/21024/R (09-CEF-040-B). **UFE**	Protection/Human Rights/Rule of Law	**164,010** 30-10-2009	**Total: $100,080 for IPs,** Musasa Project, Padare, Zwla, National Faith Based Council of Zimbabwe, Women's Action Group, Mwengo, Fact (Mutare), Zimbabwe Community Development Trust, Integrated Sustained Livelihoods (ISL)
5. UNICEF	Emergency safe water supply, sanitation and hygiene promotion to affected vulnerable (high risk of Cholera) populations in urban and rural areas of Zimbabwe.ZIM-09/WS/20548/124 (09-CEF-012-A) **.UFE**	Water and sanitation	**4,100,300** 15-05-2009	**Total :$2,435,788 for IPs,** MOE (no cash grants will pass through MOE) , Education working group members, MoYDIE,18 Urban Municipalities and Councils – UCAZ,WASH Cluster members, NCU/NAC, MoHCW.
6.UNICEF	Reaching vulnerable children and women of child bearing age with immunisation preventing EPI target disease outbreak ZIM-09/H/21700/124 (09-CEF-012-B). **UFE**	Health	1,015,484 15-05-2009	**Total: $949,050** IPs: MOHCW[2], WHO, NGO. Has been spent completely on community social mobilization. Most of money was used for the NIDs and were disbursed

[2] MOHCW is the implementing partner as immunisation services are offer4ed by the MOHCW in Zimbabwe. Other partners will provide support at the different level. The most effective way of disbursing funds to the health workers and volunteers will be worked out including deposits in their banks and direct payment.

				to the districts for social mobilization. Final report will be available at the end of January 2010.
7.UNICEF	Emergency Psycho-social and protection support to children affected by violence and displacement in urban areas of Zimbabwe ZIM-09/P-HR-RL/22114/109 (09-CEF-012-C). **UFE**	Protection/Human Rights/Rule of Law	349,999 15-05-2009	**Total: $314,831.55**. Main implementing partner: Save the Children UK Others: Just Joy Bridging, Mvambo Trust, Childline
8.UNICEF	Basic health services and improved water and sanitation for cholera control CAP section to be requested to provide a code (09-CEF-005). **RR**	Health	**5,414,200** 05-02-2009	Report for this activity has already been submitted to OCHA.Bulk of money went to the payment of health workers retention allowances. Crown agency was the main IP for that, **3 million** went to them. The rest was spent on health kits through unicef supply division.
9. WFP	Protracted Relief and Recovery Operation Zimbabwe 10595.0: Protracted Relief for Vulnerable Groups ZIM-09/F/23505/561 (09-WFP-049). UFE	Food	415,350 23-10-2009	**Total: $29,506.** Disbursements earmarked for IP (help age, ORAP and world Vision) for the entire funding duration.
10.WFP	Augmented Logistics Services to the Humanitarian Community in Zimbabwe ZIM-09/F/23942 (09-WFP-050). UFE	Coordination and Support Services - Logistics	408,526 23-10-2009	No IP is involved.
11.WFP	Augmented Logistics Services to the Humanitarian Community in response to the Cholera outbreak in Zimbabwe CAP section to be requested to provide a code (09-WFP-007). RR	Coordination and Support Services - Logistics	433,350 02-03-2009	No IP is involved.
12. UNHCR	Comprehensive Protection and emergency assistance to IDPs and Returnees in Harare and Mashonaland Central Provinces ZIM-09/P-HR-RL/20749/120 (09-HCR-029). **UFE**	Protection/Human Rights/Rule of Law	**205,996** 23-10-2009	**Total=$192,520** Christian Care:**113760** CADEC: **78760**
13.UNHCR	Protection and emergency assistance to IDPs and Returnees ZIM-09/P-HR-RL/20749/120 (09-HCR-005). **UFE**	Protection/Human Rights/Rule of Law	**697,105** 28-04-2009	**Total=$515,500** Christian Care:**298,925** CADEC-CARITAS:**216,575**
14. IOM	Supporting Children's Right to Education in Mobile and Vulnerable Communities ZIM-09/E/20636/109 (09-IOM-022). **UFE**	Education	739,850 22-10-2009	**Total: $569,432** No disbursement made so far. Funds allocated to IPS in the proposal are IRC: **254,212** and SCUK: **315,220**
15.IOM	Comprehensive Protection and emergency assistance to IDPs and Returnees in Harare and Mashonaland Central Provinces ZIM-09/MS/21904 (09-IOM-023). **UFE**	Protection/Human Rights/Rule of Law	409,030 22-10-2009	**Total: $25,600** No disbursement made so far. Funds allocated to IPS in the proposal are ISL: **12,800 and** ZCDT: **12,800**

16.IOM	Addressing protection needs of the most vulnerable groups in MVP communities through community based protection systems. ZIM-09/P-HR-RL/20761 (09-IOM-024). UFE	Protection/Human Rights/Rule of Law	138,700 22-10-2009	**Total: $19,440** (for ISL and ZCDT .No disbursement made so far.
17 .IOM	Cholera Prevention and Control in Border Districts and Seven Health Cluster Designated Districts ZIM-09/H/21721 (IOM) (09-IOM-007). **UFE**	Health	697,426 07-05-2009	**$210,000** disbursed to Merlin **(90,000.00) will** be disbursed to Merlin shortly and other 15,000 is allocated to cover district health institutions expenses.
18. IOM	Water, Sanitation and Hygiene Promotion and Community Level Empowerment for displaced populations ZIM-09/H/21721/298(IOM) (09-IOM-006). **UFE-**	Water and sanitation	300,028 28-04-2009	No IP is involved.
19. WHO	Health Cluster Coordination, disease surveillance and Health Information management in the health sector ZIM-09/H/21864/122 (09-WHO-044). UFE-	Health	819,464 20-10-2009	**Total: $819,464.** All funds supported MOH&CW activities.
20.WHO	Strengthen response to malaria outbreaks in epidemic prone districts (09-WHO-011). UFE	Health	1,046,213 14-05-2009	**Total**: $**1,016,213.** 30,000 were sent directly to manufacturers printing IEC materials on behalf of PSI. The rest was direct support to MOH&CW.
21.WHO	To strengthen disease outbreak surveillance in three selected districts (Mudzi, Mt Darwin and Chiredzi) (09-WHO-012) UFE	Health	327,542 14-05-2009	**Total:** $**327,542.** All funds supported MOH&CW.
22.WHO	Reactivation of the village health worker programme for cholera control (09-WHO-010). UFE	Health	297,902 13-05-2009	**Total: $297,902** Merlin: **33,576**, WVI: **59,205** and MOH&CW: **205,121**
23. WHO	Strengthen response and management of cholera, other diarrhoeal diseases and emerging infectious diseases ZIM-09/H/20937/122 (09-WHO-002) RR	Health	2,051,798 05-02-2009	**Total: $2,051,798.** All funds supported MOH&CW activities
24. UNFPA	Reaching women and new born babies with life saving reproductive and child health services including emergency obstetric and neonatal care in institutions and communities ZIM-09/H/21582 (09-FPA-023). **UFE**	Protection/Human Rights/Rule of Law	**935,360** 20-10-2009	**SC UK-83,948**
25.UNFPA	Protecting and promoting sexual and reproductive health rights in ten MVP communities ZIM-09/P-HR-RL/20641 (09-FPA-022). **UFE**	Protection/Human Rights/Rule of Law	**289,975** 20-10-2009	**Total:$171,303** **Women's Action Group-57101** **Musasa project-57101** **IRC-57101**
26.UNFPA	Reaching women and new born babies with life saving emergency	Health	**1,000,001** 23-04-2009	**EGPAF-797,270.74**

	obstetric and neonatal care in institutions (09-FPA-005) **: UFE**			
27.UNFPA	Protecting and promoting sexual and reproductive health rights in MVP communities affected by recent political violence ZIM-09/P-HR-RL/20641 (09-FPA-006). **UFE**	Protection/Human Rights/Rule of Law	**150,000** 23-04-2009	P**adare-41,000** **Musasa project-41,000**
Total			**26,808,077**	



Annex 2: Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retro-Viral Treatment
CFSAM	Crop and Food Supply Assessment Mission
CHS	Community Household Surveillance
CMNSS	Combined Micronutrient and Nutrition Surveillance Survey
COMCEN	Communication Center
CP	Cooperating Partner
CSO	Central Statistics Office
CTC	Cholera Treatment Centre
DFAH	District Focal Agency for Health
ECD	Early Childhood Development Centres (ECD)
ECW	Enhanced Commitment to Women
EFZ	Evangelical Fellowship of Zimbabwe
FAO	United Nations Food and Agriculture Organisation

FDP	Final Distribution Point
FNC	Food and Nutrition Council
GBV	Gender Based Violence (GBV),
HBC	Home Based Care
HB-SN	Health Based Safety Net
HH's	Households
HIV	Human Immuno Deficiency Virus
IEC	Information Education and Communication materials
INEE-	The Inter-Agency Network for Education in Emergencies (INEE)
IOM-	International Organization for Migration (IOM)
IP	Implementing Partner.
ISL	Integrated Sustainable Livelihoods
MoHCW	Ministry of Health and Child Welfare
MVP	Mobile and Vulnerable Populations
OVC	Orphans and vulnerable children
NFI	Non Food Item
NGO's	Non Government Organization
PAM	Post Assistance Monitoring
SAG	Strategic Advisory Group
SB-SN	Social Based Safety Net
SC UK-	Save the Children UK (SCUK)
SCN-	Save the Children Norway (SCN)
SDC	School Development Committee (SDC)
SN	Safety Net
SOP	Standard Operational Procedure
TCO	Technical Coordinator
UNICEF	United Nations Children Fund (UNICEF)
VGF	Vulnerable Group Feeding
VIP:	Ventilated Improved Pit latrines
VPV	Victims of Political Violence
ZCDT	Zimbabwe Community Development Trust