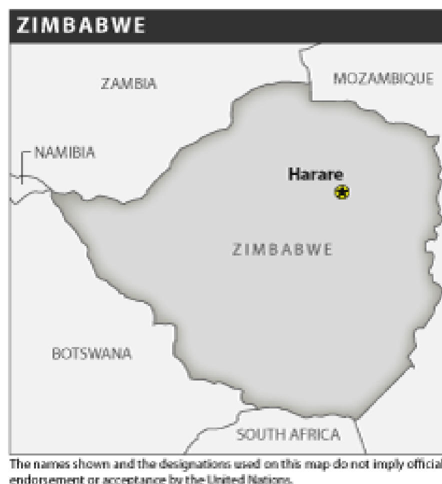
Zimbabwe

Executive Summary 2006

The humanitarian situation in Zimbabwe was characterized by a combination of acute humanitarian needs and more protracted, chronic vulnerabilities. The most acute humanitarian needs included those of populations affected by drought and cholera outbreaks, as well as mobile and vulnerable people continuously affected by the fast-track land reform programme, Operation Murambatsvina/Restore Order. The more protracted issues affecting vulnerable populations[1] included inadequate access to basic social services, chronic malnutrition, and disrupted livelihoods for food insecure farmers due to lack of sufficient fertilizers and other measures to prevent drought. Further affecting the situation in the country was the continuing economic decline and the large number of migrants. The HIV/AIDS pandemic directly affected 18 percent of the population, causing an average of 3,000 deaths per week.



The names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Table 1: Agencies that received funds in 2006

Total amount of humanitarian funding required - 2006	▪ $ 257,704,411 (2006 CAP Mid-Year Review)
Total amount of CERF funding received by window:	▪ $ 2 million (underfunded)
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners:	▪ **IOM:** $484,000 for direct implementation/ $16,000 for partners ▪ **UNICEF:** $273,00/ $477,000 ▪ **WHO:** $500,000 ▪ **IOM/UNICEF/WHO Total:**

[1] Zimbabwe's population of 11.8 million people included a number of vulnerable groups - people living with HIV/AIDS (1.8 million; UNAIDS, 2006); children who have lost one or both parents (1.6 million; UNICEF, 2007); people with severe disabilities (230,000; Government of Zimbabwe, Central Statistical Office, 2004); the chronically ill (population figure unknown); and food insecure communities (1.4 million in rural areas; Zimbabwe Vulnerability Assessment Committee, 2006). Also included in this group were stateless individuals born in Zimbabwe with disputed citizenship (population figure unknown); refugees (3,200; UNHCR, 2006); ex-farm workers (160,000 households affected; UNDP, 2003) and those directly affected by Operation Murambatsvina/Operation Restore Order (650,000-700,000; United Nations Special Envoy, 2005).

	$1,257,000 for direct implementation $493,000 for partners ▪ **WFP:** $250,000 grant went into a larger Protracted Relief and Recovery Operations (PRRO) with a total budget of $258 million
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age):	▪ **Shelter**: 755 households (approximately 3,775 individuals, with the following demographic breakdown of heads of households: 62 percent female and 38 percent male, 2 percent aged 17 or below, 12 percent aged 18-24, 66 percent aged 25-49 and 20 percent aged 50 and above) ▪ **WES:** 22,000 targeted, 13,000 reached ▪ **Child Protection:** 9,560 targeted. 2,960 reached ▪ **Cholera:** 2,500,000 targeted ▪ **Anti-retroviral programme:** 14,930 targeted ▪ **Food:** 51,000 targeted, 50,500 reached
Geographic areas of implementation:	▪ **Shelter:** Hatcliffe Extension and Hopley Farm ▪ **WES:** Greater Harare area ▪ **Nutrition:** National ▪ **Cholera:** National ▪ **ARV:** National ▪ **Food:** Chipinge, Lupane, Makoni, Nkayi

Decision-making

With the first CERF allocation ($1 million) for Zimbabwe, the Humanitarian Coordinator convened an urgent, ad-hoc meeting by the Inter-agency Standing Committee (IASC) Country Team to discuss the way forward. The IASC members were requested to

review the priority needs and the corresponding funding gaps in their respective sectors and clusters, and revert to the Humanitarian Coordinator. At the next IASC Country Team meeting, individual agencies presented proposals on how the CERF funds could make a difference in the various underfunded sectors and clusters. After a review of these proposals, the IASC Country Team identified cholera response, shelter, nutrition surveillance, and child protection as priority sectors for CERF funding. It was decided to allocate $250,000 to each proposed project. The proposal on child protection was initially developed by Save the Children-UK, and was subsequently transformed into a UNICEF proposal with Save the Children-UK as the implementing partner.

With the second CERF allocation ($1 million) for Zimbabwe, the Humanitarian Coordinator followed the same procedure. Given the short deadline for responding to Headquarters with final proposals (less than two weeks), the IASC Country Team chose to review funding tables from the Financial Tracking System (FTS) and prioritize the Consolidated Appeals Process (CAP) projects. Food, shelter, water and sanitation and health (anti-retroviral programmes) were identified for CERF funding, and $250,000 was allocated to each project.

A main challenge in the prioritization of needs was the lack of comprehensive needs assessments. Humanitarian agencies were not authorised to carry out a comprehensive assessment of the needs of the people affected by Operation Murambatsvina in 2005.

The lack of a joint needs assessment was a serious obstacle to humanitarian planning and response. It also hampered resource mobilization. However, the International Organization for Migration (IOM) shelter proposal for the CERF was developed using information gathered through a series of smaller needs assessments, which were carried out in 23 districts by IOM and its partners during the first half of 2006. Through these assessments, IOM was able to identify 6,000 households affected by Operation Murambatsvina that were still in need of temporary shelter. The total caseload at the national level was believed to be significantly higher, but because of the lack of assessments, there was no reliable, accepted figure for the overall number of families still in need of shelter one year after Operation Murambatsvina.

Children affected by Operation Murambatsvina outside makeshift structures [Photo: IOM Zimbabwe]

The CERF project on cholera response was based on disease surveillance data provided by the Ministry of Health. According to the Ministry, there were 1,027-recorded cases of cholera in 17 districts between November 2005 and May 2006. The information, which was included in WHO's project proposal for the CERF, also suggested that there would be no immediate end to the cholera outbreaks unless additional measures were taken. In this way, the disease surveillance data from the Government provided a strong justification and impetus for the CERF project on cholera response.

During the prioritization process carried out by the IASC Country Team, the tables from OCHA's Financial Tracking Service (FTS) served as a useful tool in determining which

parts of the CAP were underfunded. The tables from FTS also showed that a large part of the donor response had gone to humanitarian projects that were not included in the 2006 CAP. This situation reduced consistency and made it harder for humanitarian agencies to engage in advocacy efforts and hold donors to account with respect to gaps. Limited reporting to FTS on contributions received for non-CAP projects also made it harder for the IASC Country Team to prioritize sectors and projects.

Implementation

IOM collaborated with UNICEF and other UN agencies at national and strategic levels. At the more local and practical levels, partnerships and coordination was in place between IOM and St Gerald's Catholic Church, Patsime Edutainment Group and Christian Care.

UNICEF formed major partnerships with INGOs, such as Save the Children-UK and Inter-country People's Aid (IPA) that were locally present. For the nutrition surveillance project, a partnership was forged with the Food and Nutrition Council (FNC), a para-statal agency. The partnerships had a positive effect on the implementation of the projects funded by the CERF, particularly as UNICEF's partners had direct implementation modalities that allowed the projects to reach intended beneficiaries more effectively.

WHO's major implementing partner in cholera response and in the provision of anti-retroviral programmes was the Ministry of Health and Child Welfare (MOH & CW), in addition to the staff working in the health departments in towns and cities. The Ministry of Health and Child Welfare coordinated all response activities to control disease outbreaks. Various actors in health service delivery had to operate within the policy framework of the Ministry. To ensure that all activities were well coordinated, the Inter-agency Coordination Committee on Health (IACCH) was convened at least once a month. The Ministry of Health and Child Welfare chaired the meetings, while WHO served as the secretariat. The other members were NGOs and other UN agencies that were active in disease outbreak response. The partnership with the Ministry of Health and Child Welfare was crucial in order to ensure that the project was well coordinated with national plans.

CERF funding was used to support the Vulnerable Group Feeding Programme that made provision for food assistance for the most vulnerable households during the lean months. **WFP** in Zimbabwe worked with multiple stakeholders including NGOs, UN agencies, and government partners in planning the programme to target and distribute food to the most vulnerable. Partners assisted with the distribution and monitoring of food to vulnerable households in identified food-insecure districts. The consultative planning, preparation and implementation of the programme ensured greater coverage and transparency as well as accountability in the food distribution process.

Coordination of efforts was crucial to ensure that the settlements benefited from additional comprehensive interventions beyond what was immediately funded by CERF. In the shelter sector, the involvement of St Gerald's Catholic Church facilitated the smooth and effective implementation of the project, because they were well known in the community. The technical capacity of St Gerald's Catholic Church, which had already been engaged in responding to people's shelter needs, made it possible to reach quickly the beneficiaries with shelter assistance. The partnership was also further strengthened

through the implementation of the CERF-funded project. UNICEF provided water and sanitation through its own partners. Beneficiaries in the areas also benefited from WFP food distributions through its partner, Christian Care. In addition, IOM mainstreamed gender-based violence, HIV/AIDS prevention to the beneficiaries and the community at large through the Patsime Edutainment Group.

As much as the positive effect of the partnerships is undeniable, during the initial phases of the first round of CERF funding for the underfunded emergencies, there was a lot of back and forth going between CERF/OCHA/UNICEF and the implementing partners on administrative issues (such as the recovery costs of the NGOs). This delayed the initial implementation.

Partnerships

The partnerships funded by the CERF in Zimbabwe were generally useful in achieving the project results. However, NGOs pointed out that the present arrangement, where NGOs cannot access CERF funds directly, involves extra steps that could slow down the project implementation. While the finalization of the Letter of Understanding between the CERF and the UN agency/IOM may be quick and timely, the finalization of the subsequent Letter of Understanding between the UN agency and the NGO as implementing partner may be slower. In this way, the CERF's goal of being a rapid and flexible funding mechanism risk being undermined.

NGOs also pointed out that they were generally uncomfortable with funding models that assign them to simply being implementing partners of UN agencies, as this reduces their independence, organizationally as well as programmatically.

Table 2: Funds received by implementing partners

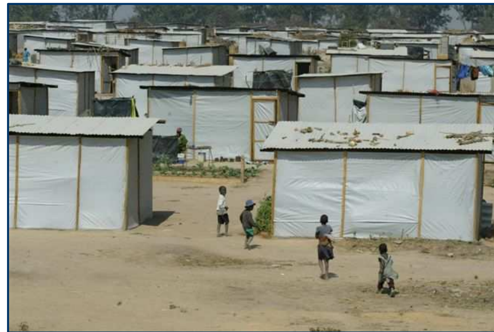
Agency	Implementing Partner	Funds received/Activities
IOM	▪ St. Gerald's Church (faith-based organization)	▪ $16,000 toward implementing shelter project (Joint assessments and registrations, community mobilization, distribution of shelter materials, provision of technical expertise (including training of beneficiaries in shelter construction), daily monitoring of reporting on progress, facilitation of HIV/AIDS and gender-based violence mainstreaming during distributions, and facilitation of stakeholder visits)
	▪ Save the Children-UK (NGO)	▪ $232,500 for Child Protection Activities

UNICEF	▪ Food and Nutrition Council (FNC)-Government counterpart ▪ Inter-country People's Aid (NGO)	▪ $206,500 for surveillance activities ▪ $21,000 for water and sanitation activities
WFP	▪ World Vision ▪ Christian Care ▪ Helpage ▪ Goal	▪ N/A (funds incorporated into overall $258 million Protracted Relief and Recovery Operations (PRRO), budget and cost per implementing partner vary and are dependent on amount of food distributed) for Vulnerable Group Feeding

Results

Shelter

The first CERF allocation for underfunded emergencies, made it possible to provide shelter to families in the middle of the 2006 winter, after having survived the previous winter and rainy season. The first CERF allocation, along with funds from the Governments of Ireland, the Netherlands and Spain, made the provision of shelters that were acceptable to all stakeholders possible and which subsequently, attracted more donor support, including new donors such as DFID, ECHO and SIDA. As such, the funding was crucial, not only to meeting life-saving needs of people rendered homeless after Operation Murambatsvina (OM), but also to mobilize funds for the shelter response. The provision of shelter to 755 households affected by Operation Murambatsvina was used as a vehicle to carry out health HIV/AIDS activities and a campaign against gender-based violence (funded through other channels).



Beneficiaries of shelters in Hopley Farm
[Photo: IOM Zimbabwe]

The second CERF allocation complemented existing funds and enabled more families to be provided with shelter at the onset of the 2006/2007 rainy season. IOM field officers and implementing partners were responsible for overseeing the completion of all project activities and monitoring was done throughout the project. After the initial community assessment, IOM field officers and the implementing partners jointly carried out the selection of beneficiaries, registration, and verification. The presence of IOM field officers ensured that all processes were done in conformity with the standards and indicators set by IOM. IOM also took part during the distribution ensuring that the intended beneficiaries received the needed assistance. Construction of shelter units was done by a team of trained builders and the implementing partners monitored the activities on a daily basis and produced periodic progress reports, which were submitted

to IOM. Staff from IOM and other stakeholders would occasionally monitor the shelter construction process. Even after construction was finished, regular, and informal monitoring visits continued to determine the extent to which living standards of the communities have improved because of the shelters.

Nutrition Surveillance

CERF funding for nutrition surveillance enabled the critical monitoring of the health and nutritional status around the country and in the urban areas in order to better understand the situation and provide the necessary information to programme appropriately. This was even more important in the Zimbabwean context where factual and accurate information was available in timely manner. All of UNICEF's projects were monitored by the responsible project officer in collaboration with implementing partners.

For water and sanitation interventions, this was done on a daily basis by visiting project sites and weekly meetings with implementing partners. Standard monitoring tools were used on a continued basis, and end-of-the-project evaluation was conducted through the monitoring of office-wide indicators for each sector. Results had been fully achieved and a Comprehensive Nutrition Sentinel Site Surveillance Report and an Urban Livelihood and Vulnerability Report were produced and made available to the relevant stakeholders through various forums (including the IASC). The reports included tables/graphs/maps of relevant indicators, clear identification of vulnerable groups and related formal/informal access conditions, identification of coping and survival mechanisms, identification of social and economic conditions with gender focus including housing, health, nutrition, and sanitation. In addition to reporting on the situation, recommendations of appropriate short-term and medium-term modalities for interventions and steps for programme implementation and coordination were also made.

Provision of anti-retroviral programmes

By the end of 2006, project implementation was not yet at a stage where this question could be answered fully. Therefore, this project will be covered in more detail in the Humanitarian Coordinator's mid-year report on the CERF in 2007.

Cholera response

The cholera project focused on initiating the procurement process, development of training modules and materials, development of detailed implementation schedule. After the project proposal was approved, a project implementation plan was drawn up in November 2006. The procurement process of drugs and other medical supplies, water testing equipment, protective gear and camping equipment was initiated, and procurements were made through WHO Regional Office and headquarters between November and December 2006. Integrated Disease Surveillance and Response Modules and Training Guidelines were sent for printing.

Food

The CERF grant augmented the WFP food pipeline, which was projected to experience pipeline breaks in December 2006. The complementary funding allowed for continued

response during the lean season characterized by decreasing levels of food availability and accessibility. WFP consistently conducted food distribution monitoring in coordination with cooperating partners. This ensured the timely and accurate distribution of food to targeted beneficiaries and was followed by post-distribution monitoring, which was carried out by WFP food monitors to determine the appropriateness and timeliness of food aid programmes.

Table 3: Results achieved by sector 2006

Sector	Number of Beneficiaries	Activities
SHELTER	▪ 755 households	▪ Shelters provided (contributing to total of more than 2,000 shelters since 2006 shelter appeal made)
CHILD PROTECTION	▪ 200 vulnerable pregnant adolescents ▪ 300 mothers ▪ 1000 adolescent girls ▪ 400 families (including child headed households) ▪ 20 abused children ▪ 300 children at risk of, or affected by school drop-out ▪ 40 teachers, health workers, police officers, social welfare officers and other community members ▪ 100 vulnerable adolescent mothers or mothers-to-be ▪ 2 private institutions providing care to unwanted babies ▪ 600 children	▪ Received clean delivery kits ▪ Received hygiene kits ▪ Received hygiene kits ▪ Received general kits with household items (blankets, pots, etc.) ▪ Supported in accessing medical, legal, police and psychosocial services ▪ Received school-related supplies ▪ Sensitized on child-friendly reporting and responding mechanisms ▪ Identified and given appropriate support and referral to promote safe delivery of their babies, and to reduce the incidence of baby dumping ▪ Received training to address gaps in care and protection of babies ▪ Benefited from community-based recreation activities

WATER AND SANITATION	▪ 5,000 people at Hatcliffe extension and 8,000 in Hopley settlement ▪ 450 households in Hatcliffe extension and 554 at Hopley settlement ▪ 13,000 people in communities of Hatcliffe and Hopley	▪ Improved access to adequate water through daily trucking ▪ Improved access to safe sanitation facilities through construction of ECOSAN latrines ▪ Improved health and hygiene behaviour and practices ▪ These activities significantly improved the health and wellbeing of the population in the communities as no cholera cases were reported during the outbreak
FOOD SECURITY	▪ Approximately 50,500 people	▪ 505 metric tons of food procured under the WFP Vulnerable Group Feeding Programme. This food assistance allowed for short-term relief to vulnerable households in the most food insecure districts with a monthly household ration

Impact of CERF funding

CERF funding enabled IOM to provide shelters to 755 households contributing to more than 2,000 shelters since the 2006 shelter appeal was made. The second CERF allocation complemented existing funds and enabled more families to be provided with shelter at the onset of the 2006/2007 rainy season.

For UNICEF, CERF funding had a very positive overall impact on the sectors that were supported, especially as other donors supported the relevant sectors with additional funding.

The CERF funds helped WHO meet critical, underfunded gaps in response to cholera and HIV/AIDS. While the funding was very useful, it had not yet led to additional donor funding being provided to these sectors.

As mentioned above, most humanitarian donors chose not to support shelter assistance as a priority in their response to the 2006 CAP. As a result, the sector ended up being severely underfunded, and shelter needs were not met. The CERF, by virtue of being an independent and non-political source of funding, was therefore a useful mechanism to help fill the gap in funding for life-saving shelter assistance. It also helped break the

deadlock, by allowing humanitarian actors to get started with shelter interventions. Once the first shelters were built, humanitarian actors could show donors that the shelter programme was indeed viable and deserving of funding. In this way, the CERF funding served to stimulate additional donor funding.

The CERF also helped strengthen coordination at country level, by bringing the IASC Country Team together to identify gaps and agree on priorities under the overall leadership of the Humanitarian Coordinator. By giving it a large say in how the allocation for Zimbabwe would be spent, the CERF strengthened the IASC Country Team as a strategy-setting and decision-making body. The CERF process promoted transparency, because the decisions on CERF priorities were taken jointly by the IASC Country Team in open and inclusive manner.

Food assistance is part of a larger UN strategy to address humanitarian issues in Zimbabwe. The CERF grant enabled the WFP to meet its strategic objectives. Under the current Protracted Relief and Recovery Operation (PRRO), WFP's response provided food assistance to the most food-insecure households with the objective of protecting lives, safeguarding the nutritional status of vulnerable groups and mitigating further asset depletion. The CERF funding complemented resource mobilization efforts to support the food needs of vulnerable households in the most critical months.

Lessons Learned

IOM

Accessing funds through CERF was timely and required minimal additional administrative work in terms of writing proposals, needs assessments etc., as it relied on already produced reports and CAP project sheets. However, with the two allocations of $1 million being split both times between four sectors in as many equal shares (with $250,000 both times going to shelter), indicated that IASC Country Team had difficulty in the prioritization process.

UNICEF

Some confusion was created regarding the implementation period of CERF projects in 2006, as it took longer then expected to receive the initial funds. However, this problem was remedied by the extension of all projects to June 2007. In addition, UNICEF would like to advocate with the CERF Secretariat to issue clear guidance on the anticipated level of administrative costs when CERF funds are channeled from the UN agency to the NGO partners.

WHO

There was a lack of a coordinated approach in response to the outbreak from districts and provinces, which resulted in multiple requests directed at national institutional partners. Health workers in cities need continuous training on cholera control and management and there is need for standard operating procedures on water sampling and monitoring. Poor coordination of response activities in some provinces resulted in multiple requests for resources directed at national level and partners. There has been concentration of training for health workers working in rural areas, leaving those in urban

areas. Lack of Standard Operational Procedures in cholera control led to poor management.

WFP

With respect to the timing of the contribution, funds were approved late September 2006, resulting in the procurement of food later than originally planned. Formal authorization by the Government further delayed the implementation of the Vulnerable Group Feeding Programme.

NGOs

The current arrangement for NGOs to access funds through UN agencies also needs to be refined, as it can create difficulties in cases where the IASC Country Team backs a project that is subsequently "imposed" on a UN agency. Strong sector/cluster coordination is required to prevent this problem from occurring. In May 2006, the IASC Country Team initially supported a proposal developed by Save the Children-UK, which subsequently had to be transformed into a UNICEF proposal with Save the Children-UK as the implementing partner. As a result, UNICEF felt less ownership of the project, and the lines of accountability were temporarily blurred. It was agreed that UNICEF would be accountable for the funds vis-à-vis the CERF Secretariat and that Save the Children-UK as the implementing partner would be accountable to UNICEF. However, much time was lost in the process, and it is not clear that this current arrangement would be more effective than the NGO receiving the funds directly from the CERF.

Duration of CERF grants for underfunded crises

By the time of the second allocation for underfunded emergencies in September 2006, the humanitarian agencies in Zimbabwe were told that all CERF grants had to be spent by the end of the calendar year. This gave a very short timeline for implementation. Since grants supported under the CERF facility for underfunded crises are approved and received at different times of the year, the CERF Secretariat may want to consider using a standard maximum duration of for example six months from the day that the Letter of Understanding is signed. This solution would be more sensible than using the end of the calendar year as the deadline for all such grants, no matter when they are approved and received.

Timelines and deadlines for submission of proposals to Headquarters

The two first CERF allocations to Zimbabwe gave the IASC Country Team about two weeks to prioritize needs, develop, and submit projects. As a result, consultation had to be quick, and did not include as many NGOs as desired. The only NGOs that were fully involved in the process were the three NGO representatives on the IASC Country Team. The lack of consultation undermined the image of the CERF within the NGO community. It also created the impression that every time there was a CERF allocation for underfunded emergencies, there is a "mad rush" to get the proposals ready in time, without enough time for thoughtful prioritization and programming. Given that the CERF allocations follow a predictable calendar, it should be possible to adjust the deadlines to allocate more time for proper consultation with IASC members at the field level.

Reporting Requirements

The process of two reporting channels, one through the agency headquarters and another through the Humanitarian Coordinator, created a *de facto* triple reporting requirement (agency headquarters and Humanitarian Coordinator's mid-year report and Humanitarian Coordinator's annual report). This process risks placing an undue reporting burden on the agencies' programmatic staff on the ground, who need to provide the substantial inputs to all the reports. We also note that the CERF was intended to be a lean funding mechanism, and we are concerned that a too heavy reporting burden may create frustration and negative perceptions of the CERF at the field level. We recommend agencies to report only once on each CERF grant, for example one month after the grant has been exhausted or the project has been completed, whichever occurs first.

CERF in Action

Shelter

The overall objective of the programme was to respond to the urgent humanitarian needs of the people on Hopley Farm and Hattcliffe Extension in Harare's urban areas who were forcibly removed from Porta farm, Caledonia Farm, Chitungwiza, Mbare and other parts of Harare. This was done through the provision of shelter to vulnerable households, and the mainstreaming of HIV/AIDS and gender-based violence prevention interventions within the programme.

While IOM provided shelters through its partner St. Gerald's Catholic Church with CERF funds, UNICEF provided water and sanitation through its partners. Beneficiaries in the areas also benefited from WFP food distributions through its partner Christian Care. In addition, IOM mainstreamed gender-based violence and HIV/AIDS prevention to the beneficiaries and the community at large through its partner, Patsime Edutainment Group.

For shelter provision, the involvement of the implementing partner facilitated a smooth and effective implementation of the project, as St. Gerald's Catholic Church is well known in the community. Through St. Gerald's Catholic Church, beneficiaries were first assessed and registered, then mobilized into builders' teams and trained in shelter construction. They were subsequently awarded a monetary incentive to provide this service to all beneficiaries in order to ensure a prioritization of the most vulnerable. As specific efforts had been made to have an equal representation of men and women in the trained builders' teams, this further promoted women's access to this income of livelihood.

Through other funds, HIV/AIDS and gender-based violence prevention was mainstreamed throughout the programme and based on the IASC Guidelines for HIV/AIDS interventions in emergency settings, IOM improved access to the availability of condoms, disseminated relevant Information, education, and communication (IEC) materials targeted at the affected populations, and provided supplementary food assistance to the chronically ill. Gender-based violence prevention and awareness workshops were also held in both communities. Other activities conducted include nutrition and gender education workshops, distribution of sanitary wear, and training

subcontracted service providers (builders) on IASC code of conduct for humanitarian workers, including prevention of sexual abuse and exploitation.

While signs of stabilization can be seen following the shelter provision, as some beneficiaries planted fruit trees and gardens, the general deteriorating economic situation means that specific assistance will be needed for their economic recovery. IOM piloted an income-generating activity intervention, through which beneficiaries received small-business management and skills training in soap and candle making as well as seeds inputs for their first production run. They have been mobilized into a registered company, which is exploring market linkages with super market chains in order to formalize the business and avoid the challenges facing informal traders in Zimbabwe.

Food

Eight-year-old Innocent is currently living under the care of his maternal grandmother in Kariba district. He and his sister Faith, who is four years old, is now living with their grandmother after their parents passed away the previous year from chronic illnesses, most probably because of HIV/AIDS. The grandmother, who is 58 years old, is unemployed and barely manages to feed the family in a good month. They usually scrape through with some petty trading and household vegetable gardening. With the onset of the lean season, the spiraling inflation, prices for food, and other essential items increasing almost on a weekly basis, life became even more difficult for the family. Eventually, the family was surviving on only one meal a day. With the onset of the Vulnerable Group Feeding Programme, Innocent and his sister were able to have some relief from hunger during the period of food assistance from January to March 2007. The food aid package provided a household ration of 10 kg cereals and 1 kg pulses per person in the household during the first three months of the year.

Child protection/ water and sanitation

Thick clouds of dust churn through the air as the eye of the storm narrows in on the faces of scores of small children. In the midst of it all, three-year-old Taniya is stock-still and sobbing. Her immediate distress is the dust, though this is not the sole cause of her tears.

This was 18 months ago when the home of Taniya's was demolished as part of a Government effort to clean up cities and to fight the black market across Zimbabwe. In doing so tens of thousands of settlements and business activities - namely homes and market stalls – were destroyed. The operation hit particularly hard those who were already living on the margins.

Taniya's family was never wealthy; their home was a two-room shack that her father had built with his own hands. He says it took him eight months to save the money for the materials, and three weeks to build. It took a bulldozer 15 seconds to bring it to the ground.

At the time, Taniya was one of more than 1,000 children at a 'transit camp' on the other side of Harare. Some families, such as Taniya's, arrived with little more than what they could carry. Others used their last Zimbabwean dollars to rent a truck and are now in a

bush camp with vanity mirrors, double beds, and stoves. Rows and rows of torn plastic sheeting offer scant privacy or protection from near-freezing nightly winds.

Over the next few months, the families were relocated to a variety of places across the capital, leaving them in great need of support. In response, UNICEF supported Save the Children (UK) to work at community level in the affected areas and develop plans and actions to target the most vulnerable children.

All 6,000 children including Taniya were helped as well as adolescent girls (1,000 hygiene kits), pregnant girls (200 delivery kits), 40 teachers, and health workers. Police officers were sensitized on child friendly reporting and responding mechanisms. Twenty child survivors of abuse were supported in accessing medical, legal, police and psychosocial services. An additional 300 children who were forced to drop out of school during the Operation received school-related assistance, while 600 children benefited from the community-based recreation activities.

The CERF-funded assistance came as a series of complex, interrelated factors were already putting enormous and increasing stress on the average Zimbabwean. An HIV/AIDS pandemic, declining economic performance and drought put enormous pressure on families, particularly those affected by Murambatsvina. Exacerbating their hardship, many of those affected were resettled in areas with poor or non-existence water and sanitation.

UNICEF and Inter-country People's Aid using CERF funds greatly upped their water and sanitation support to key areas of Hopley and Hatcliffe (both in the capital, Harare). Access to adequate water improved greatly through daily trucking of water to 5,000 beneficiaries at Hatcliffe extension and 8,000 in Hopley settlement. Sanitation was improved with the construction of latrines for 450 households in Hatcliffe and 554 at Hopley settlement. UNICEF ensured that 13,000 people received health and hygiene information. Combined, it resulted in significant improvements in health and well being of both populations and no cholera cases were reported during outbreaks in 2006 and early 2007.

Zimbabwe 2007

In March 2007, $2 million was made available for humanitarian activities in Zimbabwe as part of the first 2007 underfunded allocation.

CERF funds target water and sanitation activities
Thousands of populations in urban and peri-urban areas were rendered highly vulnerable to an acute lack of access to safe water supply and basic sanitation services because of the government's Operation Murambatsvina/Operation Restore Order launched in May 2005. Despite efforts by humanitarian organizations there is still a substantial gap to fulfill the immediate needs of the affected populations to access to safe water and basic sanitation facilities in Bulawayo and Epworth, Harare.

Rapid assessments by UNICEF and other humanitarian organizations and status reports from Bulawayo City Council indicated that the water supply situation in Bulawayo had reached critical levels with the fear of an imminent catastrophe if urgent interventions were not instituted. The city's supply dams were 28 percent full (Bulawayo City Council Reports, 2007), far short of the required 80 percent. Levels were expected to further decline, which would pose a serious threat to the health and well-being of approximately 1 million city residents.

During the second half of 2006, 91 cases of cholera and eleven resulting deaths (Case Fatality Rate – CFR - 12 percent) were reported in the City of Harare. Between January and February 2007, Harare was affected by another cholera outbreak with 26 cases reported. Of this, four cases and three resulted in deaths from cholera (CFR – 75 percent) during the first two weeks of February 2007 in Epworth, a peri-urban area of Harare where a large number of displaced from OM/ORO reside. Limited access to safe and adequate water supply and basic sanitation, compounded by poor hygiene practices, had been identified as the major risk factors in these outbreaks. The situation was expected to deteriorate in the absence of safe and adequate water supply, basic sanitation, and hygiene with serious consequences in terms of morbidity/mortality.

With the CERF grant, UNICEF will, in collaboration with a number of partners (World Vision International, Practical Action, Epworth Local Board, Bulawayo and Harare Urban Councils and Government) provide emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in urban and peri-urban areas.

CERF funds target emergency shelter activities
Recent assessments and reports by humanitarian and human rights organizations, identified shelter needs for the country have risen from 5,000 to approximately 15,000 households, i.e. almost a threefold increase since the 2007 CAP was launched. Of particular concern were the approximately 10,000 households, many of them in Bulawayo, where virtually no external shelter assistance had been provided.

By meeting the unmet shelter needs of households affected by OM/ORO in Bulawayo, IOM will, in collaboration with a number of partners (UNHABITAT, Bulawayo City Council, Ministry of Local Government, Churches in Bulawayo, Dialogue on Shelter, Practical Action, Zimbabwe Community Development Trust), addressing a basic shelter need, enhance security of tenure and thereby support the overall shelter sector objectives.