

Zimbabwe



Giacomo Prozzi/2008

May
2009

Mid-Year Review/
Revision

Consolidated Appeal



UNITED NATIONS

Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	COSV	HT	MDM	TGH
ACF	CRS	Humedica	MEDAIR	UMCOR
ACTED	CWS	IA	MENTOR	UNAIDS
ADRA	Danchurchaid	ILO	MERLIN	UNDP
Africare	DDG	IMC	NCA	UNDSS
AMI-France	Diakonie Emergency Aid	INTERMON	NPA	UNEP
ARC	DRC	Internews	NRC	UNESCO
ASB	EM-DH	INTERMOS	OCHA	UNFPA
ASI	FAO	IOM	OHCHR	UN-HABITAT
AVSI	FAR	IPHD	OXFAM	UNHCR
CARE	FHI	IR	PA (formerly ITDG)	UNICEF
CARITAS	Finnchurchaid	IRC	PACT	UNIFEM
CEMIR INTERNATIONAL	FSD	IRD	PAI	UNJLC
CESVI	GAA	IRIN	Plan	UNMAS
CFA	GOAL	IRW	PMU-I	UNOPS
CHF	GTZ	Islamic RW	PU	UNRWA
CHFI	GVC	JOIN	RC/Germany	VIS
CISV	Handicap International	JRS	RCO	WFP
CMA	HealthNet TPO	LWF	Samaritan's Purse	WHO
CONCERN	HELP	Malaria Consortium	SECADEV	World Concern
Concern Universal	HelpAge International	Malteser	Solidarités	World Relief
COOPI	HKI	Mercy Corps	SUDO	WV
CORDAID	Horn Relief	MDA	TEARFUND	ZOA

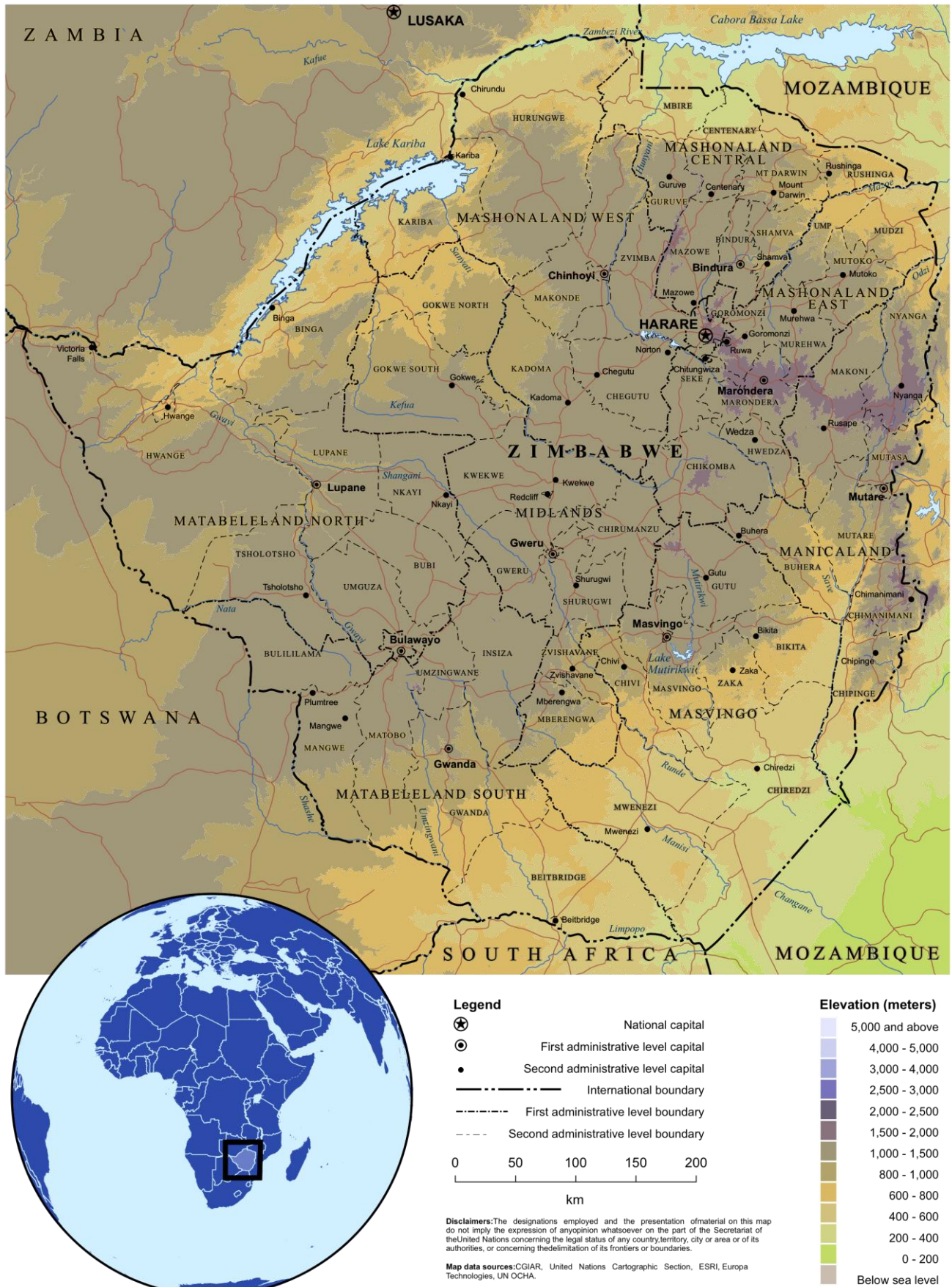
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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details can be viewed, downloaded and printed from www.reliefweb.int/fts.

Zimbabwe map



1. EXECUTIVE SUMMARY

The humanitarian situation in Zimbabwe deteriorated sharply after the launch of the 2009 Consolidated Appeal in November 2008. The country-wide cholera outbreak and spike in food insecurity during the lean season aggravated an already difficult socio-economic environment of hyper-inflation and collapsed basic social services. The humanitarian response provided under the CAP 2009 so far has contributed to saving lives by containing the cholera outbreak, providing food and agricultural assistance to vulnerable populations, and supporting vital social services including health, water and education at a critical time, despite enormous operational difficulties. In spite of the positive impact of the humanitarian response and initiatives by the Inclusive Government, the international community remains relatively cautious. This CAP revision is undertaken to reflect the significant changes in context and needs since early 2009, including a significant increase in agriculture and education followed by water, sanitation, and hygiene (WASH) and health activities, prioritising projects with high emergency impact, and “humanitarian plus” activities which focus on population stabilisation and emergency recovery and risk reduction. Essentially, the revision reflects a combination of new opportunities and deepening needs.

Significant changes in the country’s political and socio-economic landscape have taken place this year and have given rise to cautious optimism. The formation of the Inclusive Government comprising the Zimbabwe African National Union – Patriotic Front (ZANU PF) and the two Movements for Democratic Change formations in February 2009, followed by the launch of the Short-Term Emergency and Recovery Programme (STERP), have paved the way for the country’s rehabilitation. The STERP requires a total of US\$¹8.4 billion until end 2009. However, with only \$400 million pledged in credit lines by African governments as of April 2009, the STERP remains under-funded, threatening the country’s efforts at recovery. Policy developments that support economic recovery and stability have served to curtail hyperinflation, stabilize the economy, increase availability of inputs, and stem the drain of skilled professionals. These include the official introduction of multiple currencies and payment of \$100 monthly allowances for civil servants.

The country’s humanitarian needs remain staggering. Six million people have limited or no access to safe water and sanitation in rural and urban areas; 600,000 families will require key agricultural inputs for the 2009/10 planting season immediately, creating the potential for improved food security, and a consequent reduction in the planned 5.1 million people required to receive food assistance during the next lean season; 1.3 million people are living with HIV/AIDS, including 133,000 children under the age of 14. There are 1.5 million orphaned and vulnerable children, including over 100,000 child-headed households. Due to natural disasters, and to the political and economic situation, there is an imprecise number of persons who remain internally displaced, and an estimated 40,000 returnees also in need of assistance. There is concern that, unless conditions change, outbreaks of water-borne diseases at the onset of the next rainy season could lead to new cholera cases and higher humanitarian needs. These humanitarian needs triggered by the current crisis occur in a context of deep and widespread vulnerability.

While successive Consolidated Appeals have underlined the urgent need for assistance in water and sanitation, health, education, and protection, most sectors continued to suffer from lack of support. The progressive decline and dilapidation of these sectors is one of the main reasons the cholera outbreak spread uncontrollably and claimed over 4,200 lives. It is from there that the concept of ‘humanitarian plus’ activities emerges in this revision, including activities that are transitional in nature, but which in the context of Zimbabwe are considered time-critical and life-saving. These include projects which support population stabilisation and emergency recovery and risk reduction, such as the repair to basic infrastructure and payment of incentives to health workers and teachers. The revised CAP also incorporates an acknowledgement that if assistance is to be effective, the humanitarian response must be de-linked from political concerns. The Inclusive Government has prioritized the reinstatement of the rule of the law and increased attention to human rights, as enshrined in the STERP, and this will help to restore the confidence of the international community and the provision of increased support.

In the face of rising needs reflected in the increased requirements to scale up the response to the country’s humanitarian crisis, the donor response to the CAP 2009 has been below average with \$246 million or 34% of revised requirements funded as of 26 May 2009. In view of the changing context, a total of \$718 million is required for the revised CAP. Considering the changes in the

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2009 page.

country's context and needs, the Humanitarian Country Team (HCT) has adapted the objectives to the following:

- Save and prevent loss of lives by assisting vulnerable groups, including displaced and other mobile populations;
- Support Government efforts towards stabilisation of the population in acute distress and of the social services capacity to deliver quality essential services;
- Support the restoration of livelihoods, prevent the depletion of productive household assets, and strengthen the institutional capacity at the local level of coordinating and implementing essential recovery activities incorporating disaster risk-reduction frameworks.

This is a critical moment to support humanitarian efforts in Zimbabwe. The magnitude of the economic decline and erosion of sources of livelihood is such that it is unlikely the humanitarian needs in the country will lessen in the short term. Humanitarian partners – including the Government of Zimbabwe, regional partners and the humanitarian and development communities – must work more closely than ever to ensure that needs are met through the implementation of the programmes contained in the current revision.



Richard Johnson/OCHA/2009²

² Same photo credit on pages: 19,22,23,24,25,27,31,32,and 41.

Table I: Consolidated Appeal for Zimbabwe 2009
Requirements/Contributions and Pledges (grouped by cluster)
as of 27 May 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Cluster	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	58,633,789	142,408,264	3,243,237	2%	139,165,027	7,598,648
COORDINATION & SUPPORT SERVICES	9,179,467	9,436,875	2,668,204	28%	6,768,671	200,000
EARLY RECOVERY / LIVELIHOODS	11,678,328	11,221,539	-	0%	11,221,539	-
EDUCATION	29,665,400	74,555,400	237,526	0%	74,317,874	-
FOOD	319,620,314	288,512,398	173,559,382	60%	114,953,016	2,687,747
HEALTH	45,432,226	82,610,961	34,676,148	42%	47,934,813	-
MULTI-SECTOR	30,935,735	31,160,081	626,922	2%	30,533,159	-
NUTRITION	10,277,040	10,132,040	984,877	10%	9,147,163	-
PROTECTION	12,326,038	13,224,462	2,752,257	21%	10,472,205	-
SECTOR NOT YET SPECIFIED	-	-	-	0%	-	400,000
WATER, SANITATION AND HYGIENE	21,931,780	55,368,232	27,610,133	50%	27,758,099	97,345
Grand Total	549,680,117	718,630,252	246,358,686	34%	472,271,566	10,983,740

NOTE: "Funding" means Contributions + Commitments + Carry-over

- Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).
- Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
- Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 27 May 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: Consolidated Appeal for Zimbabwe 2009
Requirements, Commitments/Contributions and Pledges (grouped by appealing organisation)
as of 27 May 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Page 1 of 2

Appealing Organisation	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
AAI-Z	-	95,498	95,498	100%	-	-
ACF	1,662,000	2,965,000	2,510,021	85%	454,979	-
ACT	-	5,689,015	-	0%	5,689,015	-
ADRA Zimbabwe	288,632	1,052,682	-	0%	1,052,682	-
AEA	-	427,610	-	0%	427,610	-
Africare	1,060,000	1,060,000	-	0%	1,060,000	-
ASAP	-	300,000	-	0%	300,000	-
CADEC	-	224,346	224,346	100%	-	-
CARE International	-	2,064,573	-	0%	2,064,573	-
CFT	-	234,870	-	0%	234,870	-
Chr. Aid	-	111,000	-	0%	111,000	-
CRS	2,055,700	4,117,300	175,000	4%	3,942,300	-
DAPP	2,275,000	2,979,671	69,671	2%	2,910,000	-
DT	250,000	250,000	28,612	11%	221,388	-
EAFRICA	-	450,000	-	0%	450,000	-
FAO	48,286,500	50,420,500	2,434,000	5%	47,986,500	7,598,648
FCTZ	192,060	192,060	-	0%	192,060	-
GOAL	3,618,732	4,832,543	436,269	9%	4,396,274	-
HELP	3,065,256	3,065,256	-	0%	3,065,256	-
HelpAge International	-	591,600	-	0%	591,600	-
HFRC	86,400	86,400	-	0%	86,400	-
HKI	500,000	500,000	-	0%	500,000	-
IMC	-	600,000	-	0%	600,000	-
IOM	37,018,387	47,543,488	4,561,251	10%	42,982,237	-
IRC	-	300,000	-	0%	300,000	-
ISL	-	2,195,200	-	0%	2,195,200	-
LDS	-	87,475	87,475	100%	-	-
Linkage Trust	327,000	327,000	-	0%	327,000	-
Mercy Corps	1,520,000	1,928,044	248,044	13%	1,680,000	-
NPA	1,600,000	1,600,000	-	0%	1,600,000	-
NRC	-	530,000	-	0%	530,000	-
OCHA	2,406,116	3,312,696	1,110,112	34%	2,202,584	200,000
OCHA (ERF)	6,500,000	4,675,634	1,124,742	24%	3,550,892	-
OXFAM GB	5,250,000	8,458,610	3,039,472	36%	5,419,138	-
PA (formerly ITDG)	470,000	470,000	-	0%	470,000	-
Plan	446,000	446,000	250,000	56%	196,000	-
PSI	594,780	1,153,450	594,651	52%	558,799	-
SAT	250,000	2,270,000	-	0%	2,270,000	-
SC - Norway	316,000	3,341,665	200,000	6%	3,141,665	-
SC - UK	8,539,734	9,423,677	245,738	3%	9,177,939	-

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Requirements, Commitments/Contributions and Pledges (grouped by appealing organisation)
as of 27 May 2009
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Compiled by OCHA on the basis of information provided by donors and appealing organisations

Page 2 of 2

Appealing Organisation	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
SNV	263,000	263,000	-	0%	263,000	-
UN Agencies	-	-	-	0%	-	-
UN Agencies and NGOs (details not yet provided)	-	58,000,000	-	0%	58,000,000	-
UNAIDS	450,000	260,000	-	0%	260,000	-
UNDP	4,632,500	3,402,500	-	0%	3,402,500	-
UNDSS	273,351	273,351	-	0%	273,351	-
UNFPA	4,959,400	5,051,400	1,150,001	23%	3,901,399	-
UN-HABITAT	2,555,000	1,160,000	-	0%	1,160,000	-
UNHCR	7,366,364	7,600,272	2,122,242	28%	5,478,030	-
UNICEF	79,267,750	155,642,750	42,654,523	27%	112,988,227	400,000
WFLA	-	220,000	-	0%	220,000	-
WFP	315,973,971	278,676,861	173,992,732	62%	104,684,129	2,687,747
WHO	3,094,039	31,026,740	7,471,196	24%	23,555,544	97,345
WVI	2,006,445	4,740,155	1,533,090	32%	3,207,065	-
ZAN	260,000	420,000	-	0%	420,000	-
Zimbabwe AHEAD	-	670,195	-	0%	670,195	-
ZIMTRUST	-	657,170	-	0%	657,170	-
ZIP-PELUM Zimbabwe	-	192,995	-	0%	192,995	-
GRAND TOTAL	549,680,117	718,630,252	246,358,686	34%	472,271,566	10,983,740

NOTE: "Funding" means Contributions + Commitments + Carry-over

- Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).
- Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
- Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Table III: Consolidated Appeal for Zimbabwe 2009
Requirements, Commitments/Contributions and Pledges (grouped by priority)
as of 27 May 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Priority	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
HIGH	517,066,472	675,098,314	243,659,470	36%	431,438,844	10,583,740
MEDIUM	32,613,645	43,531,938	2,699,216	6%	40,832,722	-
Not specified	-	-	-	0%	-	400,000
GRAND TOTAL	549,680,117	718,630,252	246,358,686	34%	472,271,566	10,983,740

The list of projects and the figures for their funding requirements in this document are a snapshot as of 27 May 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

2. CHANGES IN THE CONTEXT, HUMANITARIAN NEEDS, AND RESPONSE

Context

Significant changes on the political and socio-economic front have taken place in Zimbabwe since October 2008 when humanitarian partners developed the 2009 Common Humanitarian Action Plan (CHAP). In view of these developments and in line with recommendations from the February 2009 UN inter-agency mission led by the Deputy Emergency Relief Coordinator, Ms Catherine Bragg, the HCT has revised the common humanitarian action plan. The revision has been finalized before the usual mid-year review principally to disseminate information without delay on the changes in context and needs.

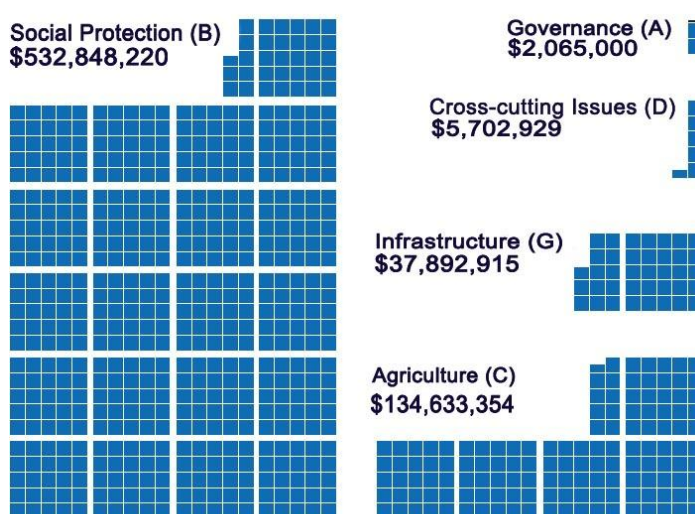
Following the initial political agreement reached between the ZANU-PF and the two formations of the Movement for Democratic Change (MDC) on 15 September 2008, the **formation of the Inclusive Government** in February 2009 represented a step forward from the political stalemate that paralysed the country.

Although the establishment of the Inclusive Government is seen as a positive step, the international community has remained cautious in extending direct support to the government. The international community must increase their engagement in support of humanitarian response, including the “humanitarian plus” activities, which are activities that are transitional in nature, but in the context of Zimbabwe are also time-critical and life-saving in effect. Regarding the Inclusive Government, for humanitarian operations to continue being effective there is a **clear need to de-link the humanitarian response and support from political concerns**. A prioritized effort by the Inclusive Government to meet some benchmarks including the reinstatement of the rule of law and human rights issues, as enshrined in the Government programme, will help to restore the confidence of the international community in the new Government and induce confidence for the provision of longer-term support.

In March 2009 the government launched the STERP requesting \$8.4 billion until the end of the year. A 100-day plan for implementation of the priority actions within the STERP is being developed. Political and governance issues including human rights, social protection, and economic stabilisation are among the priorities outlined in the STERP. The STERP also pays particular attention to gender equity and equality. Its social protection programme includes humanitarian assistance and the provision of basic social services, particularly targeting the most vulnerable.

The STERP provides a comprehensive framework and will serve as the point of reference for the humanitarian, early recovery, and social protection programmes. Most of the humanitarian community's programming in the present CAP falls within the STERP's key priority areas, chiefly: (A) Governance; (B) Social Protection; (C) Agriculture; (D) Cross-cutting Issues; and (G) Infrastructure, as shown in the chart on the side.

Revised CAP categorised by STERP strategic priorities
Each block equals \$1 million



SOURCE: FINANCIAL TRACKING SERVICE

The official introduction of multiple currencies at the end of January 2009 – most commonly the US dollar, the South African rand, and the Botswana pula as legal tender – and the suspension of the Zimbabwean dollar until further notice have had a further stabilising effect on the economy. According to the Central Statistics Office (CSO), during the first three months of 2009 inflation stopped rising and consumer prices have been falling at a monthly rate of approximately 3%. Despite the decrease in consumer prices, the standard family basket continues to be out of reach of most families in both urban and rural areas.

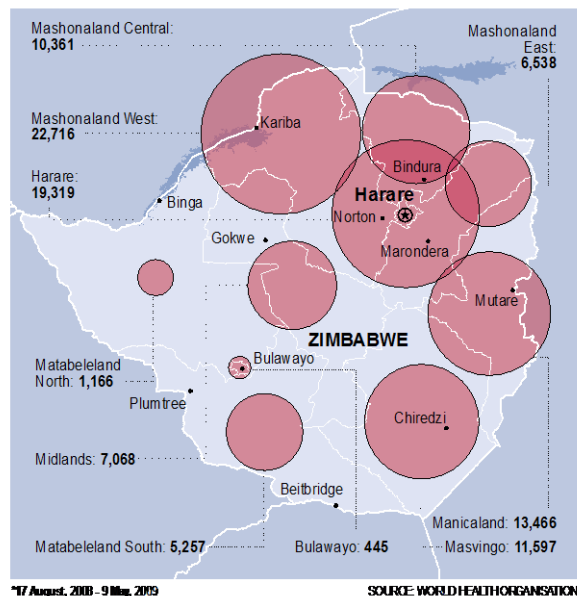
The \$100 allowance introduced in February 2009 for civil servants has partially succeeded in stemming the continued drain of the remaining skilled professionals in the social sectors. However, a significant shortage of foreign currency in rural areas and unemployment rates (estimated at more

than 86%) are likely to increase vulnerability of populations in rural areas and those not working in the civil service. The foreign currency shortage will also continue to pose a challenge to humanitarian operations, rendering economic transactions, local procurement and, payment of salaries more difficult.

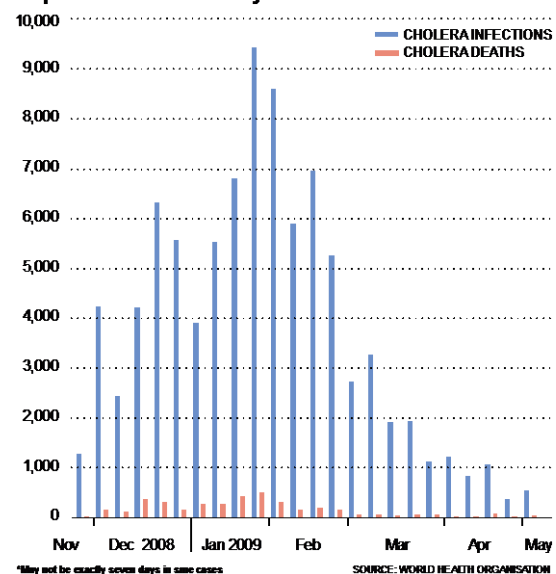
The overall economic situation is aggravating the risk for the most vulnerable, including women and children, to expose themselves to transactional sex for survival, thus augmenting the risk of Human Immunodeficiency Virus (HIV) infection in a country with one of the highest HIV prevalence rates in the world, and consequently jeopardising last year's gains against the spread of HIV and AIDS³.

The sharp **decline in the provision of basic social services** pointed out in the CAP 2009 has continued, and is considered among the root causes of the unprecedented **cholera outbreak** that spread to 55 out of the country's 62 districts, infecting 97,476 people and killing 4,271 persons as of 8 May 2009.

Reported cholera cases by province*



Reported cholera weekly totals*



The cumulative case fatality rate (CFR) in December 2008 stood at 5.7%, more than four times the emergency threshold established by the World Health Organization (WHO) for a cholera epidemic. The overall CFR declined to 4.4% by the end of April 2009, and institutional CFR was reduced to 1.7%. While cholera in most rural areas has been relatively controlled, parts of Harare's high-density suburbs and Mashonaland West and East continue to register a considerable number of new cases on a daily bases. The outbreak is the consequence of limited access to safe water, poor disposal of waste, low latrine coverage, collapsed sewage systems and a collapsed health system.

At the onset of the epidemic the country suffered severe shortages of water treatment chemicals which, along with the erratic power supply that prevents water treatment stations from pumping water into pipes, contributed to severe water rationing in urban areas. WASH partner assessments in rural areas indicate over 60% of community boreholes as non-functional, resulting in daily shortages of safe water for some 2.5 million people. Leakages from sewage lines in urban areas and the lack of proper sanitation facilities in rural areas contributed to the spread of the disease. Health services lacking functional health system elements essential to contain any outbreak – mainly human resources, health financing, health information, leadership and governance, basic equipment, drugs supplies and health services delivery due to the disintegration of the village health worker (VHW) system and move of skilled staff⁴ – have resulted in a continuing deterioration of the health situation and consequently in high mortality rates. Poor health-seeking behaviour compounded the problem as shown by the large

³ HIV prevalence rate went down from 32% in 2002, when the Government declared HIV/AIDS to be a national emergency, to 15.6% in 2007 (15-44 years group).

⁴ STERP (p. 24) estimates about 68% posts vacant for doctors, staff presence at health post between 15 to 50% and drug stocks at 38% in 2008.

number of community deaths, totalling more than 61% of the CFR. *The combination of these elements led to the preventable death of more than 4,200 people in nine months.*

The humanitarian response has contributed to saving thousands of lives by containing the cholera outbreak in the face of enormous operational difficulties. However, there is serious concern that the lack of sustained interventions from the government and its partners to ensure that social services recover and maintain the capacity to supply basic services to the population will result in new cholera and other waterborne disease outbreaks that may cost the lives of tens of thousands more Zimbabwean people in the coming months.

Conditions related to the delivery of humanitarian assistance

Both national and international non-governmental organizations (NGOs) have had improved access throughout the country since the end of August 2008 when the suspension of NGO field operations was lifted. It is hoped that the Inclusive Government will continue to ensure unhampered access of humanitarian partners willing to assist populations displaced or otherwise vulnerable. However, the registration process for international NGOs remains a lengthy process and the granting of Temporary Employment Permits could be improved in a situation in which urgent surge capacity is needed. In addition, the road supply corridor from South Africa is heavily congested and import procedures are lengthy and continue to hamper essential international procurement. All these factors constrain the humanitarian community's capacity for timely emergency response.

Displaced populations continue to be vulnerable eight to nine months after displacements following the post-March 2008 elections. Despite the current steps in the Inclusive Government towards socio-economic stabilisation, most of the mobile and vulnerable population (MVP) families are still resorting to negative coping strategies to meet their current needs, jeopardising their health and well-being.

In April 2009 the South African Ministry of Home Affairs announced that **Zimbabweans would not be deported from South Africa**, and that they will no longer require visas to enter South Africa. The South African Government hopes that these measures will reduce crime incidents in the border area, which has long been a major problem for Zimbabweans forced into irregular migration by the lack and/or unaffordability of travel documents. Deportations of Zimbabweans from Botswana and of irregular migrants from South Africa have continued. Approximately 5,000 migrants per month are expected to return from Botswana through the Plumtree Reception and Support Centre while an unspecified smaller number are returned from Mozambique.

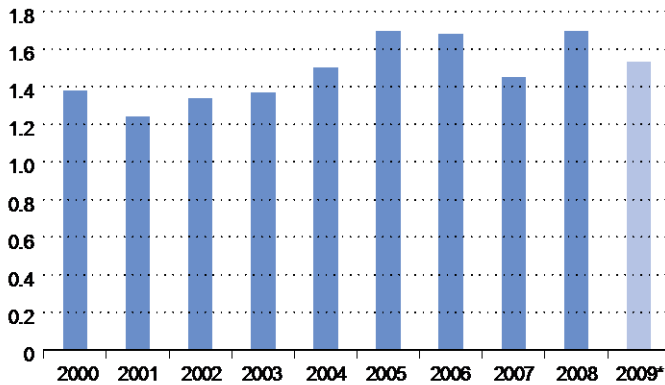
Evolving needs

The 2008/09 food **security** season was characterized by a critical **shortage of key agricultural inputs**. With few commercial outlets, most seeds and fertilizer were only available through the government-sponsored and NGO input assistance programmes. Rainfall distribution and quantity was favourable. Field observations suggest that cereal production will probably fall slightly below national requirements, though considerably higher than the 575,000 metric tons (MTs)⁵ achieved in 2007/08. The food security situation in the country has had a slight temporary improvement in the past months due to consumption of newly maturing green maize, vegetables and fruits. (Although this boon from the beginning of the harvest is temporary in a sense, it is also an improvement on the same time last year.) The first round of the National Crop Assessment, carried out in February 2009, estimated the area planted with maize at 1.5 million hectare (Ha), which is slightly lower than the 1.7 million Ha recorded in 2008. Small grains recorded an increase in area compared to last year. The majority of crops were reported to be in fair or good condition.

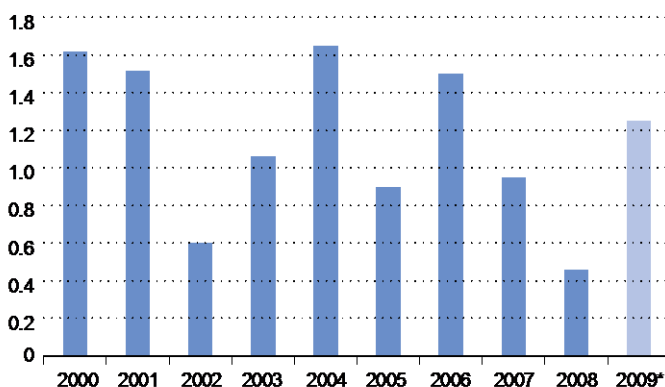
⁵ CFSAM 2008.

Annual maize production 2000 - 2009

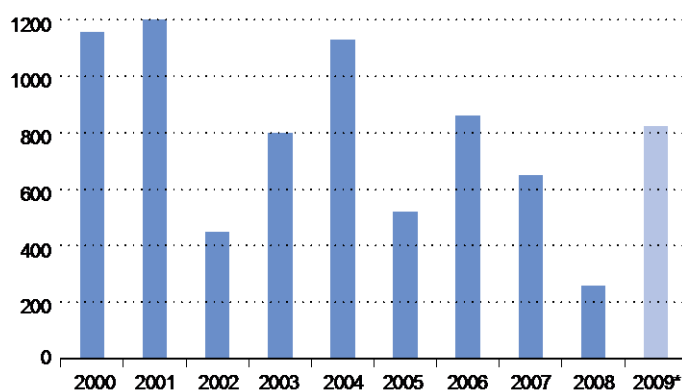
AREA CULTIVATED IN MILLIONS OF HECTARES



ACTUAL PRODUCTION IN MILLIONS OF TONNES

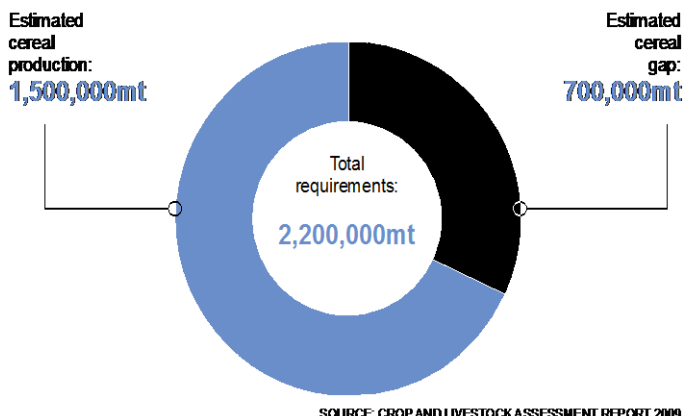


YIELD IN KILOGRAMMES PER HECTARE



*Estimate

Cereal production 2008 / 2009



SOURCE: CROP AND LIVESTOCK ASSESSMENT REPORT 2009

Humanitarian partners in the agricultural sector estimate that 600,000 households will need agricultural inputs to boost the 2009/2010 season.

Round 12 of the Community and Household Survey (CHS) conducted in March 2009 shows that the food security situation for Wold Food Programme (WFP) beneficiaries has improved since the previous CHS (round 11) conducted at the beginning of the lean season in November 2008. Results show that 27% eat only one meal per day compared to 60% in November 2008. Furthermore, poor consumption amongst beneficiaries has decreased from 16% in November 2008 to 5% in March 2009, which indicates that food assistance is improving household consumption and reducing stress for beneficiaries. However, the results also indicate that there is a high reliance on food assistance.

In April and May 2009, a joint WFP and Food and Agriculture Organization (FAO) Crop and Food Supply Assessment Mission (CFSAM) will be conducted, and also a vulnerability assessment (ZimVAC) to determine the needs for the next vulnerable group feeding season. Based on the findings, it is envisaged that the planning figures for the next planting season, which will commence in August/September 2009, will be revised.

With an **HIV prevalence rate of 15.6%**⁶, among the world's highest, Zimbabwe has an estimated 2,500 AIDS-related deaths per week. Continued food insecurity, increased distress migration and lack of sustained access to quality health services are likely to jeopardize the promising prevalence decline registered in the country since 1997.

Out of an estimated 480,000 people in need of HIV-related treatment, only around 148,000 people can currently access the life-saving anti-retroviral therapy (ART). The nutritional status of people living with HIV (PLWHIV) needs to be further investigated as the Zimbabwe Network of PLWHIV and AIDS has reported treatment disruption due to lack of access to sufficient food to take with the drugs. Fund flow challenges in 2008 have created a major backlog in Global Fund contributions for ARV procurement, further undermining the ART security in the

⁶ Zimbabwe National HIV estimate – Ministry of Health and Child Welfare (MoHCW), 2007.

country, which currently has only two months supply of stock compared to the global recommended minimum of six months.

The weakness of several of the health system's building blocks – mainly human resources, health financing, health information, leadership and governance, basic equipment and supplies, and health services delivery – has caused the **health situation** to continue to deteriorate.

Due to lack of financial resources and worsening economic environment, the VHW scheme has collapsed completely, resulting in lack of direct linkages between communities and the formal health system. In addition, high attrition and emigration rates of Zimbabwean health workers to neighbouring countries in search of better employment have significantly weakened the health system. The lack of indoor residual spraying in all 45 malaria-prone districts has resulted in malaria outbreaks in some areas of the country. The current cholera outbreak is unprecedented in the country and the number of cases and deaths have surpassed the initially projected 5,000 cases (the current figure of infected exceeds 97,000 cases as of end of April 2009). Thus there are additional requirements to ensure an effective response in the areas of surveillance, case management, logistic supplies, water and sanitation, social mobilisation, and coordination.



Grade seven pupils at Matika primary school in the Manicaland Province's Mutare rural district undergo holiday lessons to catch up on time lost during disturbances to the school term. These included a strike by teachers during the greater part of the first school term of 2009

In **the education sector**, despite the progress made in March 2009 to re-open the schools, there are serious concerns that schools might not open for the second term starting early May 2009 unless an appropriate solution that addresses the issue of teachers' salaries is reached. About 60% of teachers resumed duty in schools early March 2009, after receiving a Government salary top-up allowance of \$100 including teachers who left service over the past two years who could return into the system. Teachers insist the allowance should be reviewed as it is inadequate and does not enable them to pay for transport to and from work for a few days. The lack of stationery and the high fees and levies charged remain barriers to children accessing schools. Zimbabwe's children are in danger of losing yet another school year if immediate emergency assistance is not provided.

The shortage of qualified teachers is becoming critical due to Zimbabwe's brain drain and low salaries as teachers continue to opt for opportunities in neighbouring countries or abroad.

*Humanitarian activities in the education sector need to facilitate the establishment of necessary conditions to improve the level of school enrolment and retention of teachers **including accelerated learning programmes to catch up on a whole year of lost class time in 2008**. The focus must remain on the education needs of two million orphaned and vulnerable children (OVCs) in both urban and rural areas, as well as promoting innovative strategies that can help to mitigate the attrition within teachers' ranks. In addition, 1.5 million children will require Basic Educational Assistance Module (BEAM⁷) support this year to be able to access education.*

Malnutrition continues to be a major challenge for child survival and development. Levels of acute malnutrition have been periodically fluctuating based on different factors including recurrent outbreaks of waterborne diseases and acute food shortages. A combined micronutrient and nutrition surveillance survey were conducted in November 2008 sampling 6,000 households with provincial level representation. The survey concluded that at 4.4%, acute malnutrition in children under five years (as measured by wasting) did not exceed the national (at 7%) or international (at 10%) emergency thresholds. However, approximately one in three children is stunted (27.6%) and chronic malnutrition is becoming a major concern, further exacerbated by increasing poverty and erosion of the economic system. Acute malnutrition has become a persistent threat due to cholera and diarrhoea outbreaks, high levels of food insecurity and poor child care practices, compounded by the collapse of the country's health system.

To prevent a further deterioration in the nutrition situation and as part of the revision of the nutrition response plan, increased focus is now given to projects that pay greater attention to addressing the underlying causes of malnutrition. This includes those that strengthen nutrition components in food security programmes, address micronutrient deficiencies, promote optimal infant and young child feeding practices, and link nutrition and HIV programmes. Emphasis is on scaling up geographical coverage and the number of children, pregnant and lactating mothers, and other vulnerable groups (MVPs, PLWHIV, OVCs) targeted.

There are serious **protection concerns** and needs in Zimbabwe resulting from a decade of economic and social decline and continuing political instability. Areas of major concern include sexual and gender-based violence (SGBV), the problems related to documentation and citizenship, HIV and AIDS, lack of access to basic social services by particularly vulnerable populations and instances of human trafficking.

There have also been serious protection concerns arising from political violence that accompanied the 2008 elections, many of which have not been addressed either at individual, community or national level. Recent forced displacement as a consequence of reported fresh farm invasions, violations of the right to life and physical integrity, violations of children's rights, lack of access to justice, and destruction of property are other priority areas that need to be assessed and addressed.

The recent displacements in 2009 have been predominantly the consequence of new farm invasions; as of the last week of April 2009 at least 2,816 former farm worker households had been affected in Harare, Manicaland, Mashonaland Central, Mashonaland West, and Masvingo provinces. Furthermore, although there are no additional reports of continued displacement due to post-election violence, retaliatory attacks have been reported putting MVPs and the host communities at further risk of abuses and renewed displacement. Lastly, the displacements from 2008 and subsequent retaliatory attacks have highlighted the importance for increased psycho-social support and peace-building initiatives to communities affected by any type of displacement. Their humanitarian needs will have to continue to be met. At the same time, the evolving political climate provides scope for adopting a rights-based approach to the assessment of their legal protection needs with a view to identify appropriate durable solutions and promote justice and reconciliation.

Erosion of livelihoods has continued into 2009. Dramatic decreases in both formal and informal sector employment opportunities have had a severe impact on household incomes, thereby negatively impacting the asset base. The January 2009 urban ZimVAC assessment shows that 61% of households have had to sell their assets to buy food and services. Concurrently, fiscal constraints at central level have harmed the quality of service delivery as well as the physical infrastructure of the country. The latter is true with regards to both rural and urban communities, and in diverse areas ranging from small-scale irrigation schemes to shelter.

⁷ BEAM is a National Social Protection Strategy providing financial grants to communities to assist them to keep their vulnerable children in school. The major objective of the BEAM is to prevent households from resorting to perverse coping mechanisms such as withdrawing children from school.

Social capital in both rural and urban areas has been put under severe stress given daily survival imperatives with a concurrent deterioration of traditional safety nets and coping mechanisms, especially amongst MVPs and other vulnerable groups. The need to focus on social protection and safety nets has become even more important as the country will hopefully move forward with economic stabilisation and reform under implementation of the STERP.

*As emergency response continues in all sectors, “humanitarian plus” activities are becoming increasingly important as time-critical transition activities which in Zimbabwe are considered life-saving, and provide critical buttressing to the ongoing emergency response. **These include activities which focus on population stabilisation and emergency recovery and risk reduction such as the emergency repair of basic infrastructure, the payment of incentives to retain some civil servants, and rebuilding of livelihoods.***

Revised Scenarios and Planning Figures

While some elements of the most likely scenario have come to pass at the political level, **the humanitarian situation has moved toward the worst-case scenario projected in the 2009 CHAP.** The following revised planning scenario relies on the assumption that, notwithstanding the current uncertainty, the Inclusive Government will progressively start implementing reforms toward economic, political and social stabilisation of the country. The planning scenario envisages the following:

- An overall situation where the Government will start implementing the STERP, but without substantial financial coverage or significant access to budgetary support from international partners. Slow implementation of the social protection programmes within the STERP will not halt the deterioration of the humanitarian situation and further degradation of the social services.
- Politically, general elections expected in 24 months may result in internal competition and renewed violence and human rights abuses as the parties to the Inclusive Government try gaining popularity by discrediting their rivals.
- Although a new inflationary crisis is not envisaged because of the introduction of multiple currencies, in the short term there is little likelihood for any positive economic impact for the poorest and the most vulnerable. This part of the population is likely to continue to be affected by food insecurity and lack of sustained access to quality social services.
- The slow recovery of the destitute social services, including health and water and sanitation, could lead to 20,000 new cholera infections during the current epidemic and to a new outbreak at the onset of the next rainy season with an estimated total of 125,000 new cases.
- Unemployment and critical poverty coupled with lack of access to foreign currency could increase negative coping mechanisms including petty criminality and transactional sex. The latter will augment HIV infections, jeopardising achievements in the successful fight against HIV and AIDS.

Revised planning figures

- 800,000 beneficiaries to the food aid Safety Net (SN) programmes.
- 600,000 households will require key agricultural inputs for the 2009/10 planting season.
- 1.3 million PLWHIV: approximately 133,000 are children 0 to 14 years old, and 480,000 are in need of ART⁸.
- 1.5 million OVCs: 100,000 child-headed households and 130,000 children who will lose one or both parents in the coming year.
- 1.5 million children will require BEAM this year to access education.
- 44,000 children under-five are in need of treatment for severe acute malnutrition (SAM).
- People displaced internally for various reasons, including significant numbers of MVPs (at least 215,000 MVPs are currently assisted by humanitarian organizations) and an estimated 36,000 victims of political violence (VPVs).
- Six million people with limited or no access to safe water and sanitation in rural and urban areas.
- Some 40,000 returnees may be in need of different assistance and protection initiatives⁹.
- Some 4,500 refugees in Zimbabwe are in need of protection and assistance.
- Cholera outbreak: maximum expected total is 115,000 from August 2008 until the end of the outbreak in 2009. Under unchanged circumstances a new outbreak at the onset of the next rainy season could lead to an estimated 125,000 new cases.

⁸ MoHCW, 2007.

⁹ This is an estimated planning figure that includes potential returnees from internal displacement as well as those Zimbabweans who may be returning voluntarily from abroad. It should be noted that it remains difficult to come up with an estimate of potential returnees as still there are no clear indications as to possible number of Zimbabweans returning to the country, especially from the countries in its immediate neighbourhood.

3. RESPONSE TO DATE, AND UPDATED STRATEGIC AND SECTORAL RESPONSE PLANS

In recognition of the unprecedented humanitarian needs in the country, the 2009 CAP designed a three-pronged approach with the following strategic priorities:

- Save and prevent the loss of lives;
- Assist displaced populations, restore livelihoods and prevent depletion of household productive assets;
- Establish a broad partnership among the humanitarian community and engage with all stakeholders, including the government.

The chart below provides a brief evaluation as of end of April 2009 in accordance with the strategic monitoring mechanism adopted by the Inter-Agency Standing Committee Country Team (IASC CT) in the CAP 2009. A more detailed evaluation of the sector response is provided in the section 3.C (*response to date per cluster and updated sector response plans*).

3. A RESPONSE TO DATE

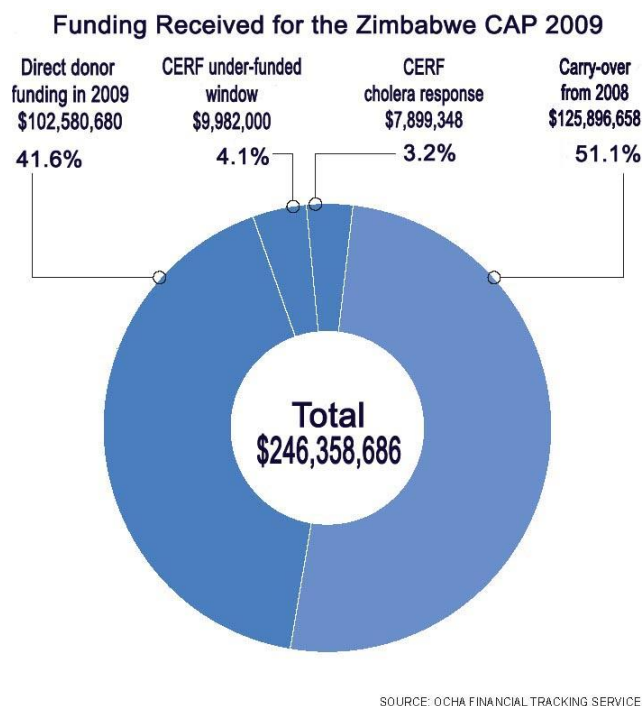
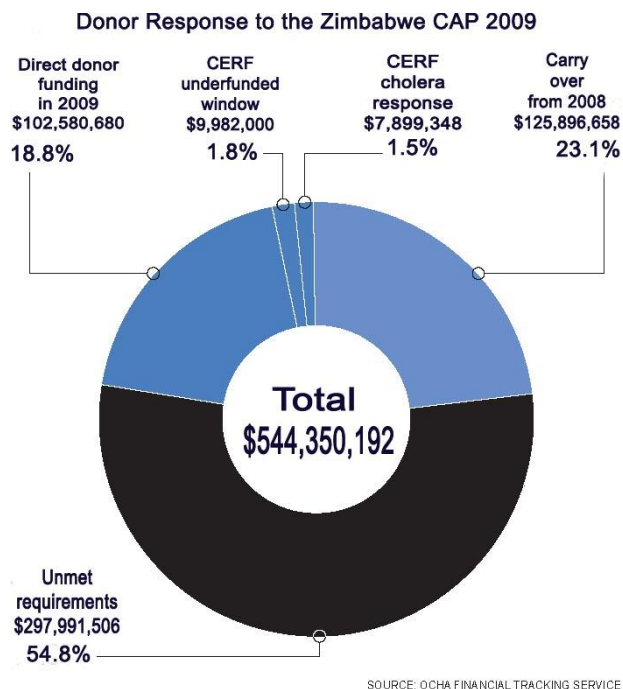
CAP Strategic Priorities	Evaluation
Save and prevent the loss of lives	<ul style="list-style-type: none"> • Concerted efforts by the humanitarian community prevented further deterioration of the food security status of the most vulnerable population in Zimbabwe through the provision of food aid, supplementary feeding, and agricultural support. • Response to the unprecedented cholera outbreak prevented the loss of thousands of lives. Close cooperation between the various sectors and the establishment of the Cholera Command and Control Centre (C4) ensured a cohesive and coordinated response. • In light of the total breakdown of most social services systems late 2008, the humanitarian community refocused planned interventions to ensure minimum levels of service delivery, rather than improve the existing systems as originally planned for in the CAP 2009. • Main focus on re-activation of services through health retention allowance schemes, delivery of chemicals to all urban water treatment facilities, engagement of voluntary workers to address emergency needs at local level, revitalisation of the health information system through provision of emergency telecommunications equipment and toll free lines at district level, and training of critical staff on emergency response.
Assist displaced populations, restore livelihoods and prevent depletion of household productive assets	<ul style="list-style-type: none"> • Particularly vulnerable MVP communities received adequate and timely support. • Increased rights-based discussions with national authorities, particularly on the needs of MVP. • Enlarged humanitarian space allowed the humanitarian community to engage in larger and more inclusive needs assessments providing crucial data on priority areas. • Training undertaken, guidance materials developed and focal points assigned to key sectors and other coordination fora to ensure proper mainstreaming of cross-cutting issues such as HIV and AIDS, gender, and protection.
Establish a broad partnership among the humanitarian community and engage with all stakeholders, including the Government	<ul style="list-style-type: none"> • Progress made in streamlining and strengthening existing humanitarian coordination mechanisms. Preparations are underway to establish three new clusters, i.e. education, early recovery, and protection. • Increased Government participation and ownership in humanitarian coordination for a. • IASC CT enlarged to accommodate adequate representation of the NGO community and inclusion of NGOs in strategic advisory groups and funding committees. • ERF activated to support humanitarian partners in responding in a timely manner.

Effect of funding on CHAP implementation

In the face of augmenting needs led by the increased requirements of the health and WASH clusters to scale up the response to the cholera epidemic, the donor response to the CAP 2009 has in percentage terms been below average with \$246 million or 34% of revised requirements funded as of

26 May 2009 (although in terms of dollars committed it is well above the average of approximately \$162 million contributed as of the Mid-Year Review to Zimbabwe CAPs since 2006). It is to be noted that this includes a large carry-over from 2008 amounting to approximately \$126 million and \$17.9 million from the Central Emergency Response Fund (CERF) (\$7.8 million in response to the cholera crisis as well as approximately \$10 million for under-funded sectors). As of this revision, direct donor funding to the 2009 CAP, excluding carry-over and CERF, amounts to only 18.8% of all funding received, whilst at the same time last year it amounted to over 25%. However, it is important to note that \$158 million, or nearly 60% of all direct donor funding to Zimbabwe for humanitarian relief activities, has been provided outside the CAP. This includes \$77 million for food aid, \$32 million in support of food security and agriculture, and \$29 million for the cholera response. Close coordination between donors and clusters is thus crucial to ensure complementarity of activities and avoid overlap.

The graphs below show the funding status of the CAP as of the date of this revision.



The table below shows the percentage of funding (grouped by cluster) received by end April 2009 for the CAP 2009 and the increase in requirements to align the humanitarian response to the current needs. Under-funded priority clusters include: Agriculture; Economic Recovery and Infrastructure; Education; Health; Protection; and, WASH.

Chart Overview of Changes in Sector Requirements between November 2008 and May 2009

Cluster	Original Requirements (\$)	Requirements as of 30 April (\$)	Current Review (May) (\$)	Total Change in Request (\$)	Current Funding (\$)
Agriculture	58,633,789	58,808,789	142,408,264	83,599,475	3,243,237
Coordination	9,179,467	8,409,979	9,436,875	1,026,896	2,668,204
Early Recovery	11,678,328	11,678,328	11,221,539	-456,789	0
Education	29,665,400	29,865,400	74,555,400	44,690,000	237,526
Food Aid	319,620,314	281,148,010	288,512,398	7,364,388	173,559,382
Health	45,432,226	68,777,965	82,610,961	13,832,996	34,676,148
Multi-sector	30,935,735	31,160,081	31,160,081	0	626,922
Nutrition	10,277,040	10,277,040	10,132,040	-145,000	984,877
Protection	12,326,038	12,526,038	13,224,462	698,424	2,752,257
WASH	21,931,780	31,698,562	55,368,232	23,669,670	27,610,133
Total	549,680,117	544,350,192	718,630,252	174,280,060	246,358,686

With this revision, most clusters have revised their requirements upward, including high-impact / short-term emergency projects, “humanitarian plus” projects aiming at the stabilisation of the population at risk of falling back into an emergency situation, and programmes to address emergency recovery and risk reduction needs.

WFP has not revised its food assistance requirements due to lack of assessment data to date, although it is envisaged that the planning figures for the next food aid season (expected to commence in August/September 2009) will be revised in July once the ongoing assessments and harvest data have been finalized.

Funding received for Cholera Operational Plan (launched on 9 January 2009)

Sector	Original requirements	Funding received	% Funded	Unmet requirements
Coordination and Support Services	1,175,194	433,350	37%	741,844
Health	19,882,000	10,383,658	52%	9,498,342
Water and Sanitation	30,919,280	26,830,851	87%	4,088,429
Total	51,976,474	37,647,859	72%	14,328,615

3.B UPDATED STRATEGIC PRIORITIES

The IASC CT recognizes that the country is at a turning point where all the opportunities must be seized to stem the effects of the current humanitarian crisis in Zimbabwe. To this effect, the IASC CT has decided to refocus and enlarge the scope of the humanitarian operation to ensure that during the next 18 months:

- Emergency response capacity is maintained;
- There is progress in the short- and medium-term toward the attainment of durable solutions for MVPs and returned migrants;
- There is synergy between the stabilisation of the vulnerable population and the emergency rehabilitation and recovery work to be undertaken within the framework of the STERP;
- There is progress towards the gradual attainment of the Millennium Development Goals (MDGs) and the fulfilment of the core social, economic, political and cultural rights expressed in relevant national law, international human rights and humanitarian law.

Considering the changes in the context and in the needs, the IASC CT has modified the objectives. For the next 18 months the enlarged humanitarian operation will focus on the following overarching objectives:

- Save and prevent loss of lives by assisting vulnerable groups, including displaced populations and other mobile population;
- Support Government efforts towards stabilisation of the population in acute distress and of the social services capacity to deliver quality essential services;
- Support the restoration of livelihoods, prevent the depletion of productive household assets and strengthen the institutional capacity at the local level of coordinating and implementing essential recovery activities incorporating disaster risk-reduction frameworks.

The strategic priority for the IASC CT during the next 18 months is to establish a broad partnership among the humanitarian and recovery community to support the Inclusive Government in Zimbabwe in stabilising the needs of the vulnerable population. At the same time, the IASC CT will strengthen its capacity and will expand its presence in critically vulnerable areas outside Harare to improve the needs assessment cycle and to support the emergency and recovery work of provincial and district government structures.

Looking forward: the 2010 CAP

The programmes included into the present CAP revision within the enlarged humanitarian operation will initially cover the period until December 2009. At the time of the drafting of the 2010 CAP, the IASC CT will take the decision on the strategic and programmatic approach to be followed for the next year. In particular the IASC CT will decide whether or not the "humanitarian plus" approach will be continued into 2010 based on the progress of the transitional programme which will be defined through the on-going scoping mission including the African Development Bank (AfDB), European Commission (EC), World Bank (WB) and UN.

The joint mission will identify the terms of reference for a joint needs assessment based on the STERP priority sectors and the related 100-day plan. The assessment will identify immediate, short- and medium-term priorities that will be consolidated in a Transitional Results Framework (TRF) matrix. It is anticipated that when the transitional programme is in place, programmes through the CHAP /CAP will be refocused on the outstanding humanitarian needs. The preparation for the needs assessment is ongoing though the timing of the actual implementation has not been fixed.

3.C RESPONSE TO DATE PER CLUSTER AND UPDATED SECTOR RESPONSE PLANS

3.C.1 Agriculture

Objective	Progress against objectives achieved as of end of April 2009
Increase production and productivity of smallholder farmers	<ul style="list-style-type: none"> 350,500 households assisted with seeds and or fertilizers. Yield not yet established (awaiting results of Crop Assessments).
Improve soil, water and crop management practices	<ul style="list-style-type: none"> 40,500 households assisted with training on conservation agriculture and inputs.
Strengthen capacities of local communities to respond to the challenges posed by AIDS	<ul style="list-style-type: none"> To be analysed.
Assist vulnerable households to enhance and protect livestock assets	<ul style="list-style-type: none"> 209,506 cattle in high-risk foot and mouth disease (FMD) vaccination zone along the conservancies and South African and Botswana borders vaccinated. 4,550,994 chickens vaccinated for Newcastle disease. 1,291,146 cattle in anthrax-endemic areas vaccinated for anthrax disease. 356,398 dogs vaccinated for rabies country-wide.
Monitor development of 2008/2009, 2009 and 2009/2010 cropping seasons, and their repercussion on food security to improve efficiency and effectiveness of agricultural relief programmes	<ul style="list-style-type: none"> 1st Round National Crop Assessment. 2nd Round National Crop Assessment underway. Monthly crop performance monitoring system.

The 2008/09 agricultural season was characterized by a critical shortage of key agricultural inputs. Limited seed and fertilizers were only available through government-sponsored and NGO programmes. In January 2009 the Government of South Africa provided agricultural input support to the value of ZAR 300 million (about \$30 million). For the overall agricultural input interventions, more than 70 NGOs provided inputs to about 370,000 vulnerable households. On average, each household received an input pack sufficient to cover an acre of either maize or sorghum, top dressing fertilizer and a legume crop. Rainfall distribution and quantity was favourable compared to last year. According to the Meteorological Services Department, rainfall was in the normal to above normal ranges across the whole country; although the eastern part of the country was affected by prolonged dry spells in February 2009.



Livelihood support through nutritional gardens provides food and some income for former farm workers (MVPs) in Odzi peri-urban area in the Manicaland province.

Field observations suggest that cereal production will once again fall slightly below national requirements, although it will be higher than the 575,000 MTs¹⁰ achieved for maize in 2007/08. The food security situation in the country has slightly improved since March 2009 due to consumption of the green maize harvest, and garden produce. General availability of food stuffs has also improved due to the dollarisation of the economy and removal of restrictions on the movement of grain. The 1st Round National Crop Assessment, which was held in February 2009, estimated the area planted to maize at 1.5 million Ha, which is lower than the 1.7 million Ha recorded last year. Small grains recorded an increase in area compared to last year. The majority of crops were reported to be in fair / good condition.

¹⁰ CFSAM 2008.

At the time of the CAP revision, no empirical data is available to estimate production levels of the 2009 harvest. The 2nd Round National Crop Assessment, which estimates national yield and production of food and non-food crops in the country, is currently underway led by the Ministry of Agriculture (MoA), Mechanisation and Irrigation Development. The CFSAM is also being implemented from 27 April to 15 May 2009. These two assessments are the major tools for assessing agricultural production. The ZimVAC report, due in May 2009, will complement both assessments on vulnerability issues.

Local input availability (seed, fertilizer, crop chemicals) remains constrained. According to seed houses, about 20,000 MTs of maize seed is estimated to be available for the 2009/10 season, while the national requirement is 35,000 MTs. Prospects for the coming 2009/10 agricultural season depend largely on the availability of donor funding to the sector and the success of new government policy changes. The policy changes include liberalized grain marketing, suspension of grain exports, 100% foreign currency retention, market-based access to inputs, promotion of local fertilizer production, shifted from Government to commercial banks and contract financing. An estimated 600,000 households will require emergency agricultural input support for the 2009/10 season in the form of fertilizer and seed (maize, sorghum, millets and pulses). On average each household would be supported to plant 0.5-1 Ha of cereal.



With regards to the livestock sector, the disposal of livestock at rates below replenishment levels is continuing, further necessitating the need for livestock asset building programmes. In addition, funding is required to reduce cattle deaths due to tick-borne diseases and to enhance human health by reduction of zoonotic diseases.

In addition to the priority areas highlighted in the CAP 2009, the agriculture will focus on:

- supporting intensified and improved production methods (e.g. conservation agriculture);
- enhancing and stabilising extension support.

3.C.2 Health

Objective	Progress against objectives achieved as of end of April 2009
Strengthen communication between facilities, referral system, and the early warning and surveillance systems	<ul style="list-style-type: none"> As a result of the activities of the C4, there has been a significant improvement in timeliness and completeness of epidemiological reporting from 30% to 50-60%. However, these figures refer only to the reporting cholera and diarrhoeal diseases and the increase is attributable to the active data collection system established by the C4. There is need to support the Integrated Disease Surveillance Response (IDSR) system in general.
Support implementation of disease outbreak response with focus on cholera and other diarrhoeal diseases	<ul style="list-style-type: none"> Almost all the reported outbreaks of cholera were responded to within 48 hours; although the cholera CFR remains above the WHO recommended rate of 1%, there has been a marked reduction from 7% at the beginning of the epidemic in August 2008 to 4.4% in April 2009.
Procure and distribute essential and vital drugs, vaccine, equipment, and supplies	<ul style="list-style-type: none"> Plans are in place and orders have been placed for essential medicines.

During the first months of 2009 malaria epidemic outbreaks have been recorded in some of the malaria prone districts highlighting needs for long lasting insecticide treat nets (LLINs), anti-malarial drugs, training of health workers on the new malaria treatment policy, and indoor residual spraying in some of the malaria-prone districts.

The ongoing cholera outbreak is unprecedented with very high morbidity and mortality levels. This outbreak is therefore a manifestation of lack of preparedness, the gradual breakdown of the health, water and sanitation systems across the country. There is therefore a critical need for Zimbabwe to reinstate the previously existing systems for preventing any future cholera outbreaks as well as other threats facing the population especially as the world is already facing a phase 5 pandemic of H1N1 Influenza. For Zimbabwe to reinstate to the previously existing systems there will be need to link emergency and recovery through clearly defined transition activities.

There has been high attrition of health staff and poor attendance of the few available due to poor remuneration. This has necessitated the provision of incentives in the form of top-up allowances to all health workers to sustain the provision of health services in the country. Funds are therefore needed to attract and retain health staff that is in short supply in many of the health facilities. Additional funds are required to reactivate the VHW scheme to improve social mobilisation and community-based health initiatives and outreaches.

Maternal health has seriously been affected due to the collapse of the health system in the country. Very few women are accessing maternal care either due to the unavailability of staff in health care centres, lack of water and equipment or the inhibitive charges thus resulting in increased deliveries at home. There is therefore a need to scale up maternal and child health services, especially emergency obstetrics care (EMOC) and closely monitor nutrition status of children.

To improve the health cluster support to the Ministry of Health and Child Welfare (MoHCW) to effectively implement the above especially at the provincial and district levels, the health cluster members will need to continue and expand their presence outside Harare.

Considering the changes in the sector needs the following objective has been added to the original response plan:

- To strengthen the health system of the country through attraction and retention of health staff; to reactivate the VHW scheme and provision of basic medical equipment including communication and support supervision at all levels.

3.C.3 WASH

Objective	Progress against objectives achieved as of end of April 2009
Prevention, response and control, in a timely and coordinated manner, of WASH-related disease epidemics	<ul style="list-style-type: none"> • All reported, significant cholera outbreaks were responded to within 72 hours of notification to the cluster by assessments and immediate response where possible. • Over 11 million litres of water have been trucked. • Joint Cholera Response Plan developed with Health Cluster. • In some locations where a closely coordinated broad response was initiated, covering multiple aspects of water, sanitation and hygiene priorities, and a significant reduction in case-load was observed. • In some locations where blanket distribution of non-food items (NFIs) as a response measure has been carried out there has followed a significant reduction of cholera cases, indicating a possible linkage. Where the same activity was carried out as a preventative measure in other areas fewer cases than expected have been recorded.
Enhanced water and sanitation facilities, materials and hygiene education for vulnerable populations, with a particular emphasis on those infected and affected by HIV	<ul style="list-style-type: none"> • \$4.4 million worth of chemicals provided to 20 major urban centres. • 360 water points have been rehabilitated in institutions and communities while at least 160 new boreholes have been drilled and equipped with hand pumps in high density urban areas in five towns / cities. • Over 290,000 households comprising 1.45 million people received basic hygiene kits consisting of buckets with lids / taps, soap, water treatment tablets, information, education, and communication (IEC) materials and oral rehydration salt [ORS]. • 31 districts have programmes for WASH rehabilitation in health institutions. Assessment for other districts is ongoing. • Over 4.5 million people reached with hygiene messages using various media e.g. TV, radio, pamphlets, interpersonal communication etc. while over 300,000 community members have been reached with Participatory Health and Hygiene Education (PHHE) training. • Organizations are working through community health volunteers who are being trained to undertake hygiene promotion activities in their communities, helping to reactivate the network for current and future outbreaks. • Clean-up campaigns to improve collection of solid waste in high-density urban areas have been facilitated in many districts. In parallel, financial support has been provided to municipalities to run refuse collection vehicles, and equipment provided to assist with sewer unblocking.
Improved cluster information management and coordination for effective humanitarian response at national, provincial and district level – at all times in close collaboration with formal coordination mechanisms	<ul style="list-style-type: none"> • 4W report (Who What Where When) is produced and circulated on a weekly basis. Monthly situation reports prepared for IASC CT. • Combined WASH and Health Cluster meetings held weekly to share information on the cholera response. • Three provincial WASH sub-clusters formed and meet regularly. • WASH district focal agencies established in districts with high case rates to coordinate response with local structures and reporting. • A 24-hour communication channel established to report disease outbreaks and WASH-related emergencies.

This CAP revision is necessary in view of the scale of the cholera outbreak (2008/09), which spread to virtually every district in the country and reflects the re-adjusted needs of the WASH sector to respond to this crisis. Driven by a fundamental lack of access to clean water, sanitation and hygiene services, over six million people (per WASH cluster estimates) in both rural and urban areas need WASH interventions to curb yet another expected outbreak in 2009/10. While it has clearly been essential to scale up activities such as provision of emergency water supplies, distribution of water treatment tablets for use at point of consumption, hygiene materials and increased hygiene promotion, the key response initiatives to this crisis remain the same as were detailed when the CAP was first developed, albeit at a higher level.

Although the objectives have not changed, given the scale of the cholera outbreak (2008/09), additional resources are required to meet current and anticipated needs. More of water supply, rehabilitation and construction of water sources, improved sanitation and scaled-up hygiene promotion to reach at least six million people.

Two additional priorities have been identified which reflect the current need for a scaled-up response:

- Emergency rehabilitation and repair of water facilities in urban and rural areas; (together with advocacy related to public health bylaws in urban areas);
- Increased hygiene promotion and distribution of hygiene materials.



With increased urban activities, expected beneficiaries now total six million and with some adjustment and refinement will target:

- four million at risk people in urban centres (*approx 1.1 million women and 1.9million children*);
- two million at risk people in rural areas (*+/-440,000 women and 1.16million children*);
- 1,000 health institutions;
- 6,600 schools (*three million school-age children and 90,000 teachers*).

Projects in the most part reflect a scaling up of planned activities with an emphasis on emergency rehabilitation and risk reduction over the following months and increased preparedness for 2009/10, reflecting the current priorities. The joint *Action Contre la Faim* (ACF) / OXFAM GB / UNICEF and separate UNICEF projects together now project a funding need of \$44.7 million compared with \$19 million in the original CAP. Three new projects are included in this revision and the sector now has CAP funding requirement totalling \$54,588,950.



The funding level before revision stood at approximately 40%, although six out of eleven projects have been over 50% funded, while four are fully funded at the original funding required.

In general, the sector has received considerable support from donors both within and outside of the CAP for the cholera response and although in the initial stages of the outbreak funding was slow, the funds made available after the Cholera Response Plan facilitated a rapid expansion of WASH activities in all affected areas.

3.C.4 Food

Objective	Progress against objectives achieved as of end of April 2009						
To improve the food consumption of highly vulnerable food-insecure households	<ul style="list-style-type: none">Results from March 2009 CHS show a decrease in beneficiary households with poor consumption from 16% in November 2008 to 5% in March 2009. This is attributed to the positive impact of food assistance, the early harvest and availability of cereals on the open market.						
		% of Actual	% by Gender		% by Age		
			Male	Female	< 5	5-18	18>
	Beneficiaries	89%	43%	46%	14%	38%	37%
	Tonnage	87%					
To reduce asset depletion and increase the resilience of targeted, vulnerable (food-insecure) groups to manage shocks	<ul style="list-style-type: none">The Coping Strategies Index (CSI) measures the frequency and severity of actions taken by households to deal with shortfalls in food supply. An increase in CSI indicates more stress on households and a decrease a lowering of stress. The CSI for beneficiary households fell from 44 to 27 between November 2008 and March 2009. The CSI for beneficiaries was significantly lower than for non-beneficiaries (43) indicating the positive impact of food initiatives on the lives of households benefiting from WFP programmes.						
To safeguard health and nutrition and enhance quality of life for targeted, chronically ill people through nutrition support linked with health initiatives		%of Actual	% by Gender		% by Age		
			Male	Female	< 5	5-18	18>
	Beneficiaries	2.8%	1.4%	1.5%	0.5%	1.2%	1.2%
	Tonnage	5%					

3.C.5 Nutrition

Objective	Progress against objectives achieved as of end of April 2009
Enhance monitoring of the nutrition situation and advocacy	<ul style="list-style-type: none"> Nutrition assessment incorporated into the national Multiple Indicator Survey. Review of national Food and Nutrition Sentinel Site Surveillance System conducted. Training in SMART Nutrition Assessment Methodology for government, UN and NGOs conducted to harmonize assessments.
Strengthen emergency preparedness and response	<ul style="list-style-type: none"> One month consultancy on infant and young child feeding (IYCF) in emergencies conducted and recommendations being implemented. IEC materials on cholera and IYCF developed and distributed through cluster mechanisms.
Coordinate the nutrition response to reach the most vulnerable	<ul style="list-style-type: none"> Three monthly Nutrition Cluster meetings held to date in 2009. Active small advisory cluster sub-group meeting regularly to inform emergency nutrition response. Agreement reached with government to be formally involved in the Nutrition Cluster.
Strengthen the capacities of households, communities and health institutions to prevent malnutrition and to provide good quality care for malnourished children and other vulnerable groups	<ul style="list-style-type: none"> 250 health workers trained in management of acute malnutrition in five provinces. 2,000 children treated for SAM. Additional three NGOs started implementing of community management of acute malnutrition (CMAM) in ten districts. Community campaigns on exclusive breast feeding in two districts reaching 100,000 people.
Strengthen nutrition components in HIV and AIDS-related activities and services	<ul style="list-style-type: none"> 45 sites offering HIV services also providing treatment of acute malnutrition.



A Combined Micronutrient and Nutrition Surveillance Survey (CMNSS) were conducted in November 2008, sampling 6,000 households. Nationally, acute malnutrition in children under-five (4.8%) as measured by wasting did not exceed national (7%) or international (10%) emergency cut-off points. More than one in four children were stunted (27.6%) and chronic malnutrition remains a major concern, exacerbated by increasing poverty and erosion of the economic system. Underweight, the MDG trend indicator for nutritional status, has remained static around 17% for several years.

In Zimbabwe, there is a persistent threat that acute malnutrition levels could elevate above international emergency

cut-off levels, particularly in the context of a weak health care system, cholera and diarrhoea outbreaks, high levels of food insecurity and poor child care practices. The HIV pandemic is further aggravating the nutrition situation and needs greater emphasis in the humanitarian response to mitigate its effect on nutrition.

The nutrition sector needs and objectives outlined in the 2009 CAP Nutrition Response plan have not changed and cover both life-saving and early recovery activities. The emphasis of new and revised projects is on comprehensive nutrition interventions including behaviour change communication on appropriate maternal nutrition and IYCF for children under-five, pregnant & lactating women, and other vulnerable groups such as PLWHIV.

Funding for nutrition in the 2009 CAP has been minimal with only 6% of funding received. This has significantly impacted on the scale up of emergency nutrition activities.



3.C.6 Education

Objective	Progress against objectives achieved as of end of April 2009
To increase access to quality education to children and teachers in the most affected areas by economic, natural and/or man-made disasters through provision of essential teaching and learning materials	<ul style="list-style-type: none"> 1,076,416 children received teaching and learning material. 113,820 children received textbooks at a ratio of 1:2.
To reinforce school children and teachers capacity in life skills through psycho-social support, livelihoods skills and protection from abuse	<ul style="list-style-type: none"> 391 teachers trained in gender, HIV and AIDS and counselling.
To repair infrastructure in schools affected by floods and to provide water and sanitation facilities in core number of worst affected schools ¹¹	<ul style="list-style-type: none"> 143 schools supported with water and sanitation facilities (water tank and latrines construction/rehabilitation).
To reduce teachers' attrition through strategies that support and motivate teachers to remain within the profession and develop mechanisms to address brain drain within the worst affected districts	<ul style="list-style-type: none"> Humanitarian partners, in close cooperation with the Ministry of Education (MoE), facilitated the return of teachers to school in March 2009, leading to a considerable increase in school attendance.
To improve access to food in vulnerable districts in order to increase school enrolment and teacher retention/attendance ¹²	<ul style="list-style-type: none"> WFP provides food assistance to school-aged children (in-school and out-of-school children) in Bulawayo, Harare and Mutare, reaching some 170,000 as of April 2009.

Teachers salary/allowance: A rapid assessment conducted at the end of March 2009 shows that many teachers resumed duty in schools beginning of March 2009, after receiving a top-up allowance of \$100 and following an announcement by the ministry that teachers who left service over the past two years would be granted amnesty. A rapid assessment of 120 schools by the National Education Advisory Board (NEAB), supported by education partners reported that by end of March 2009 (before schools closed for Easter), about 80% of children and 60% of teachers were back in schools. However, by end of March 2009 teachers were demoralized because they had hoped for a review of the \$100 received in February and March. Most of the teachers interviewed during the rapid assessment threatened not to return to work when schools open in May 2009 and have received support from the teachers' unions. A teachers' strike was recently averted when the Minister for Education announced that children of teachers would be exempt from school fees and bank charges levied on teachers' salaries would be waived. However, the threat of industrial action persists until compensation issues are properly addressed.

Support to the education needs of 1.5 million OVCs in both urban and rural areas: It was evident from the rapid assessment made at the end of March 2009 that although teachers and children were in schools, there was no meaningful learning taking place. The lack of stationery as well as the high fees and levies charged remain barriers that prevent children from accessing school.

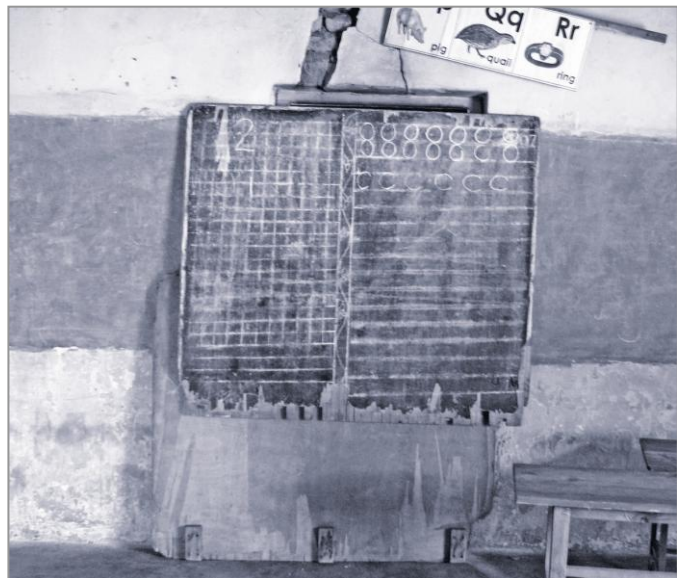
Necessity to develop a Catch-Up Programme: Due to the access to schools, 2008 was a lost year for the majority of children. By January 2009, it was evident that the lost time needed to be compensated for, through a catch-up programme of quality schooling. Furthermore, the opportunity to use schools as platforms for hygiene promotion and cholera prevention is lost if children and teachers are not attending class.

¹¹ In collaboration with the WASH Cluster.

¹² In coordination with the Nutrition Cluster and WFP.

The new priority for the education sector will be to reduce teachers' attrition through strategies that support and motivate teachers to remain within the profession, while mechanisms to address the brain drain are being developed. In particular, to provide professional development, training, and support to existing teachers with a focus on:

- ensuring teachers are trained in addressing and reducing the problem of violence, abuse, and exploitation of children in school;
- ensuring teachers are equipped with the necessary skills to provide quality education;
- ensuring that schools are protective and offer a safe environment by providing adequate WASH facilities, hygiene training with immediate response to cholera, NFI distribution for school use. This will be done in close collaboration with the WASH & Health Clusters;
- reducing the cost of education for the parents and communities and increase access to quality education to children and teachers by providing teaching and learning materials and supporting any strategy that will ensure that children are not being denied their right to education because of lack of resources.
- providing support in the identification of strategies and development of programmes in alternative / catch-up education for boys and girls, who have missed significant periods of education in 2008/09.



3.C.7 Protection

Objective	Progress against objectives achieved as of end of April 2009
To advocate for enhanced respect for human rights and the rule of law with government and civil society at all levels	<ul style="list-style-type: none"> The sector has yet to develop an advocacy strategy. Cluster members increased rights-based discussions with various parts of national authorities, particularly on the needs of MVPs although the sector remains without a clear Government counterpart.
To strengthen protection monitoring, reporting, and response systems	<ul style="list-style-type: none"> Standard reporting tools have been developed to facilitate enhanced agency updates. Reviews of assessments, gaps and priorities per area of responsibility undertaken by lead agencies. Child protection assessments carried out (with regards to institutional care and effects of violence and displacement).
To support the mainstreaming of protection, gender, age, and diversity into other sectors	<ul style="list-style-type: none"> Workshop on protection mainstreaming held in January 2009 for other cluster leads and members of the Protection Working Group (PWG). Protection focal points appointed to attend key sector / cluster and inter-cluster coordination meetings. Inter-agency guidance on protection mainstreaming within the cholera response developed and disseminated. Assessment done in targeted geographical areas to assess protection issues within cholera response.
To engage in sensitisation and build the capacity of key stakeholders (government as well as other agencies) to better address and respond to internal displacement and other protection concerns	<ul style="list-style-type: none"> Various trainings targeting staff from protection agencies on issues relating to protection, HIV, and GBV in humanitarian settings, protection of MVPs (based on UN Guiding Principles on IDPs) and child protection in emergencies. Trainings on Safe Working Environment and prevention of abuse and exploitation in the workplace and UN Cares - HIV programme. Community sensitisation meetings involving community leaders on protection issues. Three protection committees set up and trained on prevention of SGBV and HIV and AIDS.
To strengthen the protection (material, physical, and legal) environment for the most vulnerable (women, children, stateless persons, trafficked persons, and MVPs), and support community-based reconciliation	<ul style="list-style-type: none"> Initial implementation of MVPs / returnee project focusing on provision of legal protection assistance and counselling. Communities mobilized to set or continue supporting existing community-based protection systems that mitigate, respond, and report abuses. Protection focal points identified within NGO partners. Five NGOs have a trained protection focal person. Material support (clothes, underwear, blankets, sanitary ware, and buckets) provided to 300 families affected by displacement and violence.

There have been no significant changes in the sector's needs such as to require changes to the objectives previously identified in the CAP 2009 Protection Sector Response Plan. It is considered that the priorities identified therein remain relevant.

Developments of note are:

Recent information received and assessments conducted suggest that protection needs remain acute. Key areas of ongoing concern are:

- Civil and Political Rights:** The VPVs in 2008 have yet to receive any effective remedies, creating a culture of impunity. There continue to be reports of retributive violence, mainly in rural areas, particularly where attempts at reconciliation through traditional forms of justice have failed. Furthermore, instances of abuse of police powers such as arrest and political interference with the work of the Attorney-General's Office continue to be reported. Recent months have seen a number of politically-motivated 'abductions' and related abuse of court process by state officers, invoking powers for further detention without lawful grounds. There have also been reports of acts of illegality in renewed cases of farm invasions.

- **Child Protection:** The recent dollarisation is believed to have had a negative impact on the situation of many children across the country, as key services (education, health care, food, etc.) have become inaccessible and unaffordable, where parents seek employment opportunities away from home leaving children without adequate parental care and guidance. This has resulted in an increase in child neglect. Child labour is also on the rise as households struggle to meet basic needs. Children affected by the impact of last year's politically motivated violence and displacement have not been provided with appropriate protection, medical or psychological support and there has been little recognition of the need to address coping mechanisms for those children affected¹³. Recent assessments¹⁴ have also highlighted the poor and deteriorating standards of care in children's residential institutions with basic needs not being met. Hundreds of children are also believed to be detained in adult prisons. Irregular child migration remains high.¹⁵ In the face of these developing issues, there has not been an improvement of social welfare and child protection systems since the formation of the Inclusive Government. An assessment carried out by the Save the Children Alliance (SCA) in January 2009 has shown that the social impact of cholera, including care and protection of children affected by the epidemic, is neither being addressed in the cholera response nor in the emergency preparedness and planning process.

SGBV: Violence targeting women increased during the election period in a country where SGBV in general is a significant risk factor for women and children. The high rate of HIV/AIDS prevalence compounds the risks and social hazards associated with SGBV. The high prevalence rate of 25% (women reported to be forced to have sex at one point in their life), as evidenced in selected communities, indicate that SGBV is generally widespread in Zimbabwe and there is need to address it through a nation-wide approach.

Displaced Persons: The problem of displacement remains unaddressed. People are displaced for a variety of reasons, and data from different districts throughout the country shows that they are generally more vulnerable than communities living in their places of origin, and in need of protection, shelter, food and NFIs. To a limited extent, counselling, legal assistance and medical follow up has been provided to affected communities. Nevertheless, there is a need to obtain more accurate knowledge on exact numbers and locations of displaced persons, as well as their specific needs for protection, assistance and the facilitation of durable solutions. Protection monitoring, response and advocacy adopting a rights-based approach remain a gap. This will continue to be of growing importance as the country moves towards reconciliation. As humanitarian access to displaced communities is improving, protection agencies intend to continue to work with the Government in an informed dialogue. This would preferably be done through the carrying out a series of joint assessments, training and awareness raising campaigns, which ideally would involve a focused reference point within the Government.

State institutions: In recent months, the poor condition of state institutions, particularly prisons and children's residential institutions has been of growing concern.¹⁶ However, some progress has been reported through enhanced access of humanitarian actors, especially in terms of provision of basic humanitarian assistance and food supplies to prison institutions.¹⁷

In view of the above and considering the enhanced operating environment, the urgent need for the proposed protection programmes and the timeliness of their implementation cannot be over-emphasized. Despite some funding received in 2009, the overall protection sector response and associated projects remain severely under-funded.

As set out above, there are no changes to the sector's objectives as outlined in the response plan for the CAP 2009.

¹³ SC-UK Assessment, November 2008.

¹⁴ February/March 2009, UNICEF, *et al.*

¹⁵ e.g. Plumtree Reception Centre for unaccompanied minors opened in December 2008 and receives 65 minors every month; Beitbridge Reception Centre for unaccompanied minors continues to support an average of 120 minors every month.

¹⁶ ZACRO updates to PSWG.

¹⁷ IASC meetings.

Cross border evaluation

Objectives	Progress against objectives achieved as of end of April 2009
To address the humanitarian needs of returned migrants and returnees (including unaccompanied minors) (please note change)	<ul style="list-style-type: none"> Just over 57,200 returned via Beitbridge and Plumtree, with a total of 49,159 registering for assistance. 13% of those who registered in Beitbridge are female compared to 30 % in Plumtree.
To ensure that potential or returned migrants have knowledge on safe migration, HIV and SGBV	<ul style="list-style-type: none"> Not yet evaluated this year.
To strengthen dialogue between key stakeholders in an effort to protect the rights of migrants	<ul style="list-style-type: none"> 95 protection incidents reported at Beitbridge (78 by males, 17 by females). Females are 1.5 times more likely to report a protection incident. 57 protection incidents were reported at Plumtree, 58% by males.
To provide a safe and temporary labour migration of Zimbabweans to the Limpopo Province according to agreed standards	<ul style="list-style-type: none"> Project undergoing revision due to changing circumstances, chiefly the special dispensation in South Africa that gives Zimbabweans work permits).
To provide reintegration opportunities for returned migrants in Zimbabwe	<ul style="list-style-type: none"> 100 returned migrants from South Africa have been registered for assistance and/ or assisted under the revolving livestock reintegration pilot project.

Plumtree Figures

Output	Achieved in 2008		Achieved as of mid-April 2009	
	2008	2008 (%)	2009 (Jan– April 15)	2009 (%)
Number of migrants registered for assistance compared to returned	26,279	91%	21,430	97%
Number of migrants transported home compared to returned	10,545	36%	7,682	35%
Number of Protection Cases reported (rape, assault, trafficking etc.)	166		55	

Beitbridge figures

Output	Achieved in 2008		Achieved as of mid April 2009	
	2008	2008 (%)	2009 (Jan– April 15)	2009 (%)
Number of migrants registered for assistance compared to returned	126,299	75%	26,194	78%
Number of migrants transported home compared to returned	93,037	56%	20,463	61%
Number of Protection Cases reported (rape, assault, trafficking etc.)	436		105	

Objectives and response plan have changed, to include returned migrants from all neighbouring countries as well as voluntary returnees. Furthermore, the response plan will change in emphasis related to migration to South Africa. Until the full impact of the new consideration towards Zimbabweans in South Africa is known, and until more information becomes available, IOM will continue to be prepared to assist migrants who returned from South Africa. However, information about the situation in South Africa regarding the new visa dispensation for Zimbabweans needs to be more widely publicized why these activities will be expanded.

There has been an increase in deportations of Zimbabweans from Mozambique through the Forbes, Mutare border post. Needs will continuously be assessed to identify the level of provision of humanitarian assistance for migrants stranded in this way, and offer assistance as required.

MVP evaluation

Objective	Progress against objectives achieved as of end of April 2009
To ensure that identified MVP communities receive necessary assistance and actions aimed at improving response and acknowledge of HIV and GBV and early recovery assistance to sustain their lives	<ul style="list-style-type: none"> Over 40,000 households were assisted.
To ensure gaps are identified and minimized through vulnerability assessments and proper coordination amongst humanitarian actors	<ul style="list-style-type: none"> Done through promotion of complementarities of response to the overall emergency amongst different humanitarian actors via the MVP working group and close coordination in the field. Gaps identified include psycho-social support and peace-building and community healing initiatives. A subcommittee within the MVP Working Group has been created. Gaps in assistance for newly displaced include food, NFIs, and shelter.
To strengthen the capacity of national humanitarian agencies to respond and coordinate community responses to MVP needs in emergency settings	<ul style="list-style-type: none"> Presently, this information has not been gathered yet within the MVP WG. MVP Working Group has drafted a common strategic plan to further support existing initiatives.
To ensure that protection referral systems are established within MVP communities	<ul style="list-style-type: none"> Referral systems are developed by individual organizations however, this information has not yet been consolidated by the WG.
To promote and implement peace building initiatives	<ul style="list-style-type: none"> No information to report on thus far, however, the WG has developed a sub-committee to determine who is doing what where in terms of peace-building initiatives.

The plan, objectives, and response will not require further changes. There are regular new displacements in the country and the plan takes cognisance of these or potential new displacements for the remainder of 2009.



3.C.8 Early Recovery

Since the launch of the CAP 2009, there have been two significant factors which underlie the revision of the early recovery sector. First and most important, the formation of the Inclusive Government on 13 February 2009 has significantly altered the political landscape in Zimbabwe, broadening the opportunity to address the country's enormous early recovery needs. The new government has articulated its priority needs in its key current policy document, the STERP, which emphasizes the government's commitment to economic recovery and highlights the urgent need for institutional and systems strengthening. Second, in recognition of the political developments and to effectively respond to the country's early recovery needs, the Early Recovery Working Group (ERWG) is undergoing the formalisation process to become a full-fledged cluster.

During this limited time, the ERWG has undertaken a rapid mapping exercise to provide preliminary insight into the coverage and gaps of early recovery activities currently taking place in Zimbabwe. While the limited timeframe has not allowed a comprehensive ER needs assessment to take place to date, this allows the ERWG to collaborate with the Joint Scoping Mission, from the World Bank, UN, EC and AfDB, which is undertaking an initial exploration to determine the necessary preparatory work for any eventual joint needs assessment. The ERWG will also continue to coordinate with the current World Bank analytical and any possible future programmatic Multi-Donor Trust Fund (MDTF).

In light of the above changes in the context, the objectives of the early recovery sector have been revised to focus on emergency recovery areas of concern. The overarching goal of the sector is to restore time-sensitive and critical capacities of local institutions and communities to recover from crisis, rebuild better, and prevent relapses. Specifically, the sector response seeks to:

- support critical emergency short-term cash transfers, income-generation and non-agricultural livelihoods start up packs/grants for vulnerable populations, including women, people living with HIV/AIDS and the disabled, particularly in the worst crisis affected regions;
- strengthen time-sensitive and critical local and national institutional systems and capacity to develop, implement, and coordinate transitional recovery initiatives that produce 'fast and visible dividend results' for affected communities and lay the foundation for longer-term recovery;
- support community-based disaster response and preparedness activities including critical drought/flood early warning systems.



The Joint United Nations Programme on HIV/AIDS/Zimbabwe AIDS Network (UNAIDS/ZAN) project has been partially funded/implemented with support from Austria (covering trainers) and the UNAIDS Regional Support Team (covering technical support). Other projects have not been funded and as a result, community livelihoods remain extremely weak, local institutional capacity continues to deteriorate, and disaster preparedness is still fragile. Without the needed support to their livelihoods, communities have become increasingly more vulnerable as they lack the foreign currency now required in the new multi-currency economy and thus lack the means to support their recovery. This erosion of community livelihoods and their increased vulnerability to natural disasters has been exacerbated by deteriorating social protection systems and the lack of basic service delivery.

3.C.9 Coordination and Support Services

Objective	Progress against objectives achieved as of end of April 2009
Facilitate and support a strengthened humanitarian coordination mechanisms aimed at improving the humanitarian space for the humanitarian community	<ul style="list-style-type: none"> Meeting frequency across the board increased considerably in an effort to strengthen coordination of the intensified humanitarian response. IASC CT meetings are taking place bi-weekly, alternating with the bi-weekly IASC CT + donors meeting. The Humanitarian Technical Coordination Forum has monthly meetings. Regular reviews on purpose and frequency of meetings undertaken and meetings adjusted accordingly. ASG visit contributed to improved coordination and engagement with government.
Support and strengthen the development of a functioning and funded humanitarian reform system including a properly functioning cluster system	<ul style="list-style-type: none"> Inter-Cluster meeting on bi-weekly basis was strengthened to support overall response. OCHA appointed Cluster focal points for all clusters/working groups which improved coordination and information management. Four additional clusters are in the process of being activated (ER, Education, Food Security, and Protection)
Promote and facilitate greater engagement and coordination among all NGOs, ensuring their participation in coordination mechanisms, the CAP, and meetings between government and the humanitarian community	<ul style="list-style-type: none"> Participation of NGOs in strategic coordination frameworks increased considerably. Five NGOs (two additional) form part of the IASC CT. Several clusters set up strategic advisory groups with strong NGO participation. Two NGOs are active in Emergency Response Fund (ERF) Board.
Strengthen appeals processes, analysis, and resource mobilisation; increase participation, understanding, and awareness by all stakeholders in the CAP, flash appeals, and other IASC processes	<ul style="list-style-type: none"> CAP 2009 funding as of end April is slightly higher than funding against the CAP 2008 at the same time (40% vs. 34%). However, a large part of CAP 2009 funding is carry-over funding received late in 2008. ASG visit contributed to increased donor mobilisation.
Improve situation analysis through reporting and advocacy and improve systematic humanitarian monitoring and reporting in Zimbabwe	<ul style="list-style-type: none"> More emphasis put on production of strong analytical situation reports, working closely with the cluster leads for improved inputs. Actively supported monitoring missions and regularly reported back to various coordination fora. Monthly key messages document developed for increased advocacy purposes in HQ, Regional, and Zimbabwe levels.

The urgent need to step up the humanitarian relief operation in response to the intensified aggravation of the humanitarian situation in Zimbabwe as witnessed in the period following the elaboration of the CAP 2009 is calling for a reinforcement of the coordination, monitoring, and evaluation at all levels, in particular at the field level. At provincial level only one general coordination structure currently exists in Bulawayo regularly convening relief partners to strategize the response activities. In addition, three WASH sub-clusters have recently been set up in Bulawayo, Masvingo, and Mutare to address cluster-specific coordination needs guiding the implementation of WASH programmes at the district level. The sub-clusters are being run by the WASH focal agency for the area, all of which are INGOs. Notwithstanding the pressing need to coordinate at the local level, none of the other clusters have been able to set up sub-clusters, mostly due to lack of capacity and support.

Revitalisation of the ERF at the end of 2008 and in the first quarter of 2009 allowed the humanitarian community to address priority and gap areas, while adhering to principles of partnership between NGOs, UN agencies, and donors. Utilisation of the ERF will need to be closely monitored.

The recent cholera outbreak revealed a critical need for logistical support, in particular regarding the distribution of medical and NFI kits down to the provincial and district level. A Logistics Working Group was formed that has provided the logistical support requested by the many partners involved in the cholera response. In light of the waning cholera epidemic and related decline in demand for support, the group recently decided to discontinue the activities by end April 2009.

The main challenge for the Coordination and Support Services sector is to address the need to scale-up operations at the field level. To this end, OCHA has upgraded its work plan and aims to set up three field offices in CAP priority areas, i.e. Bulawayo, Masvingo, and Mutare. The field offices will provide direct coordination and support services to the local and international NGOs and UN agencies

at district level. Regular coordination meetings and monitoring and evaluation of ongoing projects at the field level will inform and enhance strategic coordination at the country level.

Funding towards the overall coordination project stands at \$1 million, which covers only one third of the revised project. Additional funding will be required to establish the projected field offices and continue to provide coordination services to the humanitarian community. The ERF falls \$3 million short of obtaining its target budget of \$6.5 million. If no additional funding is received, the fund will not be able to provide quickly disbursed emergency funding in response to critical needs.

4. LIST OF CHANGED PROJECTS

(Note that this table lists only changed projects (including new and removed); others remain valid and unchanged. The full updated list of CAP 2009 projects appears in Annex II, and is continuously updated on FTS' Zimbabwe 2009 page (<http://ocha.unog.ch/fts/pageloader.aspx?page=emerg-emergencyDetails&appealID=841>), whence you can also download full project sheets by clicking on the project codes in Table E.)

Appealing Agency	Project code	Project title	Status	If revised, reason for revision (budget change, textual changes, beneficiaries, etc.)	Priority
AGRICULTURE					
ACF	ZIM-09/A/24602/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
ACF	ZIM-09/A/21279/R	Improved food security for rural households through Conservation Agriculture	New		HIGH
ACT	ZIM-09/A/24602/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
ASAP	ZIM-09/A/21274/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
ASAP	ZIM-09/A/20552	Livelihoods support for vulnerable groups in Binga, Hwange and Nyaminyami districts.	New		MEDIUM
CARE	ZIM-09/A/24595/R	Sustainable Food and Economic Household Security	New		HIGH
CARE	ZIM-09/A/21279/R	Improved food security for rural households through Conservation Agriculture	New		HIGH
Catholic Relief Services	ZIM-09/A/24698/R	Restocking in selected communal areas in Zimbabwe (ERF)	New		HIGH
CFT	ZIM-09/A/21274/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
EAFRICA	ZIM-09/A/24597/R	Sustainable food production through integrated approaches	New		MEDIUM
Food & Agriculture Organization of the United Nations	ZIM-09/A/24601/R	Provision of Dipping Chemicals, Dip Tank Management and Improved Community Dipping Service in communal areas in Zimbabwe	New		HIGH
Food & Agriculture Organization of the United Nations	ZIM-09/A/24598/R	Control of Anthrax, Blackleg and Rabies in the Rural Areas of Zimbabwe	New		MEDIUM
HAZ	ZIM-09/A/24602/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
International Organization for Migration	ZIM-09/A/24602/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
International Organization for Migration	ZIM-09/A/20552	Livelihoods support for vulnerable groups in Binga, Hwange and Nyaminyami districts.	New		MEDIUM
ISL	ZIM-09/A/24602/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
ISL	ZIM-09/A/20552	Livelihoods support for vulnerable groups in Binga, Hwange and Nyaminyami districts.	New		MEDIUM
PELUM	ZIM-09/A/24602/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
UN AGENCIES/N GOs	ZIM-09/A/21274/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
WFLA	ZIM-09/A/21274/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH

Appealing Agency	Project code	Project title	Status	If revised, reason for revision (budget change, textual changes, beneficiaries, etc.)	Priority
World Vision International	ZIM-09/A/20552	Livelihoods support for vulnerable groups in Binga, Hwange and Nyaminyami districts.	New		MEDIUM
World Vision International	ZIM-09/A/24602/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
ZIMBABWE TRUST	ZIM-09/A/24602/R	Provision of basic agricultural inputs and extension support to smallholder farmers	New		HIGH
Development Aid from People to People	ZIM-09/A/21274/R	Provision of basic agricultural inputs and extension support to smallholder farmers	Revised	budget change	HIGH
Food & Agriculture Organization of the United Nations	ZIM-09/A/21306	Production of essential seed for smallholder farmers	Revised	duration of project	MEDIUM
Food & Agriculture Organization of the United Nations	ZIM-09/A/21314	Coordination of information systems around agriculture and food security	Revised	duration of project	HIGH
Food & Agriculture Organization of the United Nations	ZIM-09/A/21331	Emergency control of epidemic foot-and-mouth disease (FMD) in Zimbabwe	Revised	duration of project	MEDIUM
Food & Agriculture Organization of the United Nations	ZIM-09/A/21383	Improving the welfare of rural households in Zimbabwe by controlling Newcastle disease through vaccinations, coupled with avian influenza (AI) awareness and surveillance	Revised	duration of project	MEDIUM
GOAL	ZIM-09/A/21274/R	Provision of basic agricultural inputs and extension support to smallholder farmers	Revised	budget change	HIGH
COORDINATION & SUPPORT SERVICES					
OCHA (ERF)	ZIM-09/SNYS/21844	Emergency Response Fund (ERF) in Zimbabwe	Revised	budget change	HIGH
Office for the Coordination of Humanitarian Affairs	ZIM-09/CSS/21920/R	Facilitation and coordination of humanitarian assistance to populations affected by disasters and emergencies; advocacy for the protection of vulnerable populations; and information management	Revised	budget change / textual changes	HIGH
EARLY RECOVERY / LIVELIHOODS					
United Nations AIDS	ZIM-09/ER/21872/5109	Strengthening Uniformed forces, Civil Protection Unit (CPU) and AIDS Service organizations' (ASO) effectiveness in Early recovery responses	Merged		MEDIUM
Zimbabwe Aids Network	ZIM-09/ER/21872/8848	Strengthening Uniformed forces, Civil Protection Unit (CPU) and AIDS Service organizations' (ASO) effectiveness in Early recovery responses	Merged		MEDIUM
AEA	ZIM-09/ER/24588/R	Livelihoods Strengthening Dams Rehabilitation Programme	New		HIGH
Christian Aid	ZIM-09/ER/24592/R	Reviving economic and livelihood security for SMEs in Zimbabwe	New		HIGH

Appealing Agency	Project code	Project title	Status	If revised, reason for revision (budget change, textual changes, beneficiaries, etc.)	Priority
International Organization for Migration	ZIM-09/ER/24596/R	Return and reintegration of the Zimbabwean diaspora	New		HIGH
UNAIDS	ZIM-09/ER/24603/R	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning	New		HIGH
United Nations Development Program	ZIM-09/ER/24603/R	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning	New		HIGH
ZAN	ZIM-09/ER/24603/R	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning	New		HIGH
International Organization for Migration	ZIM-09/ER/21862/R	Early recovery community initiatives through Zimbabwe Diaspora Engagement Dollar-for-Dollar Economic Recovery Scheme	Revised	textual changes	MEDIUM
International Organization for Migration	ZIM-09/ER/21867/R	Local early economic recovery initiatives through reintegration of returnees and productive investment of remittances	Revised	textual changes	HIGH
United Nations Development Program	ZIM-09/ER/21876/R	Strengthening Coordination for Early Recovery	Revised	budget change, textual change	HIGH
United Nations Development Program	ZIM-09/ER/21882/R	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	Revised	budget change, textual change	HIGH
United Nations Development Program	ZIM-09/ER/21889/R	Supporting community based livelihoods and local governance recovery in the 5 worse affected districts: Chipinge, Gwanda, Mberengwa, Muzarabani, and Tsholotsho	Revised	budget change, textual change	MEDIUM
United Nations Human Settlements Programme (UN-HABITAT)	ZIM-09/ER/21882/R	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	Revised	budget change, textual change	HIGH
United Nations Human Settlements Programme (UN-HABITAT)	ZIM-09/ER/21889/R	Supporting community based livelihoods and local governance recovery in the 5 worse affected districts: Chipinge, Gwanda, Mberengwa, Muzarabani, and Tsholotsho	Revised	budget change, textual change	MEDIUM
United Nations Human Settlements Programme (UN-HABITAT)	ZIM-09/ER/21893/7039	Strengthened dialogue and enhanced technical capacity to lobby for improved policy frameworks regarding cooperative housing in Harare, Bulawayo, Mutare, Gweru, Victoria Falls and Kariba	Withdrawn		MEDIUM
EDUCATION					
Save the Children - Norway	ZIM-09/E/24696/R	Education in a non conflict emergency (ERF)	New		HIGH
United Nations Children's Fund	ZIM-09/E/24587/R	Complementary Financing of Education for OVCs through the BEAM	New		HIGH
United Nations Children's Fund	ZIM-09/E/24586/R	Support to teachers' incentives	New		HIGH
FOOD					
ACT	ZIM-09/F/24604/R	Food Relief For Vulnerable Communities in the Marginalized Districts	New		MEDIUM

Appealing Agency	Project code	Project title	Status	If revised, reason for revision (budget change, textual changes, beneficiaries, etc.)	Priority
ADRA Zimbabwe	ZIM-09/F/24594/R	Child supplementary feeding and nutrition education in schools	New		HIGH
Save the Children - Norway	ZIM-09/F/24600/R	Food aid	New		MEDIUM
ADRA Zimbabwe	ZIM-09/A/21895/R	Food relief and sustainable nutrition for Epworth Community	Revised	textual change	HIGH
HEALTH					
IMC	ZIM-09/H/24608/R	Community-based disease prevention and management	New		HIGH
United Nations Children's Fund	ZIM-09/H/24606/R	Health system strengthening	New		HIGH
World Health Organization	ZIM-09/H/24606/R	Health system strengthening	New		HIGH
GOAL	ZIM-09/H/21170/R	Programme of primary health care (PHC) support to Ministry of Health and Child Welfare, Nyanga District	Revised	budget change	HIGH
International Organization for Migration	ZIM-09/H/21721/R	Consolidating emergency community and environmental health responses for mobile and vulnerable populations	Revised	textual change	HIGH
Save the Children - United Kingdom	ZIM-09/H/24704/R	Support to Ministry of Health to respond to Cholera (ERF)	New		HIGH
MULTI-SECTOR					
Catholic Development Commission	ZIM-09/MS/24712/R	Cholera Prevention and Treatment through Emergency Water Purification, Social Mobilisation, and Training of Health Professionals (ERF)	New		HIGH
International Organization for Migration	ZIM-09/MS/21904/R	Comprehensive Approach to Humanitarian Emergency Assistance, Early Recovery, Food Security, Income Augmentation and Peaceful Reintegration of MVPs and VPVs	Revised	textual change	HIGH
International Organization for Migration	ZIM-09/MS/21914/R	Humanitarian Assistance to Returned Migrants and Mobile Populations at the South Africa-Zimbabwe Border (Beitbridge) and Botswana-Zimbabwe Border (Plumtree)	Revised	textual change	HIGH
NUTRITION					
World Vision International	ZIM-09/N/24612/R	Promotion of IYCF/Baby friendly communities	New		MEDIUM
World Vision International	ZIM-09/N/24610/R	Robert Sinyoka Integrated Community Nutrition Program	New		HIGH
World Vision International	ZIM-09/H/21827/R	Integrated Facility and Community Based Management of Acute Malnutrition.	Revised	addition of district Rushinga	HIGH
World Vision International	ZIM-09/H/20782/8502	Improving adoption of appropriate feeding practices of children and pregnant women to support Community Management of Acute Malnutrition (CMAM) initiatives	Withdrawn		MEDIUM
PROTECTION					
HAZ	ZIM-09/P-HR-RL/24605/R	Protecting and promoting the care of older people in Zvishavane and Chiredzi Rural.	New		MEDIUM
IRC	ZIM-09/P-HR-RL/24607/R	Strengthening the legal protection of women in Zimbabwe	New		HIGH
NRC	ZIM-09/P-HR-RL/24609/R	Information, counselling and legal assistance to displaced persons	New		MEDIUM
UNHCR	ZIM-09/P-HR-RL/24611/R	Support to Protection Cluster Coordination for the protection of vulnerable persons in Zimbabwe	New		HIGH

Appealing Agency	Project code	Project title	Status	If revised, reason for revision (budget change, textual changes, beneficiaries, etc.)	Priority
International Organization for Migration	ZIM-09/P-HR-RL/21913/R	Promoting the Right to Identification and Travel Documents and Reducing Risks of Irregular Migration	Revised	textual change	MEDIUM
International Organization for Migration	ZIM-09/P-HR-RL/20701/R	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	Revised	geographical focus; budget change	HIGH
Save the Children - Norway	ZIM-09/P-HR-RL/20701/R	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	Revised	geographical focus; budget change	HIGH
United Nations Children's Fund	ZIM-09/P-HR-RL/21024/R	Peace Building and Reconciliation: Provision of psychosocial and other essential supports for children affected by violence in 2008	Revised	budget change	HIGH
United Nations Population Fund	ZIM-09/P-HR-RL/20701/R	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	Revised	geographical focus; budget change	HIGH
International Organization for Migration	ZIM-09/P-HR-RL/24697/R	Emergency Humanitarian Support to Victims of Political Violence (VPVs) Repatriated from Ruwa Rehabilitation Centre (ERF)	New		HIGH
WATER, SANITATION AND HYGIENE					
ACTIONAID INTERNATIONAL ZIMBABWE	ZIM-09/WS/24699/R	Community ownership, control and management of cholera outbreak (ERF)	New		HIGH
HAZ	ZIM-09/W/24615/R	Provision of safe water and sanitation facilities and promotion of hygiene education in the vulnerable areas of Chiredzi and Zvishavane.	New		HIGH
Save the Children - United Kingdom	ZIM-09/W/24614/R	Emergency provision of clean water, sanitation and hygiene (WASH) in schools	New		HIGH
ZIMAHEAD	ZIM-09/W/24618/R	Prevention of Cholera through Community Health Clubs in Manicaland and Masvingo Provinces	New		HIGH
ACF	ZIM-09/WS/20868/R	Preparedness, mitigation and response to wash related epidemics in Zimbabwe (disaster risk reduction)	Revised	budget change, increased activities	HIGH
Mercy Corps	ZIM-09/WS/21268/R	Prevention and treatment of water-borne diseases in Buhera, Chipinge and Chiredzi Districts	Revised	budget change, increased activities	HIGH
OXFAM GB	ZIM-09/WS/20868/R	Preparedness, mitigation and response to wash related epidemics in Zimbabwe (disaster risk reduction)	Revised	budget change, increased activities	HIGH
Population Services International	ZIM-09/WS/21708/R	Hygiene Promotion and Home-Based Water Treatment for diarrhoea epidemic prevention and emergency response in Zimbabwe.	Revised	budget change, increased activities & beneficiaries	MEDIUM
United Nations Children's Fund	ZIM-09/WS/20548/R	Emergency safe water supply, sanitation facilities and hygiene promotion to affected vulnerable populations in urban and rural areas of Zimbabwe.	Revised	budget change, increased activities & beneficiaries	HIGH
United Nations Children's Fund	ZIM-09/WS/20868/R	Preparedness, mitigation and response to wash related epidemics in Zimbabwe (disaster risk reduction)	Revised	budget change, increased activities	HIGH

Appealing Agency	Project code	Project title	Status	If revised, reason for revision (budget change, textual changes, beneficiaries, etc.)	Priority
World Vision International	ZIM-09/WS/21193/R	Bulawayo Emergency Water and Sanitation Project	Revised	budget change, increased activities	HIGH
Development Aid from People to People	ZIM-09/WS/24706/R	Community Mobilisation to Prevent Cholera (ERF)	New		HIGH
Lutheran Development Service	ZIM-09/WS/24705/R	Mnene Schools Water Rehabilitation (ERF)	New		HIGH
Mercy Corps	ZIM-09/WS/24703/R	Reducing the Threat of an Epidemic in Sakubva Township (ERF)	New		HIGH
OXFAM GB	ZIM-09/WS/24700/R	Harare Emergency Cholera Response (ERF)	New		HIGH
United Nations High Commissioner for Refugees	ZIM-09/WS/24701/R	Preparation and Response to Cholera Epidemic in Tongogara Refugee Camp (ERF)	New		HIGH

5. CONCLUSION

The humanitarian situation in Zimbabwe does not show signs of significant improvement and will most likely not improve substantially in the short term due to a complex set of political, economic, and social factors. The fragile political environment, economic meltdown, food insecurity with consequent loss of assets and disruption of livelihoods, high rates of HIV infection, massive brain drain, and distress migration coupled with the critical collapse of the social services are only some of the interacting elements that have put Zimbabwe in a situation of *structural emergency* as reflected by the cholera epidemic that has caused more than 4,200 avoidable deaths in nine months.

The classic humanitarian response model in this context cannot address both the humanitarian needs and the root causes of the crisis. If the humanitarian imperative is to save lives, humanitarian programming and action in Zimbabwe for the next 18 months must be enlarged to encompass significant support to:

- the functioning of the basic social services, including infrastructure repair and incentives for public servants;
- emergency support to the agricultural sector;
- emergency rehabilitation and risk reduction;
- recovery of livelihoods.

In addition, the humanitarian community will have to maintain a significant capacity to respond to new emergencies, including epidemic outbreaks, natural disasters and food insecurity.

Throughout the remaining months of 2009 and beyond, humanitarian partners will work to complement Government efforts to stabilize the vulnerable population within the framework of the STERP and in any other sudden humanitarian development. To ensure complementarity between humanitarian and recovery work, during the coming months humanitarian and recovery needs assessment will be conducted to inform the 2010 CAP and the TRF. It is expected that the 2010 CAP will reduce programming in support of the recovery of the social services and related components that will fall under the responsibility of transitional funding mechanisms.



At present, it is important that all partners, especially the donors, fully support the CHAP and generously pledge their financial support to the implementation of the programmes contained in the current revision.

ANNEX I

FULL PROJECT LISTS AND FUNDING TABLES

Table IV
PROJECTS GROUPED BY CLUSTER

(click on code to open full project sheet)

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
AGRICULTURE								
ZIM-09/A/20552/R/109	SC - UK	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central Matebeleland North, Matebeleland South, Masvingo, Manicaland	633,334	633,334	-	0%	633,334	-
ZIM-09/A/20552/R/12820	ISL	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central Matebeleland North, Matebeleland South, Masvingo, Manicaland	-	1,097,600	-	0%	1,097,600	-
ZIM-09/A/20552/R/298	IOM	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central Matebeleland North, Matebeleland South, Masvingo, Manicaland	-	2,987,000	-	0%	2,987,000	-
ZIM-09/A/20552/R/7544	ASAP	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central Matebeleland North, Matebeleland South, Masvingo, Manicaland	-	150,000	-	0%	150,000	-
ZIM-09/A/20552/R/8502	WVI	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central Matebeleland North, Matebeleland South, Masvingo, Manicaland	-	1,114,355	-	0%	1,114,355	-
ZIM-09/A/20696/5146	CRS	Asset re-building through small-livestock re-stocking	872,000	872,000	-	0%	872,000	-
ZIM-09/A/20696/5589	Africare	Asset re-building through small-livestock re-stocking	330,000	330,000	-	0%	330,000	-
ZIM-09/A/20696/8502	WVI	Asset re-building through small-livestock re-stocking	65,945	65,945	65,945	100%	-	-
ZIM-09/A/20852/5162	Mercy Corps	Irrigation scheme rehabilitation in Chipinge and Chiredzi	325,000	325,000	-	0%	325,000	-
ZIM-09/A/21274/R/123	FAO	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	36,500,000	36,500,000	-	0%	36,500,000	6,808,134
ZIM-09/A/21274/R/12817	CFT	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	-	234,870	-	0%	234,870	-
ZIM-09/A/21274/R/12818	WFLA	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	-	220,000	-	0%	220,000	-

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
ZIM-09/A/21274/R/5661	DAPP	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	1,365,000	2,000,000	-	0%	2,000,000	-
ZIM-09/A/21274/R/5826	UN Agencies and NGOs (details not yet provided)	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	-	58,000,000	-	0%	58,000,000	-
ZIM-09/A/21274/R/6602	FCTZ	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	192,060	192,060	-	0%	192,060	-
ZIM-09/A/21274/R/7544	ASAP	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	-	150,000	-	0%	150,000	-
ZIM-09/A/21274/R/7790	GOAL	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	1,418,594	2,664,609	84,000	3%	2,580,609	-
ZIM-09/A/21274/R/8246	HELP	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	2,200,000	2,200,000	-	0%	2,200,000	-
ZIM-09/A/21274/R/8348	SAT	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	250,000	2,270,000	-	0%	2,270,000	-
ZIM-09/A/21279/R/123	FAO	Improved food security for rural households through conservation agriculture (CA)	1,284,000	1,284,000	-	0%	1,284,000	790,514
ZIM-09/A/21279/R/5146	CRS	Improved food security for rural households through CA	980,000	2,866,600	-	0%	2,866,600	-
ZIM-09/A/21279/R/5186	ACF	Improved food security for rural households through CA	-	400,000	-	0%	400,000	-
ZIM-09/A/21279/R/5645	CARE International	Improved food security for rural households through CA	-	968,463	-	0%	968,463	-
ZIM-09/A/21306/R/123	FAO	Production of essential seed for smallholder farmers	775,000	775,000	778,880	101%	-3,880	-
ZIM-09/A/21314/R/123	FAO	Coordination of information systems around agriculture and food security	1,000,000	1,000,000	778,880	78%	221,120	-
ZIM-09/A/21319/R/123	FAO	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	5,000,000	5,000,000	-	0%	5,000,000	-
ZIM-09/A/21319/R/5146	CRS	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	203,700	203,700	-	0%	203,700	-
ZIM-09/A/21319/R/5186	ACF	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	350,000	350,000	484,292	138%	-134,292	-
ZIM-09/A/21319/R/5661	DAPP	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	910,000	910,000	-	0%	910,000	-
ZIM-09/A/21319/R/8346	HFRC	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	86,400	86,400	-	0%	86,400	-
ZIM-09/A/21331/R/123	FAO	Emergency control of epidemic foot-and-mouth disease (FMD) in Zimbabwe	1,787,500	1,787,500	-	0%	1,787,500	-
ZIM-09/A/21383/R/123	FAO	Improving the welfare of rural households in Zimbabwe by controlling Newcastle disease through vaccinations, coupled with avian influenza (AI) awareness and surveillance	940,000	940,000	876,240	93%	63,760	-
ZIM-09/A/21744/5589	Africare	Sweet Potato Multiplication Project	300,000	300,000	-	0%	300,000	-
ZIM-09/A/21744/8246	HELP	Sweet Potato Multiplication Project	865,256	865,256	-	0%	865,256	-

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
ZIM-09/A/24595/R/5645	CARE International	Sustainable food and economic household security	-	1,096,110	-	0%	1,096,110	-
ZIM-09/A/24597/R/8347	EAFRICA	Sustainable food production through integrated approaches	-	450,000	-	0%	450,000	-
ZIM-09/A/24598/R/123	FAO	Control of Anthrax, Blackleg and Rabies in the rural areas of Zimbabwe	-	759,000	-	0%	759,000	-
ZIM-09/A/24601/R/123	FAO	Provision of Dipping Chemicals, Dip Tank Management and Improved Community Dipping Service in communal areas in Zimbabwe	-	1,375,000	-	0%	1,375,000	-
ZIM-09/A/24602/R/12819	ZIMTRUST	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	657,170	-	0%	657,170	-
ZIM-09/A/24602/R/12820	ISL	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	1,097,600	-	0%	1,097,600	-
ZIM-09/A/24602/R/298	IOM	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	2,987,000	-	0%	2,987,000	-
ZIM-09/A/24602/R/5186	ACF	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	665,000	-	0%	665,000	-
ZIM-09/A/24602/R/5190	ACT	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	1,858,342	-	0%	1,858,342	-
ZIM-09/A/24602/R/5536	HelpAge International	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	237,000	-	0%	237,000	-
ZIM-09/A/24602/R/8502	WVI	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	1,114,355	-	0%	1,114,355	-
ZIM-09/A/24602/R/8803	ZIP-PELUM Zimbabwe	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	192,995	-	0%	192,995	-
ZIM-09/A/24698/R/5146	CRS	Restocking in selected communal areas in Zimbabwe	-	175,000	175,000	100%	-	-
Sub total for AGRICULTURE			58,633,789	142,408,264	3,243,237	2%	139,165,027	7,598,648
COORDINATION & SUPPORT SERVICES								
ZIM-09/CSS/21920/R/119	OCHA	Facilitation and coordination of humanitarian assistance to the most vulnerable in Zimbabwe affected by sudden-onset disasters and ongoing humanitarian emergency; advocacy for the protection of vulnerable populations; and information management	2,406,116	3,312,696	1,110,112	34%	2,202,584	200,000
ZIM-09/CSS/23942/R/561	WFP	Augmented logistics services to the humanitarian community in response to the cholera outbreak	-	1,175,194	433,350	37%	741,844	-
ZIM-09/S/23517/5139	UNDSS	Staff security support to humanitarian operations in Zimbabwe	273,351	273,351	-	0%	273,351	-
ZIM-09/SNYS/21844/R/8487	OCHA (ERF)	Emergency Response Fund (ERF) in Zimbabwe	6,500,000	4,675,634	1,124,742	24%	3,550,892	-
Sub total for COORDINATION & SUPPORT SERVICES			9,179,467	9,436,875	2,668,204	28%	6,768,671	200,000

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
EARLY RECOVERY / LIVELIHOODS								
ZIM-09/ER/21862/R/298	IOM	Early recovery community initiatives through Zimbabwe Diaspora Engagement Dollar-for-Dollar Economic Recovery Scheme	1,690,694	1,690,694	-	0%	1,690,694	-
ZIM-09/ER/21867/R/298	IOM	Local early economic recovery initiatives through reintegration of returnees and productive investment of remittances	2,090,134	2,090,134	-	0%	2,090,134	-
ZIM-09/ER/21872/R/5109	UNAIDS	Strengthening Uniformed forces, CPU and ASO effectiveness in early recovery responses	450,000	-	-	0%	-	-
ZIM-09/ER/21872/R/8848	ZAN	Strengthening Uniformed forces, CPU and ASO effectiveness in early recovery responses	260,000	-	-	0%	-	-
ZIM-09/ER/21876/R/776	UNDP	Strengthening coordination for early recovery	412,500	262,500	-	0%	262,500	-
ZIM-09/ER/21882/R/7039	UN-HABITAT	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	1,950,000	1,070,000	-	0%	1,070,000	-
ZIM-09/ER/21882/R/776	UNDP	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	830,000	640,000	-	0%	640,000	-
ZIM-09/ER/21889/R/7039	UN-HABITAT	Supporting community-based livelihoods and local governance recovery in the five worse disaster-affected districts (Chipinga, Gwanda, Mberengwa, Muzarabani, and Tsholotsho)	165,000	90,000	-	0%	90,000	-
ZIM-09/ER/21889/R/776	UNDP	Supporting community-based livelihoods and local governance recovery in the five worse disaster-affected districts (Chipinga, Gwanda, Mberengwa, Muzarabani, and Tsholotsho)	3,390,000	1,975,000	-	0%	1,975,000	-
ZIM-09/ER/21893/R/7039	UN-HABITAT	Strengthened dialogue and enhanced technical capacity to lobby for improved policy frameworks regarding cooperative housing in Harare, Bulawayo, Mutare, Gweru, Victoria Falls and Kariba	440,000	-	-	0%	-	-
ZIM-09/ER/24588/R/12814	AEA	Livelihoods Strengthening Dams Rehabilitation Programme	-	427,610	-	0%	427,610	-
ZIM-09/ER/24592/R/5059	Chr. Aid	Reviving economic and livelihood security for SMEs in Zimbabwe	-	111,000	-	0%	111,000	-
ZIM-09/ER/24596/R/298	IOM	Return and reintegration of the Zimbabwean Diaspora	-	1,659,601	-	0%	1,659,601	-
ZIM-09/ER/24603/R/5109	UNAIDS	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning ensuring mainstreaming of HIV and GBV	-	260,000	-	0%	260,000	-
ZIM-09/ER/24603/R/776	UNDP	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning ensuring mainstreaming of HIV and GBV	-	525,000	-	0%	525,000	-
ZIM-09/ER/24603/R/8848	ZAN	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning ensuring mainstreaming of HIV and GBV	-	420,000	-	0%	420,000	-
Sub total for EARLY RECOVERY / LIVELIHOODS			11,678,328	11,221,539	0	0%	11,221,539	0

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
EDUCATION								
ZIM-09/E/20630/109	SC - UK	Supporting children's right to education in Bulawayo urban area	920,000	920,000	-	0%	920,000	-
ZIM-09/E/20636/109	SC - UK	Supporting children's right to education in mobile and vulnerable communities through improved access to quality education and incentives for teachers' retention	1,958,400	1,958,400	-	0%	1,958,400	-
ZIM-09/E/21723/124	UNICEF	Equity and quality education; keep OVC in school	25,000,000	25,000,000	37,526	0%	24,962,474	-
ZIM-09/E/21931/298	IOM	National emergency research on teacher attrition in schools	263,000	263,000	-	0%	263,000	-
ZIM-09/E/21931/8857	SNV	National emergency research on teacher attrition in schools	263,000	263,000	-	0%	263,000	-
ZIM-09/E/22066/5836	SC - Norway	Strengthening capacity of schools to cope with challenge of untrained teachers	220,000	220,000	-	0%	220,000	-
ZIM-09/E/22067/5524	Plan	Creating a violence free teaching and Learning environment in Mutoko and KweKwe districts	196,000	196,000	-	0%	196,000	-
ZIM-09/E/24586/R/124	UNICEF	Support to teachers' incentives	-	21,390,000	-	0%	21,390,000	-
ZIM-09/E/24587/R/124	UNICEF	Complementary financing of education for orphans and vulnerable children (OVCs) through the Basic Education Assistance Module (BEAM)	-	23,300,000	-	0%	23,300,000	-
ZIM-09/E/24696/R/5836	SC - Norway	Education in a non-conflict emergency	-	200,000	200,000	100%	-	-
ZIM-09/F/20798/5162	Mercy Corps	School Feeding in Goromonzi and Chitungwiza	845,000	845,000	-	0%	845,000	-
Sub total for EDUCATION			29,665,400	74,555,400	237,526	0%	74,317,874	0
FOOD								
ZIM-09/F/21076/7790	GOAL	School-based food aid support project	1,757,711	1,757,711	-	0%	1,757,711	-
ZIM-09/F/21895/R/8830	ADRA Zimbabwe	Food relief and sustainable nutrition for Epworth Community	288,632	288,632	-	0%	288,632	-
ZIM-09/F/22070/5125	NPA	Child supplementary feeding project of children of school going age	1,600,000	1,600,000	-	0%	1,600,000	-
ZIM-09/F/23505/R/561	WFP	Food support for vulnerable groups	315,973,971	277,501,667	173,559,382	63%	103,942,285	2,687,747
ZIM-09/F/24594/R/8830	ADRA Zimbabwe	Child supplementary feeding and nutrition education in schools	-	764,050	-	0%	764,050	-
ZIM-09/F/24600/R/5836	SC - Norway	Food aid	-	2,769,665	-	0%	2,769,665	-
ZIM-09/F/24604/R/5190	ACT	Food relief for vulnerable communities in the marginalized districts	-	3,830,673	-	0%	3,830,673	-
Sub total for FOOD			319,620,314	288,512,398	173,559,382	60%	114,953,016	2,687,747
HEALTH								
ZIM-09/H/20554/109	SC - UK	Improved health for the most vulnerable children and mothers in Binga and Nyaminyami	2,100,000	2,100,000	-	0%	2,100,000	-

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
ZIM-09/H/20634/1171	UNFPA	Prevention and management of SGBV, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	1,230,500	1,230,500	-	0%	1,230,500	-
ZIM-09/H/20634/124	UNICEF	Prevention and management of SGBV, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	615,250	615,250	-	0%	615,250	-
ZIM-09/H/20634/298	IOM	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	497,550	497,550	-	0%	497,550	-
ZIM-09/H/20714/1171	UNFPA	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	300,000	300,000	-	0%	300,000	-
ZIM-09/H/20714/298	IOM	Promoting life-saving minimum initial service package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	500,000	500,000	-	0%	500,000	-
ZIM-09/H/20714/5589	Africare	Promoting life-saving minimum initial service package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	110,000	110,000	-	0%	110,000	-
ZIM-09/H/20937/R/122	WHO	Strengthen response and management of cholera, other diarrhoeal disease and emerging infectious diseases	929,999	11,234,000	6,097,441	54%	5,136,559	-
ZIM-09/H/21168/124	UNICEF	Community Based HIV/AIDS Care (CHBC) and support	950,000	950,000	-	0%	950,000	-
ZIM-09/H/21170/R/7790	GOAL	Integrated primary health care (PHC) support to Ministry of Health and Child Welfare, Nyanga District, Manicaland	442,427	410,223	352,269	86%	57,954	-
ZIM-09/H/21181/R/124	UNICEF	Provision of basic health services and improved water and sanitation for cholera control	19,500,000	25,000,000	20,632,785	83%	4,367,215	-
ZIM-09/H/21190/124	UNICEF	Reaching disadvantaged women and children with Paediatric HIV Prevention and Treatment Services	1,484,000	1,484,000	-	0%	1,484,000	-
ZIM-09/H/21192/124	UNICEF	Infectious disease prevention and control in children	2,279,000	2,279,000	-	0%	2,279,000	-
ZIM-09/H/21582/1171	UNFPA	Reaching women and new born babies with emergency obstetric and neonatal care services in communities and institutions	1,712,000	1,712,000	1,000,001	58%	711,999	-
ZIM-09/H/21582/124	UNICEF	Reaching women and new born babies with emergency obstetric and neonatal care services in communities and institutions	2,300,500	2,300,500	-	0%	2,300,500	-
ZIM-09/H/21700/124	UNICEF	Reaching the vulnerable children and women of child bearing age with immunization to prevent EPI target disease outbreaks	7,029,000	7,029,000	1,015,484	14%	6,013,516	-
ZIM-09/H/21721/R/298	IOM	Consolidating emergency community and environmental health responses for mobile and vulnerable populations	1,900,000	4,500,000	3,958,675	88%	541,325	-
ZIM-09/H/21864/R/122	WHO	Health Cluster coordination, disease surveillance and health information management in the health sector	1,552,000	4,148,000	327,542	8%	3,820,458	-
ZIM-09/H/24457/R/122	WHO	Strengthen response to malaria outbreaks in malaria epidemic prone districts in Zimbabwe	-	2,100,000	1,046,213	50%	1,053,787	-
ZIM-09/H/24606/R/122	WHO	Health system strengthening	-	8,945,200	-	0%	8,945,200	-

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
ZIM-09/H/24606/R/124	UNICEF	Health system strengthening	-	4,320,000	-	0%	4,320,000	-
ZIM-09/H/24608/R/5160	IMC	Community-based disease prevention and management	-	600,000	-	0%	600,000	-
ZIM-09/H/24704/R/109	SC - UK	Support to Ministry of Health to respond to Cholera	-	245,738	245,738	100%	0	-
Sub total for HEALTH			45,432,226	82,610,961	34,676,148	42%	47,934,813	0
MULTI-SECTOR								
ZIM-09/MS/21904/R/298	IOM	Comprehensive approach to humanitarian emergency assistance, early recovery, food security, income augmentation and peaceful reintegration of MVPs and VPs	10,000,000	10,000,000	-	0%	10,000,000	-
ZIM-09/MS/21905/298	IOM	Transitional, community stabilization and peace-building initiatives in MVP communities	10,400,000	10,400,000	-	0%	10,400,000	-
ZIM-09/MS/21914/R/298	IOM	Humanitarian assistance and information to returned migrants and mobile populations in Zimbabwe	5,197,041	5,197,041	-	0%	5,197,041	-
ZIM-09/MS/22261/120	UNHCR	Local Settlement Programme for refugees in Zimbabwe	2,439,226	2,439,226	-	0%	2,439,226	-
ZIM-09/MS/24712/R/12844	CADEC	Cholera prevention and treatment through emergency water purification, social mobilization, and training of health professionals	-	224,346	224,346	100%	-	-
ZIM-09/P-HR-RL/20761/298	IOM	Addressing protection needs of the most vulnerable groups in MVP communities through community based protection systems	893,751	893,751	402,576	45%	491,175	-
ZIM-09/P-HR-RL/20763/298	IOM	Cross border mobility, irregular migration, HIV and AIDS: safe journey information campaign	545,000	545,000	-	0%	545,000	-
ZIM-09/P-HR-RL/20888/298	IOM	Facilitating temporary and safe labour migration for Zimbabweans	960,717	960,717	-	0%	960,717	-
ZIM-09/P-HR-RL/22114/109	SC - UK	Emergency psychosocial and protection support to children affected by violence and displacement in urban areas of Zimbabwe	500,000	500,000	-	0%	500,000	-
Sub total for MULTI-SECTOR			30,935,735	31,160,081	626,922	2%	30,533,159	0
NUTRITION								
ZIM-09/CSS/21647/124	UNICEF	Emergency Nutrition Coordination	650,000	650,000	-	0%	650,000	-
ZIM-09/H/20782/R/8502	WVI	Improving adoption of appropriate feeding practices of children and pregnant women to support CMAM initiatives	320,000	-	-	0%	-	-
ZIM-09/H/21072/5589	Africare	Improved nutritional knowledge and practices among HBC and highly vulnerable groups in Buhera and Zvishavane districts	320,000	320,000	-	0%	320,000	-
ZIM-09/H/21324/123	FAO	Improving the food and nutrition security of urban and rural households in Zimbabwe through nutrition education and training.	1,000,000	1,000,000	-	0%	1,000,000	-
ZIM-09/H/21384/124	UNICEF	Zimbabwe nutrition surveillance	500,000	500,000	-	0%	500,000	-

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
ZIM-09/H/21384/298	IOM	Zimbabwe nutrition surveillance	200,000	200,000	-	0%	200,000	-
ZIM-09/H/21540/124	UNICEF	Protecting and supporting optimal IYCF for children under two in emergency situations	1,260,000	1,260,000	-	0%	1,260,000	-
ZIM-09/H/21683/7975	Linkage Trust	Nutrition care and support for PLWHA and their families	72,000	72,000	-	0%	72,000	-
ZIM-09/H/21827/R/109	SC - UK	Integrated facility and community based management of acute malnutrition	536,000	536,000	-	0%	536,000	-
ZIM-09/H/21827/R/122	WHO	Integrated facility and community based management of acute malnutrition	612,040	612,040	-	0%	612,040	-
ZIM-09/H/21827/R/124	UNICEF	Integrated facility and community based management of acute malnutrition	3,000,000	3,000,000	-	0%	3,000,000	-
ZIM-09/H/21827/R/5186	ACF	Integrated facility and community based management of acute malnutrition	550,000	550,000	324,957	59%	225,043	-
ZIM-09/H/21827/R/5524	Plan	Integrated facility and community based management of acute malnutrition	250,000	250,000	250,000	100%	-	-
ZIM-09/H/21827/R/7154	HKI	Integrated facility and community based management of acute malnutrition	500,000	500,000	-	0%	500,000	-
ZIM-09/H/21827/R/8502	WVI	Integrated facility and community based management of acute malnutrition	507,000	507,000	409,920	81%	97,080	-
ZIM-09/H/24610/R/8502	WVI	Robert Sinyoka integrated community nutrition programme	-	85,000	-	0%	85,000	-
ZIM-09/H/24612/R/8502	WVI	promotion of IYCF/baby friendly communities through CMAM mobilization structures	-	90,000	-	0%	90,000	-
Sub total for NUTRITION			10,277,040	10,132,040	984,877	10%	9,147,163	0
PROTECTION								
ZIM-09/P-HR-RL/20633/109	SC - UK	Promotion of the rights to care and protection of children with disabilities in urban areas of Zimbabwe	1,650,000	1,650,000	-	0%	1,650,000	-
ZIM-09/P-HR-RL/20638/1171	UNFPA	Promoting young people's rights, through leadership training and skill-building	215,000	215,000	-	0%	215,000	-
ZIM-09/P-HR-RL/20641/1171	UNFPA	Protecting and promoting sexual and reproductive health rights in ten MVP communities	960,000	960,000	150,000	16%	810,000	-
ZIM-09/P-HR-RL/20650/109	SC - UK	Building capacity of NGOs to ensure their humanitarian responses do not put beneficiaries (girls, boys, women, men) at risk of harm, including sexual and other forms of abuse and exploitation	242,000	242,000	-	0%	242,000	-
ZIM-09/P-HR-RL/20650/1171	UNFPA	Building capacity of NGOs to ensure their humanitarian responses do not put beneficiaries (girls, boys, women, men) at risk of harm, including sexual and other forms of abuse and exploitation	395,900	395,900	-	0%	395,900	-
ZIM-09/P-HR-RL/20701/R/1171	UNFPA	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe and Botswana / Zimbabwe borders	146,000	238,000	-	0%	238,000	-

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Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
ZIM-09/P-HR-RL/20701/R/298	IOM	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe and Botswana /Zimbabwe borders	150,500	242,000	-	0%	242,000	-
ZIM-09/P-HR-RL/20701/R/5836	SC - Norway	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe and Botswana /Zimbabwe borders	96,000	152,000	-	0%	152,000	-
ZIM-09/P-HR-RL/20746/8502	WVI	Community Reconciliation Support Project	113,500	113,500	-	0%	113,500	-
ZIM-09/P-HR-RL/20749/120	UNHCR	Protection, assistance and solutions for displaced Zimbabweans and returnees	4,927,138	4,927,138	2,052,258	42%	2,874,880	-
ZIM-09/P-HR-RL/21024/R/124	UNICEF	Peace-building and reconciliation: Provision of psychosocial and other essential supports for children affected by 2008 violence and on going crisis in Zimbabwe	1,700,000	1,065,000	349,999	33%	715,001	-
ZIM-09/P-HR-RL/21910/298	IOM	Prevention and protection of youth and children from the risk and realities of human trafficking in Zimbabwe	930,000	930,000	-	0%	930,000	-
ZIM-09/P-HR-RL/21913/R/298	IOM	Promoting the right to identification and travel documents and reducing risks of irregular migration	800,000	800,000	-	0%	800,000	-
ZIM-09/P-HR-RL/24605/R/5536	HelpAge International	Protecting and promoting the care of older people in Zvishavane and Chiredzi Rural	-	100,000	-	0%	100,000	-
ZIM-09/P-HR-RL/24607/R/5179	IRC	Strengthening the legal protection of women in Zimbabwe	-	300,000	-	0%	300,000	-
ZIM-09/P-HR-RL/24609/R/5834	NRC	Information, counselling and legal assistance to displaced persons	-	530,000	-	0%	530,000	-
ZIM-09/P-HR-RL/24611/R/120	UNHCR	Support to Protection Cluster Coordination for the protection of vulnerable persons in Zimbabwe	-	163,924	-	0%	163,924	-
ZIM-09/P-HR-RL/24697/R/298	IOM	Emergency humanitarian support to victims of political violence (VPVs) repatriated from Ruwa Rehabilitation Centre	-	200,000	200,000	100%	-	-
Sub total for PROTECTION			12,326,038	13,224,462	2,752,257	21%	10,472,205	0
SECTOR NOT YET SPECIFIED								
ZIM-09/SNYS/24166/6459	UN Agencies	CERF under-funded grant - to be allocated to specific agencies/sectors/projects	-	-	-	0%	-	-
ZIM-09/SNYS/24566/298	IOM	Awaiting allocation to specific project/sector	-	-	-	0%	-	-
ZIM-09/SNYS/24567/124	UNICEF	Awaiting allocation to specific project/sector	-	-	-	0%	-	400,000
Sub total for SECTOR NOT YET SPECIFIED			0	0	0	0%	0	400,000
WATER, SANITATION AND HYGIENE								
ZIM-09/WS/20548/R/124	UNICEF	Emergency safe water supply, sanitation facilities and hygiene promotion to affected vulnerable populations in urban and rural areas of Zimbabwe	9,000,000	28,500,000	13,406,986	47%	15,093,014	-

Project code	Appealing agency	Project title	Original Requirements (\$)	Revised Requirements (\$)	Funding (\$)	% Covered	Unmet Requirements (\$)	Uncommitted Pledges (\$)
ZIM-09/WS/20868/R/124	UNICEF	Preparedness, mitigation and response to wash-related epidemics in Zimbabwe (Disaster Risk Reduction)	4,000,000	7,000,000	7,211,743	103%	-211,743	-
ZIM-09/WS/20868/R/5120	OXFAM GB	Preparedness, mitigation and response to wash-related epidemics in Zimbabwe (Disaster Risk Reduction)	5,250,000	8,250,000	2,830,862	34%	5,419,138	-
ZIM-09/WS/20868/R/5186	ACF	Preparedness, mitigation and response to wash-related epidemics in Zimbabwe (Disaster Risk Reduction)	762,000	1,000,000	1,700,772	170%	-700,772	-
ZIM-09/WS/21193/R/8502	WVI	Bulawayo emergency water and sanitation project	1,000,000	1,650,000	1,057,225	64%	592,775	-
ZIM-09/WS/21268/R/5162	Mercy Corps	Prevention and treatment of water-borne diseases in Buhera, Chipinge and Chiredzi Districts	350,000	510,000	-	0%	510,000	-
ZIM-09/WS/21682/6708	PA (formerly ITDG)	Provision of safe water and sanitation facilities and promotion of hygiene education in the vulnerable peri-urban areas of Harare and Kadoma	470,000	470,000	-	0%	470,000	-
ZIM-09/WS/21685/8818	DT	Hygiene & rural water supply rehabilitation programme	250,000	250,000	28,612	11%	221,388	-
ZIM-09/WS/21694/7975	Linkage Trust	Reducing the incidence of severe diarrhoea, and cholera in vulnerable rural families	255,000	255,000	-	0%	255,000	-
ZIM-09/WS/21708/R/6310	PSI	Hygiene promotion and home-based water treatment for diarrhoea epidemic prevention and emergency response in Zimbabwe	594,780	1,153,450	594,651	52%	558,799	-
ZIM-09/WS/23888/R/122	WHO	Infection control and water and sanitation interventions in the cholera treatment facilities	-	3,987,500	-	0%	3,987,500	97,345
ZIM-09/WS/24614/R/109	SC - UK	Emergency provision of clean water, sanitation and hygiene (WASH) in schools	-	638,205	-	0%	638,205	-
ZIM-09/WS/24615/R/5536	HelpAge International	Provision of safe water and sanitation facilities and promotion of hygiene education in the vulnerable areas of Chiredzi and Zvishavane	-	254,600	-	0%	254,600	-
ZIM-09/WS/24618/R/12821	Zimbabwe AHEAD	Prevention of cholera through community health clubs in Manicaland and Masvingo Provinces	-	670,195	-	0%	670,195	-
ZIM-09/WS/24699/R/7955	AAI-Z	Community ownership, control and management of cholera outbreak	-	95,498	95,498	100%	-	-
ZIM-09/WS/24700/R/5120	OXFAM GB	Harare emergency cholera response	-	208,610	208,610	100%	-	-
ZIM-09/WS/24701/R/120	UNHCR	Preparation and response to cholera epidemic in Tongogara refugee camp	-	69,984	69,984	100%	-	-
ZIM-09/WS/24703/R/5162	Mercy Corps	Reducing the threat of an epidemic in Sakubva township	-	248,044	248,044	100%	-	-
ZIM-09/WS/24705/R/8350	LDS	Mnene schools water rehabilitation	-	87,475	87,475	100%	-	-
ZIM-09/WS/24706/R/5661	DAPP	Community mobilization to prevent cholera	-	69,671	69,671	100%	-	-
Sub total for WATER, SANITATION AND HYGIENE			21,931,780	55,368,232	27,610,133	50%	27,758,099	97,345
Grand Total: USD			549,680,117	718,630,252	246,358,686	34%	472,271,566	10,983,740

PROJECTS GROUPED BY APPEALING ORGANIZATION

<p align="center">Table V: Consolidated Appeal for Zimbabwe 2009 List of Appeal Projects (grouped by appealing organisation), with funding status of each as of 27 May 2009 http://www.reliefweb.int/fts</p>									
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Compiled by OCHA on the basis of information provided by donors and appealing organisations.

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Appealing Organisation Project Code	Cluster	Project Title	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges	Priority
Value in US\$			A	B	C	C/B	B-C	D	
AAI-Z									
ZIM-09/WS/24699/R/7955	WATER, SANITATION AND HYGIENE	Community ownership, control and management of cholera outbreak	-	95,498	95,498	100%	-	-	HIGH
Subtotal for AAI-Z			-	95,498	95,498	100 %	-	-	
ACF									
ZIM-09/A/21279/R/5186	AGRICULTURE	Improved food security for rural households through Conservation Agriculture (CA)	-	400,000	-	0%	400,000	-	HIGH
ZIM-09/A/21319/R/5186	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	350,000	350,000	484,292	138%	(134,292)	-	HIGH
ZIM-09/A/24602/R/5186	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	665,000	-	0%	665,000	-	HIGH
ZIM-09/H/21827/R/5186	NUTRITION	Integrated Facility and Community Based Management of Acute Malnutrition.	550,000	550,000	324,957	59%	225,043	-	HIGH
ZIM-09/WS/20868/R/5186	WATER, SANITATION AND HYGIENE	Preparedness, mitigation and response to WASH-related epidemics in Zimbabwe (disaster risk reduction)	762,000	1,000,000	1,700,772	170%	(700,772)	-	HIGH
Subtotal for ACF			1,662,000	2,965,000	2,510,021	85 %	454,979	-	
ACT									
ZIM-09/A/24602/R/5190	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	1,858,342	-	0%	1,858,342	-	HIGH
ZIM-09/F/24604/R/5190	FOOD	Food Relief For Vulnerable Communities in the Marginalised Districts	-	3,830,673	-	0%	3,830,673	-	MEDIUM
Subtotal for ACT			-	5,689,015	-	0 %	5,689,015	-	

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Value in US\$			A	B	C	C/B	B-C	D	
ADRA Zimbabwe									
ZIM-09/F/21895/R/8830	FOOD	Food relief and sustainable nutrition for Epworth Community	288,632	288,632	-	0%	288,632	-	HIGH
ZIM-09/F/24594/R/8830	FOOD	Child supplementary feeding and nutrition education in schools	-	764,050	-	0%	764,050	-	HIGH
Subtotal for ADRA Zimbabwe			288,632	1,052,682	-	0 %	1,052,682	-	
AEA									
ZIM-09/ER/24588/R/12814	EARLY RECOVERY / LIVELIHOODS	Livelihoods Strengthening Dams Rehabilitation Programme	-	427,610	-	0%	427,610	-	HIGH
Subtotal for AEA			-	427,610	-	0 %	427,610	-	
Africare									
ZIM-09/A/20696/5589	AGRICULTURE	Asset re-building through small-livestock re-stocking	330,000	330,000	-	0%	330,000	-	HIGH
ZIM-09/A/21744/5589	AGRICULTURE	Sweet Potato Multiplication Project	300,000	300,000	-	0%	300,000	-	HIGH
ZIM-09/H/20714/5589	HEALTH	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	110,000	110,000	-	0%	110,000	-	MEDIUM
ZIM-09/H/21072/5589	NUTRITION	Improved nutritional knowledge and practises among HBC and highly vulnerable groups in Buhera and Zvishavane districts	320,000	320,000	-	0%	320,000	-	MEDIUM
Subtotal for Africare			1,060,000	1,060,000	-	0 %	1,060,000	-	

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Value in US\$			A	B	C	C/B	B-C	D	
ASAP									
ZIM-09/A/20552/R/7544	AGRICULTURE	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central, Matebeleland North, Matebeleland South, Masvingo, Manicaland	-	150,000	-	0%	150,000	-	MEDIUM
ZIM-09/A/21274/R/7544	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	-	150,000	-	0%	150,000	-	HIGH
Subtotal for ASAP			-	300,000	-	0 %	300,000	-	
CADEC									
ZIM-09/MS/24712/R/12844	MULTI-SECTOR	Cholera prevention and treatment through emergency Water purification, social mobilization, and training of health professionals	-	224,346	224,346	100%	-	-	HIGH
Subtotal for CADEC			-	224,346	224,346	100 %	-	-	
CARE International									
ZIM-09/A/21279/R/5645	AGRICULTURE	Improved food security for rural households through CA	-	968,463	-	0%	968,463	-	HIGH
ZIM-09/A/24595/R/5645	AGRICULTURE	Sustainable food and economic household security	-	1,096,110	-	0%	1,096,110	-	HIGH
Subtotal for CARE International			-	2,064,573	-	0 %	2,064,573	-	
CFT									
ZIM-09/A/21274/R/12817	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	-	234,870	-	0%	234,870	-	HIGH
Subtotal for CFT			-	234,870	-	0 %	234,870	-	

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Value in US\$			A	B	C	C/B	B-C	D	
Chr. Aid									
ZIM-09/ER/24592/R/5059	EARLY RECOVERY / LIVELIHOODS	Reviving economic and livelihood security for SMEs in Zimbabwe	-	111,000	-	0%	111,000	-	HIGH
Subtotal for Chr. Aid			-	111,000	-	0 %	111,000	-	
CRS									
ZIM-09/A/20696/5146	AGRICULTURE	Asset re-building through small-livestock re-stocking	872,000	872,000	-	0%	872,000	-	HIGH
ZIM-09/A/21279/R/5146	AGRICULTURE	Improved food security for rural households through CA	980,000	2,866,600	-	0%	2,866,600	-	HIGH
ZIM-09/A/21319/R/5146	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	203,700	203,700	-	0%	203,700	-	HIGH
ZIM-09/A/24698/R/5146	AGRICULTURE	Restocking in selected communal areas in Zimbabwe	-	175,000	175,000	100%	-	-	HIGH
Subtotal for CRS			2,055,700	4,117,300	175,000	4 %	3,942,300	-	
DAPP									
ZIM-09/A/21274/R/5661	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	1,365,000	2,000,000	-	0%	2,000,000	-	HIGH
ZIM-09/A/21319/R/5661	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	910,000	910,000	-	0%	910,000	-	HIGH
ZIM-09/WS/24706/R/5661	WATER, SANITATION AND HYGIENE	Community mobilization to prevent cholera	-	69,671	69,671	100%	-	-	HIGH
Subtotal for DAPP			2,275,000	2,979,671	69,671	2 %	2,910,000	-	
DT									
ZIM-09/WS/21685/8818	WATER, SANITATION AND HYGIENE	Hygiene & Rural Water Supply Rehabilitation Programme	250,000	250,000	28,612	11%	221,388	-	MEDIUM
Subtotal for DT			250,000	250,000	28,612	11 %	221,388	-	

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Value in US\$			A	B	C	C/B	B-C	D	
EAFRICA									
ZIM-09/A/24597/R/8347	AGRICULTURE	Sustainable food production through integrated approaches	-	450,000	-	0%	450,000	-	MEDIUM
Subtotal for EAFRICA			-	450,000	-	0 %	450,000	-	
FAO									
ZIM-09/A/21274/R/123	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	36,500,000	36,500,000	-	0%	36,500,000	6,808,134	HIGH
ZIM-09/A/21279/R/123	AGRICULTURE	Improved food security for rural households through Conservation Agriculture (CA)	1,284,000	1,284,000	-	0%	1,284,000	790,514	HIGH
ZIM-09/A/21306/R/123	AGRICULTURE	Production of essential seed for smallholder farmers	775,000	775,000	778,880	101%	(3,880)	-	MEDIUM
ZIM-09/A/21314/R/123	AGRICULTURE	Coordination of information systems around agriculture and food security	1,000,000	1,000,000	778,880	78%	221,120	-	HIGH
ZIM-09/A/21319/R/123	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	5,000,000	5,000,000	-	0%	5,000,000	-	HIGH
ZIM-09/A/21331/R/123	AGRICULTURE	Emergency control of epidemic foot-and-mouth disease (FMD) in Zimbabwe	1,787,500	1,787,500	-	0%	1,787,500	-	MEDIUM
ZIM-09/A/21383/R/123	AGRICULTURE	Improving the welfare of rural households in Zimbabwe by controlling Newcastle disease through vaccinations, coupled with avian influenza (AI) awareness and surveillance	940,000	940,000	876,240	93%	63,760	-	MEDIUM
ZIM-09/A/24598/R/123	AGRICULTURE	Control of Anthrax, Blackleg and Rabies in the rural areas of Zimbabwe	-	759,000	-	0%	759,000	-	MEDIUM
ZIM-09/A/24601/R/123	AGRICULTURE	Provision of dipping chemicals, dip tank management and improved community dipping service in communal areas in Zimbabwe	-	1,375,000	-	0%	1,375,000	-	HIGH
ZIM-09/H/21324/123	NUTRITION	Improving the food and nutrition security of urban and rural households in Zimbabwe through nutrition education and training.	1,000,000	1,000,000	-	0%	1,000,000	-	MEDIUM
Subtotal for FAO			48,286,500	50,420,500	2,434,000	5 %	47,986,500	7,598,648	

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Value in US\$			A	B	C	C/B	B-C	D	
FCTZ									
ZIM-09/A/21274/R/6602	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	192,060	192,060	-	0%	192,060	-	HIGH
Subtotal for FCTZ			192,060	192,060	-	0 %	192,060	-	
GOAL									
ZIM-09/A/21274/R/7790	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	1,418,594	2,664,609	84,000	3%	2,580,609	-	HIGH
ZIM-09/F/21076/7790	FOOD	School based Food Aid support project	1,757,711	1,757,711	-	0%	1,757,711	-	HIGH
ZIM-09/H/21170/R/7790	HEALTH	Integrated primary health care (PHC) support to Ministry of Health and Child Welfare, Nyanga District, Manicaland	442,427	410,223	352,269	86%	57,954	-	HIGH
Subtotal for GOAL			3,618,732	4,832,543	436,269	9 %	4,396,274	-	
HELP									
ZIM-09/A/21274/R/8246	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	2,200,000	2,200,000	-	0%	2,200,000	-	HIGH
ZIM-09/A/21744/8246	AGRICULTURE	Sweet Potato Multiplication Project	865,256	865,256	-	0%	865,256	-	HIGH
Subtotal for HELP			3,065,256	3,065,256	-	0 %	3,065,256	-	
HelpAge International									
ZIM-09/A/24602/R/5536	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	237,000	-	0%	237,000	-	HIGH
ZIM-09/P-HR-RL/24605/R/5536	PROTECTION	Protecting and promoting the care of older people in Zvishavane and Chiredzi Rural	-	100,000	-	0%	100,000	-	MEDIUM
ZIM-09/WS/24615/R/5536	WATER, SANITATION AND HYGIENE	Provision of safe water and sanitation facilities and promotion of hygiene education in the vulnerable areas of Chiredzi and Zvishavane	-	254,600	-	0%	254,600	-	HIGH
Subtotal for HelpAge International			-	591,600	-	0 %	591,600	-	

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Value in US\$			A	B	C	C/B	B-C	D	
HFRC									
ZIM-09/A/21319/R/8346	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households through vegetable and garden-based activities	86,400	86,400	-	0%	86,400	-	HIGH
Subtotal for HFRC			86,400	86,400	-	0 %	86,400	-	
HKI									
ZIM-09/H/21827/R/7154	NUTRITION	Integrated facility and community-based management of acute malnutrition	500,000	500,000	-	0%	500,000	-	HIGH
Subtotal for HKI			500,000	500,000	-	0 %	500,000	-	
IMC									
ZIM-09/H/24608/R/5160	HEALTH	Community-based disease prevention and management	-	600,000	-	0%	600,000	-	HIGH
Subtotal for IMC			-	600,000	-	0 %	600,000	-	

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Value in US\$			A	B	C	C/B	B-C	D	
IOM									
ZIM-09/A/20552/R/298	AGRICULTURE	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central, Matebeleland North, Matebeleland South, Masvingo, Manicaland	-	2,987,000	-	0%	2,987,000	-	MEDIUM
ZIM-09/A/24602/R/298	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	2,987,000	-	0%	2,987,000	-	HIGH
ZIM-09/E/21931/298	EDUCATION	National Emergency Research on Teacher Attrition in Schools	263,000	263,000	-	0%	263,000	-	MEDIUM
ZIM-09/ER/21862/R/298	EARLY RECOVERY / LIVELIHOODS	Early recovery community initiatives through Zimbabwe Diaspora Engagement Dollar-for-Dollar Economic Recovery Scheme	1,690,694	1,690,694	-	0%	1,690,694	-	MEDIUM
ZIM-09/ER/21867/R/298	EARLY RECOVERY / LIVELIHOODS	Local early economic recovery initiatives through reintegration of returnees and productive investment of remittances	2,090,134	2,090,134	-	0%	2,090,134	-	HIGH
ZIM-09/ER/24596/R/298	EARLY RECOVERY / LIVELIHOODS	Return and reintegration of the Zimbabwean Diaspora	-	1,659,601	-	0%	1,659,601	-	HIGH
ZIM-09/H/20634/298	HEALTH	Prevention and management of SGBV, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	497,550	497,550	-	0%	497,550	-	HIGH
ZIM-09/H/20714/298	HEALTH	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	500,000	500,000	-	0%	500,000	-	MEDIUM
ZIM-09/H/21384/298	NUTRITION	Zimbabwe nutrition surveillance	200,000	200,000	-	0%	200,000	-	HIGH
ZIM-09/H/21721/R/298	HEALTH	Consolidating emergency community and environmental health responses for mobile and vulnerable populations	1,900,000	4,500,000	3,958,675	88%	541,325	-	HIGH
ZIM-09/MS/21904/R/298	MULTI-SECTOR	Comprehensive approach to humanitarian emergency assistance, early recovery, food security, income augmentation and peaceful reintegration of MVPs and VPs	10,000,000	10,000,000	-	0%	10,000,000	-	HIGH
ZIM-09/MS/21905/298	MULTI-SECTOR	Transitional, community stabilization and peace-building initiatives in MVP communities	10,400,000	10,400,000	-	0%	10,400,000	-	HIGH
ZIM-09/MS/21914/R/298	MULTI-SECTOR	Humanitarian assistance and information to returned migrants and mobile populations in Zimbabwe	5,197,041	5,197,041	-	0%	5,197,041	-	HIGH
ZIM-09/P-HR-RL/20701/R/298	PROTECTION	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe and Botswana / Zimbabwe borders	150,500	242,000	-	0%	242,000	-	HIGH

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IOM									
ZIM-09/P-HR-RL/20761/298	MULTI-SECTOR	Addressing protection needs of the most vulnerable groups in MVP communities through community-based protection systems	893,751	893,751	402,576	45%	491,175	-	HIGH
ZIM-09/P-HR-RL/20763/298	MULTI-SECTOR	Cross border mobility, irregular migration, HIV and AIDS: safe journey information campaign	545,000	545,000	-	0%	545,000	-	HIGH
ZIM-09/P-HR-RL/20888/298	MULTI-SECTOR	Facilitating temporary and safe labour migration for Zimbabweans	960,717	960,717	-	0%	960,717	-	MEDIUM
ZIM-09/P-HR-RL/21910/298	PROTECTION	Prevention and protection of youth and children from the risk and realities of human trafficking in Zimbabwe	930,000	930,000	-	0%	930,000	-	HIGH
ZIM-09/P-HR-RL/21913/R/298	PROTECTION	Promoting the right to identification and travel documents and reducing risks of irregular migration	800,000	800,000	-	0%	800,000	-	MEDIUM
ZIM-09/P-HR-RL/24697/R/298	PROTECTION	Emergency humanitarian support to VPVs repatriated from Ruwa Rehabilitation Centre	-	200,000	200,000	100%	-	-	HIGH
ZIM-09/SNYS/24566/298	SECTOR NOT YET SPECIFIED	Awaiting allocation to specific project/sector	-	-	-	0%	-	-	Not specified
Subtotal for IOM			37,018,387	47,543,488	4,561,251	10 %	42,982,237	-	
IRC									
ZIM-09/P-HR-RL/24607/R/5179	PROTECTION	Strengthening the legal protection of women in Zimbabwe	-	300,000	-	0%	300,000	-	HIGH
Subtotal for IRC			-	300,000	-	0 %	300,000	-	
ISL									
ZIM-09/A/20552/R/12820	AGRICULTURE	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central, Matebeleland North, Matebeleland South, Masvingo, Manicaland	-	1,097,600	-	0%	1,097,600	-	MEDIUM
ZIM-09/A/24602/R/12820	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	1,097,600	-	0%	1,097,600	-	HIGH
Subtotal for ISL			-	2,195,200	-	0 %	2,195,200	-	

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LDS									
ZIM-09/WS/24705/R/8350	WATER, SANITATION AND HYGIENE	Mhene schools water rehabilitation	-	87,475	87,475	100%	-	-	HIGH
Subtotal for LDS			-	87,475	87,475	100 %	-	-	
Linkage Trust									
ZIM-09/H/21683/7975	NUTRITION	Nutrition care and support for PLWHA and their families	72,000	72,000	-	0%	72,000	-	MEDIUM
ZIM-09/WS/21694/7975	WATER, SANITATION AND HYGIENE	Reducing the incidence of severe diarrhoea, and cholera in vulnerable rural families	255,000	255,000	-	0%	255,000	-	MEDIUM
Subtotal for Linkage Trust			327,000	327,000	-	0 %	327,000	-	
Mercy Corps									
ZIM-09/A/20852/5162	AGRICULTURE	Irrigation scheme rehabilitation in Chipinge and Chiredzi	325,000	325,000	-	0%	325,000	-	MEDIUM
ZIM-09/F/20798/5162	EDUCATION	School feeding in Goromonzi and Chitungwiza	845,000	845,000	-	0%	845,000	-	MEDIUM
ZIM-09/WS/21268/R/5162	WATER, SANITATION AND HYGIENE	Prevention and treatment of water-borne diseases in Buhera, Chipinge and Chiredzi Districts	350,000	510,000	-	0%	510,000	-	HIGH
ZIM-09/WS/24703/R/5162	WATER, SANITATION AND HYGIENE	Reducing the threat of an epidemic in Sakubva Township	-	248,044	248,044	100%	-	-	HIGH
Subtotal for Mercy Corps			1,520,000	1,928,044	248,044	13 %	1,680,000	-	
NPA									
ZIM-09/F/22070/5125	FOOD	Child supplementary feeding project of children of school going age	1,600,000	1,600,000	-	0%	1,600,000	-	HIGH
Subtotal for NPA			1,600,000	1,600,000	-	0 %	1,600,000	-	

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Value in US\$			A	B	C	C/B	B-C	D	
NRC									
ZIM-09/P-HR- RL/24609/R/5834	PROTECTION	Information, counselling and legal assistance to displaced persons	-	530,000	-	0%	530,000	-	MEDIUM
Subtotal for NRC			-	530,000	-	0 %	530,000	-	
OCHA									
ZIM-09/CSS/21920/R/119	COORDINATION & SUPPORT SERVICES	Facilitation and coordination of humanitarian assistance to the most vulnerable in Zimbabwe affected by sudden-onset disasters and ongoing humanitarian emergency; advocacy for the protection of vulnerable populations; and information management	2,406,116	3,312,696	1,110,112	34%	2,202,584	200,000	HIGH
Subtotal for OCHA			2,406,116	3,312,696	1,110,112	34 %	2,202,584	200,000	
OCHA (ERF)									
ZIM-09/SNYS/21844/R/8487	COORDINATION & SUPPORT SERVICES	Emergency Response Fund (ERF) in Zimbabwe	6,500,000	4,675,634	1,124,742	24%	3,550,892	-	HIGH
Subtotal for OCHA (ERF)			6,500,000	4,675,634	1,124,742	24 %	3,550,892	-	
OXFAM GB									
ZIM-09/WS/20868/R/5120	WATER, SANITATION AND HYGIENE	Preparedness, mitigation and response to wash-related epidemics in Zimbabwe (Disaster Risk Reduction)	5,250,000	8,250,000	2,830,862	34%	5,419,138	-	HIGH
ZIM-09/WS/24700/R/5120	WATER, SANITATION AND HYGIENE	Harare emergency cholera response	-	208,610	208,610	100%	-	-	HIGH
Subtotal for OXFAM GB			5,250,000	8,458,610	3,039,472	36 %	5,419,138	-	

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Value in US\$			A	B	C	C/B	B-C	D	
PA (formerly ITDG)									
ZIM-09/WS/21682/6708	WATER, SANITATION AND HYGIENE	Provision of safe water and sanitation facilities and promotion of hygiene education in the vulnerable peri-urban areas of Harare and Kadoma	470,000	470,000	-	0%	470,000	-	MEDIUM
Subtotal for PA (formerly ITDG)			470,000	470,000	-	0 %	470,000	-	
Plan									
ZIM-09/E/22067/5524	EDUCATION	Creating a violence free teaching and Learning environment in Mutoko and KweKwe districts	196,000	196,000	-	0%	196,000	-	HIGH
ZIM-09/H/21827/R/5524	NUTRITION	Integrated facility and community-based management of acute malnutrition	250,000	250,000	250,000	100%	-	-	HIGH
Subtotal for Plan			446,000	446,000	250,000	56 %	196,000	-	
PSI									
ZIM-09/WS/21708/R/6310	WATER, SANITATION AND HYGIENE	Hygiene promotion and home-based water treatment for diarrhoea epidemic prevention and emergency response in Zimbabwe.	594,780	1,153,450	594,651	52%	558,799	-	HIGH
Subtotal for PSI			594,780	1,153,450	594,651	52 %	558,799	-	
SAT									
ZIM-09/A/21274/R/8348	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	250,000	2,270,000	-	0%	2,270,000	-	HIGH
Subtotal for SAT			250,000	2,270,000	-	0 %	2,270,000	-	

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Value in US\$			A	B	C	C/B	B-C	D	
SC - Norway									
ZIM-09/E/22066/5836	EDUCATION	Strengthening capacity of schools to cope with challenge of untrained teachers	220,000	220,000	-	0%	220,000	-	MEDIUM
ZIM-09/E/24696/R/5836	EDUCATION	Education in a non conflict emergency	-	200,000	200,000	100%	-	-	HIGH
ZIM-09/F/24600/R/5836	FOOD	Food Aid	-	2,769,665	-	0%	2,769,665	-	MEDIUM
ZIM-09/P-HR-RL/20701/R/5836	PROTECTION	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe and Botswana / Zimbabwe borders	96,000	152,000	-	0%	152,000	-	HIGH
Subtotal for SC - Norway			316,000	3,341,665	200,000	6 %	3,141,665	-	

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Value in US\$			A	B	C	C/B	B-C	D	
SC - UK									
ZIM-09/A/20552/R/109	AGRICULTURE	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central, Matebeleland North, Matebeleland South, Masvingo, Manicaland	633,334	633,334	-	0%	633,334	-	MEDIUM
ZIM-09/E/20630/109	EDUCATION	Supporting children's right to education in Bulawayo urban area	920,000	920,000	-	0%	920,000	-	HIGH
ZIM-09/E/20636/109	EDUCATION	Supporting children's right to education in mobile and vulnerable communities through improved access to quality education and incentives for teachers' retention	1,958,400	1,958,400	-	0%	1,958,400	-	HIGH
ZIM-09/H/20554/109	HEALTH	Improved health for the most vulnerable children and mothers in Binga and Nyaminyami	2,100,000	2,100,000	-	0%	2,100,000	-	MEDIUM
ZIM-09/H/21827/R/109	NUTRITION	Integrated facility and community-based management of acute malnutrition	536,000	536,000	-	0%	536,000	-	HIGH
ZIM-09/H/24704/R/109	HEALTH	Support to Ministry of Health to respond to Cholera	-	245,738	245,738	100%	-	-	HIGH
ZIM-09/P-HR-RL/20633/109	PROTECTION	Promotion of the rights to care and protection of children with disabilities in urban areas of Zimbabwe	1,650,000	1,650,000	-	0%	1,650,000	-	HIGH
ZIM-09/P-HR-RL/20650/109	PROTECTION	Building capacity of NGOs to ensure their humanitarian responses do not put beneficiaries (girls, boys, women, men) at risk of harm, including sexual and other forms of abuse and exploitation	242,000	242,000	-	0%	242,000	-	MEDIUM
ZIM-09/P-HR-RL/22114/109	MULTI-SECTOR	Emergency psychosocial and protection support to children affected by violence and displacement in urban areas of Zimbabwe	500,000	500,000	-	0%	500,000	-	HIGH
ZIM-09/WS/24614/R/109	WATER, SANITATION AND HYGIENE	Emergency provision of clean water, sanitation and hygiene (WASH) in schools	-	638,205	-	0%	638,205	-	HIGH
Subtotal for SC - UK			8,539,734	9,423,677	245,738	3 %	9,177,939	-	
SNV									
ZIM-09/E/21931/8857	EDUCATION	National emergency research on teacher attrition in schools	263,000	263,000	-	0%	263,000	-	MEDIUM
Subtotal for SNV			263,000	263,000	-	0 %	263,000	-	

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Value in US\$			A	B	C	C/B	B-C	D	
UN Agencies									
ZIM-09/SNYS/24166/6459	SECTOR NOT YET SPECIFIED	CERF under-funded grant - to be allocated to specific agencies/sectors/projects	-	-	-	0%	-	-	Not specified
Subtotal for UN Agencies			-	-	-	0 %	-	-	
UN Agencies and NGOs (details not yet provided)									
ZIM-09/A/21274/R/5826	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	-	58,000,000	-	0%	58,000,000	-	HIGH
Subtotal for UN Agencies and NGOs (details not yet provided)			-	58,000,000	-	0 %	58,000,000	-	
UNAIDS									
ZIM-09/ER/21872/R/5109	EARLY RECOVERY / LIVELIHOODS	Strengthening uniformed forces, CPU and ASO effectiveness in early recovery responses	450,000	-	-	0%	-	-	MEDIUM
ZIM-09/ER/24603/R/5109	EARLY RECOVERY / LIVELIHOODS	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning ensuring mainstreaming of HIV and GBV.	-	260,000	-	0%	260,000	-	HIGH
Subtotal for UNAIDS			450,000	260,000	-	0 %	260,000	-	

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Value in US\$			A	B	C	C/B	B-C	D	
UNDP									
ZIM-09/ER/21876/R/776	EARLY RECOVERY / LIVELIHOODS	Strengthening coordination for early recovery	412,500	262,500	-	0%	262,500	-	HIGH
ZIM-09/ER/21882/R/776	EARLY RECOVERY / LIVELIHOODS	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	830,000	640,000	-	0%	640,000	-	HIGH
ZIM-09/ER/21889/R/776	EARLY RECOVERY / LIVELIHOODS	Supporting community-based livelihoods and local governance recovery in the 5 worse disaster-affected districts (Chipinga, Gwanda, Mberengwa, Muzarabani, and Tsholotsho)	3,390,000	1,975,000	-	0%	1,975,000	-	MEDIUM
ZIM-09/ER/24603/R/776	EARLY RECOVERY / LIVELIHOODS	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning ensuring mainstreaming of HIV and GBV.	-	525,000	-	0%	525,000	-	HIGH
Subtotal for UNDP			4,632,500	3,402,500	-	0 %	3,402,500	-	
UNDSS									
ZIM-09/S/23517/5139	COORDINATION & SUPPORT SERVICES	Staff security support to humanitarian operations in Zimbabwe	273,351	273,351	-	0%	273,351	-	HIGH
Subtotal for UNDSS			273,351	273,351	-	0 %	273,351	-	

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Value in US\$			A	B	C	C/B	B-C	D	
UNFPA									
ZIM-09/H/20634/1171	HEALTH	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	1,230,500	1,230,500	-	0%	1,230,500	-	HIGH
ZIM-09/H/20714/1171	HEALTH	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	300,000	300,000	-	0%	300,000	-	MEDIUM
ZIM-09/H/21582/1171	HEALTH	Reaching women and new born babies with emergency obstetric and neonatal care services in communities and institutions	1,712,000	1,712,000	1,000,001	58%	711,999	-	HIGH
ZIM-09/P-HR-RL/20638/1171	PROTECTION	Promoting young people's rights, through leadership training and skill-building	215,000	215,000	-	0%	215,000	-	MEDIUM
ZIM-09/P-HR-RL/20641/1171	PROTECTION	Protecting and promoting sexual and reproductive health rights in ten MVP communities	960,000	960,000	150,000	16%	810,000	-	HIGH
ZIM-09/P-HR-RL/20650/1171	PROTECTION	Building capacity of NGOs to ensure their humanitarian responses do not put beneficiaries (girls, boys, women, men) at risk of harm, including sexual and other forms of abuse and exploitation	395,900	395,900	-	0%	395,900	-	MEDIUM
ZIM-09/P-HR-RL/20701/R/1171	PROTECTION	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe and Botswana /Zimbabwe borders	146,000	238,000	-	0%	238,000	-	HIGH
Subtotal for UNFPA			4,959,400	5,051,400	1,150,001	23 %	3,901,399	-	
UN-HABITAT									
ZIM-09/ER/21882/R/7039	EARLY RECOVERY / LIVELIHOODS	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	1,950,000	1,070,000	-	0%	1,070,000	-	HIGH
ZIM-09/ER/21889/R/7039	EARLY RECOVERY / LIVELIHOODS	Supporting community-based livelihoods and local governance recovery in the five worse disaster-affected districts (Chipinge, Gwanda, Mberengwa, Muzarabani, and Tsholotsho)	165,000	90,000	-	0%	90,000	-	MEDIUM
ZIM-09/ER/21893/R/7039	EARLY RECOVERY / LIVELIHOODS	Strengthened dialogue and enhanced technical capacity to lobby for improved policy frameworks regarding cooperative housing in Harare, Bulawayo, Mutare, Gweru, Victoria Falls and Kariba	440,000	-	-	0%	-	-	MEDIUM
Subtotal for UN-HABITAT			2,555,000	1,160,000	-	0 %	1,160,000	-	

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Value in US\$			A	B	C	C/B	B-C	D	
UNHCR									
ZIM-09/MS/22261/120	MULTI-SECTOR	Local settlement programme for refugees in Zimbabwe	2,439,226	2,439,226	-	0%	2,439,226	-	HIGH
ZIM-09/P-HR-RL/20749/120	PROTECTION	Protection, assistance and solutions for displaced Zimbabweans and returnees	4,927,138	4,927,138	2,052,258	42%	2,874,880	-	HIGH
ZIM-09/P-HR-RL/24611/R/120	PROTECTION	Support to Protection Cluster coordination for the protection of vulnerable persons in Zimbabwe	-	163,924	-	0%	163,924	-	HIGH
ZIM-09/WS/24701/R/120	WATER, SANITATION AND HYGIENE	Preparation and response to cholera epidemic in Tongogara refugee camp	-	69,984	69,984	100%	-	-	HIGH
Subtotal for UNHCR			7,366,364	7,600,272	2,122,242	28 %	5,478,030	-	

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Value in US\$			A	B	C	C/B	B-C	D	
UNICEF									
ZIM-09/CSS/21647/124	NUTRITION	Emergency nutrition coordination	650,000	650,000	-	0%	650,000	-	HIGH
ZIM-09/E/21723/124	EDUCATION	Equity and quality education; Keep OVC in school	25,000,000	25,000,000	37,526	0%	24,962,474	-	HIGH
ZIM-09/E/24586/R/124	EDUCATION	Support to teachers' incentives	-	21,390,000	-	0%	21,390,000	-	HIGH
ZIM-09/E/24587/R/124	EDUCATION	Complementary financing of education for OVCs through the Basic Education Assistance Module (BEAM)	-	23,300,000	-	0%	23,300,000	-	HIGH
ZIM-09/H/20634/124	HEALTH	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	615,250	615,250	-	0%	615,250	-	HIGH
ZIM-09/H/21168/124	HEALTH	Community-based HIV/AIDS Care (CHBC) and support	950,000	950,000	-	0%	950,000	-	MEDIUM
ZIM-09/H/21181/R/124	HEALTH	Provision of basic health services and improved water and sanitation for cholera control	19,500,000	25,000,000	20,632,785	83%	4,367,215	-	HIGH
ZIM-09/H/21190/124	HEALTH	Reaching disadvantaged women and children with paediatric HIV prevention and treatment services	1,484,000	1,484,000	-	0%	1,484,000	-	MEDIUM
ZIM-09/H/21192/124	HEALTH	Infectious disease prevention and control in children	2,279,000	2,279,000	-	0%	2,279,000	-	MEDIUM
ZIM-09/H/21384/124	NUTRITION	Zimbabwe nutrition surveillance	500,000	500,000	-	0%	500,000	-	HIGH
ZIM-09/H/21540/124	NUTRITION	Protecting and supporting optimal IYCF for children under two in emergency situations	1,260,000	1,260,000	-	0%	1,260,000	-	HIGH
ZIM-09/H/21582/124	HEALTH	Reaching women and new born babies with emergency obstetric and neonatal care services in communities and institutions	2,300,500	2,300,500	-	0%	2,300,500	-	HIGH
ZIM-09/H/21700/124	HEALTH	Reaching the vulnerable children and women of child bearing age with immunization to prevent EPI target disease outbreaks	7,029,000	7,029,000	1,015,484	14%	6,013,516	-	MEDIUM
ZIM-09/H/21827/R/124	NUTRITION	Integrated facility and community-based management of acute malnutrition.	3,000,000	3,000,000	-	0%	3,000,000	-	HIGH
ZIM-09/H/24606/R/124	HEALTH	Health system strengthening	-	4,320,000	-	0%	4,320,000	-	HIGH
ZIM-09/P-HR-RL/21024/R/124	PROTECTION	Peace building and reconciliation: provision of psychosocial and other essential supports for children affected by 2008 violence and on going crisis in Zimbabwe	1,700,000	1,065,000	349,999	33%	715,001	-	HIGH
ZIM-09/SNYS/24567/124	SECTOR NOT YET SPECIFIED	Awaiting allocation to specific project/sector	-	-	-	0%	-	400,000	Not specified

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Value in US\$			A	B	C	C/B	B-C	D	
UNICEF									
ZIM-09/WS/20548/R/124	WATER, SANITATION AND HYGIENE	Emergency safe water supply, sanitation facilities and hygiene promotion to affected vulnerable populations in urban and rural areas of Zimbabwe	9,000,000	28,500,000	13,406,986	47%	15,093,014	-	HIGH
ZIM-09/WS/20868/R/124	WATER, SANITATION AND HYGIENE	Preparedness, mitigation and response to WASH-related epidemics in Zimbabwe (disaster risk reduction)	4,000,000	7,000,000	7,211,743	103%	(211,743)	-	HIGH
Subtotal for UNICEF			79,267,750	155,642,750	42,654,523	27 %	112,988,227	400,000	
WFLA									
ZIM-09/A/21274/R/12818	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART I	-	220,000	-	0%	220,000	-	HIGH
Subtotal for WFLA			-	220,000	-	0 %	220,000	-	
WFP									
ZIM-09/CSS/23942/R/561	COORDINATION & SUPPORT SERVICES	Augmented logistics services to the humanitarian community in response to the cholera outbreak	-	1,175,194	433,350	37%	741,844	-	HIGH
ZIM-09/F/23505/R/561	FOOD	Food support for vulnerable groups	315,973,971	277,501,667	173,559,382	63%	103,942,285	2,687,747	HIGH
Subtotal for WFP			315,973,971	278,676,861	173,992,732	62 %	104,684,129	2,687,747	

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Value in US\$			A	B	C	C/B	B-C	D	
WHO									
ZIM-09/H/20937/R/122	HEALTH	Strengthen response and management of cholera, other diarrhoeal disease and emerging infectious diseases	929,999	11,234,000	6,097,441	54%	5,136,559	-	HIGH
ZIM-09/H/21827/R/122	NUTRITION	Integrated facility and community-based management of acute malnutrition	612,040	612,040	-	0%	612,040	-	HIGH
ZIM-09/H/21864/R/122	HEALTH	Health Cluster coordination, disease surveillance and health information management in the Health Sector	1,552,000	4,148,000	327,542	8%	3,820,458	-	HIGH
ZIM-09/H/24457/R/122	HEALTH	Strengthen Response to malaria outbreaks in malaria epidemic prone districts in Zimbabwe	-	2,100,000	1,046,213	50%	1,053,787	-	HIGH
ZIM-09/H/24606/R/122	HEALTH	Health system strengthening	-	8,945,200	-	0%	8,945,200	-	HIGH
ZIM-09/WS/23888/R/122	WATER, SANITATION AND HYGIENE	Infection control and water and sanitation interventions in the cholera treatment facilities	-	3,987,500	-	0%	3,987,500	97,345	HIGH
Subtotal for WHO			3,094,039	31,026,740	7,471,196	24 %	23,555,544	97,345	

The list of projects and the figures for their funding requirements in this document are a snapshot as of 27 May 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table V: Consolidated Appeal for Zimbabwe 2009

List of Appeal Projects (grouped by appealing organisation), with funding status of each
as of 27 May 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations.

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Appealing Organisation Project Code	Cluster	Project Title	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges	Priority
Value in US\$			A	B	C	C/B	B-C	D	
WVI									
ZIM-09/A/20552/R/8502	AGRICULTURE	Livelihoods support for vulnerable groups in Mashonaland East, Mashonaland West, Mashonaland Central, Matebeleland North, Matebeleland South, Masvingo, Manicaland	-	1,114,355	-	0%	1,114,355	-	MEDIUM
ZIM-09/A/20696/8502	AGRICULTURE	Asset re-building through small-livestock re-stocking	65,945	65,945	65,945	100%	-	-	HIGH
ZIM-09/A/24602/R/8502	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	1,114,355	-	0%	1,114,355	-	HIGH
ZIM-09/H/20782/R/8502	NUTRITION	Improving adoption of appropriate feeding practices of children and pregnant women to support CMAM initiatives	320,000	-	-	0%	-	-	MEDIUM
ZIM-09/H/21827/R/8502	NUTRITION	Integrated facility and community-based management of acute malnutrition	507,000	507,000	409,920	81%	97,080	-	HIGH
ZIM-09/H/24610/R/8502	NUTRITION	Robert Sinyoka Integrated Community Nutrition Programme	-	85,000	-	0%	85,000	-	HIGH
ZIM-09/H/24612/R/8502	NUTRITION	Promotion of IYCF/Baby friendly communities through CMAM mobilization structures	-	90,000	-	0%	90,000	-	MEDIUM
ZIM-09/P-HR-RL/20746/8502	PROTECTION	Community Reconciliation Support Project	113,500	113,500	-	0%	113,500	-	MEDIUM
ZIM-09/WS/21193/R/8502	WATER, SANITATION AND HYGIENE	Bulawayo Emergency Water and Sanitation Project	1,000,000	1,650,000	1,057,225	64%	592,775	-	HIGH
Subtotal for WVI			2,006,445	4,740,155	1,533,090	32 %	3,207,065	-	
ZAN									
ZIM-09/ER/21872/R/8848	EARLY RECOVERY / LIVELIHOODS	Strengthening uniformed forces, CPU and ASO effectiveness in early recovery responses	260,000	-	-	0%	-	-	MEDIUM
ZIM-09/ER/24603/R/8848	EARLY RECOVERY / LIVELIHOODS	Strengthening critical institutional capacities for immediate disaster response, early warning and preparedness planning ensuring mainstreaming of HIV and GBV.	-	420,000	-	0%	420,000	-	HIGH
Subtotal for ZAN			260,000	420,000	-	0 %	420,000	-	

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Table V: Consolidated Appeal for Zimbabwe 2009

List of Appeal Projects (grouped by appealing organisation), with funding status of each
as of 27 May 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations.

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Appealing Organisation Project Code	Cluster	Project Title	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges	Priority
Value in US\$			A	B	C	C/B	B-C	D	
Zimbabwe AHEAD									
ZIM-09/WS/24618/R/12821	WATER, SANITATION AND HYGIENE	Prevention of cholera through community health clubs in Manicaland and Masvingo Provinces	-	670,195	-	0%	670,195	-	HIGH
Subtotal for Zimbabwe AHEAD			-	670,195	-	0 %	670,195	-	
ZIMTRUST									
ZIM-09/A/24602/R/12819	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	657,170	-	0%	657,170	-	HIGH
Subtotal for ZIMTRUST			-	657,170	-	0 %	657,170	-	
ZIP-PELUM Zimbabwe									
ZIM-09/A/24602/R/8803	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers - PART II	-	192,995	-	0%	192,995	-	HIGH
Subtotal for ZIP-PELUM Zimbabwe			-	192,995	-	0 %	192,995	-	
Grand Total			549,680,117	718,630,252	246,358,686	34 %	472,271,566	10,983,740	

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 27 May 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

TOTAL FUNDING PER DONOR (TO PROJECTS LISTED IN THE APPEAL)**Table VI: Consolidated Appeal for Zimbabwe 2009**

Total Funding per Donor (to projects listed in the Appeal)

as of 27 May 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
Carry-over (donors not specified)	125,896,658	51.1 %	-
United States	38,817,538	15.8 %	-
Central Emergency Response Fund (CERF)	17,881,348	7.3 %	-
United Kingdom	14,552,960	5.9 %	-
Canada	8,998,809	3.7 %	-
Japan	6,584,000	2.7 %	-
Netherlands	5,702,703	2.3 %	2,887,747
Allocations of unearmarked funds by UN agencies	4,499,557	1.8 %	-
Australia	4,405,710	1.8 %	-
Russian Federation	3,000,000	1.2 %	-
Sweden	2,466,403	1.0 %	-
European Commission (ECHO)	2,212,492	0.9 %	-
Greece	1,757,759	0.7 %	-
Denmark	1,650,340	0.7 %	-
Norway	1,383,129	0.6 %	-
Ireland	1,278,754	0.5 %	-
Private (individuals & organisations)	1,162,860	0.5 %	-
Switzerland	1,021,689	0.4 %	-
African Development Bank	1,000,000	0.4 %	-
Finland	696,378	0.3 %	790,514
United Nations	472,492	0.2 %	-
Botswana	453,600	0.2 %	-
Luxembourg	278,552	0.1 %	-
Korea, Republic of	100,000	0.0 %	400,000
Estonia	74,509	0.0 %	-
Others	10,446	0.0 %	6,905,479
Grand Total	246,358,686	100.0 %	10,983,740

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 27 May 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

TOTAL HUMANITARIAN ASSISTANCE PER DONOR TO ZIMBABWE IN 2009

Table VII: Zimbabwe 2009

Total Humanitarian Assistance per Donor (Appeal plus other*)
as of 27 May 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
Carry-over (donors not specified)	125,896,658	31.1 %	-
United States	115,550,764	28.6 %	-
European Commission	56,309,459	13.9 %	6,808,134
Central Emergency Response Fund (CERF)	17,881,348	4.4 %	-
Canada	17,044,300	4.2 %	-
United Kingdom	14,552,960	3.6 %	-
Japan	8,842,620	2.2 %	-
European Commission (ECHO)	6,085,551	1.5 %	14,604,673
Netherlands	5,702,703	1.4 %	2,887,747
Allocations of unearmarked funds by UN agencies	4,499,557	1.1 %	-
Australia	4,405,710	1.1 %	-
Norway	4,174,025	1.0 %	-
Germany	3,549,136	0.9 %	-
Denmark	3,059,263	0.8 %	-
Russian Federation	3,000,000	0.7 %	-
Sweden	2,466,403	0.6 %	-
Ireland	2,173,170	0.5 %	-
Private (individuals & organisations)	2,072,860	0.5 %	-
Greece	1,901,321	0.5 %	-
Switzerland	1,193,773	0.3 %	-
African Development Bank	1,000,000	0.2 %	-
Finland	696,378	0.2 %	790,514
Luxembourg	672,253	0.2 %	-
United Nations	472,492	0.1 %	-
Botswana	453,600	0.1 %	-
Others	701,500	0.2 %	497,345
Grand Total	404,357,804	100 %	25,588,413

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 27 May 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

LIST OF COMMITMENTS, CONTRIBUTIONS AND PLEDGES TO PROJECTS NOT LISTED IN THE APPEAL

Table VIII: Other Humanitarian Funding to Zimbabwe 2009

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal
as of 27 May 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations.

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Appealing Organisation	Description	Funding	Uncommitted Pledges
Values in US\$			
Canada			
CARE Canada	Water and sanitation (M-013010)	241,546	-
CFGB	Food aid (M-013053)	5,636,071	-
MSF	Humanitarian assistance (M-013006)	805,153	-
Plan	Humanitarian assistance (M-013008)	307,971	-
SC	Health and medical (M-013007)	644,122	-
WV	Water and sanitation (M-013009)	410,628	-
Subtotal for Canada		8,045,491	-
Czech Republic			
MSF	CHOLERA RESPONSE: Emergency Healthcare Response (91534/2009-ORS)	131,234	-
Subtotal for Czech Republic		131,234	-
Denmark			
CARITAS	Long-term Humanitarian Crisis	1,056,692	-
Danish RC	Long-term Humanitarian Crisis	352,231	-
Subtotal for Denmark		1,408,923	-
European Commission			
Bilateral (to affected government)	Vital Health Services Support Programme 1+ 2 (9 EDF SAD 21)	11,936,340	-
UK-DFID	Targets urban poor (food package, health care, cash handouts); second phase of programme funded by UK and Australia (EDF B envelop 200M)	2,325,375	-
UN Agencies, NGOs and Red Cross	Water initiative (3 grants) (9 EDF RPR)	3,474,801	-
Various	Emergency governance package including funding for a TA to support GoZ to draft a governance commitment plan + support to the launching of first governance reforms + support to the launching of Transitional Justice initiatives	1,326,260	-
Various	European Instrument for Democracy and HR 2008	685,235	-
Various	European Instrument for Democracy and Human Right	928,382	-
Various	Fertilisers for current farming season; Capacity building Farmers Unions; Livestock: dip tanks rehabilitation and vaccines; Cotton training centres, Support to trade and marketing of agri products (8th EDF)	9,132,184	-
Various	Food security programmes	11,052,166	-
Various	Food security programmes	7,073,386	-
Various	Non State Actors/Local authorities (Thematic Programme)	1,900,972	-
Various	Support to NSA (Gender) (9 EDF ZIM 10)	1,105,216	-
Various	Support to NSA and Local Authorities (Thematic Programme)	948,276	-
Various	Support to Orphan and Vulnerable Children including payment of school fees	4,420,866	-
Subtotal for European Commission		56,309,459	-

The list of projects and the figures for their funding requirements in this document are a snapshot as of 27 May 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table VIII: Other Humanitarian Funding to Zimbabwe 2009
List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal
as of 27 May 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations.

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Appealing Organisation	Description	Funding	Uncommitted Pledges
Values in US\$			
European Commission Humanitarian Aid Office			
DWH	CHOLERA RESPONSE: Establishment of oral rehydration points and increased outbreak control capacity in communities affected by cholera in Harare and northern areas of Zimbabwe [ECHO/ZWE/BUD/2008/01010]	851,979	-
DWH	CHOLERA RESPONSE: Expansion of support to oral rehydration points and increased capacity to implement infection control measures in cholera treatment units in Zimbabwe [ECHO/SF/BUD/2009/01006]	395,257	-
DWH	WASH Emergency Response Unit (WERU) in Zimbabwe, Phase II (ECHO/ZWE/BUD/2008/01008)	858,369	-
GOAL	CHOLERA RESPONSE: Emergency public health WASH response: GOAL Emergency Public Health Programme to Respond to Zimbabwe Cholera Crisis [ECHO/ZWE/BUD/2008/01011]	352,269	-
MDM France	Access to primary health care for the population of Chipinge district [ECHO/SF/BUD/2009/01003]	555,995	-
UN Agencies, NGOs and Red Cross	CHOLERA RESPONSE: Continuing emergency response to cholera epidemics in southern Africa [ECHO/SF/BUD/2009/01000] (Part of 5.5 million pledged for ZIMBABWE, ZAMBIA and MOZAMBIQUE) (unallocated balance of orig pledge of 4.5 million)	-	3,994,593
UN Agencies, NGOs and Red Cross	Humanitarian aid to support vulnerable populations in Zimbabwe affected by the breakdown of essential health and water supply services [ECHO/ZWE/BUD/2009/01000]	-	10,610,080
WVI (Germany)	Emergency WASH project in support of health institutions [ECHO/ZWE/BUD/2008/01009]	859,190	-
Subtotal for European Commission Humanitarian Aid Office		3,873,059	14,604,673
France			
FRC	CHOLERA RESPONSE: Fourniture d'eau potable	319,693	-
Subtotal for France		319,693	-
Germany			
CARITAS Allemagne (DCV)	Covering feeding gaps of patients (VN05 321.50 ZWE 04/09)	383,202	-
Diakonie Emergency Aid	CHOLERA RESPONSE: Medical supply for treatment of cholera patients and regeneration of water supplies for hospitals (VN05 321.50 ZWE 06/09)	244,441	-
German RC	CHOLERA RESPONSE: Assignment of water treatment plants (VN05 321.50 ZWE 01/09)	471,674	-
HELP	CHOLERA RESPONSE: Support of medical centres in Harare (VN05 321.50 ZWE 02/09)	228,280	-
Humedica	CHOLERA RESPONSE: Provision of basic medical assistance to 10 mission clinics in Manicaland (VN05 321.50 ZWE 07/09)	449,885	-
ICRC	CHOLERA RESPONSE: Improvement humanitarian situation: health and water provision (VN05 321.50 ZWE 05/09)	1,312,336	-
Terre Des Hommes	Provision of food-items and water (VN05 321.50 ZWE 03/09)	459,318	-
Subtotal for Germany		3,549,136	-
Greece			
Bilateral (to affected government)	CHOLERA RESPONSE: Emergency Humanitarian Assistance to the people suffering from food and cholera crisis in Zimbabwe	143,562	-
Subtotal for Greece		143,562	-

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Table VIII: Other Humanitarian Funding to Zimbabwe 2009

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal
as of 27 May 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations.

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Appealing Organisation	Description	Funding	Uncommitted Pledges
Values in US\$			
Ireland			
Trocaire	Emergency Food Security Project (TRO 09 09)	500,715	-
Trocaire	Improve the food security, health and education of vulnerable populations (TRO 09 01)	393,701	-
Subtotal for Ireland		894,416	-
Japan			
UNICEF	Infectious Disease Prevention and Control in Children	2,258,620	-
Subtotal for Japan		2,258,620	-
Luxembourg			
MSF - Luxembourg	CHOLERA RESPONSE: Combat cholera epidemic	393,701	-
Subtotal for Luxembourg		393,701	-
Norway			
MSF - Norway	ZIB-09/009/MSF Cholera emergency extension	881,938	-
Norway RC	ZIB-09/002/IFRC-appeal Cholera Basic health care ERU	1,468,429	-
SC - Norway	ZIB-09/005/SC Emergency appeal - Emergency food aid	440,529	-
Subtotal for Norway		2,790,896	-
Portugal			
AMI	Improve population health status (IS167/CGII/DASC/2009)	65,618	-
Subtotal for Portugal		65,618	-
Switzerland			
UNICEF	WASH Secondment	172,084	-
Subtotal for Switzerland		172,084	-
United Arab Emirates Red Crescent			
IFRC	CHOLERA RESPONSE: Support the Federations appeal on the cholera in Zimbabwe (REF: 1/5/15-302)	10,000	-
Subtotal for United Arab Emirates Red Crescent		10,000	-

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Table VIII: Other Humanitarian Funding to Zimbabwe 2009

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal
as of 27 May 2009
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Appealing Organisation	Description	Funding	Uncommitted Pledges
Values in US\$			

United States of America

C-SAFE	86,050 MT of P.L. 480 Title II Emergency Food Assistance	68,119,000	-
CW	CHOLERA RESPONSE: Water, Sanitation and Hygiene (DFD-G-00-09-00105-00)	486,710	-
GOAL	CHOLERA RESPONSE: Water, Sanitation and Hygiene (DFD-G-00-09-00062-00)	426,219	-
IOM	CHOLERA RESPONSE: Water, Sanitation and Hygiene (DFD-G-00-09-00066-00)	400,000	-
JSC, Inc	CHOLERA RESPONSE: Logistics and Relief Commodities (TRN-C-00-09-00031-00)	17,132	-
Kuehne & Nagel	CHOLERA RESPONSE: Logistics and Relief Commodities (TRN-C-00-09-00029-00)	48,500	-
Various	Agriculture and Food Security; Risk Reduction	1,825,606	-
Various	Agriculture and Food Security; Water, Sanitation, and Hygiene	1,720,166	-
Various	Local and regional food procurement and distribution	2,519,964	-
WVI	Watsan and hygiene, agriculture and food security (DFD-G-00-07-00154-01)	1,169,929	-
Subtotal for United States of America		76,733,226	-

World Vision International

WVI	CHOLERA RESPONSE: WV Support Offices	900,000	-
Subtotal for World Vision International		900,000	-

Grand Total		157,999,118	14,604,673
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NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

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SUMMARY OF REVISED APPEAL REQUIREMENTS BY IASC STANDARD SECTOR

Table IX: Consolidated Appeal for Zimbabwe 2009

Requirements, Commitments/Contributions and Pledges (grouped by IASC standard sector)
as of 27 May 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	58,633,789	142,408,264	3,243,237	2%	139,165,027	7,598,648
COORDINATION AND SUPPORT SERVICES	3,056,116	5,137,890	1,543,462	30%	3,594,428	200,000
ECONOMIC RECOVERY AND INFRASTRUCTURE	11,678,328	11,221,539	-	0%	11,221,539	-
EDUCATION	28,820,400	73,710,400	237,526	0%	73,472,874	-
FOOD	320,465,314	289,357,398	173,559,382	60%	115,798,016	2,687,747
HEALTH	55,059,266	92,093,001	35,661,025	39%	56,431,976	-
MULTI-SECTOR	28,036,267	28,260,613	224,346	1%	28,036,267	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	15,225,506	16,123,930	3,154,833	20%	12,969,097	-
SAFETY AND SECURITY OF STAFF AND OPERATIONS	273,351	273,351	-	0%	273,351	-
SECTOR NOT YET SPECIFIED	6,500,000	4,675,634	1,124,742	24%	3,550,892	400,000
WATER AND SANITATION	21,931,780	55,368,232	27,610,133	50%	27,758,099	97,345
GRAND TOTAL	549,680,117	718,630,252	246,358,686	34%	472,271,566	10,983,740

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

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ANNEX II. ACRONYMS AND ABBREVIATIONS

4W	who, what, where and when
ACF	<i>Action Contre la Faim</i>
ACTZ	Action by Churches Together Zimbabwe
ADRA	Adventist Development and Relief Agency
AEA	Association of Evangelicals in Africa
AfDB	African Development Bank
AIDS	Acquired Immuno-deficiency Syndrome
ART	anti-retroviral therapy
ARV	anti-retrovirus
ASAP	A Self-Help Assistance Programme
ASO	AIDS Service Organization
BEAM	Basic Education Assistance Module
C4	Cholera Command and Control Centre
CA	conservation agriculture
CAP	Consolidated Appeal, or Consolidated Appeal Process
CERF	Central Emergency Response Fund
CFR	case fatality rate
CFSAM	Crop and Food Supply Assessment Mission
CFT	Chengao Foundation Trust
CHAP	common humanitarian action plan
CHS	community household survey
CMAM	community management of acute malnutrition
CMNSS	Combined Micronutrient and Nutrition Surveillance Survey
CPU	Civil Protection Unit
CRS	Catholic Relief Services
CSI	Coping Strategy Index
CSO	Central Statistics Office
DAPP	Development Aid from People to People
EAFRICA	Environment Africa
EC	European Commission
ECHO	European Commission Humanitarian Aid Office
EMOC	emergency obstetrics care
ER	early recovery
ERF	Emergency Response Fund
ERWG	Early Recovery Working Group
FAO	Food and Agriculture Organization
FCTZ	Farm Community Trust of Zimbabwe
FMD	foot and mouth disease
GBV	gender-based violence
Ha	Hectare
HA	HelpAge
HCT	Humanitarian Country Team
HIV	human immunodeficiency virus
HKI	Helen Keller International
IASC	Inter-Agency Standing Committee
IASC CT	Inter-Agency Standing Committee Country Team
IDP	internally displaced person
IDSR	integrated disease surveillance response
IEC	information, education, and communication
IMC	International Medical Corps
INGO	international non-governmental organization
IOM	International Organization for Migration
IRC	International Rescue Committee
IRS	indoor residual spraying
ISL	integrated sustainable livelihoods
IYCF	infant and young child feeding
LLIN	long-lasting insecticide-treated net

MDC	Movement for Democratic Change
MDG	Millennium Development Goal
MDTF	Multi-Donor Trust Fund
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoHCW	Ministry of Health and Child Welfare
MT	metric tons
MVP	mobile and vulnerable population
NEAB	National Education Advisory Board
NFI	non-food item
NGO	non-governmental organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
ORS	oral rehydration salts
OVC	orphans and vulnerable children
OXFAM GB	OXFAM Great Britain
PELUM	participatory ecological land use management
PHC	primary health care
PHHE	participatory health and hygiene education
PHHP	public health and hygiene promotion
PLWHIV	people living with HIV
PSI	Population Services International
PWG	Protection Working Group
SAM	severe acute malnutrition
SAT	Southern African AIDS Trust
SC	Save the Children
SC-UK	Save the Children United Kingdom
SGBV	sexual and gender-based violence
SME	small and medium-sized enterprises
SN	Safety Net
STERP	Short-Term Emergency & Recovery Programme
TEP	Temporary Employment Permit
TRF	Transitional Results Framework
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAIDS/ZAN	UNAIDS / Zimbabwe AIDS Network
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
US	United States
VGf	vulnerable group feeding
VHW	village health worker
VPV	victim of political violence
WASH	water, sanitation, and hygiene
WB	World Bank
WFLA	Women Farmers Land & Agriculture Trust
WFP	World Food Programme
WG	working group
WHO	World Health Organization
WVI	World Vision International
ZACRO	Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender
ZAN	Zimbabwe AIDS Network
ZANU-PF	Zimbabwe African National Union - Patriotic Front
ZAR	South African Rand
ZIMTRUST	Zimbabwe Trust
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZNNP+	Zimbabwe Network of PLWHIV and AIDS

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organizations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM), and United Nations agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- Strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- Resource mobilisation leading to a Consolidated Appeal or a Flash Appeal;
- Coordinated programme implementation;
- Joint monitoring and evaluation;
- Revision, if necessary;
- Reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- A clear statement of longer-term objectives and goals;
- Prioritized response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organization for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilisation. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on www.reliefweb.int/fts.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

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