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National capital
Major city
International boundary

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

0 100 200 300 400 500 km
0 100 200 300 mi

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EXECUTIVE SUMMARY

The crisis in Zimbabwe, apart from the problems faced by the rest of the region, has its own dynamics of causes and effects. What initially appeared as a food crisis in Zimbabwe in 2002 has turned into a major humanitarian emergency due to the deteriorating economy, immense policy constraints, the devastating effects of Human Immune-deficiency Virus / Acquired Immune-Deficiency Syndrome (HIV/AIDS), and depleted capacity in the social service sectors.

Zimbabwe has entered its fifth successive year of economic decline. The country faces critical shortages of foreign exchange to maintain essential infrastructure, fuel and energy needs. As of the end of June, the inflation rate reached 364% and is forecast to reach over 500% by the end of the year. The industrial and agricultural sectors have been severely undermined by the state of the macro-economy, causing mass unemployment and worsening rural and urban poverty.

The HIV/AIDS pandemic is also central to the crisis in Zimbabwe. Recent estimates indicate that around 34% of Zimbabwe's 15-40 age group is infected, and more than 2,500 people die every week of AIDS-related causes. The scale of the disease is such that all Zimbabweans are affected. Studies show that there is a link between mortality rates from AIDS and reduction in school enrolment, productivity in the agricultural sector, and the overall functioning of the social service sectors. HIV/AIDS increases the prevalence of sickness, undercutting household productivity and absorbing scarce resources.

The crisis at household level translates into escalated community and societal needs. However, the delivery of health and social welfare services is inadequate as lack of finance and the loss of human resources to emigration and HIV/AIDS undermine institutional capacity. Education and public utilities (water, sanitation and power facilities) are similarly affected, generating systemic humanitarian risk among the population. The self-perpetuating effect of the combined economic and HIV/AIDS crises is demonstrated at institutional level by the rise of malaria, tuberculosis and cholera cases as public utilities and preventative health systems breakdown, with particular effect on HIV positive persons whose immunity systems are fragile. The net result is earlier sickness and shorter lives.

The most serious manifestation of both economic and HIV/AIDS crises is the country's inability to provide food for its population. Although a more favourable climate has allowed agricultural production to improve over the past year, yields remain well below the cereal requirements. At the household level, the combined three years of poor and erratic rainfall has weakened assets and livelihoods. These trends have been compounded by insufficient agricultural inputs, a collapsed livestock sector, poor land utilisation, and poor policy measures which have constrained the effective distribution of cereals and reduced incentives to grow commodities.

Thus, Zimbabwe faces a severe food security crisis in 2003/04. With a cereals deficit close to 1.3 million metric tonnes (MTs), the country has sufficient food to feed its population for just four to five months. It is estimated that 5.5 million people will require food aid during the coming year. The Zimbabwe Government is unlikely to have the resources to finance a major maize import requirement. The need for large-scale humanitarian food aid has increased, as has the importance of greater private sector involvement in food importation. Though innovative schemes are being introduced, including subsidised market interventions to bring food into the urban areas, there remains a very worrying gap in national food needs.

The rapid and continued decline in the Government's capacity to support national food security and sustain life-saving social services will need to be urgently addressed by humanitarian agencies in 2003/04. A much greater attention to preparedness measures will be necessary to prevent starvation and increasing mortality.

The Consolidated Inter-Agency Appeal for Zimbabwe (July 2003 – June 2004) requests nearly **US$ 114 million**, mostly in the social services and agricultural sectors. **This figure does not include WFP's food aid requirements**, which are included in the Regional Consolidated Inter-Agency Appeal for Southern Africa, for a total regional food aid requirement of US$ 308 million.

The Consolidated Inter-Agency Appeal (CA) for Zimbabwe is notable for the depth and scope of Non-Governmental Organisations' (NGOs) involvement in both elaborating the Common Humanitarian Action Plan (CHAP) and appealing for funds. NGOs are appealing for nearly US$ 30 million and will continue to play a decisive role as implementing partners for the World Food Programme (WFP).

The 2003/04 Zimbabwe CAP intends to respond to this humanitarian crisis by concentrating on three main areas of humanitarian response:

- preventing loss of life through food, nutrition, and critical health interventions;
- mitigating the impact of the crisis on vulnerable groups by supporting household livelihoods and basic services, and addressing the impact of HIV by increasing humanitarian support to prevention programmes, nutritional support, home based care, and drug supplies;
- further developing a productive dialogue among humanitarian stakeholders to strengthen coordination and provide the focus which is critically required to protect the most vulnerable people in Zimbabwe.

Recovery interventions and policies are essential to reducing reliance on international relief assistance and strengthening food security. Recovery, however, is only viable if a wide range of reforms takes place. The international community is committed to supporting all reforms aimed at long-term resolution of problems affecting the most vulnerable.

Project Summaries for the Zimbabwe Appeal can be found on http://www.reliefweb.int/ and in the southern Africa CD-Rom under "Compendium of Projects: Consolidated Inter-Agency Appeal for Zimbabwe (July 2003-June 2004)".

UN Consolidated Inter-Agency Appeal for ZIMBABWE (July 2003-June 2004)

Summary of Requirements

By Appealing Organisation

as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements
ALC	133'000
ANPPCAN Zimbabwe Chapter	60'359
CARE	1'338'417
Childline - Zimbabwe	24'077
Christian Care	98'733
City of Harare - Community Services	95'000
CPC	100'000
CRS	2'416'954
FAO	20'891'000
FCTZ	2'005'736
FOST	175'330
FST	20'000
GAPWUZ	138'483
German Agro Action	1'910'000
GOAL Zimbabwe	3'958'182
ILO	175'000
IOM	500'000
IPA	90'000
LHH	148'000
MCI	440'000
MEDAIR	1'671'143
Mvuramanzi Trust	338'000
OXFAM GB	750'000
PSZ	102'266
SAFIRE	40'000
SAHRIT	30'000
SC UK	6'303'607
SCN	4'096'859
SSYP	48'000
TFZ	65'000
THH	324'480
UNAIDS	419'000
UNDP	46'968'230
UNDP/RRU	644'062
UNFPA	1'039'640
UNICEF	9'587'039
UNIFEM	150'000
WFP *	0
WHO	3'472'210
WVZ	797'050
ZAPSO	105'000
ZCDT	643'000
ZiFAYA	97'000
ZIMRIGHTS	60'000
ZLWVA	200'000
ZNCWC	45'000
ZNFP	1'114'000
Grand Total	**113'828'857**

* Please see WFP – SOA –03/FO3 in the Regional Appeal for Southern Africa

UN Consolidated Inter-Agency Appeal for
ZIMBABWE (July 2003-June 2004)
Summary of Requirements - by Sector
as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original requirements
AGRICULTURE	23,030,473
COORDINATION AND SUPPORT SERVICES	3,314,232
ECONOMIC RECOVERY AND INFRASTRUCTURE	42,785,736
EDUCATION	3,669,121
FAMILY SHELTER AND NON-FOOD ITEMS	290,000
FOOD *	6,148,467
HEALTH	25,228,063
PROTECTION/HUMAN RIGHTS/RULE OF LAW	2,918,655
WATER AND SANITATION	6,444,110
Grand Total	**113,828,857**

* Note that WFP's food aid requirements for Zimbabwe are included in the Regional Appeal for Southern Africa.

1. Progress Made and Lessons Learnt Towards Stated Goals and Objectives

1.1 Progress Made

Mass starvation and high rates of malnutrition were avoided as donors and the Grain Marketing Board (GMB) gave strong support to food sector programmes that constituted the major component of the response plan (80% of total CA budget), and also funded large-scale nutrition interventions (mostly external to the CA). In contrast, donor response to priorities in the basic social service sectors (health, education and water and sanitation) was low at US$ 12,107,500 through the CA. This may be partly because the relevant goals and proposed programmes were not sufficiently focused on relief objectives, and partly due to a donor preference for direct interventions through NGOs, rather than engaging with Government institutions. The quality of social services has declined further during the past year to the point where delivery of minimal essential services is threatened or already inadequate. The goals and sector plans in the new CA include a commitment to maintaining minimum standards in delivering life-saving and essential services.

Funding to agriculture was limited and late for seasonal inputs, but significant financing outside the CA allowed substantial progress toward sectoral goals[1] including preserving food security and coping mechanisms at household level. Though there was no funding at all to HIV/AIDS as a CA sector, large-scale programmes aiming to address the issue were implemented outside the CA.

The role of Government has been the critical determinant in meeting the goals and objectives set out in the CA 2002/3. Despite consistent efforts on the part of the United Nations Humanitarian Coordinator (UN HC) and agencies throughout the year, coordination and cooperation between the Government and the humanitarian agencies could be much improved. For example, needs assessments are the cornerstone in planning an effective response. However, the assessment process has frequently been difficult and delayed with negotiations, sometimes taking several months.

The Government also strongly influences the operational environment, including issues such as respect for human rights and humanitarian principles, and NGO operations. NGOs are integral to humanitarian planning and implementation capacity, so that restrictions or delays in building their capacity and constraining their operations impact directly on the speed and volume of aid delivery to beneficiaries. At the policy level, Government commitment is a precondition to the strategic aim of moving toward recovery and a development agenda. Fostering stronger linkages between the Government and the humanitarian agencies, based on a shared commitment to humanitarian principles, remains a priority into 2003/4.

After a substantial policy dialogue with the UN HC and the UN Country Team (UNCT), the Government of Zimbabwe (GoZ) decided on 15 July 2003 that it would request the UN to launch an appeal for humanitarian assistance from the international community.

1.2 Lessons Learned

The main lessons learned over the past year are:

Sectoral Working Groups

Sector Working Groups (SWG) were established to ensure a coordinated approach to implementation and monitoring of interventions by the Government, UN agencies and NGOs, share information and experiences and avoid duplication of resources. These functional ways of working provided the most effective ways of building complementarities, and need strengthening further during the coming year.

Emergency Preparedness

The course of the crisis over the next year is unpredictable. In addition to CA planning and implementation, humanitarian stakeholders will need to ensure that adequate emergency preparations are made for the possibility that the humanitarian environment could deteriorate at short notice beyond the likely scenario or the worst case scenario set out in this document. Plans for such contingencies are in place at joint country team level and at individual agencies, which should be regularly reviewed, and appropriate resources prepared.

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[1] FAO/WFP Food and Crop Supply Assessment report June 2003.
There is concern that GMB will not have sufficient resources, to import these quantities. The planned response to food aid requirements is described under the following section of this document: Strategic Objective 1: Preventing loss of life

Policy Dialogue with Government

The existing efforts by the UN HC in managing the humanitarian dialogue with the Government needs to be further emphasised. This has been through a forum that brings together the Government, donors, UN and NGOs. The forum would also strengthen monitoring mechanisms and make better use of monitoring reports, in addition to increasing shared understanding of the evolving situation.

Link between the Humanitarian Assistance and the Longer-term Programmes

Strengthening recovery aspects in the current humanitarian response is essential if long-term sustainability is to be achieved. The current policy environment often hinders opportunity for improving the links between humanitarian interventions and longer-term goals. However, during the planning and implementation stages, this should be considered whenever feasible. This is an approach that will need to be considered, particularly within the United Nations Development Assistance Framework context (UNDAF).

Effective Vulnerability and Needs Assessment, and the Monitoring of Programme Impact

Vulnerability assessment and programme monitoring determine the effectiveness of humanitarian effort to a large extent. Agencies need to continue to strengthen these instruments internally and prioritise them in discussions with the Government of Zimbabwe. Accurate information is specifically needed on the inter-linkages between HIV/AIDS and food security. Information generation and dissemination needs to be strengthened to focus on programme delivery and provide feedback on changing needs among beneficiaries. One of the most effective means of developing this capacity will be through the establishment of the Relief and Recovery Unit (RRU) field offices, which will liase directly with local communities, sub-national government offices, NGO field offices, and other UN field offices.

Urban Vulnerability

There is still insufficient data about urban vulnerability. More assessment work will need to be done and the urban sector needs to have a greater focus through better coordination structures.

2. Complementarities With Other Actors

In contrast with other countries in the regional appeal, opportunities to link the humanitarian operation with development agencies and agenda is limited. Maximising complementarities with the Government of Zimbabwe is a stated goal/objective in the CA - the Government has been invited to engage at each stage of the present planning process.

Humanitarian organisations in Zimbabwe, including NGOs, the Red Cross, donors and UN agencies coordinate actively to ensure complementarity at strategic and operational levels. All of these groups participated fully in this Consolidated Appeals Process (CAP), resulting in a high degree of consensus on the strategy. Operational coordination is also improving as several humanitarian agencies are actively engaged in joint planning and programming in the following areas:

- coordinating the various components of food assistance both within the CA and with externally funded programmes (e.g. free basic food distribution with subsidised market interventions; UN, bilateral and Government activity plans);
- using food aid where appropriate as a method to achieve goals in other sectors (e.g. seed protection, food-for-work [FFW]).
- integrating HIV/AIDS in beneficiary targeting (e.g. vulnerability analysis), and project design across the sectors (e.g. labour-saving agricultural interventions) and coordinating strategy with agencies implementing programmes external to the CA;
- joint assessments, including non-UN partners such as donors, NGOs, Government.

3. Humanitarian Context

The main causes of the humanitarian crisis identified in the 2002/3 CA were: policy constraints; socio-economic conditions; environmental factors (drought and cyclone Eline); all of which were aggravated by the impact of HIV/AIDS. These factors remain valid into the coming year. However, the relative strengths of each and their interplay in generating the crisis have altered significantly. Despite erratic rainfall, a more favourable climate has allowed agricultural production to improve over the past year, though yields remain well below average. The policy environment remains constrained and trends in the economy and HIV/AIDS pandemic continue to deteriorate, impeding opportunities to reduce vulnerability, rebuild livelihoods and make a transition toward social and economic recovery. The reluctance of donors to fully fund critical social sectors meant that important activities in those sectors could not be carried out and thus could not complement the impact of food relief on improving survival and thereby mitigating suffering.

Causal Factors

State control of prices, currency exchange rates and a monopoly on the import and marketing of maize and wheat are characteristics of an economic framework within which the economy has contracted by one third in four years. Real Gross Domestic Product (GDP) in 2002 was –13%[2] and the trend is forecast to continue in 2003. All key sectors declined in 2002, with the agricultural sector down by 24.6%, manufacturing by almost 20%, and mining by 7.1% and tourism by 48%. Structural unemployment is estimated at over 70% and rising as the major sectors generating employment and foreign exchange (noted above) continue to contract. Officially recorded annual inflation reached 364% by the end of June 2003, up from 208% in January, and is forecast to reach over 500% by the end of the year. However, this inflationary estimate may not take account of the increasing contribution of the parallel markets to the inflation in the economy.

The exchange rate in the informal economy, for example, is in the range of Z$ 2,000 to Z$ 2,300 per US$ 1, as compared with the official rate of Z$ 824 to the US$ 1. Scarce foreign exchange translates into shortages of essential imports for both consumption and production including food, drugs, vaccines, energy and fuel, agricultural inputs, spare parts and equipment. The Government's economic policy has not attracted the support of international credit institutions, donors or foreign direct investment. Zimbabwe's external debt stood at US$ 4.5 billion including arrears of over US$ 1.4 billion by the end February 2003, indicating an unsustainable debt per capita. The International Monetary Fund (IMF) suspended Zimbabwe's voting rights in June 2003.

> The Government's Appeal document recognises that the country is currently facing severe macro-economic challenges. The document states that the country is experiencing high levels of inflation, the GDP has declined for the past four years and there are marked shortages of essential commodities, compounded by low levels of foreign exchange reserves. The high levels of external arrears and declining foreign direct investments have exacerbated the foreign currency problems.
>
> The Government Appeal indicates that Zimbabwe has also faced political and social tensions during the process of redressing the past inequalities. It states that the Land Reform Programme has necessitated hard choices for the Government, and its Appeal recognises that the international community has been unwilling to work in the new re-settlement areas where there are problematic issues of vulnerability and higher malnutrition rates.
>
> The Appeal document re-iterates the Government's position that land reform will continue to be the Government's major vehicle for propelling the country onto a path leading to more balanced, equitable, just and sustainable development. The programme will remain the Government's main strategy in poverty reduction.
>
> Moreover, the Appeal document states that in addition to these challenges, the country has had to grapple with the weather induced humanitarian crises faced by almost the whole of southern Africa. This food crisis has been further deepened by the HIV/AIDS crisis that has created conditions conducive to the perpetuation of chronic poverty.
>
> The Government's own analysis in its Appeal document recognises that the deadly combination of food shortages, malnutrition and HIV/AIDS in the face of economic decline poses a huge challenge to the viability of the Government's own economic strategy, whose response is articulated in the National Economic Revival Programme (NERP). The NERP has outlined policies that encourage the participation of Government, Private Sector, NGOs and the donor community who are all engaged in humanitarian work, as well as envisioning programmes which will deal with the worsening problems of urban poverty.

[2] Source (all statistics in this paragraph): UNDP and FAO
Source: UNAIDS
Source: UNICEF

HIV/AIDS is a critical and complex factor in the crisis in terms of the depth and breadth of its effect throughout Zimbabwean society. Approximately 34% of the adult Zimbabwean population is HIV positive, of whom 2,500 die per week. Death and sickness has crippled the society to the point where recovery to previous standards on the human development index (HDI) may take a decade or more of sustained development. The current crude mortality rate (CMR) is 0.65/10,000 per day, according to the United Nations Children's Fund (UNICEF). In fact, the pandemic is the single cause of two thirds of the daily deaths in the country. HIV/AIDS also eroded the human resource capacity of organisations to respond to growing needs and adds to attrition within the public sector. This is further compounded by the emigration of qualified personnel.

Arresting HIV infection rates and dealing with the needs and circumstances of HIV positive infected and affected people, represents a challenge to all stakeholders. The complex socio-economic context of the HIV/AIDS pandemic necessitates policy work on poverty and other socio-economic issues, collective engagement through the public, private and civil society sectors, plus a focus at household and community level, and particularly on the distinct capacities and vulnerabilities of women and men. Current infection rates for girls are recognised to be approximately double those of boys. In Zimbabwe a 15-year-old girl has a one-in three chance of surviving to her mid-thirties.

The under-funded and weakened social service sectors mainly health and education also bear the brunt of both the economic crisis and the HIV/AIDS epidemic, contributing to a decreased access to health care, poorer quality of services, shortage in health workers and teachers, and increased illness and suffering.

Agriculture is a particularly important sector economically and in terms of household food security. Profound land ownership changes, price controls and shortages, and non-affordability of crucial inputs affected agricultural production. These trends combined with the erratic rains during the agricultural season further exacerbate the situation. Controlled prices of maize and wheat at artificially low levels constrict import capacity and facilitate illegal export to other markets. As a consequence, the GMB is not expected to sustain imports at 2002/3 levels.

Consequently, according to the FAO/WFP Food and Crop Supply Assessment report of June 2003, the national production for the 2002/2003 agricultural seasons is well below total cereal requirements of 2,382,000 MTs, for the coming year. In fact, production through commercial agriculture has further declined, accounting for only 28% of the total 2003 maize production. An estimated harvest of *980,000 MTs of all cereals will be enough to feed the whole country for approximately five months only. The deficit to be filled by commercial imports and food aid for the 2003/2004 marketing year is estimated at 1,287,000 MTs. This amount is equivalent to just over two thirds of what it was last year, at 1.7 million MTs. It is assumed that commercial/GMB cereal imports would amount to 677,000 MTs, including 298,000 MTs of wheat; which would leave a cereal deficit to be covered by food aid of 610,000 MTs for cereals alone. Of this amount, 140,000 MTs are already in the pipeline: this leaves uncovered food aid requirements for the 2003/2004 marketing year at 470,000 MTs of cereals. This is summarised in the table below:

Table 3.1 Cereal Supply/Demand Balance, April 2003/March 2004 ('000 MT) [1]

	Maize	Millet & Sorghum	Wheat	Rice	All Cereals
Domestic Availability	**891**	**86**	**115**	**3**	**1,095**
Opening stocks	88[2/]	2	25	-	115
Production	803	84	90	3	980
Utilisation	**1,871**	**86**	**413**	**12**	**2,382**
Food use	1,412	153	341	12	1,918
Feed use	150	-	-	-	150
Seed use and losses	110	12	12	-	134
Cross commodity substitution	79	(79)	-	-	-
Closing stocks	120	-	60	-	180
Total Import Requirements	**980**	**-**	**298**	**9**	**1,287**
of which:					
- **Commercial imports**	**370**	**-**	**298**	**9**	**677**
already contracted	*174*		*-*	*-*	*174*
Still to be contracted	*196*		*298*	*9*	*503*
- Emergency Food Aid	**610**	**-**	**-**	**-**	**610**
in the pipeline [3/]	140				140
still to be pledged	470	-	-	-	470

1/ Barley production is not included in this food balance sheet since most of it is used for commercial brewing purposes.
- Negligible or none.

2/ Of which about 36,000 MTs are maize food aid stocks of WFP and other NGOs.

3/ Pipeline maize food aid stocks of WFP and NGOs.

While it is the obligation of the Government to provide for the food needs of the population, recognising the current foreign exchange shortages the Government is facing, and which are projected to continue within the year, the assumption of 677,000 MTs being targeted as commercial imports will most likely not be met. In addition, while the private sector should be given the opportunity to play a critical role in the reduction of the gap, the populations being targeted will not necessarily have the purchasing capacity. It is therefore apparent that food security will become extremely precarious within the year. Thus, the humanitarian community will therefore need to be fully prepared for a much more serious possibility of a rising requirement for food aid, beyond the above estimate, during the early part of next year. One key strategy is the support to market intervention, with food subsidies, particularly in the urban areas, as will be attempted through the Consortium for Southern Africa Food Security Emergency (C-SAFE) programme. The phasing of the food aid requirements will need to be done, in order to determine when to affect the interventions appropriately. WFP's Regional EMOP for southern Africa includes 457,700 MTs of food aid from July.

In its Appeal document, the Zimbabwe Government's own maize supply analysis has been stated as:

Opening Maize Stocks 284,008 MTs
National Production – 900,000 MTs
Available maize stocks – 1,184,008 MTs
National requirements – 1,895,843 MTs
Possible deficit – 711,835 MTs

On the basis of this data, the Zimbabwean Government has indicated that up to 5 million vulnerable people will require 600,000 MTs of cereals between July 2003 and June 2004 and has, therefore, appealed for assistance in meeting all of this requirement from the donor community through the UN.

In addition, the Government has stated that 72,880 MTs of supplementary food is required for 2,286,653 vulnerable children, and 72 MTs of therapeutic foods for 51,542 vulnerable children, as summarised below:

Target group	Estimated number of beneficiaries	Food item	Total requirement
General food distribution	5.0 million	Cereals	600,000 MTs
Children <59 Months up to Grade 7	2,286,653	Maize/Soya blend	72,880 MTs
Severely malnourished children	51,542	Therapeutic feeding formula	72 MTs
Severely malnourished children	51,542	Vitamin A Capsules	714,300 IU

Weather patterns in the last part of the current growing season have been more favourable and most provinces have had late rains enabling the increase in production. However, the areas of Matebeleland North and parts of Manicaland and Midlands received very little rainfall, and food insecurity remains particularly high. While the extent to which the environment as a cause of the crisis has relatively improved this year, policy factors (land ownership, marketing monopoly, price controls) would have to be reformed in order to generate a sustained recovery in agricultural production. Macro-economic conditions and the land re-settlement programme continue to disable commercial agriculture. Recommendations on land reform set out in the 2002/3 CA have not been implemented.

The livestock sector, including both cattle and small species, was also severely affected by the crisis, including macro-economic conditions, e.g., two consecutive drier-than-normal seasons and consequent water and grazing shortages, weakened veterinary services, disease burden, including a spreading Foot-and-Mouth disease (FMD) epidemic. At the household level, a marked increase in the number of livestock sold compounds the losses due to other factors, to the point that a vast number of vulnerable households has next to nothing left in terms of stock. The terms of trade have also drastically worsened at the household level. Thus a livestock based household economy has to dispose of more assets in order to fulfill its purchases of grain necessities.

In its Appeal document, the Government has provided a chronology of how recent rainfall patterns have contributed to the current food insecurity in the country, which have eroded the population's coping mechanisms.

- 1999/2000: The country experienced the effects of Cyclone Eline flooding. The southern parts of the country, which were declared a State of Disaster in 1998 due to El Niño, were declared same in 2000 due to Cyclone Eline. The rest of the country was affected and crop production reduced during too much rain.

- 2000/01: The country suffered from a mid-season dry spell in January, coupled with excessive wet conditions in February, negatively impacting on cropping in most areas of the country and reducing yields.

- In 2001/02, the country entered the agricultural season with food shortages necessitating food imports. The season was generally poor for agricultural production; characterised by excessively wet first half while the second half (January to February) was very dry especially in the southern parts of country. Records have indicated that the dry spell during the second half of the season was the longest dry spell in the last twenty years and was ranked fifth, in terms of drought severity.

- The 2002-2003-rainfall season came against the backdrop of a weak El Niño even in the eastern equatorial Pacific, which only petered off during early 2003. As a result, prolonged dry spells and patchy rains largely characterised the 2002/03-rainfall season particularly in the Midlands, and Matebeleland South and North Provinces. However, the latter part of the second half of the season (January to March) saw the development of various rain-bearing weather systems which brought a lot of rainfall leading to flooding in Mashonaland central, southern sections of Manicaland and Masvingo provinces.

- The Government analysis describes three kinds of drought – **meteorological** drought**,** where rainfall levels are far below the norm of 75% of the long-term rainfall average of 65mm in any one season; **hydrological** drought where there is a deficit of run-off water into rivers and dams; **agricultural** drought where the availability of soil moisture for rain fed crops is inadequate.

- In view of these continuing problems, the Government has adopted a National Policy on Drought Management. The policy addresses implementation structures from a national to village level and stresses the need for greater preparedness.

- A public works programme was introduced to cushion vulnerable groups affected by the drought. A total of 1.3 million households benefited from the programme in the 2002-3 drought period.

4. Humanitarian Effects

The macro-economic crisis has eroded incomes and purchasing power at household level, leaving families increasingly vulnerable to poverty and food insecurity. Basic food items such as bread, milk and sugar as well as maize-meal, are usually unavailable on the official market and prices are out of reach for the vulnerable in the informal market. A significant humanitarian effort has led to limited malnutrition rates of 5%, nationally. However, the prevalence of under weight-for-age at 17% and stunting at 26% point to a high level of vulnerability in the population. In fact while the severe malnutrition level is 1.4% nationally, the prevalence rate is 2% in 15 districts out of 58 nationally.

HIV/AIDS increases the prevalence of sickness, undercutting household productivity and absorbing scarce resources. The economic and HIV/AIDS factors are mutually reinforcing, each exacerbating the other with devastating effect on people's lives and livelihoods. This vicious circle is illustrated by a reported increase in transactional sex ('sex-for-food') as a dangerous survival strategy of last resort in the face of eroded household income and resources. The illness or death of an adult female threatens food security, often leading to the dissolution of the family. A survey carried out in two Zimbabwean districts in 2000 revealed that two-thirds of households that had lost a key adult female had disintegrated and dispersed.

While the crisis raises humanitarian risk generally among the population, it affects different groups specifically, generating fragmented vulnerabilities. The land reform programme, while having led to access to land to the landless, has also led to the serious loss of livelihoods of commercial farm workers. A number of sources estimate that almost 300,000 former commercial farm-workers have lost their livelihoods. In addition, over 85,000 former mine workers and other workers retrenched by a declining industrial sector, face real challenges as they eke out a living. Together with their families this group amounts to approximately 2 million people. Food security is seriously threatened and social services, particularly clinics, and schools are either absent or not functioning in many former commercial farming areas. However, humanitarian access to understand and respond to the needs of these populations has been difficult to negotiate and remains severely limited. Simultaneously, newly settled farmers and their families are also identified as being potentially vulnerable.

Population mobility often reflects and heightens vulnerability, including to HIV/AIDS. Rural to urban movement and migration to neighbouring countries is on the increase. The emigration of large numbers of professional, management and technical personnel further diminishes institutional capacity across the public and private sectors including social services, business and community organisations.

Human rights and humanitarian principles are also affected. The neutrality of humanitarian organisations, impartial needs-only-based delivery of assistance, and access to populations of humanitarian concern are vital issues. Other rights include, the rights of the child, the right to food, and the right to an adequate standard of living. These fundamental rights and the dignity of beneficiary populations require active protection by the Government and all other humanitarian stakeholders, all of whom engaged in two workshops to review humanitarian principles and their practice and the gender dimensions of humanitarian work in April 2003 and May 2003, respectively.

Approximately half the population of Zimbabwe is under 18 years of age. This group is already seriously affected by HIV/AIDS. Almost 800,000 children have already been orphaned by the pandemic, making them extremely vulnerable in terms of food security, protection of human rights, education and HIV/AIDS. The prevalence of wasting and stunting among the orphans is particularly high. The school environment is key to helping children not only acquire formal education but also in developing life skills, awareness raising, providing a protective environment, and acting as a hub for delivering assistance such as food and vaccines. Full vaccination coverage stands at 76% of children nationally, compared with an internationally recognised minimum standard of 95%[3]. This highlights the importance of monitoring and responding to school dropout rates.

Geographically, the areas of Matebeleland North and South, and southern areas of Masvingo, Manicaland and Midlands have been hardest hit by the drought. As the crisis extends into a fifth year, vulnerability among urban populations also appears to be on the rise. This increase is attributed to the continued deterioration in economic activity and employment as coping strategies and resources reach exhaustion point in many households. It is reflected in the prevalence of "hot spots" in wasting and stunting among the most vulnerable children, according to the UNICEF reports. Moreover, the patterns of

[3] The Sphere Minimum Standards in Disaster Response

family coping strategies, which previously involved a flow of support from urban to rural areas, now flow increasingly in the opposite direction. Urban populations are also particularly vulnerable to breakdowns in the public health, water and sanitation services. As these facilities are stretched further, outbreaks of water borne (e.g. cholera) and other infectious diseases are expected to increase, with particular effect on the very young, the old, and HIV positive.

Table 4.1: A Sample of Social and Economic Indicators on Zimbabwe

INDICATOR	1999	2000	2001	2002	2003	SOURCE
DEMOGRAPHIC						
Total Population (millions)	11,4	13,6	14,5	11,6	11,6	CSO, 1997,2002
Population under 18 yrs (millions)*	7,3	7,5	7,6	7,9	6,7	CSO, 1997, 2003
Population under 5 yrs (millions)*	2,5	2,5	2,5	2,5	1,8	CSO, 1997
Life expectancy at birth	40	-	35,4	33,1	33,1	UNDP HDR, 2003
Annual population growth rate	1.7	1.4	1.4	1.2	1.1	WHO, 2000
**Projection based on 2003 Population Census, CSO 2003)*						
ECONOMY						
Population classified as poor (below TFPL) (%)	-	75	75	80	80	CSO, 2001; MFED, 2002
Inflation rate	56	85	-	175	364	CSO, 2002
Real GDP growth rate %	0.2	-5.1	-7.3	-7.3	-9	MoFED, 2001, 2002
HEALTH						
No. of infant deaths per 1,000 (Infant Mortality Rate (IMR)	99.7	65	76	-	-	UNDP HDR 2003
No. of children deaths under 5 per 1,000 (<5MR)	102	123	-	-	-	UNDP HDR 2003
% of 1-yr-old children fully immunised (BCG)	82	81	52	-	-	MoHCW, 2001
% of 1-yr-old children fully immunised (DPT3)	47	77	52	-	-	MoHCW, 2001
% of 1-yr-old children fully immunised (Measles)	70	70	52	-	-	MoHCW, 2001, 2002
% of 1-yr-old children fully immunised (OPV3)	71	69	52	-	-	MoHCW, 2002
% of under-five deaths due to acute respiratory infections (ARI)	16	-	-	-	-	DHS, 1999
Expanded Programme of Immunisation	78	-	-	-	58	DHS 1999, EPI Survey 2003
REPRODUCTIVE HEALTH						
Maternal mortality ratio per 100,000 live births	695	-	-	-	-	DHS, 1999
% of births with skilled assistance	73	-	-	-	88	DHS, 1999;SSR, 2003
% of girls aged 19 with children or pregnant	45.6	-	-	-	-	DHS, 1999
NUTRITION						
%, Moderate – severe stunting (under-five)	27	-	27	20.4	-	VAC 2002, UNDP HDR 2003
% Moderate – severe underweight (under five)	13	-	13	-	-	UNDP HDR 2003: VAC 2002
% Moderate – severe wasting (under five)	14	-	-	-	-	DHS, 1999;VAC 2002

EDUCATION						
% of children enrolled in pre-school (3-5 yrs)	35	41	-	-	-	EMIS-MoESC, 2001
% of gross primary enrolment ratio	107	110.3	-	-	-	EMIS-MoESC, 2001
% Net primary enrolment ratio	89.2	92.5	90.4	-	-	Millennium education report 2001
% of net primary enrolment ratio (boys)	92	95	-	-	67	EMIS-MoESC, 2001;SSR, 2003
% of net primary enrolment ratio (girls)	87	90	-	-	63	EMIS-MoESC, 2001
WATSAN						
% HHS with access to safe sanitation (rural)	39	39	36	36	34	MoHCW 2000, 2002
*% HHS with access to safe water (rural)	-	72	-	77	69	MoHCW 2000, SSR 2003
*% HHS with access to safe water (urban)	100	83	100	100	100	MoHCW 2000, 2002, UNDP HDR 2003
HIV/AIDS						
% of HIV prevalence among adults	-	25	33.7	33.7	33.7	NACP, 2000, UNAIDS 2002
% of infection rates 19-24 yrs (female)	-	25	35	29	29	NACP, 2000, MoHCW 2002
% of children born HIV infected	-	12	-	-	-	DHS, 1999, UNAIDS 2002
Estimated No. of children died from HIV/AIDS	-	-	240,000	-	-	UNAIDS 2002
Estimated No. of children under-15 infected with HIV/AIDS	-	-	56,000	-	-	UNAIDS 2001
CHILD PROTECTION						
Estimated No .of orphans (one or both parents deceased)	-	650,000	780,000	-	-	NACP 2000
Estimated No. of children with disabilities	-	150,000	-	-	-	ED report, MoHCW, 2000
Estimated No. of children on and off the streets	12,000	-	-	-	-	DSW &WHO, 2002

*Numbers do not reflect the working condition of the water points
Source (all statistics in this paragraph): UNDP
Source: UNAIDS.
Source: UNICEF

4.1 Scenarios

Two scenarios are described below: critical, and best case. The critical scenario is predicated on the existing context and trend of deterioration, which is thought likely to prevail into the coming year. Humanitarian planning is therefore based on the critical scenario. Though the pace and sequence of developments are uncertain, there is consensus among the humanitarian community regarding the direction of the crisis, i.e. escalation. The best-case scenario is predicated on a transformation in the policy environment. Although a rapid shift in policy could occur at very short notice, the prospects are thought unlikely at present.

Critical Scenario

This scenario is an extrapolation of the trend over the past two years. HIV/AIDS and economic degradation would continue to stretch coping mechanisms to further breaking point for many households. Government capacity to meet the basic needs of the population through delivery of essential services and humanitarian assistance would be further eroded. Levels of malnutrition, disease, sickness and death would rise, and the gap in humanitarian needs requiring international relief assistance could greatly expand. The key mitigating factor would be household food security.

The operating environment may become more difficult due to logistical difficulties, as the economy and infrastructure further deteriorate, and particularly if there is a breakdown of civic order. Crime rates and civil instability may threaten humanitarian staff and operations as well as the general population. Human rights and humanitarian principles could come under increasing pressure. The risk of instability and population displacement is heightened. Population movement could complicate delivery of assistance. NGOs capacity will remain crucial to effective response. The loss of qualified and experienced personnel to emigration or HIV/AIDS will continue to impede Zimbabwean capacity, not least among local organisations engaged in humanitarian work, including the NGOs.

Best Case Scenario
This scenario would involve the revival of a productive dialogue by the Government of Zimbabwe with domestic and international stakeholders regarding a range of issues, specifically governance, rule of law, human rights and economic reforms. A greater recognition of humanitarian principles and access would be required. Moreover, it will be essential that economic reforms are undertaken such as: a managed realignment of currency exchange rates; further dismantling of the price control systems; grain marketing monopoly removal; and the implementation of budgetary focus on pro-poor policies. This will need to be followed up simultaneously with a large-scale injection of funds toward recovery and development, when international partners respond.

These conditions would likely result in the stabilisation of the economic crisis and create opportunities for humanitarian programmes to link with development objectives, leading to a transition and gradual recovery in the medium-term. However, in the short-term, market liberalisation could cause additional hardship and it would take some time for positive effects to reach the most vulnerable, particularly because of the destructive effect of HIV/AIDS on families' and institutions' ability to recover. Therefore, significant humanitarian assistance would continue to be required in the coming year. An improvement in the operating environment (access to target populations, fuel and foreign exchange availability, NGO capacity) as well as stronger partnership with Government, particularly in supporting public services and utilities, would realise greater efficiency in implementation and effectiveness in impact.

4.2 Strategic Goals and Priorities

Main Goal
The overall goal of the humanitarian effort is to save lives, protect household livelihoods, mitigate the impact of the HIV/AIDS pandemic, and where feasible, initiate recovery processes. Within this overarching goal, the strategic objectives of the humanitarian community in Zimbabwe, which will be implemented in accordance with the humanitarian principles, are as follows:

Strategic Objective One: Preventing Loss of Life
A large proportion of the Zimbabwean population of 11.6 million will continue to depend on food aid for survival over the coming period. It is estimated that 5.5 million people will require food assistance at the peak of the requirements: 4.4 million from rural areas and 1.1 million from peri-urban areas. Since it is expected that GMB will have difficulty maintaining delivery at previous levels, engaging the private sector will be vital in ensuring adequate speed and volume of food provision. The proposed humanitarian programme is designed to avoid creating dependency and undermining the market as much as possible, and includes market interventions (monetisation of basic foodstuffs) where affordability exists. Thus the core objective would be to reach those in greatest need through:

- basic food rations;
- supplementary food for the under fives;
- therapeutic food for the severely malnourished under fives;
- monitoring and responding to disease outbreaks.

Strategic Objective Two: Mitigate the Impact of the Crisis on Vulnerable Groups
The aim is to avoid a large-scale escalation of the humanitarian crisis, by maintaining self-reliance systems and resources at household level, supported by minimum standards of basic services. The humanitarian response priorities will be targeted more effectively, in order to achieve maximum impact. Within this objective, the following three priorities are identified for action:

(a) Supporting Household Livelihoods

Proposed programmes focus on reviving and sustaining the household economy through a variety of agricultural interventions to stimulate crop and livestock production such as:

- providing a safety net for the most vulnerable. Food aid (mentioned above) will allow households to maintain rather than consume or sell off residual productive resources, assets and livestock;
- regenerating agricultural production at household level. A range of interventions including input provision and programmes for seed diversification, livestock and disease control, agricultural extension and training;
- maintaining family health;
- protecting the rights of highly vulnerable groups including children, ex-farm-workers, internally displaced persons (IDPs);
- FFW initiatives.

(b) Arresting the Decline in Life-saving Social Services

Addressing the priority and essential interventions in the health, water, education, and sanitation sectors to prevent the loss of life and further reduce suffering will need to complement food aid and to support livelihoods. In addition, gender and age disaggregated assessment of needs and capacities that lead to specific areas of focus (e.g., maternal and child health, reproductive health), as well as general services are needed. Proposed programmes encompass a range of activities supporting essential services and utilities, including:

- assistance in meeting operating costs for delivery of vital services and supplies;
- assistance to service delivery staff;
- essential structural support, e.g., medical and school supplies, water and sanitation facilities, and surveillance systems;
- essential logistics capacity e.g., transport/fuel, vaccine cold chain.

(c) Addressing HIV/AIDS

The scale of the pandemic is such that all Zimbabweans are affected. Preserving the health of the HIV positive population is a key goal in itself. It is also a mitigation strategy in the sense that this goal preserves the capacity of up to one third of Zimbabwe's parents, farmers, teachers, health workers, managers and other population segments, allowing them to contribute to society for as long as possible. Saving lives by halting the spread of the disease is also a clear humanitarian imperative, as well as a mitigation strategy in preserving capacity among the population.

Supporting household livelihoods and arresting the decline in life-saving social services form a major part of the humanitarian objective to address the HIV/AIDS pandemic. Specifically, it is encouraged that specific activities are undertaken to address the needs and roles of women in prevention, care, and treatment. Programmes specifically addressing the HIV/AIDS pandemic include the following components, which will feed back into households and the social service sector:

- prevention;
- care and support;
- coordination and advocacy;
- monitoring, evaluation and adaptive learning.

Specific interventions will include the following, some of which will be delivered along existing food distribution mechanisms:

- home-based care and support;
- food and nutrition (basic, supplementary, therapeutic, micronutrients);
- drugs and antibiotics to combat opportunistic infections;
- enhance protection for women and girls,
- awareness-raising and other programmes that promote significant reduction in infection rates;
- advocacy for family planning interventions and condom distribution;
- support to national capacity in coordinating HIV/AIDS response, particularly at provincial and district levels.
- monitor the vulnerability trends and the implementation progress.

Strategic Objective Three: To Further Develop a Productive Dialogue Among Humanitarian Stakeholders, Including the Government of Zimbabwe

Within this objective, priorities include:

- a more effective humanitarian response through stronger coordination, including sharing information on assessments, activity plans, programmes and resources and engagement in the planning process;
- protecting humanitarian principles and the human rights of all citizens, for instance; following up on the recommendations of the humanitarian principles workshop held in April 2003;
- promoting policies and dialogues that improve the prospects of initiating a recovery processes;
- acknowledging the gender dimension in humanitarian work, including the implementation of the recommendations made at the UNIFEM workshop in May 2003;
- establishing a more effective field monitoring systems to ensure that the most vulnerable communities and households receive humanitarian aid.

4.3 NGO Institutional Capacity Building

NGOs have played a major humanitarian role in the current crisis, 2002/3. The UN during the period has managed to marshal massive amounts of food being distributed by NGOs in the region, which has averted a potential catastrophe.

The UN, therefore, recognises the need to support the consortia of NGOs in the coming year, in order for them to have the capacity necessary to effectively design and deliver planned humanitarian response in an impartial and neutral manner, and in line with humanitarian principles. The support would be commensurate with the burden of responding to the crisis, as it increasingly gets borne by the voluntary community in the country.

In particular, the purpose of the strategy is to improve the quality of humanitarian response in Zimbabwe, through enhanced financial and human resource capacity of NGOs and CBOs, which will design, implement, monitor and evaluate emergency humanitarian programmes, according to International Humanitarian Law principles and standards. Tangible support will include the placement of a fuel facility, for NGOs to have adequate access, so that implementation of their priority work is not hampered.

4.4 Humanitarian Principles

The humanitarian community committed themselves to upholding humanitarian principles in the course of their work. These would ensure that humanitarian programmes are implemented in accordance with the highest international standards. Agencies will uphold the following core principles:

- humanitarian assistance will promote the best interests of vulnerable groups by addressing their basic needs and rights, reducing future vulnerabilities and promoting self-reliance;
- humanitarian assistance will be provided on the basis of assessments and distributed impartially to people in need, regardless of political or social affiliation or location;
- humanitarian partners will be accountable to the populations they serve and will ensure transparency and beneficiary participation during the planning implementation and monitoring of humanitarian assistance programmes;
- humanitarian partners will build on and strengthen local capacities.

All implementing agencies within the CA framework will follow the above principles and will undertake no action that will, in any way, cause harm or increase the level of vulnerability among the people who will require and will receive humanitarian assistance.

4.5 Conclusion

Humanitarian goals are limited to meeting the basic needs and rights of the most vulnerable. In contrast with other countries in the region, the policies and resources, which would create opportunities to link with development objectives, are not currently present in Zimbabwe. Though the drought has eased, two other primary causal factors of the crisis – HIV/AIDS and economic collapse – are expected to deteriorate further in the coming period, while as the crisis enters its fifth year, Zimbabweans and their social support

structures are increasingly less able to cope. The main challenges facing the humanitarian community in the coming year include:

- preventing loss of life by ensuring adequate and timely distribution of food aid;
- avoiding an escalation in humanitarian needs by protecting economic/self-reliance resources and systems at the household level, and supporting minimum standards in vital public services;
- strengthening community level capacity, so that the populations will be able to sustain access to basic services to themselves, particularly to the most vulnerable members among them;
- contributing to the recovery process where feasible.

Mitigating the impact of the HIV/AIDS pandemic is integrated in the above challenges. If humanitarian stakeholders are not successful in meeting these challenges, the impact of HIV/AIDS will continue to grow, simultaneously generating greater needs and undermining residual household and societal capacity.

From its own Appeal, the Government recognises that the current drought and food insecurity, which the sub-region is currently experiencing, has compounded the situation of those living with HIV/AIDS. Studies of Zimbabwe and the sub-region have indicated that HIV/AIDS significantly increases vulnerability at household level. The recent Zimbabwe Vulnerability Assessment Committee (ZIMVAC) found out a positive co-relation between reductions in agricultural production and other income generating activities, and HIV/AIDS infection at household level. Households with chronically ill adults not only spend more resources on caring for the sick, but they do also deplete assets, and spend less time in productive activities and hence become more vulnerable.

Measures to mitigate the impact of HIV/AIDS will therefore be part of the Government's recovery strategy if the country has to effectively address food insecurity.

The obstacles to recovery are significant. Nevertheless, the humanitarian community will seek to identify and develop opportunities, which will improve prospects for moving toward a development agenda. This will involve advocacy and technical support toward the formulation and implementation of recovery policies at national level as well as a range of programmes promoting self-reliance at household level.

5. Food Aid and Nutrition Sector Plan

5.1 Sector Analysis

As noted in the Humanitarian Context section of this document, a number of sources, including the FAO/WFP CFSAM of May 2003, indicate that the national production for the 2002/2003 agricultural seasons is well below total cereal requirements. After taking into account an assumed figure for GMB/commercial imports, a cereal deficit to be covered by food aid of 610,000 MTs remains (cereals only). Of this amount, 140,000 MTs is already in the pipeline, leaving uncovered food aid requirements for the 2003/2004 marketing year at 490,000 MTs of cereals.

Given the declining economy, food security in urban and peri-urban areas is a major cause of concern. Although the latest urban assessments date back to 2001 in Harare[4] and 2002 in Bulawayo[5]; evident patterns such as hyperinflation, rising unemployment and market shortages of basic food items are clearly having dire consequences on households' purchasing power and food security.

Despite the aggravating conditions, the national nutritional situation with 5.0 % Global Acute Malnutrition (GAM)[6] appears to have been maintained below recognised emergency thresholds, as a result of the humanitarian interventions. However, the national picture masks significant variations at district level, ranging from 2.8 to 10.7 %, and alarming proportions of severe acute malnutrition relative to global acute malnutrition. Fifteen districts have severe acute malnutrition levels of 2.0 % or greater. There are indications that, to maintain the nutritional status, households have engaged in a variety of activities that are potentially damaging to livelihoods and recovery prospects, for example, reducing spending on health care and education and the selling off of productive assets.

[4] FEWSNET/CCZ 2001,Urban Vulnerability Assessment, Harare.
[5] WFP 2002, Bulawayo Urban Vulnerability Assessment.
[6] National Nutrition and EPI Coverage Survey, February 2003.

It is believed that food assistance and nutrition programmes have made a very significant contribution to maintaining the nutritional status of the population. CMRs are exceptionally high according to international standards (nationally 0.65 deaths/10,000/day). The high mortality and high proportion of severe acute malnutrition may be related to the effects of the HIV/AIDS pandemic. These patterns will need to be monitored, and better understood, for responsive action plans to be developed.

Increasing evidence has become available over the last year regarding the relationship between HIV/AIDS and food insecurity[7]. Households affected by HIV/AIDS face particular problems in relation to production of cash crops and cereals, and typically earn less income than those not affected. This is mainly related to their limited labour capacity, and the need to devote more resources to caring for chronically ill family members and paying health care expenses. Their capacity to recover from shocks is also constrained by these factors. Furthermore, food insecurity can lead household members to engage in high-risk activities which lead to the further spread of HIV/AIDS, such as sex work, early marriage and increased migration.

Nationally, the CFSAM mission estimated that approximately 5.5 million people will require food assistance by the end of the marketing year. Of these, about 4.4 million are located in rural areas, and another 1.1 million in urban areas. Within communal areas, the worst affected zones are in the northern, western and southern peripheries of the country. In commercial and resettlement areas, former commercial farm workers, specifically those with no access to land are particularly food insecure. Urban areas have also been severely affected by rising inflation, unemployment and declining availability of basic foodstuffs.

Households headed by women, children or the elderly, as well as those with chronically ill adults and large households with orphans are disproportionately food insecure. However patterns of household vulnerability are not limited to such demographic characteristics. Socio-economic indicators, such as land access and asset holdings are also closely related to food security status.

As part of the Government's food security planning, its Appeal has stressed the value of the state public works programme, in the urban and rural areas, and is expected to contribute to drought relief mitigation for the participating households. A total of Z$ 21 billion is required for the programme between July and December 2003, yet the National Drought Relief Fund has only Z$ 12 billion. It is hoped that another Z$ 21 billion will be made available during the 2004 budget year, and would leave a gap of Z$ 14 billion, that could be met by the donor community and the private sector.

5.2 Strategy

The core food aid and nutrition interventionist action plans are designed to save lives and preserve and restore human and productive assets.

The strategy to achieve these aims includes the following components:

- improve targeting of general food distributions to the most vulnerable, complemented by programmes aimed at malnourished and other especially affected/vulnerable groups (supplementary and therapeutic feeding and school feeding where appropriate);
- implement interventions using existing community support structures and knowledge bases;
- mainstream HIV/AIDS in all food and nutrition interventions through targeting, appropriate food baskets, and integrated approaches;
- collaborate with the Government of Zimbabwe on their internal response effort will be a priority. At this stage, available information is too limited to allow quantification of the Government's efforts, especially with regard to the level of commercial imports;
- coordinate with other food aid pipelines and NGOs, such as C-SAFE and EURONAID, will continue in to ensure that activities are complementary. District allocation has already been agreed upon among stakeholders for most programmes;
- aid agencies will contribute to build and restore safety nets, to address the special needs of vulnerable segments of the population, such as malnourished children and People living with AIDS (PLWHA). Interventions will include therapeutic feeding, supplementary feeding and support to

[7] See, for example, SADC-FANR RVAC "Towards Identifying Impacts of HIV/AIDS on Acute Food Insecurity in Southern Africa and Implications for Responses in 2003/04"

home-based care programmes for PLWHA in both rural and urban areas. Nutrition surveillance will be a means of regular information to ensure that needs are met.

- preserve household food security and assets. Food assistance (household food basket) will be provided to food insecure households in vulnerable areas. Geographic prioritisation will be based on food security status, while household targeting will rely on vulnerability indicators (socio-economic, demographic etc). Through this process, households with no or a minimal harvest, low assets and income will be reached. Special emphasis will be put on households with a high dependency ratio (often a result of HIV/AIDS), such as those with chronically ill adults, female/elderly-headed households, large households with orphans and child-headed households. The targeting process will be community-based, using the indicators mentioned above for guidance. It is intended to expand geographic targeting to all types of land classification, including former commercial farming areas where ex-farm workers with no access to land are particularly vulnerable;
- address specific constraints related to unavailability and non-affordability of food in urban areas, if possible through the implementation of subsidised market interventions in high-density areas and informal urban settlements. Complementary activities to the monetisation programme to be implemented by C-SAFE in Bulawayo city will be considered;
- maintain and enhance school attendance. School feeding for primary school children will be implemented and prioritised in the most vulnerable areas.
- aid agencies' contribution towards recovery will consist of supporting activities aimed at restoring and rebuilding assets through, for instance, the implementation of FFW activities where appropriate, such as agriculture recovery projects and water-sanitation infrastructure rehabilitation, for targeted able-bodied individuals;
- use food distribution points and feeding programmes as venues for information, education, and communication on HIV/AIDS as well as other key priority issues;
- interventions will emphasise complementary activities and an integrated approach to maximise the impact of assistance;
- unequal power relations between men and women will be recognised at all stages of implementation. For instance, operational UN agencies and NGOs will continue to ensure that members of the food distribution committees will include at least 50% of women.

5.3 Operational Objectives

- To monitor the nutritional situation in order to identify areas of special need in a timely manner, i.e. early warning, linkages to response and provide guidance for programmatic interventions.
- To prevent an increase in mortality from severe acute malnutrition and to improve the nutritional status of malnourished children.
- To improve the nutritional status and prolong life of chronically ill individuals, in particular for PLWHA.
- To prevent severe food shortages among food insecure households.
- To encourage school attendance and to provide opportunities for other relevant interventions in primary schools.
- To enhance availability and provide access to basic food commodities for vulnerable households in urban areas.
- To enable vulnerable households to boost capacity for sustaining their livelihoods, through support to activities that produce assets, or protect those that they possess, and which benefit both the immediate participants and the communities.
- To prevent distress migration.

5.4 Activities

- Food aid assistance will be provided to food insecure households in vulnerable areas.
- School feeding for primary school children will be implemented and prioritised in the most vulnerable areas.
- Interventions will include therapeutic feeding, supplementary feeding and support to home-based care programmes for PLWHA in both rural and urban areas.
- Nutrition surveillance will be a means of regular information to ensure that needs are met.
- Implementation of subsidised market interventions in high-density areas and informal urban settlements.

- Implementation of FFW activities where appropriate, such as agriculture recovery projects and water-sanitation infrastructure rehabilitation, for targeted able-bodied individuals.

5.5 Indicators of Performance

- Trends in the nutritional status of the population.
- Trends in crude mortality rate.
- Regular dissemination of timely and accurate information on nutritional situation throughout the country, including in peri-urban areas of the country.
- Case fatality rates for severely malnourished cases treated in therapeutic feeding hospitals.
- Cure rates for severely malnourished cases and moderately malnourished cases treated through therapeutic feeding centres (TFP) and supplementary feeding centres (SFP).
- Number of children referred to TFP and SFP centres actually receiving services.
- Number of food aid beneficiaries (disaggregated by gender and age).
- Size, composition and nutritional value of the household food basket
- Dietary intake of vulnerable populations.
- School enrolment and attendance rates.
- Number of assets preserved, restored and built by activity.
- Sustained quality teaching in the schools where teachers have had support.

5.6 Funding Criteria for the Food Aid and Nutrition Proposals

- Vulnerability/need based; gap between the requirement and access
- Cost effective
- Food basket ration based on agreed norms
- Complementarities and linkages with other sectors
- Impartiality in delivery and neutrality of the agency involved.
- Clear exit strategies to minimise dependencies, use of local capacities and structures
- Presence of implementation capacity
- Implementation partners and UN agencies do monitoring and have capacity to build knowledge.
- Measurable impact.
- Standardisation of implementation modalities.
- Transparency on funding sources.
- Engagement of appropriate levels, e.g. private sector.

5.7 Food Aid and Nutrition Activity Proposals

Appealing organisation	Activity	US$
United Nations World Food Programme	Targeted Relief to Vulnerable Populations in Southern Africa	*
United Nations Development Programme	Food Importation Facility	40 Million
United Nations Children's Fund	To monitor the nutritional situation to identify areas of special need. To prevent severe acute malnutrition & improve nutritional status of malnourished children	2,300,000
German Agro Action	Assure an improved food & livelihood security in the project areas	800,000
Medair	Support education through maintaining school attendance levels through period of food insecurity. Reduce acute impact of food shortages amongst vulnerable groups in Mudzi & Gokwe North districts	1,671,143
GOAL (Zimbabwe)	Nutritional support to all pre-school children (under-fives) in two districts.	786,200
Inter-Country People's Aid	Provide nutrition to vulnerable children, including therapeutic feeding Attend to nutrition requirements of orphaned children	50,000
Save the Children Norway	Prevention of malnutrition among vulnerable children in drought prone areas of the country	4,096,859(Food)
Save the Children Fund (UK)	Provision of food aid to communities affected by food insecurity and HIV/AIDS in Binga, Nyaminyami districts from September 2003 to May 2004.	5,348,467

* WFP's food aid requirements for Zimbabwe are included in the Regional Appeal for Southern Africa – see SOA-03/FO3 project.

6. Child Protection Sector Plan

6.1 Sector Analysis

Zimbabwe is currently facing what may be termed a triple crisis. First, an HIV/AIDS epidemic with an estimated HIV infection rate of 33.7% amongst the age group of 15-49 years in 2001. Second, an orphan crisis with an estimated total of 782,000 children aged 1-14 having lost their parents due to AIDS out of a total number of 1,018,000 orphans. Third, a food shortage crisis that worsens the plight of those living with, and affected by, HIV/AIDS. The results are severe: deepening economic hardship, widespread destitution and increased vulnerability of children to food insecurity.

Generally, the impact of HIV/AIDS and the poor macro-economic environment generate humanitarian risk among the population as a whole. Children are placed at particularly high risk because their level of development and status in society are such that their resources and coping mechanisms are limited in comparison with independent adults. The Situation Analysis on Orphans and other Vulnerable Children (OVC) conducted by UNICEF in 2002 showed that in the current crisis children are increasingly at risk of child abuse, sexual exploitation, malnutrition; dropping out of school; child labour; and loss of inheritance and property rights. At the root of this. is a reduction in the quality of parental care and protection as family and social structures disintegrate under the pressure of economic hardship and the impact of HIV/AIDS. The following statistics depict the situation of orphans and vulnerable children:

Zimbabweans infected with HIV	2,3 million[8]
Life expectancy	39yrs[9]
Projected number of orphans by 2005	1,330,000[10]
Weekly estimated number of deaths due to AIDS	2,500[11]
Orphans because of HIV/AIDS	782,000
Total number of Orphans	1,018,000
Children infected with HIV/AIDS	56,000
Children with disabilities	150,000
Children living on/off the streets	12,000
Working children (10-14yrs)	26%
Children living in 52 institutions	5,000

6.2 Strategy

The aim of the planned programmes is to focus on specifically vulnerable groups among children (orphans, child headed households, street children and others), complementing core material needs (e.g. food aid) and educational programmes by providing community based care and support services, including:

- access to psycho-social support;
- protection from abuse, stigma and discrimination;
- access to HIV/AIDS awareness raising activities.

Much of the programming in this sector is designed to build capacity within communities and at national level, particularly in monitoring vulnerability among children and preserving social protection through the crisis. Programmes will build on previous progress: in November 2002 the Government of Zimbabwe established a steering committee which organised the first national consultation on OVC with 250 stakeholders and produced a National Plan of Action. This committee consists of representatives from line ministries, National AIDS Council, the Red Cross, UN, donors and civil society. In addition a monthly Child Protection Working Group chaired by UNICEF brings together stakeholders from government and civil society to coordinate a coherent joint approach toward protecting the rights and meeting the needs of the most vulnerable children especially in the areas child abuse, street children and child birth registration.

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[8] *UNAIDS, 2001*
[9] *Fallen from 61 years (US Bureau of Census)*
[10] *Likely to have increased from 1,018,000 (Children on the Brink, 2002)*
[11] *UNAIDS, 2001*

6.3 Operational Objectives

In line with the UN Convention of the Rights of the Child, and the UNICEF core corporate commitments for child protection during humanitarian crises, (including work with all other stakeholders), the objectives of the sector will continue to address the protection, care and well being of vulnerable children as follows:

- To mobilise communities and families on the problems surrounding orphans, including child abuse, sexual exploitation, HIV/AIDS, child labour, stigma and discrimination. The crisis response will strengthen community capacity to provide care and support to these most vulnerable children;
- To enhance access to psycho-social support services (PSS) for OVC in all districts;
- To strengthen coordination networks around service providers to OVC at all levels with a particular emphasis at the community level;
- To improve monitoring and assessment of the vulnerability and needs of OVC.

6.4 Activities

- Support capacity building of NGOs providing psycho-social services.
- Support implementation of the National Plan of Action on OVC, by working through the OVC Steering Committee to organise the second national consultation meeting to proceed with the plan.
- Provide technical and financial support to 9 provincial level workshops with the 58 district representatives from local authorities, DACs, CWF and NGOs to draft district level action plans on OVC. Also provide follow up support on implementing district level action plans for coordination of OVC.
- Expand village register systems from 6 to 58 districts, and within each district in identified "hot spots".
- Print and distribute 50,000 village registers to all 58 districts.
- Conduct sensitisation workshops on village register data collection and reporting.
- Assist the Registrar General's office on an outreach mobile campaign for registering street children and other vulnerable children, in order for them to access basic social services.

6.5 Indicators of Performance

- Number of districts using the village registers.
- Number of districts reached through Community Capacity Development workshops in relationship to raising awareness on rights and needs of OVC.
- Number of sensitisations workshops held at district level on prevention of child abuse, sexual exploitation and HIV AIDS awareness.
- Number of monitoring and investigation mechanisms established by communities on child abuse and child sexual exploitation.
- Number of unregistered children accessing birth certificates.
- System in place for automatic childbirth registration.
- Number of OVC accessing psycho-social support services.
- Number of workshops held for community representatives on PSS.
- Number of vulnerable children reached and supported on life saving and protection services, both in the urban and rural areas.
- Number of coordination mechanisms for OVC operating effectively.

6.6 Funding Criteria for the Protection Priorities

The key requirement is that the implementing organisations must have recognised experience and proven track record in protection work.

- Project priorities should adhere to the existing protection guidelines. (UN human rights, UN Guidelines for IDPs)
- Utilisation of local capacity to maximise impact. (Local NGOs, CBOs, Government structures where appropriate at local and national levels).
- The project should raise specific awareness to the government on protection issues.
- Project implementation should be de-centralised, to address specific issues that might belong to a specific geographical area.
- Project activities should address the rights of all citizens, including: those with HIV/AIDS, IDPs, those perceived to be on the wrong political side.

6.7 Child Protection Activity Proposals

Appealing organisation	Activity	US$
United Nations Children's Fund	To support community based care and support programmes to Orphans and other Vulnerable Children	1,300,000
Zimbabwe National Council for the Welfare of Children	To facilitate the formation of peer group support systems to reduce the social & economic vulnerability of children.	45,000
Save the Children (UK)	To reduce the vulnerability of women and children in Binga, Nyaminyami and Zvimba districts from sexual exploitation in emergencies.	63,538
Simukai Street Youth Programme	Restoring lives of children living on the streets and rehabilitating those who are now off the streets	48,000
ANPPCAN	Provide legal aid & counseling for up to 500 children in need by the end of two years	60,359
ZIMRIGHTS	To provide material support to the homeless, landless women & children & empower them economically	60,000
FOST	To monitor and document the situation of vulnerable children in farm worker communities during the emergency situation and recovery phase. To advocate for the inclusion of children from farm communities in mainstream relief and recovery activities. To develop and support community safety nets to protect OVC in farm worker communities To respond to the emergency needs of OVC in farms not being addressed by other agencies	17,250
Childline Zimbabwe	To create greater awareness of all forms of Child Abuse, at district/village level. To prevent the further spread of TB and HIV/AIDS. To create greater understanding of those suffering from HIV/AIDS	24,077
Lubhancho House Hwange	To strengthen the quality of psycho-social support and care provided by village Care community groups in Hwange.	148,000
Tariro House Of Hope	To improve accommodation for selected destitute orphaned children in the Harare urban and peri-urban area. At least 10 children per year for the next ten years. To support children in selected extended families in the Harare urban and peri urban areas so that they can have basic necessities while in the community. Ten children will be supported per year for the next ten years. To facilitate the social and psychological development of selected orphaned children in Harare urban and peri-urban area. Twenty children will be assisted per year for the next ten years. To put systems in place for the expansion of the organisation.	324,480
Family Support Trust	1.Provide nutritional packs, antibiotics and vitamin tablets to children on anti retroviral treatment. 2. To raise awareness on child sexual abuse in target community in order to prevent the spread of HIV/AIDS. 3.To reach at least 50% of the target community in the distribution of information, education and communication materials in order to reinforce and sustain the programme.	20,000
City of Harare Community Services	The Harare City Council is doing its best to support the vulnerable populations who reside in the streets. The objective is to create an inventory of those most in need and support them while working with the NGOs engaged in this priority.	95,000

7. Humanitarian Protection and Human Rights Plan

7.1 Sector Analysis

Currently in Zimbabwe, there are ranges of vulnerable groups who fall outside the main humanitarian assistance programmes. These amount to significant populations and include ex-farm workers, migrants who have not been able to get on to beneficiary lists for food aid, the urban poor, internally displaced people, former mine workers, the retrenched and re-settled populations. Humanitarian planning and programmes need to ensure that these highly vulnerable populations are quickly and properly assessed so as to gain access to appropriate relief assistance.

High levels of unemployment in the rural and urban areas have led to an increase of regular and illegal emigration into neighbouring countries such as South Africa and Botswana. Peri-urban areas in the major cities of the country have seen increased immigration from the rural areas, mainly from the former commercial farming areas. Informal mining areas and communal areas have also seen significant levels of immigration.

One critical weakness in the current understanding of the impact of this social change is that it has not been possible to properly ascertain the numbers of people who have migrated or have been affected by displacement. Humanitarian agencies have only been partially able to reach the most vulnerable communities around the country. For example, it is known that populations in many re-settled areas are critically short of health, water and education services.

Recognising that the agricultural production is estimated to have contracted by over 70% in the former commercial farming areas, livelihoods have been largely wiped out at a time when access to essential services is diminishing. These trends have been compounded by the rising service and support requirements due to the HIV/AIDS pandemic. There are already high numbers of orphans in the former commercial farming areas and national HIV programmes are not sufficiently prominent in these areas.

Two important factors in this social and economic change have been the impact of the land reform programme initiated by the Government in 2000, and the simultaneous loss of employment in the mines and other industries. One of the main effects of the land reform programme has been the drastic loss of livelihoods for farm workers. It is estimated that only about 80,000 commercial farm workers are in full-time employment in 2003, compared to a community of 350,000 households three years ago. A small percentage of farm workers have been given land under this process, or have access to land. Specialised agencies have indicated that perhaps 70% of former commercial farm workers have remained on their old farms or in the vicinity of their farms, with some coping through piecework, wild foods and gold panning. In addition, more than 85,000 people have lost jobs in the mines and other industries.

The serious social economic situation in Zimbabwe has affected the UN's ability to render assistance to refugees. Opportunities for durable solutions for refugees in the rather harsh economic environment are becoming extremely difficult. The major locations for refugees are in Harare, Bulawayo, and Mutare for urban refugees and the Tongogara camp in the eastern province. Because of limitation in camp accommodation, the need to reopen a second rural camp or expanding the existing one has become paramount. The refugees are of various nationalities, mainly Angola, Afghanistan, Ethiopia, Sudan, DRC, Burundi, Rwanda and Somalia. The United Nations High Commissioner for Refugees (UNHCR) will ensure that it works closely with WFP, donors and other partners, together with the Government of Zimbabwe to ensure that a full basket is maintained for the refugees. HIV/AIDS awareness will also be high on the agenda.

All of these affected people are in need of humanitarian assistance. Access to these vulnerable communities has been constrained, as has the scope of new humanitarian programmes to the most marginalised peri-urban communities. These communities face greater risks in terms of HIV infection, as their poverty, vulnerability and migration patterns can lead to more risky coping strategies. They are also communities with minimal access to key social services.

Women and children are being increasingly exploited and abused in regards to more exploitative employment and violence. The Government and the humanitarian agencies have not always been able to adequately cater for the humanitarian delivery requirements, and legal protection, for those in greatest need.

7.2 Strategy

The overall aim is to enhance the protection and welfare of the most vulnerable populations such as displaced people, detainees and other highly marginalised people, by ensuring that their humanitarian needs and rights are recognised and supported.

Coordination, partnerships and implementation are the key components of the sector strategy, including:

- The OCHA/RRU, UNDP and IOM will establish a strategic framework to manage humanitarian interventions in food and non-food items. This will include the establishment of a fund managed by IOM to support humanitarian assistance to displaced people and other marginalised groups. NGOs will have access to this fund;
- The UN will continue to work with the Government and the humanitarian agencies, especially NGOs, to improve the access to displaced families, and marginalised groups;
- The UN will coordinate work in regards to the improved dissemination of humanitarian principles;
- The NGOs and Red Cross Societies will participate in UN fora discussing humanitarian issues and will share information with the UN where appropriate.

7.3 Operational Objectives

- To ensure that the rights of assistance are understood and granted to highly vulnerable populations.
- To advocate for improved humanitarian access and protection for internally displaced people and other highly marginalised groups, such as ex-farm workers and ex- mine workers.
- To ensure that effective coordination is in place to strengthen the focus on humanitarian actions, including HIV support programmes for highly vulnerable populations, such as ex-farm workers and ex- mine workers.
- To identify the main causes of displacement and migration in Zimbabwe, ascertain population numbers and ensure that internally displaced people are rendered effective humanitarian assistance and protection.
- To analyse the impact of the displacements on urban vulnerability and develop responsive action plans.

7.4 Activities

- Conduct assessments and surveys to ascertain the scale of displacement and provide a prompt response in terms of emergency relief.
- Establish a contingency fund, which will provide urgent humanitarian assistance to support displaced people and other vulnerable groups in terms of food and non-food items.
- Coordinate activities from a range of agencies, which will improve the level of humanitarian aid to displaced people and marginalised groups.
- Establish a database on the RRU website which will provide up to date information on displacement and human rights priorities.
- Raise awareness in a variety of fora in regards to the dissemination of humanitarian principles and rights.
- Establish an IDP/protection network to share information amongst humanitarian Agencies.
- Specifically analyse the impact of migration on the vulnerable populations in the urban areas, including their access to basic social services.

7.5 Indicators of Performance

- Numbers of beneficiaries quickly accessed and assisted.
- Monitoring and evaluation undertaken to assess the impact of humanitarian assistance to particularly vulnerable groups.
- Surveys and assessments undertaken to understand the demography of displacement and marginalisation.
- Highly vulnerable groups are absorbed into the main humanitarian assistance programmes.
- Up to date information provided on displacement problems.
- Monthly IDP/protection network meetings held and reports disseminated.

- Workshops held on humanitarian principles and on the UN guiding principles on internal displacement.
- Advocacy interventions on humanitarian access concerns.
- Urban vulnerability assessments lift out requirements for IDPs, including in urban areas.

7.6 Funding Criteria

- Highly vulnerable groups outside of the main assistance programmes such as IDPs and ex- farm workers need to be targeted.
- Humanitarian principles and access issues need to be addressed.
- Information has to be shared on assessments and programme interventions.
- Analysis needs to be produced on "do no harm" principles in terms of interventions.
- Impact acknowledged in terms of humanitarian protection and access.
- Advocacy of interventions recognised.

7.7 Humanitarian Protection and Human Rights Activity Proposals

Appealing organisation	Activity	US$
Human Rights Trust of Southern Africa (SAHRIT)	To promote knowledge of human rights and humanitarian principles, and to build the capacity of civil society and non-governmental organisations in the use of international and regional human rights protection mechanisms for the promotion and protection of human rights in Zimbabwe	30,000
United Nations Development Fund for Women	Mainstreaming gender in humanitarian response	150,000
International Organization for Migration	To actively address the growing and urgent food and non-food items needs of mobile and highly vulnerable populations. This will include the distribution of food and non- food items, needs assessment, data gathering, registration of eligible beneficiaries, and to link humanitarian aid programmes through information and referral programmes.	500,000
Farm Orphan Support Trust of Zimbabwe (FOST)	Protection & psycho-social support for orphans and vulnerable children in farm worker communities	39,468
Farm Orphan Support Trust of Zimbabwe (FOST)	Home Based Care and social support for farm worker communities	88,348
Zimbabwe Community Dev. Trust (ZCDT)	To Identify internally displaced persons in Zimbabwe and restore their dignity by providing humanitarian assistance, which includes shelter, food and transport. Of the total number of targeted beneficiaries, 130 000 are children and 50 000 are women.	290,000
Zimbabwe Community Dev. Trust (ZCDT)	To contribute towards the reduction of HIV/AIDS among the IDPs by building awareness and inculcating in them an attitude/ spirit of HIV/Aids prevention. Of the total beneficiaries, 130 000 are children and 50 are women	263 000
Zimbabwe Community Dev. Trust (ZCDT)	To carry out research on internal displacements, to identify the IDPs' competencies and limitations and run survival skills workshops to enable them to be self-sufficient and to empower the IDPs so that they know their rights. Of the total beneficiaries, 60 000 are women while 90 000 are children.	90,000
Zimbabwe Liberation War Veterans Association	To assist demobilised unemployed War Veterans to participate meaningfully in the social and economic environment, including the promotion of peace and civic education	200,000
Tolerance Foundation – Zimbabwe (TFZ)	To create a culture of reasoned political tolerance and peaceful conflict management among young Zimbabweans across political divides, and by extension an environment supportive of national development. Targeted beneficiaries are over 2 million politically active youths.	65,000
Farm Community Trust of Zimbabwe (FCTZ)	To address the immediate relief and social protection needs and promote the welfare and rights of the vulnerable groups in former large-scale commercial farming areas and informal settlements. Activities will be in the water and sanitation, HIV/AIDS, sustainable livelihoods and food aid sectors.	2,005,736
The General Agriculture and Plantation Workers' Union of Zimbabwe (GAPWUZ)	To deal with gender mainstreaming programmes, touching on gender sensitivity and equality in the commercial agriculture sector, by providing the same chances and opportunities for women and men to reach their full potential. To reduce the HIV / AIDS crisis among the commercial farm workers and their families, through education and awareness programmes.	138,483

8. HIV/AIDS Sector Plan

8.1 Sector Analysis

Zimbabwe is experiencing a serious humanitarian crisis as a result of food shortages, a fragile socio-economic environment and a worsening HIV/AIDS epidemic. Recent estimates are that about 34% of Zimbabwe's sexually active population is infected (UNAIDS 2002) and a mortality rate as high as 2,500 people per week. HIV/AIDS infection rates vary across populations depending on vulnerability factors. An antenatal survey conducted in 2000, showed that the HIV prevalence rate of 35% existed in the surveyed population and 27.8% in the 15-19 year age group. Preliminary results from the 2001 survey have indicated a general prevalence of 29.4% in the women tested. The commercial farming and border areas had a high prevalence rate of 50.5% and 45.7% respectively, while growth points had a sero-prevalence rate of 38.7%.

The changes in labour patterns, with increasing unemployment levels, worsen the HIV/AIDS situation, as vulnerable groups resort to more dangerous coping mechanisms for survival. A survey conducted in 2000, exploring the impact of AIDS related female mortality, revealed its devastating impact on the household and consequent reduction in school enrolment rates. In the education sector, a UNAIDS / UNICEF model shows that increasing mortality rates have led to drop outs, with many pupils losing or having a change in their teachers. There are no readily available studies that have established the correlation between nutritional factors and increased vulnerability among HIV/AIDS infected populations in the country. However statistical analyses show that HIV prevalence is closely correlated with falling calorie and protein consumption and other variables conventionally associated with susceptibility to opportunistic infections.

Studies in the agricultural sector show a reduction in production, while studies in the business sector show rising production costs due to AIDS related mortality and morbidity. Anecdotal evidence indicates increased child headed households. In the health sector, a study in costing AIDS related hospitalisation shows bed occupancy of more than 60% and increased length of stay due to AIDS. A model of resource requirements for AIDS in health demonstrates that there is a large gap in funding required in covering the full needs of a scaled-up care and prevention programme (UNAIDS 2003).

8.2 Strategy

Proposed interventions aim to contribute towards reducing HIV/AIDS prevalence, mitigating the impact, and providing care and support to infected and affected people.

The humanitarian strategy toward HIV/AIDS is to provide urgently needed assistance (e.g. food and nutritional support) to those most affected by the pandemic, ensure a minimum standard of delivery of basic services (e.g. health care) and help to arrest infection rates by protecting the vulnerable (e.g. preserving household livelihoods, raising awareness of preventive measures). Though this represents an integrated humanitarian response, in recognising that the relatively short-term and narrowly focussed nature of relief interventions cannot alone address the root causes of the pandemic, CA programmes seek to complement longer-term projects including efforts to build national monitoring and response capacity. For example, the Ministry of Health is piloting prevention of mother to child transmission (PMTCT) programmes and voluntary counselling and testing (VCT) access in some districts and additional PMTCT programmes will be established among the most vulnerable populations in the peri-urban and rural areas. Some donors are currently supporting the implementation of prevention programmes at food distribution centres. The CA strategy proposes to scale up such initiatives and establish linkages and monitoring systems at various levels. UN agencies, NGOs and CBOs are supporting home-based care initiatives, which this CA proposes to expand and strengthen. Existing condom procurement and logistics will be utilised to support the condom component of this proposal. In addition, the actions suggested in the Special Envoy's 'Next Steps' paper support and complement the ten actions proposed by the UNAIDS paper, "The UNAIDS response to the AIDS crisis in southern Africa."

8.3 Operational Objectives

The working group on HIV/AIDS, through an inclusive and consultative process, identified the following priority objectives for the HIV/AIDS component of the CA:

- To provide support at household level targeted at People Living With HIV/AIDS (PLWAs) and home-based patients in households greatly affected by the humanitarian crisis.
- To contain infection rates by targeting prevention activities (intensified provision of Information, Education, and Communication (IEC) with increased condom access, availability and use) at specifically vulnerable groups i.e. border areas, growth points, former commercial farming areas, mining centers, peri-urban areas and food distribution systems. Interventions will be particularly targeted at youth and women. Urban areas will receive specific focus in analysis of specific vulnerabilities and programme design.
- To Prevent Mother to Child Transmission (PMTCT), by expanding initiatives to the most affected and vulnerable populations in both urban and rural areas.
- To strengthen monitoring and evaluation systems.
- To strengthen coordination and advocacy for effective integration of HIV/AIDS and humanitarian responses through improved linkages between National AIDS Council's (NAC) de-centralised structures and agencies delivering humanitarian interventions.

8.4 Activities

- Provide home based care kits, fortified food packs; drugs to combat or prevent opportunistic infections, plus psycho-social support for PLWA and training for care givers.
- Prevention activities include:
  - Develop and distribute print media materials such as posters, pamphlets, leaflets, and brochures.
  - Produce messages for radio and other electronic media.
  - Use of drama and role-play.
  - Increase access to condoms through procurement and training on proper use and disposal.
  - Conduct peer education and counseling programmes targeted at community volunteers, Ward and Village AIDS Action Committees (WAACS & VAACS) and other community leaders.
- Expand Prevention of Mother to Child Transmission services, including:
  - Provision of Voluntary Counseling and Testing (VCT).
  - Procurement of HIV/AIDS test kits.
  - Training of direct service providers including health workers.
  - Provision of counseling on infant feeding.
- Identify "hot-spots" of high vulnerability, and track project responses by establishing links with existing monitoring and evaluation systems at de-centralised levels.
- Advocacy and coordination activities include:
  - Strengthen the capacity of national institutions by supporting the placement of a National Humanitarian Coordinator to be seconded to the NAC.
  - Integrate HIV/AIDS and humanitarian interventions within district plans, and urban intervention action plans.
  - Define modalities for effective linkages between NAC's institutional frameworks at district and ward levels and food distribution systems.
  - Advocate for strategies that integrate HIV/AIDS and humanitarian interventions and foster better understanding of the relationship between HIV/AIDS and the humanitarian crisis among humanitarian organisations, international, national, and community leadership.

8.5 Indicators of Performance

- Proportion of DAACs and WAACS with functional links in the food distribution system.
- Number of identified vulnerable households benefiting from the home based care (HBC) programme, in both rural and peri-urban areas.
- Proportion of pregnant women accessing PMTCT services within targeted districts.
- Proportion of districts and peri-urban areas with intensified advocacy campaigns among national, community leadership and food distributors.
- Proportion of districts and peri-urban areas with monitoring and evaluation plans and tools to adequately track and report on efficiency, effectiveness, and ethical soundness of responses to the humanitarian crisis and HIV/AIDS.
- Number of "hot spots" identified and targeted with interventions.
- Proportion of food distribution sites implementing HIV/AIDS programmatic interventions.

8.6 HIV/AIDS Activity Proposals

Appealing Organisation	Activity	US$
UNAIDS	Strengthen Monitoring and Evaluation systems for HIV/AIDS and the humanitarian Crisis	217,000
UNAIDS	Coordination and advocacy for effective integration of HIV/AIDS and Humanitarian Response	202,000
United Nations Development Programme	To retain critical human resource skills and support infected public service employees (included in Regional UNDP UNV project on capacity replenishment)	1,850,000
United Nations Population Fund	Scaling up HIV/AIDS prevention initiatives in the food distribution system and at food distribution sites.	420,000
Farm Orphan Support Trust of Zimbabwe (FOST)	Life skills for households affected by HIV/AIDS in commercial farm worker communities.	30,264
ILO (Sub Regional Office)	To contribute towards the reduction of new HIV infections and mitigate the impact of AIDS in the workplace	175,000
GOAL (ZIMBABWE)	Food security and HIV/AIDS infection prevention for children	1,430,242
Catholic Relief Services	To improve the quality of home-based care provided by health professionals and community caregivers for the terminally ill and their families	580,000
Mercy Corps	Improving Health, Nutrition & food self reliance	440,000
Zimbabwe National Family Planning	An integrated response to Reproductive Health, HIV/AIDS and Poverty so as to promote positive behaviour change among youth in highly vulnerable areas.	69,000
World Health Organization	To enhance HIV/AIDS control initiative through reduction of infant morbidity and mortality through comprehensive PMTCT interventions in growth points, border and former commercial farming areas.	1,422,520
Zimbabwe AIDS Prevention and Support Organisation	To mitigate the impact of HIV/AIDS on child headed families, with special attention to girl-child headed families	105,000
Zim-Foundation for All Youth Associations [ZiFAYA]	'Stop the Virus – Break the Silence in Private Colleges'	97,000

9. Health Sector Plan

9.1 Sector Analysis

The HIV/AIDS pandemic, the economic crisis, and severe food shortages have impacted on the health status of the population, placing increased demands on the health system, which was a model for the sub-region between the late 1980s and mid-1990s. However the quality of health services has seriously deteriorated since then due to chronic under funding, an exodus of qualified staff to other countries, and the effect of HIV/AIDS prevalence among health personnel. The public health environment has been made worse after the population movements during the land reform process, which resulted in populations being settled in areas with limited or no health infrastructure or access to health services. With the effects of economic decline, populations have moved from farms and other rural settlements to peri-urban areas where there are no basic social services.

The humanitarian situation in the health sector has worsened since the May 2002 Rapid Health Assessment conducted jointly with UN Agencies in partnership with some government departments. According to available information, there is an increase in the disease burden and a decline in the delivery of health services as indicated below:

- The mortality attributed to HIV has increased to 2,500 a week.
- Outpatient attendances at health institutions have declined as health expenditure by families has dropped in favor of acquiring food as indicated by the ZIMVAC.
- Despite significant donor assistance in funding drug procurement, there is a gap in the availability of essential drugs.
- There is an acute shortage of vital health personnel within the health system due to a high attrition of professional staff from the public service in search of new employment opportunities. The skewed distribution between rural and urban areas masks an even worsening access situation to professional health services by the population. (The table below shows the current deficit).

Public Health Sector Staffing Establishment (as at 31/01/03)

Staff category	Establishment	Staff-in-post	Vacant	Vacancy rate (%)	Population/ Category ratio
Medical Doctors	1530	687	843	55.1	16 885
Dentists	59	16	43	72.9	725 000
Nurses	11 640	6940	4700	40.4	1 671
Pharmacists	132	12	120	90.9	996 667
Environmental health officers	1624	764	860	53.0	15 183

Source: *MOHCW, 2003*: population used is 11,600,000.

- Outreach services have been drastically scaled down or suspended due to a lack of financial, logistical support and inadequate human resources.
- The ability of the Ministry of Health and Child Welfare (MoHCW) to respond to epidemic prone diseases has been weakened by a lack of resources including finance and logistics.
- Over 80% of resettled farmers, ex-farm workers, peri-urban and squatter populations do not have access to health services and this has resulted in disease outbreaks in informal settlements around the country, and which require priority attention.
- EPI services have drastically reversed with the coverage dropping from +80% in the early 1990s to 58% in 2002 according to the recent assessment results.

9.2 Strategy

The main goal is to prevent further increases in morbidity and mortality associated with the crisis, both in the rural and peri-urban areas.

The strategy to achieve this is to support the health system in delivering essential health services, particularly in the areas of primary health care at community level, emergency services and monitoring of public health.

Interventions will target resettled populations, ex-farm workers and their families, and peri-urban and squatter settlements' populations, where there are high potentials for disease outbreaks, which could result in high morbidity and mortality due to inadequate health services. Within the targeted population

there are sub-groups such as under-fives (15.44%), women of childbearing age (20%) of which pregnant women constitute 4.5%, and the elderly (10%) who are highly vulnerable.

Interventions will focus on gaps identified within the following thematic areas, associated with, caused or exacerbated by the humanitarian crisis i.e.: prevention and control of disease epidemics, EPI and therapeutic feeding, emergency related reproductive health problems, prevention and control of HIV/AIDS. The other major area of focus will be building capacity for surveillance and emergency response that will target the general population.

The Government's Appeal document highlights the worsening problems of malaria in Zimbabwe, which have been compounded by the shortages of foreign exchange. The Government Appeal analyses the problem of drug shortages which has undermined service delivery and also includes requests for drugs to combat the increasing rates HIV and TB.The Government has requested a sum of USD 28 million for essential drugs and vaccine provision.

9.3 Operational Objectives

- To ensure access and delivery of essential health services to targeted populations.
- To maintain the basic capacity of the health system, essential public health interventions, and strengthen emergency preparedness and response.
- To identify essential needs and impact of the crisis on health through needs assessments and regular monitoring.
- To ensure coordination of health intervention and promote a coherent approach to HIV/AIDS between health and other sectors.
- To advocate for the development of sustainable policies (and subsequent funding) to enable the health system to begin recovery.

9.4 Activities

- Procure and distribute vaccines, cold chain equipment, vital drugs and medical supplies.
- Establish satellite clinics where health facilities are absent or are not functioning.
- Train health personnel in emergency preparedness and response (EPR) and integrated disease surveillance and response (DSR).
- Train community-based workers (Traditional Birth Attendants and Village Health Workers) and communities in basic disease surveillance and control and in the formation of community based disease surveillance committees.
- Develop and produce IEC materials.
- Conduct community information and education campaigns to disseminate health information to the vulnerable communities.
- Monitor and report on the impact of the humanitarian intervention on public health and on the health system.
- Conduct in-depth analysis on the current humanitarian response and identify gaps for the peri-urban and rural vulnerable populations.
- Recruit UN Volunteers – nurses to be placed at satellite health facilities.
- Secure transport (motor bikes) for extension workers for the outreach programmes focusing on community education, home based care under the HIV/AIDS pandemic, EPI, etc.
- Procure and replenish health kits for community-based workers.
- Promote advocacy to policy makers to facilitate timely, coordinated, non-partisan and integrated response to the humanitarian crisis.
- Advocate for policies and conditions of service that promote staff retention.
- Provide and maintain radio communication in strategic health facilities.
- Conduct regular coordination meetings with stakeholders.

9.5 Indicators of Performance

- Assessment reports.
- % of disease outbreaks detected and controlled in a timely manner.
- Case fatality rate of diseases like cholera kept below 1%.

- Number of satellite clinics established and staffed by adequately trained health workers providing basic minimum health services.
- % of clinics with adequate, community based health kits, essential drugs and medical supplies.
- % of satellite clinics providing outreach services.
- % of extension workers with motorcycles.
- Number of volunteer professionals recruited.
- Policies developed and incentives provided.
- Number of health workers trained in EPR and IDSR.
- Number of community based workers trained.
- Number of radios procured and installed.
- Number of stakeholder meetings.
- % of satellite clinics with health workers trained in basic information management.
- Numbers of communities trained in basic disease surveillance.
- Number of functional community disease surveillance committees.
- Availability of IEC materials at community level.
- Educational sessions conducted in the community
- Availability of community evaluation tools
- Number of feedback meeting
- Number of health delivery points in the peri urban areas.

9.6 Funding Criteria for the Health Sector

The criteria developed for the health sector includes:

- Magnitude of the problem:
  - Number affected
  - Distribution of the crisis: Age, geography, and sex.
  - Morbidity and mortality

- Life threatening, e.g. short-term epidemics
- Vulnerability levels within the community, and the copying mechanisms
- Capacity of the sector to cope: financial, human resources, and material resources.

9.7 Health Activity Proposals

Appealing organisation	Activity	US$
Catholic Relief Services	Distribution of Essential Medical Supplies Initiative	825,000
Save the Children Fund (UK)	Provision of Accessible Health and Nutrition Services to communities affected by food insecurity and HIV/AIDS in the Binga, Nyaminyami and Zvimba districts in July 2003 to June 2004 to 546,400 beneficiaries	891,602
Population Services Zimbabwe (PSZ)	Family Planning & Reproductive Health for the vulnerable households most affected by the current crisis	102,266
ZNFPC	To increase access of vulnerable youths to reproductive health services in 10 priority districts in ZIMBABWE, in order to mitigate the impact of the HIV/AIDS pandemic	650,000
ZNFPC	Increase access of family planning/reproductive health information & services to women of childbearing age, and who are most at risk to the current HIV/AIDS pandemic	395,000
CARE International in Zimbabwe	To reduce maternal and infant mortality rates during peri-natal period through improved access to and quality care in selected rural districts (Midlands Province)	448,500
United Nations Children's Fund	To deliver a minimum package of basic health services to the most vulnerable populations based on identified needs and gaps with a critical focus on: EPI. Prevention of increased mortality due to malaria through provision of ITNs to under fives in 15 targeted districts	3,002,789
World Health Organization	Increase availability of vital drugs and medical supplies including obstetric drugs.	565,510
World Health Organization	Mitigating the impact of malaria and HIV in selected vulnerable groups in targeted drought and poverty-affected areas in Zimbabwe.	565,510
World Health Organization	To avert maternal deaths in resettled areas through capacity building and active community support	437,250
World Health Organization	To improve health worker skills in identifying and managing common U5 conditions To improve supplies of essential drugs and ORS for management of common U5 conditions. To ensure proper home care for U5s.	421,420
United Nations Population Fund	To contribute towards the reduction of maternal and neonatal morbidity.	619,640

10. Water and Sanitation Sector Plan

10.1 Sector Analysis

In 2002 Zimbabwe was affected by an agricultural drought, which then deteriorated into a hydrological drought in 2003, adversely affecting the availability of both surface and underground water for safe drinking, sanitation and hygiene. In addition to the drought, the operation and maintenance systems of water and sanitation facilities have largely collapsed, resulting in 45% of water facilities not functioning and leaving large numbers of people with acute shortages of safe and adequate water supply.

Once rare in Zimbabwe, now cholera outbreaks are regularly reported in the southern, southeastern and eastern parts of the country, with 1,165 cholera cases and 37 deaths reported between August 2002 and May 2003 in six districts. Acute rural-urban migration due to the sharp deterioration of the socio-economic situation has put immense pressure on urban water and sanitation systems in the major towns. Water supply systems in some have been adversely affected due to lack of treatment chemicals thereby creating a serious potential hazard due to outbreaks of water and sanitation related diseases.

These further compromises the health of a population already affected by high levels of food insecurity and a HIV/AIDS pandemic. The problems of inadequate water and sanitation are most severe in families with people living with AIDS (PLWA) as the quantity of safe water and excreta disposal facilities required more than tripled for this group. As the primary care givers, women bear the brunt of this burden especially for home-based care (HBC). Orphans and other vulnerable children (OVC), and child headed households (CHH) are also affected due to the lack of household labour resources. Girls and young women are amongst the most vulnerable as they, in addition to other household chores; carry the burden of fetching water from long distances resulting in dropping out of school.

While some vulnerable populations have benefited substantially from response activities carried out within the context of the previous CAP, the majority is still suffering from the effects of the humanitarian crisis. Projections from the 2002 Water and Sanitation Needs Assessment indicate that severely and potentially vulnerable populations requiring immediate relief with regard to the provision of safe domestic water and sanitation stand as follows:

- 864,000 women and 648,000 children under five years of age in rural areas including resettlement areas affected by an acute shortage of safe water supply and basic excreta disposal facilities and are already or at high risk of being affected by gastro-intestinal disease epidemics;
- 782,000 orphans and other vulnerable children (as a result of HIV/AIDS) with little/no coping mechanisms and who face acute shortages of water supply and basic excreta disposal facilities.
- 540,000 women and 648,000 children under five years of age in urban areas affected by shortage of water treatment chemicals and therefore exposed to high risk of water borne diseases such as cholera, diarrhoea and dysentery;
- 72,000 women and 62,000 children under five years of age in peri-urban spontaneous/informal settlements with no access to safe water supply and any means of safe excreta disposal.

> The Government's Appeal document recognises the significance of migration within Zimbabwe over the last three years, where people have moved from well serviced areas in terms of water and sanitation coverage to areas where these services are absent. The Government stresses the need for emergency water investment in the new re-settlement areas.

10.2 Strategy

The main goal in the water and sanitation emergency response is to reduce morbidity and mortality due to related disease outbreaks and to alleviate the burden of care of PLWA, and on women and children, by improving access to safe domestic water and adequate sanitation systems, in the rural and peri-urban areas.

The strategy for achieving this goal is made up of the following components:

- Service delivery: Supporting the provision of water and sanitation facilities targeted at the most vulnerable populations, including procuring chemicals and materials;
- Community capacity development: Developing skills amongst vulnerable populations for the construction of facilities, management and monitoring of response activities at community level;

- Monitoring, Evaluation and Research: Carrying out assessments, field monitoring visits and research on the effectiveness and impact of the response;
- Advocacy: Advocating with policy makers for timely, equitable, non-partisan, coordinated and integrated responses to the emergency, and instituting supportive policies.

10.3 Operational Objectives

- To prevent the occurrence of outbreaks and control the spread of water, sanitation and hygiene related diseases through the treatment of urban water supplies and rural drinking water sources for vulnerable populations (women, orphans, child headed households and People Living With AIDS).
- To strengthen institutional and community monitoring and response capacity with regard to disease outbreaks, maintenance of water points, sanitation facilities, access to safe water and hygiene during crises, with special reference to orphans and other vulnerable children, child headed households and People Living With AIDS.

10.4 Activities

To meet the objectives in this sector for the targeted caseload, agencies will:

- Construct and rehabilitate up to 1,000 dried up and broken down drinking water supply sources (wells, boreholes and piped water schemes) to serve a vulnerable population of 250,000 in targeted areas;
- Construct up to 10,000 latrines to serve a population of 50,000 particularly women, orphans and other vulnerable children in targeted vulnerable communities at health institutions, nutrition centres, schools and informal peri-urban settlements, in cholera and drought stricken districts;
- Monitor drinking water quality, and assess the availability and quality of water supplies, condition of boreholes and wells as well as hygiene and sanitation humanitarian needs in the most affected districts;
- Treat water supplies in targeted vulnerable communities and provide water trucking to communities that are without any access to water;
- Promote health and hygiene education including HIV/AIDS amongst the most vulnerable communities and schools;
- Promote sustainable community management of water and sanitation facilities;
- Develop community skills in latrine construction and repair of water pumps among the most vulnerable populations;
- Provide emergency technical support to the communities and local authorities in respect of maintenance, use and monitoring of water points;
- Hold regular working group meetings, and monitor impact of programmes;
- Document lessons learned and best practices for further usage;
- Support advocacy activities for emergency water and sanitation response.

10.5 Indicators of Performance

Programme monitoring will be based on the following indicators:

- Number of drilled and rehabilitated boreholes and community wells;
- Number of water tanks provided and water wells chlorinated;
- % of water points tested for quality;
- Number of latrines constructed and in use;
- % of vulnerable population in targeted areas with access to safe disposal of excreta within 50metres;
- % of vulnerable population with access to new or rehabilitated water points within 500 meters;
- Ratio of water points to users and average number of litres per person per day;
- Number of trained village artisans;
- % of water points with operational Water Point Committees in rural and peri urban areas;
- Number of workshops held to representatives from Rural District Councils (RDCs) in monitoring and maintenance of water points and sanitation facilities;
- Number of workshops held on health and hygiene education;
- Number of water, sanitation and hygiene related outbreaks responded to in time;
- Proportion of water, sanitation and hygiene related outbreaks detected and managed;

- % of vulnerable populations targeted by social mobilisation campaign leading to enhanced awareness;
- % of PLWA and OVC benefiting from the emergency assistance in targeted areas;
- Availability of district emergency related plans.

10.6 Funding Criteria for the Water and Sanitation Sector

The criteria developed for the water and sanitation sector includes:

- Number affected;
- Distribution of the crisis: Age, geography, and sex;
- Morbidity and mortality;
- Magnitude of the problem;
- Life threatening, e.g. short-term epidemics;
- Vulnerability levels within the community, and the copying mechanisms;
- Capacity of the sector to cope: financial, human resources, and material resources.

10.7 Water and Sanitation Activity Proposals

Appealing organisation	Activity	US$
United Nations Children's Fund	Potable water supply, safe sanitation, rehabilitation of broken down and dried up facilities, health & hygiene education.	1,000,000
United Nations Development Programme for Harare City Council	Prevent occurrence of outbreaks and the spread of water related diseases amongst vulnerable populations through water treatment for Harare	1,348,060
UNDP for the city of Bulawayo	To prevent outbreak of disease in the city by providing water treatment chemicals. Domestic consumers, Hospitals, schools in the Bulawayo city. A total of 860 000 people obtain water from our system.	800,000
Mvuramanzi Trust	Provide emergency aid to people living with HIV/AIDS and orphaned & other vulnerable children by providing immediate access to sustainable safe drinking water	338,000
CARE International	Community water supplies in Masvingo, Bikita, Mwenezi and Chivi	500,000
Inter-Country Peoples Aid	Provide technical support in quality monitoring of all water resources in peri-urban informal settlements. Reduce impact of HIV/AIDS and risk of contracting water-borne diseases	40,000
Word Vision Zimbabwe	Improve access to protected water and improved sanitation facilities in Matobo District	558,050
German Agro Action	Potable water supply Health & Hygiene Education	1,110,000
Oxford Famine Relief – GB	Improve public health by providing safe drinking water, safe sanitation facilities. HIV/AIDS prevention	750,000

11. Agriculture/Food Security Plan

11.1 Sector Analysis

The current high levels of food insecurity in Zimbabwe are the result of a combination of factors, including the HIV/AIDS pandemic; macro-economic deterioration; controls on the cereal trade; high levels of unemployment, inflation and poverty; the residual effect of two consecutive drier-than-normal agricultural seasons; disrupted crop production due to "fast track" land reform activities; and civil disturbance. These factors affect most segments of the population, including (but not limited to) the rural vulnerable, urban poor, and ex-farm workers and their families.

Though current crop production at smallholder level is higher than the previous season, it is still insufficient to guarantee food security for a great many rural households. The prolonged crisis has stretched coping mechanisms dangerously, often inducing risky behaviour; terms of trade continue to worsen, and sources of cash (such as sales of livestock, petty trading, remittances from relatives working in cities or abroad) are increasingly insufficient to meet basic family needs. The shortage of agricultural inputs (seeds, fertilisers etc.), and their lack of affordability to many further aggravate the crisis, impairing recovery in production.

In its Appeal document, the government has drawn up a medium to long -term strategy which includes a greater investment in irrigation,crop and livestock recovery. The Government's short-term irrigation plan is for the development of 7,000 hectares of land. Its crop recovery strategy includes the provision of both cereals and oil seeds and fertiliser with a budget of Z$ 758 billion. Its longer term livestock recovery plan has an estimated budget of Z$ 120 billion to include the beef,dairy and small stock sectors.

11.2 Strategy

Interventions in the agriculture sector aim to complement food delivery by addressing other aspects of food security to help the most vulnerable become less dependent on relief assistance, prevent marginal populations from falling into this category, and attempt to create a more conducive environment for sustainable recovery. This goal falls within the strategic goals of the CA, in particular the objective to "Mitigate the impact of the crisis on vulnerable groups". Agencies also aim to strengthen coordination with the Government of Zimbabwe on agricultural issues.

11.3 Operational Objectives

These objectives are designed to be achievable within the humanitarian context (including the framework of relief programming and 1 year time frame). Nevertheless, general economic (both at the macro and micro level) and policy issues, whether directly or indirectly related to CA objectives and activities, will strongly influence performance.

In the objectives and activities below, special consideration will be given to mainstreaming HIV/AIDS-related interventions within the overall agricultural assistance programme (improved nutrition through crop diversification; promotion of labour-saving techniques; small livestock; etc).

The sector objectives are as follows:

- To increase agricultural production capacity of small-scale vulnerable households (inputs, training and extension);
- To reduce risk/level of food insecurity (crop diversification etc);
- To improve nutritional status (particular focus on HIV/AIDS affected households);
- To maximise the efficiency and effectiveness of the agricultural relief programme (increased co-ordination among all stakeholders and expanded monitoring/evaluation);
- To create an environment conducive to recovery interventions (also addressing market and price policy issues).

11.4 Activities

Proposed priority actions to meet the objectives above include:

- Provide inputs to vulnerable smallholders for the main 2003/2004 season (seeds, fertilisers, tillage services, pest control chemicals). Inputs will be matched to the local agricultural environment and

coordinated with food assistance to protect against immediate consumption or sale. The timing of seasonal inputs is crucial; however the Southern African CA cycle does not match the agricultural calendar. Several actors have already defined strategies and programmes and are now preparing to initiate activities;
- Promote methodologies for input provision (input fairs and vouchers; other voucher-based methods, micro-credit), which may be less disruptive to the local markets and local entrepreneurial capacity;
- Provide inputs and training to support small-scale irrigation;
- Provide extension and training services (including farming, processing, consuming and marketing), and strengthening of relevant local capacities;
- Provide a range of crop and vegetable seeds/varieties (maize Open Pollinated Varieties, small grains, other drought-tolerant crops) that take into account the scarcity or un-affordability of other inputs (water, fertilisers, pest control chemicals, etc);
- Promote local seed multiplication;
- Introduce conservation agriculture techniques (low tillage, moisture management, others);
- Assistance would include material inputs, NGO capacity building, plus training and extension.

Support maintenance of livestock (both cattle and small species), particularly where it constitutes a significant component of local livelihoods, including:
- Feeding (survival and supplementary feeding; grazing/fodder crops);
- Support to veterinary services (including Foot and Mouth Disease);
- Water provision (both for drinking and for dip-tank operation);
- Restocking of small species and cattle (where/when appropriate conditions exist). Small species particularly suited for high HIV-prevalence communities;
- Increase collaboration with the technical services of the GoZ (such as AREX), other agricultural research centres and FAO in-house technical expertise on suitability of approaches (through monitoring and evaluation exercises);
- Link relief interventions with agricultural recovery initiatives where possible;
- Continuously monitor and evaluate the programmes with data and analysis available in a timely fashion. Periodically review of strategies and objectives.

11.5 Indicators of Performance

- Quantity of inputs distributed in time for seasonal use.
- Number of vulnerable households targeted, with emphasis on the different methods adopted.
- Area planted, yields and total crop production obtained from distributed inputs, with emphasis on drought-tolerant crops.
- Local production of seeds (number of farmers involved, type and quantity of seeds produced).
- Increased availability in local markets of crops, vegetables and livestock, with impact on prices.
- Number of small-scale irrigation schemes, and number of households targeted.
- Number of families involved in the extension of labour-saving farming techniques.
- Number of families involved in conservation agriculture techniques.
- Number and types of livestock and livestock owning households supported through feeding schemes.
- Number and type of livestock distributed.
- Number and type of livestock assisted through enhanced veterinary services.
- Level of coordination, minimisation of gaps or overlaps in the assistance.
- Quality and timeliness of information flow.
- Quality of monitoring and assessment data and analysis and recommendations on the suitability and appropriateness of the different methods.

11.6 Funding Criteria for the Agriculture Sector Proposals

Crop Production
- Time limits on the crop requirements.
- Drought tolerant crops.
- Labour saving systems and crops.
- Small areas planted, e.g. less than two hectares.

- Diversification of crop varieties.
- Seed production and protection.
- Households with HIV related effects.

Livestock
- Fodder crops and other feed provisions.
- Livestock health interventions.
- Restocking of destitute households.
- Households with HIV related effect.

Draft Power Provision
- Supplementary feeding for draft animals.
- Cash transfers for tillage.
- Water rehabilitations for small-scale irrigations.
- Training and extension for all the above services, including institutional strengthening.
- Targeting vulnerability to maximise production and impact. Inclusion of beneficiary contributions in the whole process.

11.7 Agriculture/Food Security Activity Proposals

Appealing Organisation	Activity	**US$**
Food and Agriculture Organization	Food security, agricultural support, income generation	8,736,000
Food and Agriculture Organization	Food Security, livestock and agricultural support, income generation	4,900,000
Food and Agriculture Organization	Improve food security by controlling FMD in Zimbabwe	7,255,000
Christian Care	30 Nutrition gardens in Chipinge for poor households	98,733
SAFIRE	To increase agricultural production for the smallholder farmers and the vulnerable groups	40,000
World Vision International	Emergency Livestock Nutrition and Health Support	239,000
United Nations Development Programme	To improve access to water and diversify the livelihoods of vulnerable rural communities by rehabilitating community irrigation schemes, boreholes and dams.	500,000
United Nations Development Programme	To further develop a dialogue among Humanitarian stakeholders, including the Government of Zimbabwe, on the critical issues of Agricultural Marketing and Pricing policies that are among the main drivers of the current food security crisis.	20,000
GOAL (Zimbabwe)	Agricultural recovery for vulnerable farming households in Hurungwe and Makoni districts.	1,741,740
United Nations Development Programme	To rehabilitate community productive infrastructures: dam, small-scale irrigation, storage facilities, bridges, animal health facilities, These are crucial to making the humanitarian assistance more effective.	200,000
United Nations Development Programme	In the catchment area of the Tichadya School in Chiredzi district, to repair 7 critical boreholes that were damaged by the heavy rains and floods induced by Cyclone Japhet in March 2003, leaving the community with minimum access to water for domestic and productive (vegetable gardens, livestock watering) purposes.	80,000

12. Education Sector Plan

12.1 Sector Analysis

Education and the school environment is key to helping children in several ways including formal education, developing life skills, HIV/AIDS awareness raising, providing a protective environment and acting as a hub for delivering humanitarian assistance such as food and vaccines. However, the education system has been undermined by the serious under funding and the loss of qualified teaching and management staff to HIV/AIDS[12] and emigration such that the quality and delivery of education is very poor in many schools. The general decline is particularly severe in areas receiving influxes of vulnerable people who are forced to migrate because of food insecurity or are adversely affected the land reform process. The education system has been unable to respond to increased demand in these areas, meaning that education as a basic right is not accessible to significant number of children.

Land reform has led to 346 satellite schools with 59,000 children mushrooming in the former commercial farm areas[13]. Though no funding was received for this sector under the preceding CA, UNICEF used emergency funds to provide 450 schools with box kits, among them 346 new satellite schools. These schools need further urgent assistance. Many of these schools lack basic infrastructure, water and sanitation facilities, textbooks and furniture and are understaffed of qualified teachers by one third. In these areas as well as the peri-urban areas lack of food supplies, often leading to a decrease in the number and quality of lessons taught due to teachers diverting more time and effort in the search for adequate food for their families. Children are also affected: hunger and school fees often keep vulnerable children, especially orphans, out of school. About 39% of children of primary school age reported fees as the main reason for dropping out of school[14].

Where school feeding was piloted and monitored for impact, it was found that attendance rates increased over three months[15]. The current economic situation affects girl children most, as families tend to remove girls rather than boys from classes due to fees so that they may assist with household tasks. This is especially noted in the higher grades.

The gender parity and the universal literacy that Zimbabwe achieved shortly after independence has slowly eroded to the current picture outlined above. In summary, the prohibitively high cost of living, staff attrition rates, user fees, inadequate supplies, HIV/AIDS and land reform are amongst the basic and most detrimental causes of poor access to quality education.

12.2 Strategy

The overall aim of humanitarian interventions in education is to ensure that all children have access to minimum standard education, including those migrating in search of food security and those affected by the land reform process.

The strategy will focus on areas of specific vulnerability, including provision of basic materials to satellite and peri-urban schools, school feeding to nationally prioritised areas (ZimVAC proposed results 2003, and school enrolment figures 2003), increased awareness and prevention strategies regarding HIV/AIDS, and lastly a market intervention programme for teachers of the new farm area schools.

Continuing programmes in education will complement the CAP in 2003-4 year. These include MEDAIR's school feeding programme in two districts, Farm Orphans Support Trust (FOST) school feeding, grant programme to the satellite schools and UNICEF's Dutch funded support to the Ministry of Education, Sport and Cultures HIV/AIDS Life Skills programme as well as infrastructure and materials to nationwide disadvantaged schools. In addition, since August of 2002, UN agencies, NGOs and the Government have been involved in monthly Education Working Group meetings which enhance collaboration, monitoring and ensure coherent delivery of services.

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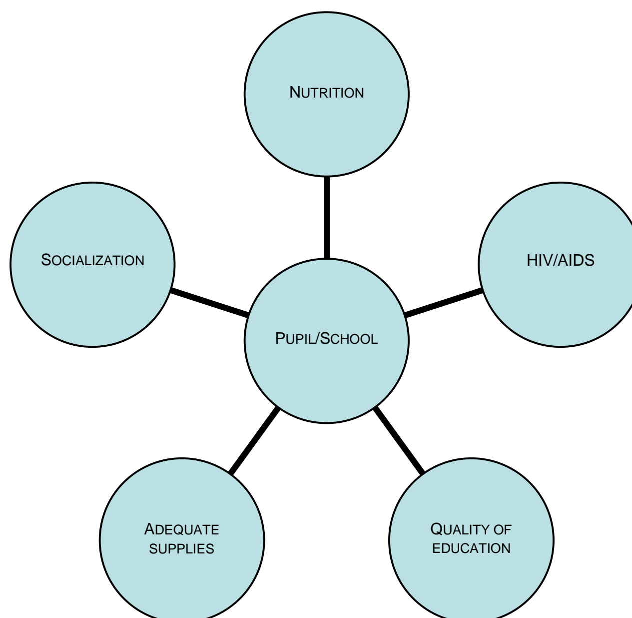
[12] Situational Analysis, UNICEF, (2002) estimates one in four teachers are HIV positive.
[13] Satellite School survey report, UNICEF, December 2002
[14] Situational Analysis, UNICEF (2002)
[15] MEDAIR 2003

This holistic approach described above is based on the diagram below:



The impact on the pupil of the implementation of the above concept would be five-fold: the pupil would have access to school once materials are provided, school fees are waived as a result, teachers would be available to teach and not be distracted with sourcing for food and the children would be able to receive at least one meal a day, resulting in that child no longer being isolated at home by these obstacles.

12.3 Operational Objectives

- To increase and stabilise the school attendance rates by an average of 10%, of extremely vulnerable groups such as children of child headed households and orphans, malnourished children, girl children and school dropouts in a safe environment (school feeding).
- To ensure basic learning supplies such as textbooks and furniture are available in the 346 new rural satellite schools as well as five peri-urban schools within the next year.
- To maintain the delivery of quality education by supporting teachers food security.
- To increase the protection and minimise new infections of HIV/AIDS among children, especially girls.
- To improve vulnerability assessment and monitoring systems to ensure vulnerable children are identified early and appropriate responses implemented.
- To ensure a coordinated set of approaches for assessments and monitoring of humanitarian and recovery needs, particularly utilising UN field presence.

12.4 Activities

- Implement the school feeding PLUS project (in targeted districts based on survey results of the nutrition survey and the ZimVAC) and the involvement of school development committees (SDCs) in the ten most affected districts by June 2004.
- Procure and deliver basic learning supplies to 346 rural satellite and five peri-urban schools.
- Implement a market intervention programme aimed at making maize meal more easily available for teachers.
- Implement an intensified awareness programme in HIV/AIDS through the introduction of SARA (a children's play) in all schools in districts, which are most affected, based on UNESCO/UNAIDS statistics.
- Perform more field visits. Improve data collection, analysis and reporting.

12.5 Indicators of Performance

- Increased enrolment and attendance rates by 10% in districts with intervention.
- Documentation by School Development Committees (SDCs) of interventions having reached out to school youth.
- 346 new satellite schools are provided with adequate numbers of learning materials, furniture and sanitation facilities based on enrolment.
- The conditions in the five most disadvantaged peri-urban schools in Harare and Bulawayo are improved through the provision of textbooks and furniture, as required by the enrolment numbers.
- Schools in districts with the highest prevalence of HIV/AIDS (minimum of five districts) receive awareness in HIV/AIDS prevention through the introduction of *[16]SARA.
- Reports of the availability of food through subsidised market interventions for all teachers.

12.6 Criteria for the Funding of Education Proposals

The considerations include:

- Increased safety of the children.
- Alleviation of emergent needs that minimise the education quality.
- Getting children to school and keeps them in school.
- Increases in morale of pupils and teachers.
- Increases in education quality.
- Improved linkages to other sectors, e.g. HIV interventions.
- Basic right to education, despite the current political situation.

12.7 Education Activity Proposals

Appealing organisation	Activity	US$
Catholic Relief Services	To improve the physical & learning environments of schools	1,011,954
UNICEF	To address the emergent situations in the Primary Schools in the former commercial farm areas and peri-urban areas	1,163,000
GTZ	1. Ensure access to primary level education. 2. Complement SF+ with measures to enhance the well-being of school children, teachers and communities surrounding the schools.	871,250
CARE International in Zimbabwe	Child Friendly Schools in Zimbabwe	389,917
Abundant Life. Church. (ALC) Welfare	Food, clothing and security, health care and educational support, in order to create an environment for learning and living, for vulnerable populations	133,000
City Presbyterian Church	The purpose of the project is to empower street children (street beggars) to run normal lives off the streets and restoration of dignity, by engaging them in income generating projects.	100,000

[16] A communication initiative meant to enhance the status of the girl child.

13 Coordination Sector Plan

13.1 Sector Analysis

The UN role in coordination is to ensure coherence among the different aspects of the humanitarian programme, and to develop a concerted response to constraints that arise. The role of the Government in sharing coordination with the international humanitarian community is crucial to the effectiveness and efficiency of the relief and recovery effort. The coordination plan for 2003/4 recognises the shortcomings of prior coordination structures and develops an enhanced strategy, to produce a more cohesive understanding of, and response to, the humanitarian crisis. Building trust and a shared commitment to humanitarian principles and priorities between the international humanitarian community and Government is a key objective of this strategy.

The emergency in Zimbabwe encompasses a food security crisis, rapid economic decline, collapsing health and water services, and serious protection and human rights issues. The humanitarian response is large and complex, raising the need for effective coordination. The office of the UN Humanitarian Coordinator (UN HC) supported by the UN Relief and Recovery Unit (RRU) supports the effective functioning of the sectoral coordination mechanisms, through effective inter-sectoral linkages, the building of complementarities and synergy. In addition, the core functions of coordination, largely through the RRU include:

- Support to humanitarian intervention strategies.
- Strengthening of information management.
- Enhanced monitoring of delivery of the programme.
- Support a recovery strategy where feasible.
- Support the increased capacity of humanitarian response through the NGOs.

The policy environment remains constrained and trends in the economy and HIV/AIDS pandemic continue to deteriorate, impeding opportunities to reduce vulnerability, rebuild livelihoods and make a transition toward social and economic recovery. The deteriorating situation calls for the continued role of the Relief and Recovery Unit in strengthening effective co-ordination. The circumstances require immediate attention to combining humanitarian assistance with efforts aimed at rebuilding people's livelihoods, capacities and coping mechanisms. The recovery strategy will therefore be guided by three main criteria namely priority, feasibility and sustainability.

Significant resources and time are invested in co-ordination. Key challenges requiring concerted effort in the coming year include the following:

- Core humanitarian principles and standards not recognised or fulfilled.
- NGO capacity is limited and restricted because of a lengthy registration process, and the lack of capacity of the LNGOs to meet the rising challenges.
- Linkages across sectoral working groups are limited.
- A major need to strengthen the forum for the government and the humanitarian agencies to meet on a regular basis, in order to increase shared understanding of the priority requirements.
- Comprehensive programme information on mapping "Who is doing What Where" (3W) needs improvement.
- Inclusion of segments of vulnerable people excluded from humanitarian programmes due to problems of access, entitlements, information and knowledge (e.g. urban destitute, displaced).
- Strengthening of information emanating from field monitoring and targeting.

13.2 Strategy

The aim is to improve the focus and impact of assistance in supporting the most vulnerable people in Zimbabwe, through a strategy of greater joint engagement by all stakeholders, and particularly the Government, in needs assessment, planning, monitoring and in the delivery of humanitarian programmes.

13.3 Operational Objectives

- To develop a shared understanding between the Government and humanitarian agencies of the main humanitarian and recovery challenges.
- To ensure adequate humanitarian and recovery response capacity.

- To ensure effective coordination within and between sectors.
- To ensure effective integration of gender, HIV/AIDS and recovery in all sectors.
- To ensure that humanitarian related information is comprehensive, up-to-date and widely disseminated.
- To provide support for a strategic framework on recovery activities for vulnerable groups in Zimbabwe.
- To ensure a coordinated set of approaches for assessments and monitoring of humanitarian and recovery needs.
- To provide overall guidance in the preparation, implementation and monitoring of the CAP.
- To support the implementation of the NGO capacity building programme.

13.4 Activities

In order to achieve the above objectives, key activities will:

- Strengthen a joint Government/UN humanitarian forum, which will include the donors and the NGO community, to co-ordinate the analysis of humanitarian assistance and activities;
- Identify and implement mechanisms for the inclusion of the private sector in the humanitarian response work, for example through subsidised food marketing interventions;
- Regular RRU review of the CAP process and quarterly reporting to the humanitarian community;
- RRU continued support and guidance to sector groups;
- Establishment of multi-sectoral groups on urban vulnerability and programme interventions;
- Support for coordination of multi-sectoral efforts for the HIV/AIDS response;
- Support the development of a recovery strategy for Zimbabwe and support sectoral groups in developing and analysing their recovery work;
- Maintain an operational website with a mapping function tracking humanitarian programmes, indicating “who does what where” in Zimbabwe;
- Issue regular humanitarian situation reports;
- Follow up and provide support to the management of the NGO capacity building programme, specifically through the engagement of the RRU;
- Expand capacity and strengthen humanitarian information collection and monitoring at provincial and district levels with the development of a more extensive UN field presence through established offices;
- Put into place a fuel facility, to enhance access to fuel for the humanitarian institutions in the country, initially to be based in Bulawayo and Harare;
- Promote humanitarian principles, including the SPHERE minimum standards and the Codes of Conduct, to improve the effectiveness of humanitarian access and delivery.

13.5 Indicators of Performance

- Consensus reached on the critical humanitarian challenges in Zimbabwe.
- Regular Government, UN, Donor and NGO meetings held to discuss coordination, humanitarian planning and operations.
- More humanitarian assistance delivered to groups currently outside of the main humanitarian delivery programmes, such as the urban poor and vulnerable communities in the former commercial farming areas.
- Joint assessments and evaluations undertaken to improve the understanding of vulnerability and the impact of humanitarian and recovery work.
- Workshops held to promote humanitarian principles and standards.
- Donors, government and humanitarian agencies make use of the RRU website mapping information to improve the targeting of their aid.
- The RRU's Relief, Information and Verification Unit provide regular provincial updates on key humanitarian trends and the monitoring of impact of humanitarian and recovery work from established community based offices.
- NGO training courses held to improve capacity.
- Number of recorded “hits” on RRU website.

13.6 Co-ordination Funding Criteria

During the CAP workshop the participants developed a broad guiding criteria on the funding of submitted proposals. It is on the basis of these criteria that the proposals are scheduled. These include:

- Facilitating information sharing;
- Supporting and enhancing linkages;
- Enhancing the quality of information and the breadth of coverage;
- Strengthening the timeliness of the information;
- Strengthening complementarities and avoids duplication;
- Playing a leadership role;
- Mobilising resources and deploying human resource on time;
- Timely updating of the database;
- Increasing stakeholder engagement at all levels.

13.7 Coordination Activity Proposals

Appealing organisation	Activity	US$
UNDP/RRU	NGO Capacity Building	465,000
UNDP	Fuel facility	179,062
UN/RRU	Coordination and support services	2,170,170

14. Stakeholders Roles and responsibilities in the CAP:

14.1 Government of Zimbabwe: Common humanitarian Action Plan (CHAP)

- Commitment to the process.
- Advocates and presents issues closest to the beneficiaries.
- Provides technical inputs and implementation experience.
- Informs the UN and other external perspectives.
- Gathers and manages information.

Consolidated Appeal Process
- Submits proposals; guides discussions, identifies sources of funding.
- Provides concept papers and summary budgets.
- Provides inputs into the context.
- Supports the participation of NGOs, to increase participation.

14.2 United Nations Agencies

- Coordination.
- Strategic planning.
- Situational analysis
- Capacity strengthening.
- Prioritisation.
- Assessments.
- Information dissemination.
- Contingency planning and preparedness.

Consolidated Appeals Process: Supports, and facilitates implementation through:
- Resource mobilisation;
- Coordination;
- Situational analysis.
- Capacity strengthening;
- Prioritisation;
- Assessments;
- Monitoring and evaluation;
- Negotiation and advocacy.

14.3 Donors: Common Humanitarian Action Plan (CHAP)

- Finance it according to resource limitations.
- Address greatest needs.
- Perform information watchdog function.
- Encourage Government dialogue channels.
- Ensure benchmark realism/implementation.
- Adherence to agreed standards.
- Cost effectiveness and efficiency.

Consolidated Appeal Process
- Monitoring.
- Ensure CAP is responsive to the CHAP.
- Ensure human rights and gender are integrated to the humanitarian response.
- Promote stakeholder involvement in the CAP.
- Facilitate, and ensure greater coordination among stakeholders.
- Ensure shared understanding, analysis, and common framework.
- Ensure timely interventions.
- Advocating for resources from own governments and other financial institutions.
- Has responsibility to engage in the debate.

14.4 NGOs

Common Humanitarian Action Plan (CHAP)

- NGOs should be part of the transparent process.
- Need to manage perceptions on inclusiveness.
- Should be part of the production of sector plans.

Consolidated Appeal Process

- Participate in the context analysis.
- Participate in the development of priority requirements.

Table II : UN Consolidated Inter-Agency Appeal for ZIMBABWE (July 2003-June 2004)

Listing of Project Activities - By Appealing Organisation

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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project code	Sector Name	Sector/activity	Original requirements
ALC			
ZIM-03/E02	EDUCATION	Increased educational welfare, and health care support	133,000
Sub total for ALC			**133,000**
ANPPCAN Zimbabwe Chapter			
ZIM-03/P/HR/RL03	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Legal aid and child protection programme	60,359
Sub total for ANPPCAN Zimbabwe Chapter			**60,359**
CARE			
ZIM-03/E05	EDUCATION	Project for the advancement of the school sector (PASS	389,917
ZIM-03/H26	HEALTH	Improving access and quality of care among pregnant women to reduce maternal and infant mortality	448,500
ZIM-03/WS03	WATER AND SANITATION	Emergent water and sanitation in Masvingo Province	500,000
Sub total for CARE			**1,338,417**
Childline - Zimbabwe			
ZIM-03/P/HR/RL08	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Sensitisation workshops to be held at District level	24,077
Sub total for Childline - Zimbabwe			**24,077**
Christian Care			
ZIM-03/A04	AGRICULTURE	Provision of 30 nutrition gardens along the Save Valley in Chipinge District of Manicaland	98,733
Sub total for Christian Care			**98,733**
City of Harare - Community Services			
ZIM-03/P/HR/RL12	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Harare City resource centre for the destitute children	95,000
Sub total for City of Harare - Community Services			**95,000**

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Project code	Sector Name	Sector/activity	Original requirements
CPC			
ZIM-03/E06	EDUCATION	Tsigirai Mhuri Skills Training Centre	100,000
Sub total for CPC			**100,000**
CRS			
ZIM-03/E03	EDUCATION	Project for the advancement of the school sector (PASS	1,011,954
ZIM-03/H13	HEALTH	Community home-based care project	580,000
ZIM-03/H21	HEALTH	Distribution of essential medical supplies initiative	825,000
Sub total for CRS			**2,416,954**
FAO			
ZIM-03/A02	AGRICULTURE	Asset protection in vulnerable communal households	4,900,000
ZIM-03/A03	AGRICULTURE	Control of foot-and-mouth disease in Zimbabwe	7,255,000
ZIM-03/A01	AGRICULTURE	Increased agricultural production of small-scale vulnerable households	8,736,000
Sub total for FAO			**20,891,000**
FCTZ			
ZIM-03/ER/I02	ECONOMIC RECOVERY AND INFRASTRUCTURE	Farm workers relief (humanitarian aid), recovery and empowerment programme	2,005,736
Sub total for FCTZ			**2,005,736**

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Project code	Sector Name	Sector/activity	Original requirements
FOST			
ZIM-03/H06	HEALTH	Home based care and social support for farm worker communities	88,348
ZIM-03/H12	HEALTH	Life skills for households affected by HIV/AIDS in commercial farm worker communities	30,264
ZIM-03/P/HR/RL07	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Protection and psycho-social support for orphans and vulnerable children in farm worker communities	17,250
ZIM-03/P/HR/RL15	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Protection and psycho-social support for orphans and vulnerable children in farm worker communities	39,468
Sub total for FOST			**175,330**
FST			
ZIM-03/P/HR/RL10	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Community awareness and support of sexually abused children	20,000
Sub total for FST			**20,000**
GAPWUZ			
ZIM-03/P/HR/RL19	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Gender protection and HIV/AIDS awareness in the agriculture communities of Zimbabwe	138,483
Sub total for GAPWUZ			**138,483**
German Agro Action			
ZIM-03/F02	FOOD	Food for work in Manicaland and Matabeleland-South Province	800,000
ZIM-03/WS07	WATER AND SANITATION	Rehabilitation of rural water points in Zimbabwe	1,110,000
Sub total for German Agro Action			**1,910,000**

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Project code	Sector Name	Sector/activity	Original requirements
GOAL Zimbabwe			
ZIM-03/A08	AGRICULTURE	Agricultural recovery for vulnerable farming households in Hurungwe and Makoni Districts	1,741,740
ZIM-03/H15	HEALTH	HIV/AIDS intervention programme	1,430,242
ZIM-03/H04	HEALTH	Nutritional support to all pre-school (under-fives) in two districts	786,200
Sub total for GOAL Zimbabwe			**3,958,182**
ILO			
ZIM-03/H16	HEALTH	HIV/AIDS crisis response in workplace	175,000
Sub total for ILO			**175,000**
IOM			
ZIM-03/CSS01	COORDINATION AND SUPPORT SERVICES	Emergency assistance to mobile and vulnerable populations in Zimbabwe	500,000
Sub total for IOM			**500,000**
IPA			
ZIM-03/H03	HEALTH	Child supplementary feeding	50,000
ZIM-03/WS05	WATER AND SANITATION	An initiative to combat the immenent outbreak of water and sanitation related diseases in peri-urban informal settlement (Porta Farm, Dzivarasekwa Extension and Hatcliffe Extension)	40,000
Sub total for IPA			**90,000**
LHH			
ZIM-03/P/HR/RL11	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Community orphan care and support	148,000
Sub total for LHH			**148,000**

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Project code	Sector Name	Sector/activity	Original requirements
MCI			
ZIM-03/H17	HEALTH	Improving health, nutrition and food self reliance for individuals and communities affected by HIV/AIDS in Masvingo Province	440,000
Sub total for MCI			**440,000**
MEDAIR			
ZIM-03/H02	HEALTH	Emergency nutritional relief for primary schools programme in Mudzi and Gokwe North Districts, Zimbabwe	1,671,143
Sub total for MEDAIR			**1,671,143**
Mvuramanzi Trust			
ZIM-03/WS04	WATER AND SANITATION	Emergency safe water supply, health and hygiene promotion, sanitation and nutrition gardens	338,000
Sub total for Mvuramanzi Trust			**338,000**
OXFAM GB			
ZIM-03/WS08	WATER AND SANITATION	Emergency water, sanitation and hygiene promotion programme in Midlands Province, Zimbabwe	750,000
Sub total for OXFAM GB			**750,000**
PSZ			
ZIM-03/H23	HEALTH	Extending family planning and reproductive healthcare services to newly resettled communities of Zimbabwe	102,266
Sub total for PSZ			**102,266**
SAFIRE			
ZIM-03/A05	AGRICULTURE	Promotion of traditional crops, open pollinated variety seed multiplication and production in Manicaland	40,000
Sub total for SAFIRE			**40,000**

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SAHRIT			
ZIM-03/P/HR/RL13	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Promoting the observance of human rights and humanitarian principles in humanitarian interventions	30,000
Sub total for SAHRIT			**30,000**
SC UK			
ZIM-03/F03	FOOD	Zambezi valley food aid	5,348,467
ZIM-03/H22	HEALTH	Zambezi Valley and Zvimba health support	891,602
ZIM-03/P/HR/RL04	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Community-based training in child protection in emergencies	63,538
Sub total for SC UK			**6,303,607**
SCN			
ZIM-03/H05	HEALTH	Prevention of malnutrition among vulnerable children in drought prone areas of the country	4,096,859
Sub total for SCN			**4,096,859**
SSYP			
ZIM-03/P/HR/RL05	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Street youth programme	48,000
Sub total for SSYP			**48,000**
TFZ			
ZIM-03/P/HR/RL18	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Commoners act for peace in Zimbabwe	65,000
Sub total for TFZ			**65,000**
THH			
ZIM-03/P/HR/RL09	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Tariro house of hope for orphans and abandoned children	324,480
Sub total for THH			**324,480**

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Project code	Sector Name	Sector/activity	Original requirements
UNAIDS			
ZIM-03/H09	HEALTH	Coordination and advocacy for effective integration of HIV/AIDS and humanitarian responses	202,000
ZIM-03/H08	HEALTH	Strengthen monitoring and evaluation system for HIV/AIDS and humanitarian responses	217,000
Sub total for UNAIDS			**419,000**
UNDP			
ZIM-03/A07	AGRICULTURE	Agricultural marketing and pricing policy review	20,000
ZIM-03/CSS04	COORDINATION AND SUPPORT SERVICES	Relief and recovery unit	2,170,170
ZIM-03/ER/I03	ECONOMIC RECOVERY AND INFRASTRUCTURE	Agricultural / rural livelihood recovery	500,000
ZIM-03/ER/I04	ECONOMIC RECOVERY AND INFRASTRUCTURE	Critical boreholes repair for the Tichadya school community, Chiredzi District	80,000
ZIM-03/ER/I05	ECONOMIC RECOVERY AND INFRASTRUCTURE	Emergency rehabilitation of rural community productive infrastructures in the Masvingo and Manicaland Provinces	200,000
ZIM-03/ER/I01	ECONOMIC RECOVERY AND INFRASTRUCTURE	Food importation facility	40,000,000
ZIM-03/H10	HEALTH	Public sector capacity replenishment in the face of HIV/AIDS	1,850,000
ZIM-03/WS09	WATER AND SANITATION	Procurement of water treatment chemicals	800,000
ZIM-03/WS02	WATER AND SANITATION	Provision of emergency water treatment chemicals for safe water supply to urban populations in Zimbabwe	1,348,060
Sub total for UNDP			**46,968,230**
UNDP/RRU			
ZIM-03/CSS03	COORDINATION AND SUPPORT SERVICES	Fuel facility	179,062
ZIM-03/CSS02	COORDINATION AND SUPPORT SERVICES	NGO capacity building	465,000
Sub total for UNDP/RRU			**644,062**

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Project code	Sector Name	Sector/activity	Original requirements
UNFPA			
ZIM-03/H11	HEALTH	Scaling up mHIV/AIDS prevention initiatives in the food distribution system and at food distribution sites	420,000
ZIM-03/H32	HEALTH	To contribute towards the reduction of maternal and neonatal morbidity	619,640
Sub total for UNFPA			**1,039,640**
UNICEF			
ZIM-03/E01	EDUCATION	Crucial interventions to complement school feeding in primary schools in Zimbabwe	871,250
ZIM-03/E04	EDUCATION	Project for the advancement of the school sector (PASS	1,163,000
ZIM-03/H27A	HEALTH	Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks	2,952,789
ZIM-03/H01	HEALTH	Treatment of malnutrition and nutritional surveillance	2,300,000
ZIM-03/P/HR/RL01	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Child protection: community based care and support to orphans and other vulnerable children	1,300,000
ZIM-03/WS01	WATER AND SANITATION	Provision of emergency safe water supply and sanitation to targeted vulnerable populations in Zimbabwe	1,000,000
Sub total for UNICEF			**9,587,039**
UNIFEM			
ZIM-03/P/HR/RL14	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Mainstreaming gender in the Zimbabwean humanitarian response	150,000
Sub total for UNIFEM			**150,000**
WFP			
ZIM-03/F01	FOOD	Targeted relief to vulnerable populations in Southern Africa (EMOP 10290.0) (incorporated in the Regional Project)	0
Sub total for WFP			**0**

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Project code	Sector Name	Sector/activity	Original requirements
WHO			
ZIM-03/H29	HEALTH	Mitigate the impact of malaria in specific vulnerable groups such as peole living with AIDS (PLWA), children under-5, malnourished children requiring supplementary feeding in drought affected areas, and pregnant women in response to the Zimbabwe crisis	565,510
ZIM-03/H28	HEALTH	Procurement of vital drugs and medical supplies	565,510
ZIM-03/H27B	HEALTH	Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks	50,000
ZIM-03/H30	HEALTH	Reducing maternal deaths and morbidity in resettled areas through capacity building and establishing community support groups	437,250
ZIM-03/H31	HEALTH	Reducing morbidity and mortality, due to the humanitarian crisis, of under-fives	431,420
ZIM-03/H18	HEALTH	Support to prevention of mother to child transmission (PMTCT) in growth points, border and former commercial farming areas	1,422,520
Sub total for WHO			**3,472,210**
WVZ			
ZIM-03/A06	AGRICULTURE	Emergency livestock nutrition and health support	239,000
ZIM-03/WS06	WATER AND SANITATION	Emergency water and sanitation	558,050
Sub total for WVZ			**797,050**
ZAPSO			
ZIM-03/H19	HEALTH	To mitigate the impact of HIV/AIDS, which has been worsened by the two-year drought situation resulting in a lot of child headed families, particularly the girl-child headed household	105,000
Sub total for ZAPSO			**105,000**

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Project code	Sector Name	Sector/activity	Original requirements
ZCDT			
ZIM-03/S/NF01	FAMILY SHELTER AND NON-FOOD ITEMS	Feeding and accomodation of internally displaced persons	290,000
ZIM-03/H07	HEALTH	Internally displaced persons HIV/AIDS project	263,000
ZIM-03/P/HR/RL16	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Advocacy, research and information on internally displaced people	90,000
Sub total for ZCDT			**643,000**
ZiFAYA			
ZIM-03/H20	HEALTH	Stop the virus - break the silence in private colleges	97,000
Sub total for ZiFAYA			**97,000**
ZIMRIGHTS			
ZIM-03/P/HR/RL06	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Economic and social rights programme	60,000
Sub total for ZIMRIGHTS			**60,000**
ZLWVA			
ZIM-03/P/HR/RL17	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Integration of Zimbabwean war veterans into civil society	200,000
Sub total for ZLWVA			**200,000**
ZNCWC			
ZIM-03/P/HR/RL02	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Psycho social support networks	45,000
Sub total for ZNCWC			**45,000**

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Project code	Sector Name	Sector/activity	Original requirements
ZNFP			
ZIM-03/H24	HEALTH	Expansion of adolescent sexual and reproductive health to youths in newly resettled areas, mining centres and growth points	650,000
ZIM-03/H14	HEALTH	Holistic response to reproductive health, HIV/AIDS and poverty among out of school youth in Zimbabwe	69,000
ZIM-03/H25	HEALTH	Increasing access to family planning reproductive health information, diagnosis and treatment of sexually transmitted infections for women in peri-urban areas	395,000
Sub total for ZNFP			**1,114,000**
Grand Total:			**113,828,857**

Table III : UN Consolidated Inter-Agency Appeal for ZIMBABWE (July 2003-June 2004)

Listing of Project Activities - By Sector

as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Appealing Agency	Sector/Activity	Original Requirements
AGRICULTURE			
ZIM-03/A07	UNDP	Agricultural marketing and pricing policy review	20,000
ZIM-03/A08	GOAL Zimbabwe	Agricultural recovery for vulnerable farming households in Hurungwe and Makoni Districts	1,741,740
ZIM-03/A02	FAO	Asset protection in vulnerable communal households	4,900,000
ZIM-03/A03	FAO	Control of foot-and-mouth disease in Zimbabwe	7,255,000
ZIM-03/A06	WVZ	Emergency livestock nutrition and health support	239,000
ZIM-03/A01	FAO	Increased agricultural production of small-scale vulnerable households	8,736,000
ZIM-03/A05	SAFIRE	Promotion of traditional crops, open pollinated variety seed multiplication and production in Manicaland	40,000
ZIM-03/A04	Christian Care	Provision of 30 nutrition gardens along the Save Valley in Chipinge District of Manicaland	98,733
Sub total for AGRICULTURE			**23,030,473**
COORDINATION AND SUPPORT SERVICES			
ZIM-03/CSS01	IOM	Emergency assistance to mobile and vulnerable populations in Zimbabwe	500,000
ZIM-03/CSS03	UNDP/RRU	Fuel facility	179,062
ZIM-03/CSS02	UNDP/RRU	NGO capacity building	465,000
ZIM-03/CSS04	UNDP	Relief and recovery unit	2,170,170
Sub total for COORDINATION AND SUPPORT SERVICES			**3,314,232**
ECONOMIC RECOVERY AND INFRASTRUCTURE			
ZIM-03/ER/I03	UNDP	Agricultural / rural livelihood recovery	500,000
ZIM-03/ER/I04	UNDP	Critical boreholes repair for the Tichadya school community, Chiredzi District	80,000
ZIM-03/ER/I05	UNDP	Emergency rehabilitation of rural community productive infrastructures in the Masvingo and Manicaland Provinces	200,000
ZIM-03/ER/I02	FCTZ	Farm workers relief (humanitarian aid), recovery and empowerment programme	2,005,736
ZIM-03/ER/I01	UNDP	Food importation facility	40,000,000
Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE			**42,785,736**

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
EDUCATION			
ZIM-03/E01	UNICEF	Crucial interventions to complement school feeding in primary schools in Zimbabwe	871,250
ZIM-03/E02	ALC	Increased educational welfare, and health care support	133,000
ZIM-03/E03	CRS	Project for the advancement of the school sector (PASS	1,011,954
ZIM-03/E04	UNICEF	Project for the advancement of the school sector (PASS	1,163,000
ZIM-03/E05	CARE	Project for the advancement of the school sector (PASS	389,917
ZIM-03/E06	CPC	Tsigirai Mhuri Skills Training Centre	100,000
Sub total for EDUCATION			**3,669,121**
FAMILY SHELTER AND NON-FOOD ITEMS			
ZIM-03/S/NF01	ZCDT	Feeding and accomodation of internally displaced persons	290,000
Sub total for FAMILY SHELTER AND NON-FOOD ITEMS			**290,000**
FOOD			
ZIM-03/F02	German Agro Action	Food for work in Manicaland and Matabeleland-South Province	800,000
ZIM-03/F01	WFP	Targeted relief to vulnerable populations in Southern Africa (EMOP 10290.0) (incorporated in the Regional Project)	0
ZIM-03/F03	SC UK	Zambezi valley food aid	5,348,467
Sub total for FOOD			**6,148,467**

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
HEALTH			
ZIM-03/H03	IPA	Child supplementary feeding	50,000
ZIM-03/H13	CRS	Community home-based care project	580,000
ZIM-03/H09	UNAIDS	Coordination and advocacy for effective integration of HIV/AIDS and humanitarian responses	202,000
ZIM-03/H21	CRS	Distribution of essential medical supplies initiative	825,000
ZIM-03/H02	MEDAIR	Emergency nutritional relief for primary schools programme in Mudzi and Gokwe North Districts, Zimbabwe	1,671,143
ZIM-03/H24	ZNFP	Expansion of adolescent sexual and reproductive health to youths in newly resettled areas, mining centres and growth points	650,000
ZIM-03/H23	PSZ	Extending family planning and reproductive healthcare services to newly resettled communities of Zimbabwe	102,266
ZIM-03/H16	ILO	HIV/AIDS crisis response in workplace	175,000
ZIM-03/H15	GOAL Zimbabwe	HIV/AIDS intervention programme	1,430,242
ZIM-03/H14	ZNFP	Holistic response to reproductive health, HIV/AIDS and poverty among out of school youth in Zimbabwe	69,000
ZIM-03/H06	FOST	Home based care and social support for farm worker communities	88,348
ZIM-03/H26	CARE	Improving access and quality of care among pregnant women to reduce maternal and infant mortality	448,500
ZIM-03/H17	MCI	Improving health, nutrition and food self reliance for individuals and communities affected by HIV/AIDS in Masvingo Province	440,000
ZIM-03/H25	ZNFP	Increasing access to family planning reproductive health information, diagnosis and treatment of sexually transmitted infections for women in peri-urban areas	395,000
ZIM-03/H07	ZCDT	Internally displaced persons HIV/AIDS project	263,000
ZIM-03/H12	FOST	Life skills for households affected by HIV/AIDS in commercial farm worker communities	30,264
ZIM-03/H29	WHO	Mitigate the impact of malaria in specific vulnerable groups such as peole living with AIDS (PLWA), children under-5, malnourished children requiring supplementary feeding in drought affected areas, and pregnant women in response to the Zimbabwe crisis	565,510
ZIM-03/H04	GOAL Zimbabwe	Nutritional support to all pre-school (under-fives) in two districts	786,200
ZIM-03/H05	SCN	Prevention of malnutrition among vulnerable children in drought prone areas of the country	4,096,859
ZIM-03/H28	WHO	Procurement of vital drugs and medical supplies	565,510

Table III : UN Consolidated Inter-Agency Appeal for ZIMBABWE (July 2003-June 2004)

Listing of Project Activities - By Sector

as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Appealing Agency	Sector/Activity	Original Requirements
HEALTH			
ZIM-03/H10	UNDP	Public sector capacity replenishment in the face of HIV/AIDS	1,850,000
ZIM-03/H27A	UNICEF	Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks	2,952,789
ZIM-03/H27B	WHO	Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks	50,000
ZIM-03/H30	WHO	Reducing maternal deaths and morbidity in resettled areas through capacity building and establishing community support groups	437,250
ZIM-03/H31	WHO	Reducing morbidity and mortality, due to the humanitarian crisis, of under-fives	431,420
ZIM-03/H11	UNFPA	Scaling up mHIV/AIDS prevention initiatives in the food distribution system and at food distribution sites	420,000
ZIM-03/H20	ZiFAYA	Stop the virus - break the silence in private colleges	97,000
ZIM-03/H08	UNAIDS	Strengthen monitoring and evaluation system for HIV/AIDS and humanitarian responses	217,000
ZIM-03/H18	WHO	Support to prevention of mother to child transmission (PMTCT) in growth points, border and former commercial farming areas	1,422,520
ZIM-03/H32	UNFPA	To contribute towards the reduction of maternal and neonatal morbidity	619,640
ZIM-03/H19	ZAPSO	To mitigate the impact of HIV/AIDS, which has been worsened by the two-year drought situation resulting in a lot of child headed families, particularly the girl-child headed household	105,000
ZIM-03/H01	UNICEF	Treatment of malnutrition and nutritional surveillance	2,300,000
ZIM-03/H22	SC UK	Zambezi Valley and Zvimba health support	891,602
Sub total for HEALTH			**25,228,063**

Table III : UN Consolidated Inter-Agency Appeal for ZIMBABWE (July 2003-June 2004)

Listing of Project Activities - By Sector

as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Appealing Agency	Sector/Activity	Original Requirements
PROTECTION/HUMAN RIGHTS/RULE OF LAW			
ZIM-03/P/HR/RL16	ZCDT	Advocacy, research and information on internally displaced people	90,000
ZIM-03/P/HR/RL01	UNICEF	Child protection: community based care and support to orphans and other vulnerable children	1,300,000
ZIM-03/P/HR/RL18	TFZ	Commoners act for peace in Zimbabwe	65,000
ZIM-03/P/HR/RL10	FST	Community awareness and support of sexually abused children	20,000
ZIM-03/P/HR/RL11	LHH	Community orphan care and support	148,000
ZIM-03/P/HR/RL04	SC UK	Community-based training in child protection in emergencies	63,538
ZIM-03/P/HR/RL06	ZIMRIGHTS	Economic and social rights programme	60,000
ZIM-03/P/HR/RL19	GAPWUZ	Gender protection and HIV/AIDS awareness in the agriculture communities of Zimbabwe	138,483
ZIM-03/P/HR/RL12	City of Harare - Community Services	Harare City resource centre for the destitute children	95,000
ZIM-03/P/HR/RL17	ZLWVA	Integration of Zimbabwean war veterans into civil society	200,000
ZIM-03/P/HR/RL03	ANPPCAN Zimbabwe Chapter	Legal aid and child protection programme	60,359
ZIM-03/P/HR/RL14	UNIFEM	Mainstreaming gender in the Zimbabwean humanitarian response	150,000
ZIM-03/P/HR/RL13	SAHRIT	Promoting the observance of human rights and humanitarian principles in humanitarian interventions	30,000
ZIM-03/P/HR/RL07	FOST	Protection and psycho-social support for orphans and vulnerable children in farm worker communities	17,250
ZIM-03/P/HR/RL15	FOST	Protection and psycho-social support for orphans and vulnerable children in farm worker communities	39,468
ZIM-03/P/HR/RL02	ZNCWC	Psycho social support networks	45,000
ZIM-03/P/HR/RL08	Childline - Zimbabwe	Sensitisation workshops to be held at District level	24,077
ZIM-03/P/HR/RL05	SSYP	Street youth programme	48,000
ZIM-03/P/HR/RL09	THH	Tariro house of hope for orphans and abandoned children	324,480
Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW			**2,918,655**

Table III : UN Consolidated Inter-Agency Appeal for ZIMBABWE (July 2003-June 2004)

Listing of Project Activities - By Sector

as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project Code	Appealing Agency	Sector/Activity	Original Requirements
WATER AND SANITATION			
ZIM-03/WS05	IPA	An initiative to combat the immenent outbreak of water and sanitation related diseases in peri-urban informal settlement (Porta Farm, Dzivarasekwa Extension and Hatcliffe Extension)	40,000
ZIM-03/WS04	Mvuramanzi Trust	Emergency safe water supply, health and hygiene promotion, sanitation and nutrition gardens	338,000
ZIM-03/WS06	WVZ	Emergency water and sanitation	558,050
ZIM-03/WS08	OXFAM GB	Emergency water, sanitation and hygiene promotion programme in Midlands Province, Zimbabwe	750,000
ZIM-03/WS03	CARE	Emergent water and sanitation in Masvingo Province	500,000
ZIM-03/WS09	UNDP	Procurement of water treatment chemicals	800,000
ZIM-03/WS01	UNICEF	Provision of emergency safe water supply and sanitation to targeted vulnerable populations in Zimbabwe	1,000,000
ZIM-03/WS02	UNDP	Provision of emergency water treatment chemicals for safe water supply to urban populations in Zimbabwe	1,348,060
ZIM-03/WS07	German Agro Action	Rehabilitation of rural water points in Zimbabwe	1,110,000
Sub total for WATER AND SANITATION			**6,444,110**

Grand Total	**113,828,857**

ANNEX I.

DONOR RESPONSE

Table I : UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa 2002 - ZIMBABWE

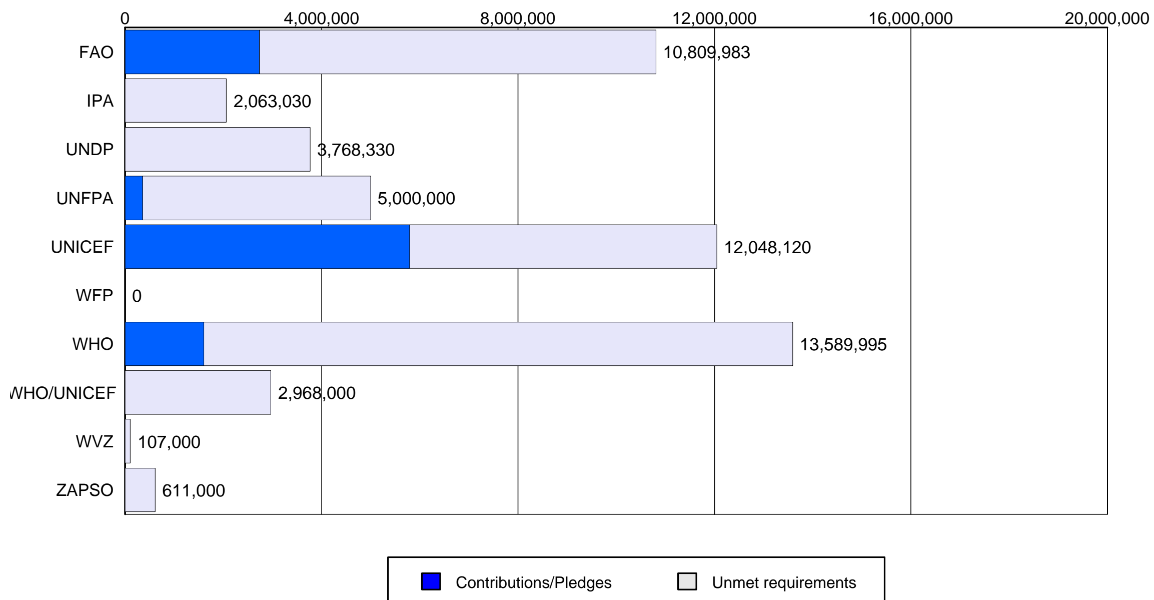
Summary of Requirements and Contributions
By Appealing Organisation
as of 16 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Original Requirements	Revised Requirements	Contributions	Pledges	Carryover	Total Resources Available	Unmet Requirements	% Covered
FAO	16,110,000	10,809,983	2,739,983	0	0	2,739,983	8,070,000	25.35%
IPA	2,063,030	2,063,030	0	0	0	0	2,063,030	0.00%
UNDP	3,768,330	3,768,330	0	0	0	0	3,768,330	0.00%
UNFPA	5,000,000	5,000,000	360,000	0	0	360,000	4,640,000	7.20%
UNICEF	7,794,200	12,048,120	5,792,804	0	0	5,792,804	6,255,316	48.08%
WFP *	236,534,915	0	0	0	0	0	0	0.00%
WHO	10,156,395	13,589,995	1,602,564	0	0	1,602,564	11,987,431	11.79%
WHO/UNICEF	2,968,000	2,968,000	0	0	0	0	2,968,000	0.00%
WVZ	107,000	107,000	0	0	0	0	107,000	0.00%
ZAPSO	611,000	611,000	0	0	0	0	611,000	0.00%
GRAND TOTAL	**285,112,870**	**50,965,458**	**10'495'351**		**0**	**10,495,351**	**40,470,107**	**20.59%**

Revised UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa 2002 - ZIMBABWE

Updated financial summary
By Appealing Organisation



* These requirements are reflected in the Regional Appeal for Southern Africa

Table II : UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa 2002 - ZIMBABWE

Donor breakdown of Contributions through Appealing Organisation
as of 16 July 2003

Part A - Non food Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Donor	Channel	Project Code	Sector/activity	Amout US$
Canada	UNICEF	ZIM-02/H07; H13; H14	Health and nutrition	272,438
Denmark	UNICEF	ZIM-02/UNICEF	Multi-sectoral assistance	105,324
European Commission	FAO	ZIM-02/A01	Stabilisation of a agricultural production levels of targeted vulnerable households in Zimbabwe through provision of fertiliser	1,009,000
European Commission	UNICEF	ZIM-02/H07; H13; H14	Preventing EPI target; mapping the situation of children and families living with HIV/AIDS and establishment of a monitoring system; improving child nutrition through supplementary feeding	873,785
European Commission	UNICEF	ZIM-02/UNICEF	Multi-sectoral assistance	775,030
Ireland	UNICEF	ZIM-02/UNICEF	Multi-sectoral assistance	100,000
Italy	UNICEF	ZIM-02/H07; H13; H14	Preventing EPI target; mapping the situation of children and families living with HIV/AIDS and establishment of a monitoring system; improving child nutrition through supplementary feeding	200,000
Netherlands	FAO	ZIM-02/A01	Increased agricultural production for vulnerable population	757,343
Netherlands	UNICEF	ZIM-02/WS01	Water and sanitation	100,380
New Zealand	UNICEF	ZIM-02/UNICEF	Multi-sectoral assistance	46,948
Norway	UNICEF	ZIM-02/WS01	Water and sanitation	149,655
Private/NGO/Intl	FAO	ZIM-02/A04	Control of foot-and-mouth disease in Zimbabwe	400,000
Private/NGO/Intl	UNFPA	ZIM-02/H08	Provide emergency reproductive health kits	60,000
Private/NGO/Intl	UNFPA	ZIM-02/H08	Urgent response to the humanitarian crisis in Zimbabwe	300,000
Private/NGO/Intl	UNICEF	ZIM-02/H07; H13; H14	Health and nutrition	149,404
Private/NGO/Intl	UNICEF	ZIM-02/H07; H13; H14	Health and nutrition	150,000
Private/NGO/Intl	UNICEF	ZIM-02/UNICEF	Multi-sectoral assistance	742,188
Private/NGO/Intl	UNICEF	ZIM-02/UNICEF	Multi-sectoral assistance	190,000
Private/NGO/Intl	UNICEF	ZIM-02/UNICEF	Multi-sectoral assistance	284,932
Private/NGO/Intl	UNICEF	ZIM-02/WS01	Water and sanitation	50,000
Sweden	FAO	ZIM-02/A02	Asset protection in vulnerable communal households	227,203
Sweden	FAO	ZIM-02/A04	Control of foot-and-mouth disease in Zimbabwe	103,982
United Kingdom	FAO	ZIM-02/A01	Increased agricultural production for vulnerable population	216,297
United Kingdom	FAO	ZIM-02/A04	Control of foot-and-mouth disease in Zimbabwe	26,158
United Kingdom	UNICEF	ZIM-02/H07; H13; H14	Health and nutrition	1,602,720
United Kingdom	WHO	ZIM-02/H02	Disease surveillance	1,602,564
Total non food				**10,495,351**

Part B - Food aid

Donor	Food type	Food (MTs)	Amount US$
Total food aid			

Grand total	**10,495,351**

Table III : UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa 2002 - ZIMBABWE

Listing of Project Activities - By Sector
as of 16 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
AGRICULTURE						
ZIM-02/A02	Asset protection in vulnerable communal households	FAO	3,085,000	3,327,203	227,203	3,100,000
ZIM-02/A04	Control of foot-and-mouth disease in Zimbabwe	FAO	4,095,000	4,030,140	530,140	3,500,000
ZIM-02/A01	Increased agricultural production for vulnerable population	FAO	8,512,000	3,032,640	1,982,640	1,050,000
ZIM-02/A03	Increased fisheries production	FAO	418,000	420,000	0	420,000
Sub total for AGRICULTURE			**16,110,000**	**10,809,983**	**2,739,983**	**8,070,000**
COORDINATION AND SUPPORT SERVICES						
ZIM-02/CSS01	Relief and Recovery Unit	UNDP	1,262,330	1,262,330	0	1,262,330
Sub total for COORDINATION AND SUPPORT SERVICES			**1,262,330**	**1,262,330**	**0**	**1,262,330**
ECONOMIC RECOVERY AND INFRASTRUCTURE						
ZIM-02/ER/I02	Rural livelihood recovery: A market driven approach to strengthening livelihood strategies for the rural poor	UNDP	898,500	898,500	0	898,500
ZIM-02/ER/I01	Rural livelihood recovery: Rehabilitation of water infrastructure in Matebeleland Region	UNDP	1,050,500	1,050,500	0	1,050,500
Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE			**1,949,000**	**1,949,000**	**0**	**1,949,000**
EDUCATION						
ZIM-02/E01	Access to education for affected school age children in affected areas until long term arrangements are made	UNICEF	700,000	1,110,000	0	1,110,000
Sub total for EDUCATION			**700,000**	**1,110,000**	**0**	**1,110,000**
FOOD						
ZIM-02/F01	Southern Africa crisis response (EMOP 10200.0) [Moved to Regional Appeal]	WFP	236,534,915	0	0	0
Sub total for FOOD			**236,534,915**	**0**	**0**	**0**
HEALTH						
ZIM-02/H01	Building/strengthening health sector partnership (stakeholders)	WHO	378,420	378,420	0	378,420
ZIM-02/H15	Child supplementary feeding in 3 peri-urban informal settlements around Harare	IPA	1,918,530	1,918,530	0	1,918,530
ZIM-02/H11	Community home-based care project	WVZ	107,000	107,000	0	107,000
ZIM-02/H02	Disease surveillance	WHO	593,600	593,600	1,602,564	(1,008,964)
ZIM-02/H10	HIV/AIDS advocacy	IPA	144,500	144,500	0	144,500
ZIM-02/H12	HIV/AIDS prevention impact mitigation	ZAPSO	611,000	611,000	0	611,000
ZIM-02/H16	Improved access to health delivery services	WHO	0	3,433,600	0	3,433,600
ZIM-02/H03	Policy on professional health staff to strengthen health service delivery	WHO	21,200	21,200	0	21,200
ZIM-02/H07; H13; H14	Preventing EPI target diseases outbreaks; mapping the situation of chidlren and families living with HIV/AIDS and establishment of a monitoring system; inproving child nutrition through supplementary feeding	UNICEF	5,794,200	7,938,120	3,248,347	4,689,773
ZIM-02/H04	Procurement of vital drugs and medical supplies	WHO	7,763,175	7,763,175	0	7,763,175
ZIM-02/H09	Reducing increasing maternal mortality in rural settings due to the humanitarian crises	WHO	1,400,000	1,400,000	0	1,400,000

Table III : UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa 2002 - ZIMBABWE

Listing of Project Activities - By Sector

as of 16 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
ZIM-02/H05	Strengthening of cholera epidemic response	WHO/UNICEF	1,113,000	1,113,000	0	1,113,000
ZIM-02/H06	Strengthening of malaria epidemic response	WHO/UNICEF	1,855,000	1,855,000	0	1,855,000
ZIM-02/H08	Support to reproductive health emergency needs	UNFPA	5,000,000	5,000,000	360,000	4,640,000
Sub total for HEALTH			**26,699,625**	**32,277,145**	**5,210,911**	**27,066,234**
MULTI-SECTOR						
ZIM-02/UNICEF	Awaiting field office allocation	UNICEF	0	0	2,244,422	(2,244,422)
ZIM-02/MS01	IDPs assistance	UNDP	557,000	557,000	0	557,000
Sub total for MULTI-SECTOR			**557,000**	**557,000**	**2,244,422**	**-1,687,422**
PROTECTION/HUMAN RIGHTS/RULE OF LAW						
ZIM-02/P/HR/RL01	Mitigating psychosocial trauma	UNICEF	500,000	1,500,000	0	1,500,000
Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW			**500,000**	**1,500,000**	**0**	**1,500,000**
WATER AND SANITATION						
ZIM-02/WS01	Provision of emergency safe water supply and sanitation to targeted vulnerable populations in Zimbabwe	UNICEF	800,000	1,500,000	300,035	1,199,965
Sub total for WATER AND SANITATION			**800,000**	**1,500,000**	**300,035**	**1,199,965**
Grand Total:			**285,112,870**	**50,965,458**	**10'495'351**	**40,470,107**

Table IV: Additional Humanitarian Assistance to Zimbabwe

Outside of the Framework of the UN Consolidated Inter-Agency Appeal
as of 16 July 2003

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

Date	Donor	Channel	Description	Value US$
2-Aug-02	Canada	CARE	For agriculture project	318,471
28-Mar-03	Canada	IFRC	Multi-sectoral assistance	134,228
2-Aug-02	Canada	IFRC	Health and medical programme	318,471
2-Aug-02	Canada	OXFAM	For agriculture project	318,471
2-Aug-02	Canada	WVI (Canada)	For agriculture programme	636,943
Subtotal for Canada				**1,726,584**
17-Jun-02	European Commission	UN Agencies and NGOs	To prevent malnutrition and starvation among groups most vulnerable to Zimbabwe's food security crisis	1,877,934
Subtotal for European Commission				**1,877,934**
18-Jul-02	Germany	ADRA	Provision of basic food needs to 12,000 most vulnerable over a period of 6 months	334,396
21-Jun-02	Germany	Help	To meet basic needs of displaced farm workers	174,413
Subtotal for Germany				**508,809**
10-Jul-02	Ireland	CA	Emergency relief	294,406
21-Nov-02	Ireland	CONCERN	General food ration support	174,560
10-Jul-02	Ireland	CONCERN	Emergency relief	490,677
21-Nov-02	Ireland	GOAL	General food ration support	349,498
10-Jul-02	Ireland	OXFAM	Emergency relief	245,339
21-Nov-02	Ireland	Trocaire	General food ration support	196,657
10-Jul-02	Ireland	Trocaire	Emergency relief	392,542
Subtotal for Ireland				**2,143,679**
1-Oct-02	Norway	NCA	Hunger disaster and seeds	476,190
1-Oct-02	Norway	NPA	Supplementary feeding in schools	476,190
1-Oct-02	Norway	SC	Emergency food aid	64,000
Subtotal for Norway				**1,016,380**
7-Jun-02	Sweden		Food and supplementary feeding etc.	216,495
Subtotal for Sweden				**216,495**
2-Aug-02	Switzerland	HEKS	Famine emergency aid	133,333
16-Dec-02	Switzerland	MEDAIR	Famine emergency aid Gokwe	107,914
16-May-03	Switzerland	Salvation Army	Swiss dairy products	42,482
6-Jun-03	Switzerland	SHA	HIV/AIDS workshop	13,846
5-Jul-02	Switzerland	WFP	In kind - secondment to WFP-Zimbabwe	64,000
Subtotal for Switzerland				**361,575**

20-Sep-02	United Kingdom		Agricultural recovery	684,615
6-Sep-02	United Kingdom	CAFOD	Supplementary feeding	5,230,769
6-Sep-02	United Kingdom	CARE	Supplementary child feeding	5,230,769
20-Sep-02	United Kingdom	CARE INT	Agricultural recovery	5,446,154
6-Sep-02	United Kingdom	Christian Aid-UK	Supplementary child feeding	5,230,769
20-Sep-02	United Kingdom	CRS	Agricultural recovery	292,308
20-Sep-02	United Kingdom	FCT	Agricultural recovery	76,923
31-Jul-02	United Kingdom	IFRC	Food aid and humanitarian assistance (Appeal No. 12/2002)	773,679
20-Sep-02	United Kingdom	OXFAM GB	Agricultural recovery	746,154
6-Sep-02	United Kingdom	PI	Supplementary feeding	615,385
20-Sep-02	United Kingdom	SC UK	Agricultural recovery	207,692
6-Sep-02	United Kingdom	SCF	Food rations for vulnerable	5,169,231
Subtotal for United Kingdom				**29,704,448**
25-Jun-02	United States		Field staff/technical assistance	13,929
13-Sep-02	United States		Funding for programme manager; field staff/technical assistance support	88,263
13-Dec-02	United States		Operations support	100,000
23-Sep-02	United States	CARE	Agricultural project	945,242
23-Sep-02	United States	CRS	Agriculture/nutrition	1,099,822
18-Dec-02	United States	FCT	Support to survey the situation of commercial farms and farm workers nationwide	100,000
18-Dec-02	United States	FSN	To implement the supplementary feeding of vulnerable children in commercial farm-worker communities in Manicaland Province	150,000
23-Sep-02	United States	OCHA	IDP advisor	231,525
25-Feb-03	United States	OCHA	Humanitarian Assistance Coordination Unit (HACU)	250,000
21-Nov-02	United States	Pact Inc.	Funding for Pact Inc.	2,100,000
1-Jul-02	United States	PACTEC	HIV/AIDS programme	900,000
23-Sep-02	United States	RRU	Field coordination	100,000
23-Sep-02	United States	WV	Agricultural project	549,072
28-Jul-02	United States	WV	P.L. 480 Title II food assistance - 19,710 MTs	11,744,001
Subtotal for United States				**18,371,854**
Grand Total:				**55,927,758**

Table V: UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa 2002 - ZIMBABWE

Major donors by contributions

(carry over not included)

16-July-2003

Donor	Value US$	% of funding
United Kingdom	3,447,739	32.85%
European Commission	2,657,815	25.32%
Netherlands	857,723	8.17%
Sweden	331,185	3.16%
Canada	272,438	2.60%
Italy	200,000	1.91%
Norway	149,655	1.43%
Denmark	105,324	1.00%
Ireland	100,000	0.95%
New Zealand	46,948	0.45%
Private/NGO/Intl*	2,326,524	22.17%
Grand Total:	**10,495,351**	**100%**

*) This includes unearmarked or broadly earmarked donor contributions which have been allocated by UNHCR to this appeal, as well as contributions from private and other non-government donors.

Major donors by contributions

(carry over not included)

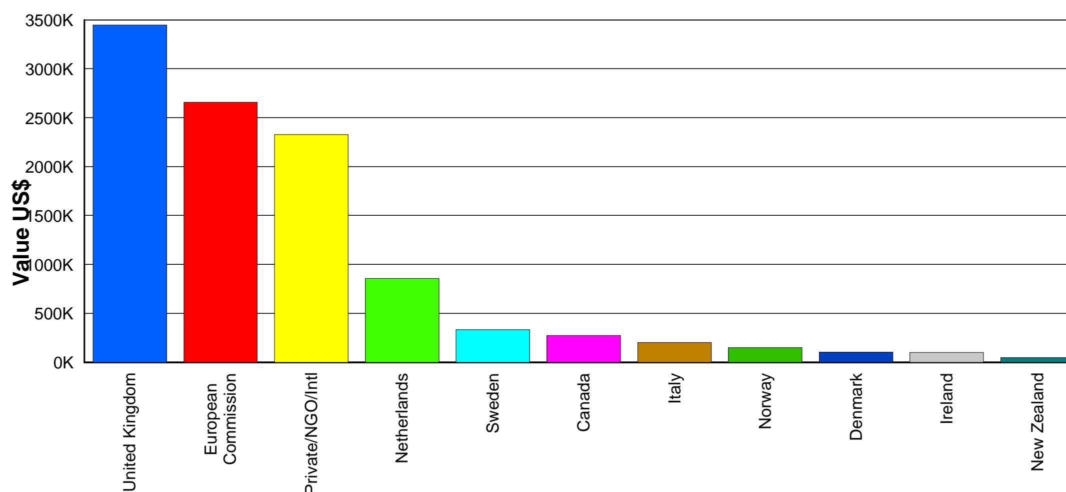
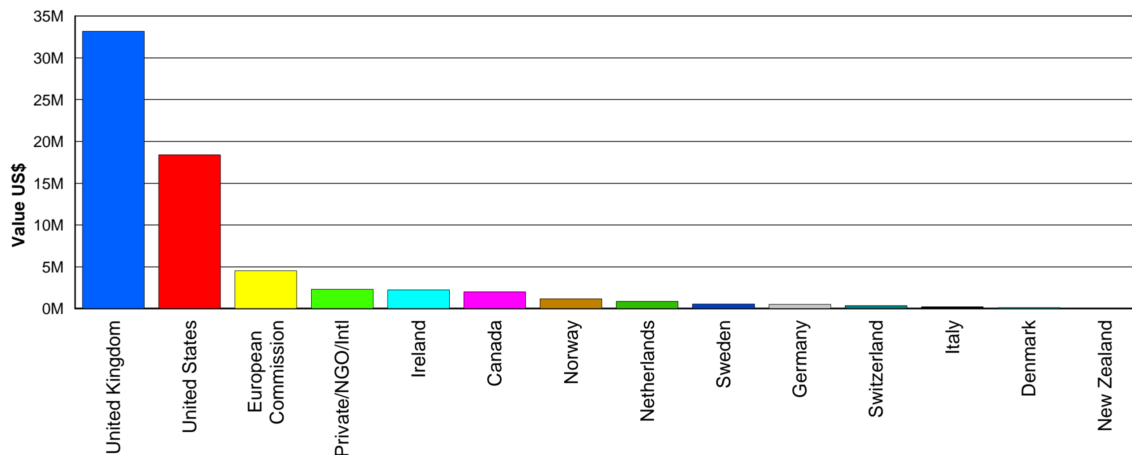


Table VI: Total Humanitarian Assistance for
Humanitarian Crisis in Southern Africa 2002 - ZIMBABWE
Major Donors by Total Contributions*
(carry over not included)
16 July 2003

Donor	Value US$	% of funding
United Kingdom	33,152,187	49.91%
United States	18,371,854	27.66%
European Commission	4,535,749	6.83%
Private/NGO/Intl	2,326,524	3.50%
Ireland	2,243,679	3.38%
Canada	1,999,022	3.01%
Norway	1,166,035	1.76%
Netherlands	857,723	1.29%
Sweden	547,680	0.82%
Germany	508,809	0.77%
Switzerland	361,575	0.54%
Italy	200,000	0.30%
Denmark	105,324	0.16%
New Zealand	46,948	0.07%
Grand Total:	**66,423,109**	**100%**



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

ANNEX II.

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim
AIDS	Acquired Immune-Deficiency Syndrome
ALC	Abundant Life Church
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
CA	Consolidated Appeals
CABA	Children Affected by AIDS
CANGO	Coordinated Assemby of National NGOs
CAP	Consolidated Appeals Process
CARE	Cooperation and Relief Everywhere
CBD	Community-Based Distributors
CBO	Community-Based Organisations
CFSAM	Crop and Food Supply Assessment Mission
CHAP	Common Humanitarian Action Plan
CHH	Child-headed Household
CMR	Crude Mortality Rate
CPC	Child Protection Committee
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Security Emergency
CSA	Child Sexual Abuse
CSB	Corn Soya Blend
CWF	Child Welfare Fora
DAAC	District AIDS Action Committee
DAC	District AIDS Council
DDF	District Development Fund
DEMSI	Distribution of Essential Medical Supplies Initiative
DFID	Department for International Development
DPT	Diptheria, Pertussis, Tetanus
DRC	Democratic Republic of Congo
ECHO	European Commission Humanitarian Office
EHH	Early Headed Household
EMOP	Emergency Operations
EPI	Expanded Programme of Immunisation
FACT	Family AIDS Caring Trust
FAO	Food and Agriculture Organization
FCTZ	Farm Community Trust of Zimbabwe
FFT	Food-for-Training
FFW	Food-for-Work
FMD	Foot and Mouth Disease
FOST	Farm Orphan Support Trust of Zimbabwe
FP	Family Planning
FST	Family Support Trust
GAA	German Agro Action
GAM	Global Acute Malnutrition
GAPWUZ	General Agriculture and Plantation Workers' Union of Zimbabwe
GMB	Grain Marketing Board
GOAL	Irish NGO
GoZ	Government of Zimbabwe
GTZ	Dutsch Gesellschaft für Technische Zusammenarbeit

HARCFAD	Harare Resource Centre for the Fight Against Destitution
HBC	Home-based Care
HIV/AIDS	Human Immune-deficiency Virus / Acquired Immune-Deficiency Syndrome
HLS	Household Livelihood Security
IDP	Internally Displaced Persons
IFRC	International Federation of Red Cross
IH	Island Hospice
IHL	International Humanitarian Law
ILO	International Labour Organization
IMF	International Monetary Fund
IM	Infant Mortality
INGOs	International NGOs
IOM	International Organization for Migration
IPA	Inter-Country People's Aid
ITNs	Insecticide Treated Nets
LHH	Lubhanco House Hwange
LNGOs	Local NGOs
MCI	Mercy Corps International
M&E	Monitoring and Evaluationaternal Mortality
MoH	Ministry of Health
MoHCW	Ministry of Health and Child Welfare
MWH	Maternity waiting homes
NAC	National AIDS Council
NERP	National Economic Revival Programme
NFI	Non-Food Item
NGOs	Non-Governmental Organisations
OCHA	Office for the Coordination of Humanitarian Affairs
ODCA	Oxen Driven Cart Ambulance
OHCHR	Office of the High Commissioner for Human Rights
ORS	Oral Rehydration Salt
OVC	Orphans and Vulnerable Children
OXFAM-GB	Oxford Famine Relief Great Britain
PASS	Project for the Advancement of the School Sector
PLWHA	Persons Living with HIV/AIDS
PND	Peri-natal Death
PSS	Psychosocial Support Services
PSZ	Population Services Zimbabwe
RDC	Rural District Council
RH	Reproductive Health
RRU	Relief and Recovery Unit
RTI	Respiratory Tract Infection
SAFIRE	Southern Alliance for Indigenous Resources
SAHRIT	Human Rights Trust of Southern Africa
SCF	Save the Children Fund
SCF UK	Save the Children Fund - UK
SCN	Save the Children – Norway
SCOPE	Schools and Colleges Permaculture Organisation
SDC	School Development Committee
SF	School Feeding
SFC	Supplementary Feeding Centre
SIDA	Swedish International Development Agency
SRO	Sub-Regional Office
SSYP	Simukai Street Youth Programme

STI	Sexually Transmitted Infection
SWG	Sectoral Working Group
TBA	Traditional Birth Attendants
TFC	Therapeutic Feeding Centre
TFZ	Tolerance Foundation Zimbabwe
THH	Tariro House of Hope
ToT	Training of Trainers
UN	United Nations
UN HC	United Nations Humanitarian Coordinator
UNHCR	United Nations High Commissioner for Refugees
UNAIDS	Joint United Nations Programme on AIDS
UNCRC	United Nations Convention on the Rights of Child
UNDAF	United Nations Development Assistance Framework
UDHR	Universal Declaration of Human Rights
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
UNV	United Nations Volunteer
WFP	World Food Programme
WHO	World Health Organization
WVZ	World Vision – Zimbabwe
ZACH	Zimbabwe Association of Church-Related Hospitals
ZAPSO	Zimbabwe AIDS Prevention and Support Organization
ZCDT	Zimbabwe Community Development Trust
ZCWZ	Zimbabwe Council for the Welfare of Children
ZEPI	Zimbabwe Expanded Programme of Immunisation
ZIFAYA	Zimbabwe Foundation for All Youth Associations
ZIMRIGHTS	Zimbabwe Human Rights Association
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZLWVA	Zimbabwe Liberation War Veterans Association
ZNCWC	Zimbabwe National Council for the Welfare of Children
ZNFP	Zimbabwe National Family Planning
ZNFPC	Zimbabwe National Family Planning Council
ZAPSO	Zimbabwe AIDS Prevention and Support Organization

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