

Zimbabwe

2004



REVISION

Consolidated Appeals Process (CAP)



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FOREWORD

This Consolidated Appeal Process (CAP) is a review of the ongoing humanitarian programme in Zimbabwe, incorporating an update of activities and incorporating additional projects. The CAP supports the implementation of new projects, particularly in agriculture, taking into account the time required for activities to be implemented and the agricultural calendar for the next season. The CAP also supports national plans to put into place capacity for recovery at all levels, with emphasis on household and community levels.

The review and update specifically focuses on strengthening the delivery of basic social services, HIV/AIDS and recovery to reverse the downward humanitarian trend in the country. The main objective in this regard is to prevent loss of life. This will be achieved by striving to meet minimum standards in delivering public health, water and sanitation and reversing the effects of HIV/AIDS. In addition, the humanitarian programme will support access to basic education and prepare for recovery through the development of coordinated and effective mechanisms for dialogue among humanitarian stakeholders. The review and update excludes food aid from 1 July 2004, as the Government will take a decision on whether or not to appeal for food aid after assessing the performance of the current crop.

The analysis of the requirements identified has been achieved through a joint effort between the Government, the UN System, and the wider humanitarian community in Zimbabwe. I would like to register my appreciation for the continued commitment and collaboration among the Government, UN humanitarian agencies, the donor community and the members of civil society, who have played a significant role in the process.

As with the initial appeal for assistance, I look forward to the humanitarian community in Zimbabwe being committed to continue supporting the Government and its partners in reversing the negative effects of the humanitarian situation. I hope that the collaborative spirit, which has prevailed, will be maintained in the implementation of this plan.

Victor Angelo
United Nations Humanitarian Coordinator
Harare, March 2004

1. EXECUTIVE SUMMARY

This revised appeal seeks additional resources to fund recovery and basic social services, in partnership with the Government of Zimbabwe and other humanitarian stakeholders. The appeal includes targeted food aid, nutrition programmes, basic social services, support for prevention and treatment of Human Immuno-deficiency Virus / Acquired Immuno-deficiency Syndrome (HIV/AIDS) and agricultural recovery. If required, the Government of Zimbabwe and the UN Humanitarian Coordinator will make a request for general food aid at a later time when accurate information on the harvest for the 2003/2004 main agriculture season is available.

The five-year decline faced by Zimbabwe is multi-dimensional and the result of a number of inter-related factors, notably increased vulnerability to climatic fluctuations and the shock of drought, the HIV/AIDS pandemic and a constrained policy environment. These factors are eroding household self-reliance, economic productivity, and the quality of public services. In addition, coping mechanisms increasingly rely on the unsustainable use of natural resources. The cumulative effect is depletion of Zimbabwe's human and natural resources and erosion of basic services and economic infrastructure. The social and economic deterioration over the past five years has resulted in a serious humanitarian situation.

The structural unemployment rate is more than 60%. An estimated five million people are unable to produce and/or purchase minimum daily food requirements and are, therefore, dependent on food aid and other social safety schemes. Agricultural recovery has been constrained by two years of successive drought and compounded by the severe economic decline. An estimated 25% of Zimbabwe's sexually active population is HIV positive, substantially reducing human health and productivity. HIV/AIDS has increased vulnerability to opportunistic illnesses and diseases, and malnutrition has further compromised the health of the population. Cholera epidemics are occurring in areas not previously affected.

Economic conditions and policies have resulted in chronic under-funding of public services and an exodus of educated professionals or 'brain drain', strikes, and low morale among workers as well as equipment breakdowns and shortages of essential supplies. The spread of HIV/AIDS has contributed to further depletion of human resources. Social services, including health, education and water and sanitation facilities are deteriorating rapidly and increasingly do not meet minimum standards.

Humanitarian assistance including food aid, nutrition programmes, emergency health and education interventions has contributed to saving lives and mitigating the impact of the crisis on the most vulnerable groups. However, the weak performance of the economy combined with strained international environment means that little progress has been made on slowing social and economic decline. The result is that humanitarian costs continue to rise and the potential for recovery is undermined.

The humanitarian effort in 2004 will aim to reverse this trend. Essential humanitarian assistance will continue to be provided but with a growing emphasis on recovery initiatives to increase self-reliance and reduce dependency on international assistance. This will require both policy-level actions and targeted programme interventions.

The goal of the humanitarian effort in 2004 is to alleviate the suffering of the most vulnerable population and to give hope for a better future through the following three inter-related and mutually supportive objectives:

- Preventing loss of life, human suffering and mitigating the impact of the crisis on the most vulnerable groups, through food aid, nutrition, critical health and education interventions and protection initiatives;
- Strengthening household livelihoods, improving food security, developing minimum standards in essential services and addressing the impact of HIV/AIDS to support recovery efforts;
- Strengthening the coordination and effectiveness of humanitarian actions to develop a concerted response to the recovery needs of the country by advancing an effective and structured dialogue among humanitarian stakeholders.

To achieve these objectives, the UN Country Team (UNCT) in consultation with the Government of Zimbabwe has agreed through the Consolidated Appeals Process (CAP) mid-year review process, to revise the 2003/2004 Consolidated Appeal (CA) and extend activities to the end of 2004. Funding

requirements total US\$ 95.4 million,¹ including US\$ 31 million requested by local and international Non-Governmental Organisations (NGOs). Of the total requirements, only US\$ 10.5 million in contributions has been reported as of the publication of this revised appeal. Consequently, US\$ 85 million is sought for the remainder of 2004.

¹ This is a reduction from the originally calculated requirement (in the Consolidated Appeal launched in July 2003) of \$ 124 million. Most of the reduction comes from revision of requirements in the food sector.

2. CHANGES IN THE CONTEXT

Zimbabwe's economy has suffered a severe decline over the last five years. The economic and social situation continued to further deteriorate during 2003. As agriculture is the backbone of the Zimbabwe economy, a particular focus on recovery in this sector is needed.

Gross Domestic Product (GDP) declined by an estimated 13%, in sharp contrast to positive developments in the rest of Sub-Saharan Africa. Structural unemployment is well above 60%. Monetary policy and highly negative real interest rates have fuelled inflation, which accelerated from approximately 100% in 2000 to more than 500% in 2003. The economic decline has resulted in: high inflation and interest rates; unsustainable budget deficits and debt; and the depreciation of the local currency and foreign exchange shortages. The impact of unfavourable climatic conditions and other factors, including reforms in the agriculture sector, have compromised the country's food security situation.

Zimbabwe is facing a critical foreign debt problem as a result of the rapid build up of external payment arrears. This has been exacerbated by loss of investor confidence and a sharp downturn in donor assistance, now mainly limited to humanitarian aid. The decline in exports combined with virtually no foreign financing has resulted in a severe compression of imports, which has seriously hampered the country's financing capacity for development. Formulation and implementation of an appropriate policy framework that will encourage support from the international community is a major challenge for Zimbabwe in 2004.

Due to the unfavourable climatic conditions and a rapidly declining economic situation, an estimated five million people out of the total population of 11.6 million are unable to meet their minimum food requirements. Social inequity is widening.

The agricultural sector has been affected by major land ownership changes, price controls and shortages as well as prohibitively expensive essential inputs, which has reduced production capacity and increased hardship for rural populations. While in the past there has been heavier concentration on large-scale capital-intensive commercial agriculture, there is now emphasis on small-scale production, which is more sensitive to weather changes. The economic situation has also led to exploitation of natural resources, deforestation, and land degradation from gold panning and other coping activities. The situation in resettlement areas appears to be more difficult than in communal areas as commercial farms funded most support services (health, schools, infrastructure) either directly or indirectly. Many former farm workers continue to reside in these areas but no longer have access to income, land or social services while at the same time, new settlers are arriving and competing for increasingly scarce resources.

Based on UN sources (which access AREX data), the 2004 harvest is expected to provide yields similar or even lower than those in 2003, which was well below averages of the previous decade and the level necessary to ensure national food security. The maize deficit alone is estimated between 1.1 and 1.3 million metric tonnes (MTs)². In addition, the 2003 wheat harvest was approximately 115,000 MTs, compared to a requirement of 390,000 MTs, which will also add to the total grain deficit in 2004. The total food crops deficit and the extent to which rural communities rely on external assistance to meet their basic needs is, however, difficult to predict as few statistics exist on small scale farming production and consumption for a number of other food crops such as sorghum, millet, etc.

From July to December 2003, international organisations distributed 156,000 MTs of food aid. At the same time, the Government through the Grain Marketing Board (GMB) distributed 204,577 MTs through retail outlets. Additional capacity to import by the Government is expected during 2004 as a result of better access to foreign currency due to expansion and better control of the gold and other mineral exports.

The quality of and access to social services, in particular health and education, has further deteriorated due to funding and capacity constraints resulting in critical shortages of health workers and teachers as well as a lack of medical and learning supplies. Rural households have been particularly hard hit with many families unable to meet education costs or obtain access to basic health services. Water and sanitation systems' capacity and quality, both in rural and urban areas, are also increasingly inadequate.

² The total maize requirement is estimated to be 1.8 million MTs, while yields are expected to be between 500,000 and 700,000 MTs, estimated by the number of seeds sold and assuming a total planted area of approximately 1 million hectares. Figures will be confirmed by crop assessments planned for the end of the first quarter.

The devastating effects of the HIV/AIDS pandemic continued to be an overriding concern for the humanitarian community. Death and sickness are crippling the society and profoundly undermining recovery prospects. The magnitude of this tragedy is depleting household as well as local and national public service capacity. Recent estimates indicate that some 25% of Zimbabwe's sexually active population is infected with HIV.³ An estimated 2,600 adults and 690 children died each week in 2003 as a result of AIDS⁴ and there are some 800,000 AIDS orphans in the country. The 2003 National Nutrition Survey showed a high proportion of severely malnourished children,⁵ possibly as a consequence of a high prevalence of HIV in children under-five.

Policy reforms are necessary to reverse these trends and put into place a recovery process. The humanitarian community is committed to accompanying and supporting the government and its partners to define strategies and implement programmes to advance reforms. The first step in this process is to strengthen dialogue between the Government and the UN as well as the wider humanitarian community, based on mutual trust and respect. Efforts will include joint assessments and greater information sharing to enhance collaboration and coordination.

The focus of the appeal is to address immediate needs while placing greater emphasis on recovery, both for social sector rehabilitation and agricultural recovery. In consultation with the UN Humanitarian Coordinator, the Government will consider making a separate appeal for general food aid once additional information on the performance of the current crop is available.

³ previous estimates put HIV prevalence rate at 33.7%; decrease might be attributed to a change in survey methodology.

⁴ Ministry of Health and Child Welfare (MoHCW), 2003.

⁵ based on the Global Acute Malnutrition (GMA) statistics.

3. PROGRESS MADE AND LESSONS LEARNT TOWARDS STATED GOALS AND OBJECTIVES

3.1 PROGRESS MADE

The humanitarian community worked closely together to meet the original objectives of the July 2003 Consolidated Appeal. Generous donor response in the area of food aid enabled large-scale food distribution and implementation of nutrition programmes that have reduced the threat of large-scale starvation. From July to December 2003, international organisations provided 156,000 MTs of food aid to some 3.5 million beneficiaries. The supplementary feeding programme expanded to 40 clinics in Harare and Bulawayo and by December, the therapeutic feeding programme was serving 4,600 children in 49 health facilities countrywide. In addition, coverage of school-feeding programmes increased from 70,000 primary school children in July 2003 to 250,000 in December 2003.

In contrast, donor response to priorities in basic social services (health, education and water and sanitation) has been lower than expected. Additional funds are required to stop further deterioration of social services, while also supporting the rebuilding of capacity and restoring minimum standards.

Despite funding constraints, the humanitarian community was able to implement a series of programmes to respond to urgent basic social services needs. Health sector support focused on the delivery of essential drugs and vaccines, therapeutic feeding of children under-five and emergency response to cholera outbreaks. In the area of water and sanitation, water treatment chemicals for urban systems were supplied, and in rural areas, boreholes dug and the water points rehabilitated. In the education sector, funding mobilised outside the CAP supported school infrastructure projects, provided classroom furniture and textbooks and also supported training of teachers, peer educators, and community based counsellors to introduce HIV/AIDS life skills education in the primary school curriculum.

In addition to the efforts of the UN there is significant bilateral NGO and Government commitment to fight HIV/AIDS, which benefited from generous funding support outside the CAP. The Government, through the National AIDS Council (NAC), has established decentralised structures and initiated a fund for addressing HIV/AIDS at the community level. Bilateral and NGO activities focused on providing direct support to people living with HIV/AIDS (PLWAs) and their families as well as prevention programmes. Through the prevention of parent to child transmission (PTCT) programme for example, hospital coverage increased from 54% in 2002 to 68% in 2003. Progress was also made on improving children's access to inheritance, education and health through the formulation of a National Plan of Action (NPA) for OVC and a commitment by the Government to ensure that all children are provided with birth certificates. Despite this progress, the number of OVC continued to rise, while capacity to address their needs remained insufficient.

Significant international funding both within and outside the CAP provided agricultural inputs for over 700,000 households, primarily in the form of seed packs. In contrast, no funding has yet been received to support the livestock sub-sector.

Despite weak and sometimes difficult relations between the Government and the international humanitarian community during the past year, cooperation increased during the second half of 2003. In August 2003, the Government issued its policy on NGO operations and agreement was eventually reached on a mutually acceptable *modus operandi*. After a gap of several months, the joint Government, UN and Donors Forum reconvened in September 2003. In December, senior representatives of relevant ministries participated in the Common Country Assessment / United Nations Development Assistance Framework (CCA/UNDAF) and the Government was also well represented at the CAP review workshop. Even closer cooperation in 2004 is expected, after the Government co-chaired a substantive meeting on humanitarian coordination in February. A stakeholders meeting, jointly hosted by the Government and the UN, on recovery issues is also planned for the first quarter of 2004.

3.2 LESSONS LEARNT

Linking relief to recovery

Despite ongoing difficulties within the policy environment, there are clear signals for improvement during 2004. For example, the monetary policy statement made on 18 December 2003 by the Governor of the Reserve Bank of Zimbabwe opened possibilities to develop meaningful recovery interventions needed to stop further deterioration of the economy as well as to reduce structural dependence on foreign aid. The

humanitarian community will support the recovery process by developing linkages between humanitarian actions and longer-term goals as well as seizing recovery opportunities in key sectors such as agriculture and the social sectors.

Policy dialogue

Continued efforts of the UN RC/HC to bring together the Government and the international humanitarian community have resulted in a better joint understanding of humanitarian issues. Strengthening of this dialogue to ensure transparency, effective coordination and increasing collaboration is key to the overall success of the humanitarian actions in Zimbabwe.

Humanitarian coordination

Effective and well-targeted humanitarian assistance is also dependent on strengthening information management and improving sectoral level coordination for both policy and strategy formulation. In order to improve coordination of humanitarian assistance, sectoral working groups should be operating under Government responsibility with the assistance of the relevant UN agency.

Vulnerability assessments and monitoring of programme impact

Effective planning and monitoring of humanitarian assistance has been constrained by a lack of accurate and reliable information on issues such as household coping mechanisms, links between food security and HIV/AIDS and conditions in the new resettlement areas. There is also a need to improve monitoring and evaluation of humanitarian actions to enhance effectiveness and ensure adherence to humanitarian principles. Priorities for 2004 include establishing joint UN and Government assessments and monitoring programmes and strengthening information generation and dissemination on key aspects of the humanitarian situation.

4. PRIORITIES TO THE END OF THE APPEAL PERIOD

The goal of the humanitarian effort in 2004 is to alleviate the suffering of the most vulnerable population and to assist communities to progressively move from relief to recovery as well as to give hope for a better future through the following three inter-related strategic objectives:

- Preventing loss of life, human suffering and mitigating the impact of the crisis on the most vulnerable groups through food aid, nutrition, critical health and education interventions and protection initiatives;
- Preparing for recovery by strengthening household livelihoods, improving food security, rebuilding the capacity of social services and addressing the impact of HIV/AIDS;
- Further developing an effective and structured dialogue among humanitarian stakeholders to strengthen the coordination and effectiveness of humanitarian actions and develop a concerted response to the recovery needs of the country.

4.1 STRATEGIC OBJECTIVE ONE: PREVENTING LOSS OF LIFE, HUMAN SUFFERING AND MITIGATING THE IMPACT OF THE HUMANITARIAN SITUATION ON THE MOST VULNERABLE GROUPS

Targeted food aid and nutrition interventions

An estimated five million people will continue to need food aid and related social mechanisms during the upcoming period. Improving the targeting of food distributions to ensure it reaches the most vulnerable is a priority. Activities will include the provision of basic food rations, supplementary feeding for children under-five, and therapeutic feeding. Nutrition surveillance activities will also be strengthened.

Improved coordination between the international community and the Government, including with the GMB is also a priority to ensure complementarity of targeted food aid interventions. As the primary responsibility for food assistance rests with the Government, dialogue to ensure that international partners are aware of national capacity, expected imports and gaps left to be filled by international assistance is crucial.

Targeted food aid programmes will also seek to address constraints related to unavailability and non-affordability of food through market interventions (monetisation of basic foodstuffs) in high-density urban areas and informal urban settlements. As much as possible, food distribution points and feeding programmes will also serve as venues for information, education, and communication (IEC) on HIV/AIDS.

Health emergencies and diseases outbreaks

Activities in the health sector will continue to strengthen emergency response capacity, through the delivery of vital services as well as structural and logistical support as well as the provision of supplies, equipment and surveillance. In close coordination with the Government, humanitarian agencies will seek to effectively and efficiently respond to disease outbreaks by strengthening capacities for information management to monitor outbreaks, developing and maintaining preparedness plans and supporting core national health staff at service delivery points.

HIV/AIDS

Providing support and relief assistance to PLWAs and their families will continue to be a priority for the humanitarian community. Activities will include food aid and nutrition programmes combined with delivery of basic health care services to ensure minimal levels of care as well as a range of prevention initiatives aimed at protecting the most vulnerable.

Critical water and sanitation needs

Initiatives will aim at improving access to safe water supply and ensuring adequate sanitation systems. In urban areas, activities will focus on water and sewerage systems, rehabilitation and provision of water treatment chemicals to vulnerable settlements. In rural areas, drilling of boreholes and upgrading of hygiene facilities will be priorities. Particular attention will be given to establishing viable community management systems and health and hygiene education through community skills development.

Emergency education

The main objective in the education sector is to ensure that all children, including those abandoned and migrating in search of food security, and children affected by the land reform process, have access to minimum standard education. In particular “satellite” schools, which have been established in the former

commercial farming areas, require urgent support. A range of activities, including the provision of basic school equipment, learning supplies and teaching aids, school feeding and nutrition programmes, support to teachers' food security, establishing more effective monitoring systems, and HIV/AIDS awareness initiatives are included.

Humanitarian guidance

The humanitarian community will continue to emphasize respect for humanitarian principles and international humanitarian laws, particularly for the benefit of the most vulnerable groups. Monitoring and reporting activities will aim at ensuring that the delivery of humanitarian assistance conforms to humanitarian principles.

Addressing the needs of OVC, including street children, presents humanitarian as well as potential security challenges. Implementation of the National Plan of Action (NPA) for OVC, including providing support for operational capacity and coordination structures is a priority under the child protection sector. Other planned activities include enumeration and mapping of OVC and ongoing services and a review of coordination mechanisms with a view to improving responsiveness to OVC needs.

The humanitarian community is also concerned about living conditions in new resettlement areas, particularly with respect to former farm workers. The United Nations Resident / Humanitarian Coordinator (UN RC/HC) has requested authorisation to conduct a joint humanitarian assessment in these areas as a basis for determining vulnerability and subsequently planning for the delivery of needed humanitarian assistance.

4.2 STRATEGIC OBJECTIVE TWO: PREPARING FOR RECOVERY

The humanitarian community is committed to developing programmes that support rebuilding of local and national capacity and increasing self-reliance to assist in progressively moving the country towards recovery and reducing dependency on foreign aid. In spite of current difficulties, there are a number of opportunities for the international community to support recovery programmes. In the long-term however, major economic and social policy reforms pursued by the Government and supported by the international community are required to reverse current trends and move towards recovery.

During 2004, the humanitarian community will focus on three main areas for recovery: a) strengthening livelihoods at the community level, including food security; b) rebuilding social services capacity; and, c) addressing the impact of the HIV/AIDS epidemic.

a) *Strengthening livelihoods at community level*

The humanitarian community will develop integrated programmes aimed at rebuilding livelihoods within rural communities in Zimbabwe. These programmes will be formulated and implemented in close partnership with local communities and Government structures, and with the support of local NGOs and community-based organisations.

Main areas of focus will include local governance, food security and agricultural production, environmental management, HIV/AIDS, access to social services, rehabilitation of community social infrastructures and capacity building of local Government extension services. Activities will also support the development of partnerships between local communities and the private sector.

For each area of focus, immediate assistance priorities will be accompanied by capacity building activities aimed at sustainable recovery. For instance, in the area of food security, agricultural provisions will be accompanied by capacity building initiatives to increase, develop and sustain productivity. Programme activities will emphasise the special needs of vulnerable groups with specific attention given to gender issues, empowerment of women, and support to community-based women's groups.

b) *Rebuilding the capacity of social services*

Much needed emergency relief assistance in the areas of health, education and water and sanitation, will be accompanied by recovery initiatives emphasising the progressive rebuilding of social services capacity. Activities will support national capacity to resume key functions within primary health care, reproductive health, primary education and safe water and sanitation. A range of activities including support for policy development and strategic planning, strengthening of financial and human resources management and monitoring systems, rehabilitation and equipping of social infrastructure, and training of personnel and capacity support in critical areas, notably through the United Nations Volunteer (UNV)

programme will be supported. Programmes will be designed and implemented in close partnership with relevant national and regional Government institutions.

c) Addressing the impact of the HIV/AIDS pandemic

Addressing the HIV/AIDS pandemic in Zimbabwe requires a long-term, coordinated effort to tackle the inter-related issues of poverty, gender relations, knowledge and attitudes to the virus. Therefore, a comprehensive response strategy linking long-term and short-term objectives and involving all relevant local and international actors through a range of methodologies and interventions is required.

The Government, the international community and local organisations are undertaking significant activities to address HIV/AIDS. Coordination efforts however, need to be strengthened to enhance the effectiveness of these initiatives. Recognising that effective response is dependent on addressing the root causes of the pandemic, relief activities will be complemented by a longer-term integrated approach aimed at building a national response and monitoring capacity. This will require major strengthening of national and local institutions and improved linkages between the National AIDS Council structures and humanitarian agencies involved in the HIV/AIDS response.

4.3 STRATEGIC OBJECTIVE THREE: DEVELOPING AN EFFECTIVE AND STRUCTURED DIALOGUE AMONG HUMANITARIAN STAKEHOLDERS

Further strengthening of dialogue among humanitarian partners, (including Government) is essential to improve the effectiveness of humanitarian assistance. While there is good collaboration among international partners, additional efforts are needed to advance dialogue with national as well as local Government authorities. Progress on improved dialogue is expected during 2004 as the Government has confirmed participation in a number of upcoming stakeholders meetings. Dialogue leading to transparency of information, including regarding resource allocations, capacities and gaps will facilitate forward planning and ensure complementarity of interventions.

The humanitarian community will also continue efforts to strengthen information management to facilitate analysis and dissemination of humanitarian information. Better understanding of specific aspects of and trends related to the humanitarian situation, at the national, local and household levels, as well as of socio-economic factors will be gained through a number of assessments and studies planned for 2004. Under the responsibility of the relevant Government body and with the assistance of the relevant UN agency, capacity of working groups to develop thematic and sectoral strategies will also be strengthened.

4.4 PARTNERSHIPS IN THE CAP

Planning for each sector is facilitated by a working group, which includes relevant Government departments, UN agencies and local and international NGOs that are implementing humanitarian activities within the respective sector. The Government of Zimbabwe participates both at the planning and at the implementation stages.

Summary of CAP Project proposals, January-December 2004

Sector	Total requested (US\$)
Targeted ⁶ Food Aid and Nutrition	34,917,080
Child Protection	2,812,647
HIV/AIDS	7,612,325
Health	12,768,119
Water and Sanitation	8,219,714
Agriculture/ Food Security	17,746,749
Education	4,334,871
Coordination and Recovery Activities	7,037,947
Total funding appeal for all sectors	95,449,452

⁶ Supplementary and therapeutic feedings are classified under health in the main total summaries for health at the back of the CAP document.

5. TARGETED FOOD AID AND NUTRITION SECTOR PLAN

5.1 SECTOR ANALYSIS

In response to Zimbabwe's food deficit in early 2003, the international community implemented a large-scale food assistance programme, through WFP and NGOs. Despite delays in receiving the Government appeal and then agreeing operational modalities, the programme is now well funded, with some 80% of WFP requested appeal currently pledged.

While food imports by the Government's GMB and the private sector are proceeding slower than hoped, GMB reportedly has significant stocks of locally procured food in country. However, there continues to be severe shortages in both rural and urban markets, and where food is available, it is unaffordable for the majority of the population. In addition, indications are that cereal production for the 2003/2004 agricultural seasons will again be below total requirements.

Despite problems with both food availability and affordability, results from the February 2003 National Nutrition and EPI Coverage Survey indicated that nutritional levels were maintained below the recognised emergency thresholds of 5.0 % Global Acute Malnutrition (GAM). The better than expected results are attributed to a combination of humanitarian actions and existing coping mechanisms. The national picture however, masks significant variations at the district level, ranging from 2.8 to 10.7 % of GAM, and in some areas, alarming proportions of severe acute malnutrition relative to GAM.

Households affected by HIV/AIDS face particular problems in producing cash crops and cereals, and typically earn less income than those not affected. Also, households headed by women, children or the elderly, as well as those with chronically ill adults, orphans or many family members are disproportionately food insecure.

The Crop and Food Supply Assessment Mission (CFSAM) estimated that approximately 5.5 million people required food assistance as of the end of the 2003 marketing year. Of these, about 4.4 million are located in rural areas, and the remaining 1.1 million in urban areas. Within communal areas, the worst affected zones are in the northern, western and southern parts 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 adversely affected by rising inflation, unemployment and declining availability of basic foodstuffs, with the urban assessment suggesting that approximately 65% of the urban population is vulnerable and in need of food assistance.

5.2 STRATEGY

The core food aid and nutrition action plans are designed to save lives, prevent suffering, and preserve productive assets through the following objectives:

- To implement interventions using existing community support structures and knowledge bases;
- To mainstream HIV/AIDS in all food and nutrition interventions through targeting, appropriate food baskets, and integrated approaches;
- To improve coordination with the Government of Zimbabwe;
- To contribute to the building of and restoration of safety nets, particularly addressing the special needs of vulnerable segments of the population;
- To address specific constraints related to unavailability and non-affordability of food in urban areas, where possible through the implementation of subsidised market interventions in high-density areas and informal urban settlements;
- To implement and prioritise school feeding for primary school children in the most vulnerable areas;

Nutrition activities in 2004 will focus on five main areas: 1) Nutrition Surveillance, 2) Child supplementary feeding programme (CSFP), 3) Therapeutic feeding programme, 4) Vitamin A supplements, and 5) Coordination and strengthening of capacity for nutritional support. Within the area of nutrition surveillance the following areas will be covered: sentinel situ nutrition surveillance, community based growth monitoring, screening and referral for treatment of severe malnutrition and period nutrition surveys.

WFP leads coordination in the food sector and provides basic food rations as well as supplementary food in cooperation with NGO implementing partners. In the area of nutrition, UNICEF supports overall coordination working with WHO on surveillance and monitoring support and with NGO partners on therapeutic feeding programmes and vitamin A supplementation.

5.3 OPERATIONAL OBJECTIVES

- To monitor the nutritional situation to identify areas of need and appropriate timing of interventions.
- To prevent severe food shortages among food insecure households.
- To reduce mortalities from severe acute malnutrition.
- To improve the nutritional status of malnourished children and chronically ill persons.
- To encourage school attendance through appropriate interventions, mainly in primary schools.
- To support vulnerable households to enhance capacity for sustaining their livelihoods.
- To prevent distress migration.

5.4 ACTIVITIES

- Targeted food aid assistance provided to food insecure households in vulnerable areas.
- School feeding for primary school children will be implemented and prioritised in the most vulnerable areas.
- Therapeutic feeding and supplementary feeding and support to home-based care programmes in both rural and urban areas benefiting PLWA and their families.
- Nutrition surveillance activities at sentinel sites and community based growth monitoring carried out, including periodical national nutrition surveys.
- Subsidised market interventions implemented in high-density areas and informal urban settlements.

6. CHILD PROTECTION SECTOR PLAN

6.1 SITUATION ANALYSIS

The impact of HIV/AIDS combined with the poor macro-economic situation is increasing the humanitarian risks for the population as a whole. Children are at particularly high risk as a result of their level of development, status in society, limited resource base and still developing coping mechanisms. UNICEF's 2002 Situation Analysis of OVC indicated that children in Zimbabwe are increasingly at risk of child abuse, sexual exploitation, malnutrition, dropping out of school, child labour, and loss of inheritance and property rights. An underlying cause for this increased vulnerability is the deterioration 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 dramatic situation of orphans and vulnerable children:

Projected number of orphans by 2005	1,330,000
Orphans because of HIV/AIDS	761,000
Total number of orphans	1,018,000
Children infected with HIV/AIDS	165,000
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

Far-reaching achievements were made in the child protection sector during the past six months. One major accomplishment was the drafting of the National Plan of Action (NPA) for OVC and initial implementation of the community based care and support interventions, which is expected to reach 44,000 OVC in 27 districts. The government-led process has resulted in a shared understanding amongst stakeholders of the importance of OVC and addressing their needs and has also enhanced collaboration and complementarity. Partners are also working to develop standards for the identification of and support to OVC, including compiling a directory of who is doing what and where.

6.2 STRATEGY

Programming in the child protection sector is designed to develop capacity within communities to monitor vulnerability among children and preserve social protection. At the national level, support will concentrate on revitalising and building institutional structures needed for the continued delivery of prioritised services. Programmes will build on previous progress made on operationalising the NPA for OVC through its "custodian" the Working Party of Officials consisting of representatives from relevant line ministries, the National AIDS Council, the Zimbabwe Red Cross Society, UN, donors and civil society, including children.

The NPA will guide response activities to ensure a coherent approach that conforms to existing policies. Existing coordination structures will be audited with a view to strengthening capacity to facilitate a more effective and efficient response to OVC rights and needs. In addition, the Child Protection Working Group will continue to bring Government, UN agencies, and civil society stakeholders together to ensure a rights based approach to addressing the needs of vulnerable children, paying particular attention to those suffering abuse and street children as well as by ensuring registration of all births.

UNICEF provides overall coordination for the Child Protection sector, working with government and NGO partners.

6.3 OPERATIONAL OBJECTIVES

In line with the Convention on the Rights of the Child and UNICEF's core corporate commitments for child protection during humanitarian crises, including working with all stakeholders, programming will address the protection, care and well being of vulnerable children through the following objectives:

- To increase the number of the most vulnerable children (e.g. orphans, child headed households, children in households with terminally ill parents, girls) supported, through community based care and support services, including psycho-social support, protection from sexual abuse and exploitation, stigma and discrimination, access to nutrition gardens, and access to HIV/AIDS awareness raising activities;

- To strengthen the communities' capacity to provide care and support to the most vulnerable children by mobilising communities and families on the problems surrounding orphans;
- To strengthen coordination networks of the service providers to OVC at all levels but with a particular emphasis at the community level;
- To improve the monitoring and assessment of the vulnerability and needs of OVC.

6.4 ACTIVITIES

The programme will support the implementation of the NPA for OVC, including:

- Enumeration and mapping of OVC and services provided;
- Auditing the capacity of coordination structures and strengthening those where required;
- Community based care and support to OVC, including supporting capacity development of NGOs providing psycho-social services;
- Support campaigns and media activities against child (sexual) abuse and exploitation.

7. HIV/AIDS SECTOR PLAN

7.1 SECTOR ANALYSIS

The high prevalence of HIV/AIDS in Zimbabwe is exacerbating the country's humanitarian situation. The HIV/AIDS pandemic has reduced productivity at the household level as well as nationally due to the increased morbidity, mortality and vulnerability of the population. Severely under-funded health and related social services have deteriorated as increased caseloads stretch dwindling capacity. The resulting sickness and death is depleting skilled human resources in both the public and private sectors and is also contributing to deteriorating educational standards. HIV/AIDS is contributing to a vicious cycle in which food insecurity, poverty and deteriorating basic health and social services are compounding the severity of the humanitarian situation.

The forces contributing to the HIV/AIDS pandemic are crosscutting and rooted predominantly in poverty, gender relations and socio-economic development as well as public health issues. Women and girls bear a disproportionate burden of the HIV/AIDS crisis.

7.2 STRATEGY

A two-pronged strategy is proposed to fight the HIV/AIDS crisis in Zimbabwe. Firstly, the relief response will respond to the needs of PLWAs by providing urgently needed assistance such as targeted food and nutritional support as well as basic services, in particular, health care. At the same time, interventions to reduce the spread of the disease will focus on activities such as condom promotion and voluntary counselling and testing. Similarly, support aimed at reducing the impact of the disease and protecting livelihoods will be provided through awareness raising and prevention activities, emphasising attitude and behaviour changes.

The second axis of the strategy is aimed at restoring capacities in health and other social sectors affected by the crisis, to respond to care demands and to mitigate the impact of the crisis on livelihoods. Coordination mechanisms will be strengthened for HIV/AIDS humanitarian and recovery programmes including capacity building support for the decentralised NAC and UNAIDS coordination structures. The HIV/AIDS working group will also be strengthened to facilitate management, implementation and monitoring of the HIV/AIDS component of the CAP.

Complementarity and synergy between short and long-term approaches will be fostered by developing a comprehensive and integrated HIV/AIDS response framework and national strategy, into which humanitarian programmes will be incorporated. HIV/AIDS will also be mainstreamed in the other sectors of the CAP, with particular emphasis on scaling up gender analysis.

UNAIDS provides overall coordination within the HIV/AIDS sector and also serves as the secretariat for the nine co-sponsors of the HIV/AIDS Global Programme: WFP; UNICEF; WHO; UNFPA; UNESCO; UNDCP; ILO; UNDP; and the World Bank. In addition, WHO provides support for scaling up access to care and support services, while WFP and UNICEF are supporting interventions to prevent the spread of the virus, raise awareness and provide access to PMTCT.

7.3 OPERATIONAL OBJECTIVES

- To assist PLWA to live healthier and more productive lives through provision of food, treatment, and care at household and community level.
- To curtail infection rates by developing behavioural change communication (BCC) programmes targeted at particularly vulnerable groups such as women and youth and locations of concerns such as border areas, growth points, former commercial farming areas, mining centres, peri-urban areas and food distribution systems.
- To build country level capacity for an effective and sustained response to HIV/AIDS, with a particular focus on the social sectors.
- To promote dialogue among stakeholders, including the Government, UN agencies, donors, NGOs and civil society on the HIV/AIDS humanitarian and recovery response continuum.
- To strengthen coordination and advocacy for effective integration of HIV/AIDS and humanitarian responses, through improved linkages between NAC's decentralised structures, the Ministry of Health and Child Welfare (AIDS and TB Unit), and other agencies delivering humanitarian actions.

7.4 ACTIVITIES

- Provide food and drugs within HBC programmes.
- Intensify IEC campaigns through the use of print media, radio, drama and role-play.
- Increase access to condoms and provide training on their proper use and disposal.
- Peer education and counselling 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 VCT.
- Provide support to agencies on operational plans and strategies for humanitarian and recovery HIV/AIDS programmes.
- Review gender aspects within sectoral programmes and scale up initiatives targeted at women and girls.
- Strengthen the capacity of Government institutions, including social services, using the SACI programme model.
- Establish operational linkages between NAC structures at provincial and district level and aid agencies.
- Develop a national HIV/AIDS humanitarian and recovery strategy as part of the comprehensive and integrated HIV/AIDS programme.

8. HEALTH SECTOR PLAN

8.1 SECTOR ANALYSIS

The quality of health delivery services in Zimbabwe has steadily declined due to budgetary constraints, loss of trained human resources, and the effects of HIV/AIDS. In addition, the poor economic situation has made it difficult to maintain regular supplies of essential equipment, materials, and medication.

Preliminary results from the Health Sector Capacity and Health Impact Assessment conducted in October and November 2003 indicate that the disease burden among vulnerable populations has increased as a result of declining health service delivery. In other words, the high HIV/AIDS prevalence has imposed critical demands on a seriously debilitated health delivery system.

Large segments of the population have limited access to health services, with the situation in new resettlement areas of particular concern. There has also been a recent upsurge in diseases, such as localised outbreaks of cholera and measles. A marked deterioration of the health environment in urban areas has also been observed, precipitated by a shortage of water purification chemicals and poor waste management.

8.2 STRATEGY

The goal of the health sector strategy is to reduce the impact of the crisis on morbidity and mortality levels in rural, urban and peri-urban areas through the following two components:

a) Improving health service delivery capacity to prevent and control disease outbreaks associated with the crisis, through building capacity for surveillance, emergency response, and support in delivering essential health services. The areas of community-level primary health care, emergency services, and monitoring of public health will be a priority focus. All activities will target the most vulnerable and will focus on the prevention and control of disease epidemics, particularly: cholera and malaria; EPI; therapeutic feeding; emergency related reproductive health issues, and the prevention and control of HIV/AIDS;

b) Promoting health services recovery by contributing to re-building institutional and community level capacities. Efforts will focus on replenishing the capacity of the health services to respond to the most urgent needs of the population. The approach will be based on a consultative process involving the Government, donors and NGOs to ensure effective coordination for maintaining basic health service standards.

WHO provides overall coordination within the health sector and supports capacity replenishment and health policy; and in collaboration with UNICEF, epidemic control and scaling up HIV intervention. UNICEF provides coordination for child health, including immunisation services and micro nutrient supplements, while UNFPA supports reproductive health services.

8.3 OPERATIONAL OBJECTIVES

- To strengthen emergency preparedness and response and to maintain basic health system capacity and essential public health interventions.
- To increase access to and delivery of essential health services to targeted populations.
- To assess the impact of the crisis on health through needs assessments and regular monitoring.
- To strengthen the coordination of health interventions and to promote a coherent approach to HIV/AIDS between health and other sectors.
- To facilitate recovery of health systems by advocating for the development of sustainable policies accompanied by adequate funding.

8.4 ACTIVITIES

- Training support for primary health care nurses as a mitigation measure against 'brain drain'.
- Provide health / food basket and other supplies to health staff to support them in performing essential functions.

- Reinforce emergency preparedness and response (EPR) in the health sector through training in EPR concepts and integrated disease surveillance and response (IDSR) and to secure emergency stocks of drugs and other supplies outlined in contingency plans.
- Emergency obstetric care to reduce maternal mortality.
- Procurement of sulfadoxine + pyrimethamine (SP) to sustain free combination therapy as the first-line intervention in malaria management, ITNs for vulnerable groups such as pregnant women, children under five, the elderly and immuno-compromised to prevent malaria infection and to provide other commodities for outbreaks and emergency situations i.e. IV quinine, IV Dextrose 5% and insecticides.
- Support for community based response interventions i.e. IEC – participatory health and hygiene education, training of volunteer community based educators, village health and / or community workers.
- Through regular meetings and joint field monitoring operations, to strengthen the Inter-Agency Coordinating Committee on Health.
- Support for periodic health impact assessments.
- Engage policy makers on recovery issues for the health sector, through the Inter-Agency Coordinating Committee on Health.

9. WATER AND SANITATION SECTOR PLAN

9.1 SECTOR ANALYSIS

The agricultural drought in 2002 deteriorated significantly during 2003, adversely affecting both surface and underground water for drinking, sanitation and hygiene. Collapsing operation and maintenance systems have further compounded the impact of the drought, with an estimated 45% of water systems not functioning. The resulting risk of water borne illness and poor sanitation has further compromised the health of a population already affected by high levels of food insecurity and HIV/AIDS prevalence. While parts of the vulnerable populations have benefited from water and sanitation improvements made within the context of the previous CAP, the majority is still in need of improved access to safe water supply and basic sanitation.

The 2002 water and sanitation needs assessment provides the following indications of the impact on the deteriorating water and sanitation situation on vulnerable populations:

- 1.5 million women and children under five in rural and resettlement areas lack adequate and safe water supply and basic excreta disposal facilities;
- 782,000 OVC face acute shortages of water supply and basic excreta disposal facilities;
- 1.2 million women and children under-five in urban areas are at risk of water borne diseases such as cholera, diarrhoea and dysentery due to the shortage of water treatment chemicals;
- 134,000 women and children under-five in peri-urban informal settlements have no access to safe and adequate water supply and basic excreta disposal.

Cholera outbreaks continued to hit Zimbabwe during the last six months, including in areas not previously affected, such as the northern parts of the country along the Zambezi valley and in the Kariba and Binga districts. Outbreaks were associated with shortage of safe drinking water and with poor hygiene and sanitation in the districts of Binga⁷ and Kariba⁸, which have very low water and sanitation coverage.

Adding to the demand for hygiene maintenance and safety and adequate supplies of water and basic sanitation is an increasing home based caseload of HIV/AIDS patients as health delivery systems can no longer keep pace with the influx of HIV/AIDS patients. Women, as the primary care givers, bear a disproportionate share of the burden in caring for these patients.

In urban areas, a lack of foreign currency needed to purchase water treatment chemicals has led to untreated and intermittent water supplies, compromising good hygiene practices and increasing the risk of water-borne diseases such as cholera and other gastro-intestinal diseases. In addition, a sharp increase in urban migration from rural areas and the deteriorating socio-economic situation has put additional pressures on water supply and sanitation system in major towns. With the onset of the rainy season in the first quarter of 2004, the situation throughout the country is expected to deteriorate, requiring accelerated efforts in prevention and control interventions.

9.2 STRATEGY

The goal within the water and sanitation sector is to reduce morbidity and mortality due to disease outbreaks. The strategy will focus on disease control and improving access to adequate water supply and basic sanitation facilities to protect vulnerable populations from the emerging epidemics of water and sanitation related diseases, especially cholera, by:

- rehabilitating rural boreholes and drilling new ones where necessary;
- prioritising interventions for HIV/AIDS affected families;
- supporting alternative but effective sanitation technologies to bolster sanitation coverage, recognising that the technology of choice may be unable to keep pace with current humanitarian demands;
- implementing a robust and participatory health and hygiene education component, while advocating for hygiene behaviour changes and improved practices;
- developing capacities and skills among vulnerable populations for the construction of facilities, and the management and monitoring of the response activities at community level;

⁷ estimated 7% sanitation coverage.

⁸ estimated 10% sanitation coverage and 33% of the water points not functioning.

- supporting the provision of urban water treatment chemicals and other consumables;
- carrying out assessments, field monitoring visits and research on the effectiveness and the impact of the response;
- advocating with policy makers for timely, equitable, sustainable, coordinated and integrated responses to water and sanitation needs and instituting supportive policies.

UNICEF provides overall coordination for the water and sanitation sector, working with NGO partners and WHO, which have primary responsibility for water quality monitoring.

9.3 OPERATIONAL OBJECTIVES

- To prevent the occurrence of disease outbreaks and control the spread of water and sanitation and hygiene related diseases through treatment of urban water supplies and rural drinking water sources for vulnerable populations.
- To strengthen institutional and community management, monitoring and response capacity with regard to maintain sanitation and water supply systems and facilities.
- To prioritise the most vulnerable communities and settlements, and at the household level, OVC, child-headed households and PLWA.

9.4 ACTIVITIES

- Construct and rehabilitate up to 10,000 drinking water sources (wells, boreholes and other domestic water supply sources) to reach a vulnerable target population of 2,500,000 and to construct up to 50,000 latrines benefiting a population of 250,000 particularly women and OVC in targeted vulnerable communities.
- Treat water supplies in targeted vulnerable communities and provide water through trucking to communities that have no access to water and to support the treatment of urban water supplies in major towns.
- Promote sustainable community and institutional management of water and sanitation facilities by providing technical support to communities and local authorities on the maintenance, use and monitoring of water points.
- Develop community skills among vulnerable populations in latrine construction and repair of water pumps.
- Promote health and hygiene amongst vulnerable communities and schools.
- Monitor drinking water quality, and assess availability and quality of water supplies, condition of boreholes and wells as well as hygiene and sanitation humanitarian needs in affected districts.
- Support the control of water and sanitation related disease epidemics, and maintain a preparedness plan for response at district and provincial levels, starting with the most susceptible areas.
- Carry out water and sanitation needs assessments to collect comprehensive information on the water and sanitation situation throughout the country, compiling the information into a database.
- Hold regular working group meetings; monitor the impact of programmes and document lessons learned and best practices.
- Support advocacy activities for emergency water and sanitation response.

10. AGRICULTURE AND FOOD SECURITY SECTOR PLAN

10.1 SECTOR ANALYSIS

Food crop production for the 2003/2004 seasons is expected to be below what is needed to assure food security for rural households. Compounding the situation is that the prolonged humanitarian situation has eroded traditional coping mechanisms, with many families no longer able to meet their basic needs. When agricultural inputs such as seeds and fertilisers, etc. are available, high prices routinely make them unaffordable, severely undermining possibilities for production recovery.

The Government has prepared an agricultural appeal, which includes medium to long-term strategies aimed at greater investment in irrigation, crop and livestock recovery. The crop recovery strategy focuses on the provision of cereals, oil seeds and fertiliser, while the livestock plan is based on beef, dairy and small stock inputs: budgets for the two components are Z\$ 758 and Z\$ 120 billion, respectively. In addition, the Government's short-term irrigation plan calls for the development of 7,000 hectares of land. Agricultural interventions covered under this appeal will aim to complement the Government's programme.

10.2 STRATEGY

Interventions in the agriculture sector complement food assistance and will seek to improve livelihood security to assist in reducing dependency on relief assistance, preventing populations on the margins from falling into aid dependence and creating an environment more conducive to sustainable recovery.

The 2004 priority in small-scale agriculture will be to build household self-reliance and to reduce dependency on food aid by enhancing agricultural productivity among small-scale farmers, through the following:

- Support to short season and winter crops (vegetable gardens);
- Promote less labour intensive farming systems and crops;
- Expand input assistance, including fertiliser;
- Continue support and further identify key areas for emergency interventions in the livestock sector;
- Include urban and peri-urban agriculture and horticulture;
- Subsidise input support to a wider group of farmers and promote farmers' unions and private sectors in recovery planning.

An integrated approach to strengthen community livelihoods through inter-agency collaboration is needed. In particular, efforts will be made to ensure that HIV/AIDS-related interventions are mainstreamed within the overall agricultural assistance programme. In addition, FAO will develop a standard evaluation criterion for crop performance, for use by humanitarian agencies that provide farm input support. The standardised results will inform the CFSAM in April and will assist in updating and building consensus on the crop situation and food security.

10.3 OPERATIONAL OBJECTIVES

- To increase agricultural production capacity of small-scale vulnerable households (inputs, training and extension).
- To reduce the risk to and level of food insecurity through crop diversification, livestock, irrigation etc.
- To maximise the efficiency and effectiveness of the agricultural relief programme through increased coordination among stakeholders and expanded monitoring/evaluation activities.
- To create an environment, which is conducive to recovery interventions, by addressing issues such as market and price policies.

10.4 ACTIVITIES

Agriculture

- Ensure rural households have access to essential agricultural inputs for the 2004 /05 main cropping season.
- Promote a variety of methodologies for input provision (fairs and vouchers, micro-credit, seed subsidisation, etc.), aimed at reducing disruption to local markets and increasing entrepreneurial capacity.
- Expand emergency agricultural assistance to include urban and peri-urban vulnerable households.
- Broaden the scope of emergency agricultural assistance to include short season and winter crops (vegetable gardens) thereby, creating an enabling environment for multiple cropping.
- Investigate the potential of smallholder irrigation and provide inputs and training to support small-scale irrigation.
- Strengthen extension and training services (including farming, processing, consuming and marketing), as well as local capacities.
- Promote and use appropriate crop diversification in cooperation with farmers.
- Promote local seed multiplication.
- Encourage labour saving opportunities and crops.
- Focus on conservation agriculture and environmental impact reduction.

Livestock

- Identify priority areas for emergency livestock interventions.
- Support livestock systems, particularly where it constitutes a significant component of local livelihoods.
- Provide technical support to veterinary services on disease control.
- Rehabilitate water points.
- Restock small species (particularly those suited for high HIV prevalence communities) and cattle (where appropriate conditions exist).
- Increase collaboration with Government technical services, such as AREX, agricultural research centres and FAO in-house technical expertise on suitability of approaches through monitoring and evaluation exercises.
- Link relief interventions with livestock recovery initiatives where possible.

Other priorities

- Periodically review strategies and objectives, emphasising timely monitoring, evaluation and analysis of data.
- Strengthen coordination effectiveness for stakeholders participating in food security recovery.
- Link emergency programmes with recovery programmes and medium term strategies.

11. EDUCATION SECTOR PLAN

11.1 SECTOR ANALYSIS

Education and school environment influences not only a child’s formal education but also plays a key role in developing life skills, raising awareness on HIV/AIDS and providing a protective environment. Schools can also serve as a hub for humanitarian assistance such as delivery of food and vaccines.

Under-funding, the loss of qualified teaching and management staff due to HIV/AIDS, brain drain and emigration have seriously undermined the quality of education in Zimbabwean schools. The impact has been particularly severe in areas that have also experienced influxes of vulnerable groups migrating due to food insecurity and / or the adverse affects of the drought on the land reform process. The education system has been unable to keep pace with the increasing demands in these areas and has resulted in increasing numbers of children unable to access education as a basic right. The December 2003 CAP review concluded that the situation in the education sector continued to deteriorate during the second semester of 2003.

In total, 346 satellite schools with 59,000 children have been established in former commercial farm areas as a result of the land reform process. In addition to school kits, that have been provided, these schools need urgent assistance ranging from additional teaching staff to basic infrastructure and water and sanitation facilities to textbooks and furniture.

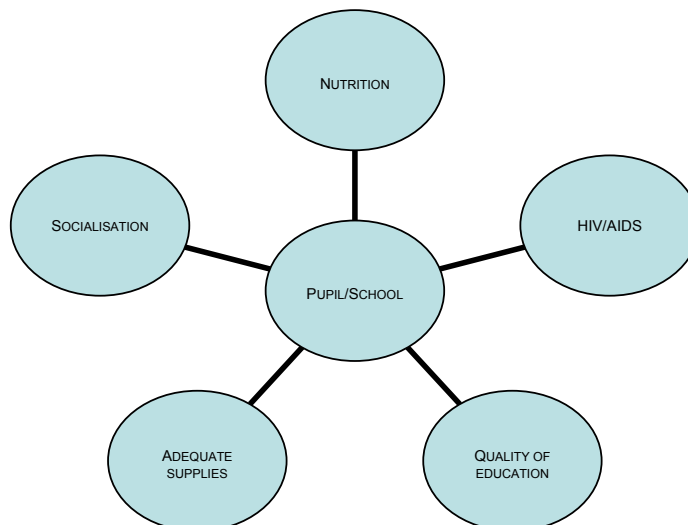
In former commercial farming areas as well as in peri-urban centres, educational quality is also being eroded, as teachers must increasingly divert time and energy to search for food for their families. At the same time, hunger and poverty is keeping vulnerable children, especially orphans, out of school. Economic hardships have translated into increased drop out rates, with some 39% of primary school children reportedly leaving school because they could no longer afford the school fees. Girls comprise a disproportionately high percentage of children dropping out, as families tend to remove them first so that they can assist with household tasks. In contrast, monitoring of school feeding programmes indicated a positive correlation between these programmes and attendance rates.

11.2 STRATEGY

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

The strategy will focus on areas of specific vulnerability, including provision of basic materials to satellite and peri-urban schools and school feeding to nationally prioritised areas. Awareness and prevention strategies regarding HIV/AIDS will also be prioritised. A market intervention programme will be implemented for teachers in new farming area schools.

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



Implementation of the above concept aims to have a five-fold impact on pupils: 1) Pupils have better access to school because materials are provided; 2) School fees are paid; 3) More teachers are available because of the reduced need to source food; 4) Children receive at least one meal a day; 5) School attendance improves. A key to this strategy will be operationalising the NPA for OVC, which is a priority within the planned period.

UNICEF is responsible for overall coordination in the education sector, working with UNESCO and NGO partners. WFP provides support for school feeding, working in conjunction with UNICEF who supports teacher training, school and student supplies, and curriculum development.

11.3 OPERATIONAL OBJECTIVES

- To increase and stabilise school attendance rates of extremely vulnerable groups such as children of child headed households and orphans, malnourished children and girls by an average of 10%.
- To provide basic learning supplies such as textbooks and furniture in the 346 new rural satellite schools as well as five peri-urban schools.
- To maintain educational quality by supporting teachers food security.
- To minimise new infections of HIV/AIDS among children, especially girls, by increasing protection activities.
- To ensure that vulnerable children are identified early and that appropriate responses are implemented by improving vulnerability assessments and monitoring systems.
- To ensure a coordinated set of approaches for assessment and monitoring of humanitarian and recovery needs, particularly through a UN field presence.

11.4 ACTIVITIES

- To implement by June 2004, the school feeding PLUS project in targeted districts based on nutritional survey results, the Zimbabwe Vulnerability Assessment Committee (ZIMVAC) and involvement of school development committees (SDCs) in the ten most affected districts.
- To procure and deliver basic learning supplies to 346 rural satellite and five peri-urban schools.
- To implement a market intervention programme aimed at increasing the availability of maize meal for teachers.
- To implement an intensified awareness programme in HIV/AIDS through the introduction of SARA (a children's play) in schools in highly affected districts, based on UNESCO/UNAIDS statistics.
- To undertake additional field visits, improve data collection, analysis and reporting.

12. COORDINATION AND HUMANITARIAN GUIDANCE SECTOR PLAN

12.1 SECTOR ANALYSIS

Strong coordination among the Government, UN agencies, donors and NGOs is key to effective humanitarian actions and programmes. Sound coordination mechanisms, with active involvement of international partners, have been established at the central level but Government participation has been insufficient. Building trust and developing a structured and constructive dialogue with the Government based on mutual respect and transparency is a priority for 2004. Enhanced dialogue will aim to strengthen coordination of humanitarian assistance as well as support the development of new recovery initiatives.

At the sectoral level, information exchange has improved and a number of joint activities have been initiated among humanitarian partners in the working groups. There is, however, still a need to reinforce capacities within these groups to ensure each sector develops coherent and comprehensive strategies. Sector work needs also to be strengthened by improved information management including additional collection, codification and exchange of relevant information to feed into planning and implementation of humanitarian actions. In addition, a series of planned vulnerability assessments and other studies will aim to increase understanding of socio-economic trends and the humanitarian situation at local, regional and national levels. As much as possible, assessment missions will be conducted in collaboration with the relevant ministries and local authorities.

Monitoring, evaluation and validation of humanitarian programmes will be strengthened, notably to ensure respect for humanitarian principles in the delivery of humanitarian aid. The UNCT will work with Government to strengthen local and regional coordination mechanisms through a UN regional presence. The UN RC/HC is in discussions with the Government on the possibility of establishing UN field offices at the provincial level.

In addition to the humanitarian assistance that has been targeted at the vulnerable population in rural areas, the international humanitarian community is increasingly concerned about the growing number of very poor in urban areas, the retrenched and very vulnerable people in former commercial farming areas including resettled farmers and former farm workers. Populations in many resettled areas are in critical need of health, water and education services. In some former commercial farming areas, there are a high number of orphans, while coverage of national HIV programmes is insufficient. These highly vulnerable populations face greater risks in terms of HIV infection, as their poverty, vulnerability and migration patterns often lead to more risky coping strategies. There is also concern regarding women and children being increasingly exposed to exploitation and violence. Additional information is needed to assess the extent of these problems.

The overall aim in the coordination and humanitarian guidance sector is to enhance the protection and welfare of the most vulnerable populations by ensuring that their humanitarian needs and rights are recognised and supported. Efforts to build awareness on humanitarian principles and humanitarian laws as well as to ensure the protection of highly vulnerable groups is an important component of the goal.

While the primary responsibility for civil protection strategy rests with the Government, close consultation with the UN and other humanitarian actors is needed for appropriate coordination to ensure protection of the most vulnerable. Improved access to vulnerable groups is also needed to gain a better understanding of the humanitarian situation in new resettlement areas and plan for appropriate humanitarian actions and therefore a priority will be to urgently carry out vulnerability assessments in these areas.

12.2 STRATEGY

Through a strategy of engagement aimed at developing and seizing opportunities for constructive dialogue and partnership, while standing firm on humanitarian principles, the UN RC/HC has been playing a leading role in the progressive strengthening of the dialogue between international partners and the Government. This strategy, which has led to appreciable results, will continue during 2004.

Within the Office of the UN RC/HC, the Relief and Recovery Unit (RRU), funded and supported by donors and UN organisations, has a major role to play in strengthening humanitarian coordination and guidance. During 2004, the RRU will further develop its information management capacity, will provide strategic

guidance to the sectoral working groups in close partnership with the lead UN agencies and will strengthen the monitoring and evaluation processes of humanitarian programmes. The RRU will also facilitate dialogue on humanitarian and recovery issues.

UN RRU provides overall coordination within the Sector, working principally with IOM, the ICRC and UNICEF. UN agencies and IOM will support humanitarian actions including both bilateral assistance and funding from the 'Humanitarian Support Fund' that NGOs can access for activities in support of highly vulnerable populations. UNHCR will work closely with the Government of Zimbabwe, WFP, donors and other partners to ensure the basic needs of refugees and asylum seekers are addressed.

12.3 OPERATIONAL OBJECTIVES

- To build trust between the Government and the international community by developing a coherent and structured dialogue on humanitarian and recovery issues.
- To strengthen working groups' capacities to develop sectoral and thematic strategies to improve the effectiveness and delivery of humanitarian assistance.
- To ensure that the humanitarian aid reaches the most vulnerable groups, through enhanced coordination at the central, regional and local levels and joint planning of interventions as well as improved monitoring and evaluation.
- To ensure effective integration of gender and HIV/AIDS issues in all programmes.
- To strengthen information management to gain a better understanding of the humanitarian situation and trends and the main causes and degrees of vulnerability in Zimbabwe.
- To improve resource mobilisation, particularly for the social sectors, through the CAP.
- To ensure that the humanitarian rights, as recognised in international agreements and conventions of the most vulnerable groups are respected, with a particular focus on women and children.
- To increase awareness on humanitarian principles and humanitarian law.

12.4 ACTIVITIES

- Organise a series of consultations between the international community and the Government on humanitarian and recovery issues.
- Consolidate working groups into five clusters (food aid and nutrition, humanitarian protection, food security and agriculture, social services and HIV/AIDS) and develop relevant sectoral and thematic strategies.
- Systematically monitor and evaluate key humanitarian activities.
- Conduct vulnerability assessments in new resettlement areas and joint planning of interventions to ascertain the scale of vulnerability and facilitate planning of interventions.
- Analyse the impact of migration on vulnerable populations in the urban areas, including their access to basic social services, and HIV/AIDS prevention.
- Further develop the RRU website, including a Who does What Where database and GIS capabilities, bi-monthly sitreps and monthly food security reports.
- Prepare and monitor the revised 2003/2004 Consolidated Appeal and if required, preparation of the 2005 Consolidated Appeal.
- Strengthen the UN regional presence in consultation with the Government.
- Establish an IOM managed database to provide timely and relevant information on highly vulnerable groups.
- Further develop linkages with NGOs and support their activities.
- Expand validation work, particularly during the second half of 2004.

FOOD AID AND NUTRITION ACTIVITY PROPOSALS

Appealing Organisation	Ref. No	Activity	US\$
WFP	ZIM-03/F01	Targeted relief to vulnerable populations in southern Africa (incorporated in the Regional EMOP).	*
UNDP	ZIM-03/F02	Food importation facility.	16,000,000
UNICEF ⁹	ZIM-03/F03	Treatment of malnutrition and nutritional surveillance.	3,500,000
ITDG	ZIM-03/F04	Food-for-work in Manicaland and Matabeleland-South Province.	800,000
Medair (H)	ZIM-03/F05	Emergency nutritional relief for primary schools and onsite pre-schools programme in Mudzi and Gokwe North Districts, Zimbabwe.	800,000
Inter-Country People's Aid (H)	ZIM-03/F06	Child supplementary feeding	50,000
GOAL (Zimbabwe) (H)	ZIM-03/F07	Nutritional support to pre-school (under-five) in two districts.	1,138,500
GOAL (Zimbabwe) (H)	ZIM-03/F08	Primary school supplementary feeding	3,183,254
Save the Children Norway (H)	ZIM-03/F09	Child Supplementary Feeding and Agricultural Recovery Programme – Chimanimani & Kudoma Rural Districts.	4,096,859
SCF (UK)	ZIM-03/F10	Zambezi Valley food aid.	5,348,467
Total funds requested			34,917,080

* WFP's requirements for Zimbabwe are included in Regional Appeal for Southern Africa – see SOA –03/F03 project

⁹ indicating that proposal is classified as part of Health.

Appealing Agency	WORLD FOOD PROGRAMME (WFP)
Project Title	Targeted Relief to Vulnerable Populations in Southern Africa EMOP 10290.0
Project Code	ZIM-03/F01
Sector	Food Aid
Objective	Prevent loss of life, preserve human and productive assets, prevent distress migration and improve the nutritional well being of vulnerable people.
Targeted Beneficiaries	Total: 3,465,000 under Targeted Food Distribution; 613,500 under other Targeted Interventions Children: 1,082,550 Women (adults): 1,829,150
Implementing Partners	Care International, Christian Care, CONCERN, CRS, GOAL, HELPAGE, Help Germany, LDS, ORAP, PLAN International, World Vision International, Oxfam GB.
Project Duration	July 2003 – June 2004
Funds Requested	Incorporated in the Regional Project

Project Description

Over the last twelve months, the food security situation in Zimbabwe continued to deteriorate as a result of economic decline and adverse climatic conditions; the effects of which have been exacerbated by the impact of the HIV/AIDS pandemic.

If there were a need to appeal for food, WFP would aim at providing a total of 457,710 MTs of food assistance to the most vulnerable people in rural and urban areas. The objectives of the WFP intervention are:

- to prevent severe food shortages for households yet to recover from the recurrent and multifaceted shocks of the past two years;
- to improve the nutritional well-being of vulnerable populations such as PLWHA and malnourished children;
- to preserve human and productive assets.

WFP will provide food assistance to the most vulnerable through a variety of programme activities as described below:

- Through its “Targeted Food Distribution” programme, WFP will provide household food baskets to the most vulnerable households in food insecure areas. Using a community-based approach, household targeting will be based on vulnerability criteria (i.e. socio-economic, health and demographic);
- To improve the nutritional status of moderately malnourished children (under five), WFP will implement targeted supplementary feeding in both rural and urban areas;
- To mitigate the effects of HIV/AIDS and address the additional nutritional requirements of PLWHA, WFP will support viable home-based care programmes by providing a food component to the integrated package (i.e. care, drugs, counseling etc);
- To maintain school attendance, WFP will implement school feeding activities for approximately 400,000 primary school children in the most vulnerable areas.

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)
Project Title	Food Importation Facility
Project Code	ZIM-03/F02
Sector	Food Aid and Nutrition
Objective	To make foreign currency available to food importers so that those with resources can purchase this food, allowing for more vulnerable groups to access targeted food aid.
Targeted Beneficiaries	Food importers, vulnerable groups and better off people.
Implementing Partners	UNDP, EC Ministry of Finance and Economic Development Ministry of Lands Agriculture and Rural Resettlement - The Grain Marketing Board Ministry of Labour, Public Service and Social Welfare Private Sector
Project Duration	July 2003 – December 2004
Total Project Budget	US\$ 30,000,000
Funds Requested	US\$ 16,000,000

Project Description

The project contributes to the Consolidated Appeals Process (CAP) Objective 3: *“to further develop a productive dialogue among humanitarian stakeholders, including the Government of Zimbabwe”* and one of the priorities is *“promoting policies which could facilitate a recovery process”*.

The CAP context clearly demonstrates that the unsustainable policies such as the GMB monopoly on maize price and price controls have excluded the private sector from playing a meaningful role in the importation of food and food substitutes. The project is aimed at policy dialogue that results in the relaxation of some of the regulations on food imports and price controls, so as to make more food available in the market, allowing the well-off to purchase and not squeeze out the vulnerable groups from targeted food aid.

This project is linked to the broader humanitarian effort, as well as contributing to the active participation of the private sector (transporters, food importers, etc) as well as providing the much-needed foreign currency for importation of food. The project’s main activities will be the reviewing of import and price control policies as well as supporting the country with foreign currency to import food and food substitutes.

The outcome of the project is the establishment of a food import facility for all people to access food in the open market, cushioning the vulnerable groups from being squeezed out by the well-off, involving partnership with the private sector in the effective importation and distribution of food.

FINANCIAL SUMMARY	
Budget Item	US\$
Food purchase	15,500,000
Administration	500,000
Total	16,000,000

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Treatment of Malnutrition & Nutritional Surveillance
Project Code	ZIM-03/F03
Sector	Food Aid and Nutrition
Objectives	<ul style="list-style-type: none"> To monitor the nutritional situation to identify areas of special need in a timely manner (early warning) 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.
Targeted Beneficiaries	Children 6 to 59 months Severely and moderately malnourished children Health staff throughout Zimbabwe
Implementing Partners	MoH&CW, WFP, and NGOs
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 3,500,000

Project Description

This project will work through the principle of a safety net approach with malnourished children being identified through existing MoHCW infrastructures, i.e. community health workers and rural health clinics. Children identified through these channels will then be admitted into the appropriate feeding programme, depending on the severity of their situation – moderately malnourished children will be assisted through clinic-based supplementary feeding programmes whereas severely malnourished children will be referred to a hospital-based and/or community-based therapeutic feeding programme. An active surveillance system that will ensure regular information flow will be used to determine areas of changing need.

Main activities

- Training of rural and community health staff on nutritional surveillance as well as identification and referral of acute malnutrition.
- Training of rural health clinics and other implementing partners on supplementary feeding programme implementation.
- Training of hospital, clinic, and community health staff on management of severe malnutrition.
- Providing training funds, equipment and supplies for surveillance and management of both moderate and severe acute malnutrition.
- Supporting nutritional surveillance through compilation, analysis, and dissemination of information on a regular basis including one periodic nutritional survey in a year.
- Monitoring and evaluating the process, output, and outcome of the programmes.

Expected outcome

- Safety net in place to identify and treat malnourished children.
- Improved nutritional status for malnourished children.
- Reduced case-fatality rate from severe acute malnutrition.
- Regular information available on trends of the nutritional situation.

FINANCIAL SUMMARY	
Budget Item	US\$
Nutrition surveillance and survey	1,500,000
Therapeutic feeding – hospital & community based	1,200,000
Child supplementary feeding programmes	700,000
Information, education & communication	100,000
Total	3,500,000

Appealing Agency	INTERMEDIATE TECHNOLOGY DEVELOPMENT GROUP
Project Title	FFW in Manicaland and Matabeleland-South Province
Project Code	ZIM-03/F04
Sector	Food Aid and Nutrition
Objective	Prevent further collapse in food availability, and livelihood security in the targeted areas
Targeted Beneficiaries	3,300 families (20,000 beneficiaries)
Implementing Partners	Intermediate Technology Development Group / Southern Africa
Project Duration	July 2003 – December 2004
Total Funds Requested	US\$ 800,000

Project Description

The project activities will focus on the rehabilitation of irrigation structures in selected districts in Manicaland (access roads, intake, primary and secondary channel, distribution structures, etc.) including the construction of rainwater harvesting structures in Matabeleland-South. Additionally GAA will distribute seeds and fertilizer to the families, which are part of the individual irrigation schemes. As accompanying measure, the irrigation committees will be trained with respect to the utilisation of agricultural inputs. Contacts with respective communities (including local authorities) are made and full cooperation is assured. Contacts with other NGOs in the region (that are doing GFD) are made to avoid problems and assure cooperation.

The project will for one part assure food supply to the targeted families, and on the other part, work towards an increase in output in terms of agricultural products thus adding to a longer-term food security.

Activities

- Contracts with the communities.
- Establishment of detailed bill of quantity for the works.
- Elaboration of a work plan with the community.
- Procurement of material and food.
- Supervision of the works.
- Training with respect to the utilization of agricultural inputs.
- Monitoring and impact evaluation.
- Final documentation and hand over.

FINANCIAL SUMMARY	
Budget Item	US\$
Irrigation and rehabilitation material (including transportation)	450,000
Food (including transportation)	310,000
Trainings	10,000
Monitoring and evaluation	20,000
Contingency (1.25%)	10,000
Total	800,000

Appealing Agency	MEDICAL ENVIRONMENTAL DEVELOPMENT INTERNATIONAL COMMITTEE
Project Title	Emergency Nutritional Relief for Primary Schools and onsite preschools Programme in Mudzi and Gokwe North Districts, Zimbabwe
Project Code	ZIM-03/F05
Sector	Food Aid and Nutrition
Objectives	<ul style="list-style-type: none"> • Support education through maintaining school attendance levels through period of food insecurity. • Reduce acute impact of food shortages amongst vulnerable groups (primary school children/pre-school children) in Mudzi and Gokwe North districts.
Targeted Beneficiaries	Children: 90,000
Implementing Partner	Medair
Project Duration	July 2003 – December 2004
Total Project Budget	US\$ 1,149,578
Funds Requested	US\$ 800,000

Project Description

The project will provide primary school children in Mudzi and Gokwe North districts with 150g CSB/child/day and 10 g of oil/child/day and all pre-schools that are onsite with primary schools with 100 g CSB/child/day and 5g of oil/child/day which is being provided to the children as a blanket wet supplementary programme on school days. This programme targets approximately 90,000 through:

- training school feeding committees;
- community awareness raising and involvement (the communities are responsible for CSB porridge preparation including provision of firewood, pots, water collection etc.);
- storage of CSB and oil and secondary distribution to schools;
- survey of nutritional status of primary school children;
- monitoring and evaluation of logistical and nutritional aspects of the programme.

Objectives

School feeding aims to reduce the impact of food insecurity on (primary) school children and to support education by maintaining/increasing school attendance. It aims to stop the rapidly falling primary school enrolment levels, improve the well-being and health of school children and contribute to a conducive learning environment.

It is additionally proposed that the school-feeding programme be complemented by the following interventions:

- Education access and quality: paying school fees, rehabilitating school buildings, teacher training;
- Health: HIV/AIDS awareness programmes, de-worming, malaria prevention;
- Nutrition: micronutrient supplements; nutrition gardens; and, nutrition education;
- Water: rehabilitation and installation of boreholes and springs; potable water harvesting; solar water pumping;
- Sanitation: latrine construction and rehabilitation; hygiene education;
- Food security: demonstration/training gardens; water harvesting for gardens; food processing/conservation;
- Natural resources: fuel saving stoves/techniques; alternatives to firewood; environment education.

FINANCIAL SUMMARY	
Budget Item	US\$
Food	650,000
Capacity Support to Schools and Communities	85,000
Training	65,000
Total	800,000

Appealing Agency	INTER-COUNTRY PEOPLE'S AID
Project Title	Child Supplementary Feeding
Project Code	ZIM-03/F06
Sector	Nutrition
Objectives	<ul style="list-style-type: none"> • Provide nutrition to vulnerable children • Prevent children from wasting • Identify children for therapeutic feeding • Attend to nutrition requirements of orphaned children • Control the school dropouts numbers
Targeted Beneficiaries	<ul style="list-style-type: none"> • 32,500 School children • 3,500 Pregnant and lactating mothers • 1,500 Child headed families • 600 adults suffering from opportunistic infections
Total Beneficiaries	3,675 informal settlements
Implementing Partner	Ministry of Health and Child Welfare
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 50,000 (CSB of 2,200 MTs)

Project Description

The range of challenges within peri-urban informal settlements in Zimbabwe require “positive” political approach to solve or minimise the problems associated with these settlements. Much more needs to be done to put in place policies to govern these informal settlements so that essential services are provided to the residents of these informal settlements.

The Harare peri-urban informal settlements of Dzivarasekwa Extension, Porta Farm and Hatcliffe Extension represent some of the most vulnerable communities in Zimbabwe. Poverty, coupled with the HIV/AIDS pandemic has exacerbated the vulnerability of the children in these areas, with the continuing spread of the disease. The number of deaths and orphans continued to rise and child headed families are a common. School children are being forced to take on the role of parent including the difficult task of trying to secure food. The project aims to allocate food for dry feeding of malnourished pregnant and lactating mothers as well as dry rations for child headed families and people living with AIDS.

The project will work in close liaison with the MoHCW and UNICEF. It will also create partnerships with the community through community structures/committees. Training of community members on health and hygiene issues will be critical to equip the community with knowledge of health and hygiene issues.

FINANCIAL SUMMARY	
Budget Item	US\$
Total Funds Requested	50,000 (CSB of 2,200 MTs)

Appealing Agency	GOAL (Zimbabwe)
Project Title	Nutritional Support to Pre-school (under-five) in Two Districts
Project Code	ZIM-03/F07
Sector	Nutrition
Themes	<ul style="list-style-type: none"> Nutritional support to pre-school children (under-fives) in two districts severely affected by food insecurity and substantially reduced levels of household economies. Training of mother in nutrition and hygiene activities, weight for height nutrition surveillance and other health campaigns targeting the beneficiaries and their caregivers.
Objectives	To provide pre-school age children with a cooked high nutrition meal 5/6 days a week to prevent and reverse moderate malnutrition.
Targeted Beneficiaries	80,000 pre-school children in Hurungwe and Makoni districts currently being covered by GOAL.
Implementing Partners	Ministry of Health at all levels, District Drought Relief Committees/District Councils, the beneficiaries and their caregivers.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 1,138,500

Objective

This programme will apply the blanket wet feeding model to ensure that the targeted children benefit fully from the nutritional support. Fortified CSB will be distributed to more than 1,400 feeding points through about 120 holding points.

Activities

- Exploratory and planning visits to all parts of the two districts.
- Training of staff.
- Continuation and verification and mapping of holding points and feeding points.
- Mobilisation of project continuation via clinics, schools, local shops, churches and pre-schools.
- Processing of information and updating of beneficiaries' numbers.
- Training of feeding point committees and holding point stock keepers.
- Implementation of on-going monitoring through visits to feeding points.
- Facilitate monitoring of project implementation by an external consultant.

FINANCIAL SUMMARY	
Budget Item	US\$
Personnel Costs	
International staff	41,250
National staff	67,500
Inputs	
Fortified CSB	777,600
Other	10,000
Distribution costs	26,400
Transport ¹⁰	96,525
Programme support activities	45,000
External monitoring	20,000
Sub-total	1,084,275
Management support costs (5% of above costs)	54,225
Total	1,138,500

¹⁰ 5 4x 4 vehicles and 24 motorbikes + contracted transporters for movement of commodities.

Appealing Agency	GOAL (ZIMBABWE)
Project Title	Primary School Supplementary Feeding
Project Code	ZIM-03/F08
Sector	Nutrition
Themes	Supplementary feeding, nutrition and HIV/AIDS education.
Objectives	To increase school attendance, prevent malnutrition and provide HIV/AIDS education through the distribution of CSB and HIV/AIDS education material.
Targeted Beneficiaries	31,000 primary school children and 25,000 secondary school children.
Implementing Partners	Ministries of Education, Health & Child Welfare and District Drought Relief Committees.
Project Duration	January – December 2004
Funds Requested	US\$ 3,183,254

Objectives

To increase school attendance, prevent malnutrition and provide HIV/AIDS education. The budget includes costs for continuing the current feeding project, which serves some 35,000 primary school beneficiaries for an 11-month-period (February to December 2004). The budget is broken down into two scenarios: one for the whole period (column 1) and the second, more likely option, with WFP providing CSB for five months and the rest to be procured under project grant (column 2). Additional costs are indicated for the additional components GOAL plans to provide.

Expected outcome

- Short-term hunger and malnutrition prevented in primary and secondary school children.
- High school attendance rates maintained and drop out rate kept low by providing a supplementary meal.
- HIV/AIDS and Nutrition education messages disseminated to adolescent (secondary) and primary school children.
- Skills acquired in vegetable production, HIV/AIDS and nutrition provided to teachers, primary and secondary school children.

Activities

- Distribute CSB to identified primary and secondary schools.
- Distribute inputs for nutrition gardens.
- Regular monitoring of project implementation.
- Reporting.
- Design and distribute HIV/AIDS messages for the two target groups.
- Evaluate the project.

FINANCIAL SUMMARY			
Budget Item	With CSB for 11 months for primary schools (US\$)	With WFP CSB for 5 months and CSB for 6 months from CAP funding (US\$)	Primary schools (CSB for 5 months from WFP and 6 months from DCI) & CSB for 11 months for secondary schools from CAP (US\$)
Direct programme costs	578,923	329,467	1,068,667
Staff	61,342	61,342	66,622
Capital equipment	93,444	93,444	101,124
Programme support costs	160,572	160,572	162,552
Training	12,000	12,000	24,000
Stationary	12,000	12,000	21,600
Sub-total	918,281	668,825	1,444,565
Management support costs	45,914	33,441	72,228
Total	964,195	702,266	1,516,793

Appealing Agency	SAVE THE CHILDREN NORWAY
Project Title	Child Supplementary Feeding and Agricultural Recovery Programme – Chimanimani & Kadoma Rural Districts
Project Code	ZIM-03/F09
Project Type	Food Security - Emergency relief for prevention of malnutrition among children in targeted drought-affected areas. Agricultural sector - Enhancing agricultural recovery through provision of inputs for drought-tolerant crops.
Objectives	To contribute so that children affected by food shortages are ensured protection, development and social integration.
Targeted Beneficiaries	Child Supplementary Feeding Programme: Chimanimani District: 67,641 children Kadoma District: 117,500 children Total: 185,141 children Agricultural Programme: Kadoma Rural District: 1,908 child-headed households 2,000 elderly-headed households 119 primary schools Chimanimani Rural District: 280 Child-headed households 850 elderly headed households 70 primary schools CSB Required: 7,824 MTs Hectarage: 5,227 hectares Project Geographical Area: Chimanimani District -Manicaland Province Kadoma District (Rural & Urban)- Mashonaland West Province
Project Duration	July 2003 – December 2004
Funds from other sources	US\$ 29,409
Funds Requested	US\$ 4,096,859 (in kind)

Summary

The appeal for funding in the CAP document remains valid in so far as it relates to the period from June 2004 to December 2004 as current funding is adequate up to June 2004.

Justification for extension [June to December 2004]

The extension of the programme aims to ensure that the current nutritional and health status of vulnerable groups does not further deteriorate.

While the agricultural recovery programme received support with seed inputs in the current season, the seeds arrived late (mid-December 2003). Rains have been erratic in the two districts such that forecast harvest will most likely be inadequate to ensure food security. According to the current national forecasts, half or more of the Zimbabwean population will require food aid this year. The focus of the 2004/2005-recovery programme is to increase assistance to drought resistant seeds inputs.

The current harsh economic conditions being experienced in the country have left many homes with no choice but to have one meal a day, hence children are supplementing their daily requirements with CSB provided at school.

FINANCIAL SUMMARY	
Budget Item	US\$
Funds Requested	US\$ 4,096,859 (in kind)

Appealing Agency	SAVE THE CHILDREN (UK)
Project Title	Zambezi Valley Food Aid
Project Code	ZIM-03/F10
Sector	Food Aid
Objective	Provision of food aid to communities affected by food insecurity and HIV/AIDS in Binga, Nyaminyami districts from September 2003 to May 2004.
Targeted Beneficiaries	Of the total number of targeted beneficiaries above, the following number are estimated per month. 110,000
Implementing Partners	Local communities, Sector ministries of Health, Agriculture, Local leaders, Churches and NGOs, District Authorities Donors – provision of Funds, monitoring and evaluation.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 5,348,467

Project Description

This project seeks both to meet the immediate food needs of those households predicted to be food insecure, and to assist these communities to recover through a variety of agricultural and other livelihood support interventions.

Summary of proposed activities

Monthly food aid rations will be provided to registered households. Each member of the household will receive the same ration, with the exception of chronically ill adults, who will be provided with a supplement.

Activities will be carried out in both Binga and Kariba districts, and will fall under the following categories:

- seed multiplication;
- piloting of less labour-intensive seed varieties;
- supporting AREX extension activities relating to soil and water management;
- providing draught animals to households affected by HIV/AIDS;
- piloting of small-scale income-enhancing projects;
- exchanging food for livestock.

The wards to be targeted are likely to be the poorest within each district, namely, for example Chunga, Sinansengwe and Nsenga in Binga, and Mola A & B and Negande A & B in Kariba.

FINANCIAL SUMMARY	
Budget Item	(US\$)
Food supplies & materials	3,642,184
Other supplies & materials	277,860
Non-personnel	217,244
Personnel	189,296
Personnel support	43,092
Monitoring	3,360
Other costs	47,185
Sub-total	4,420,221
Agency management	486,224
Contingency	442,022
Total	5,348,467

CHILD PROTECTION

Appealing Organisation	Ref. No.	Activity	US\$
UNICEF	ZIM-03/ER/101	Child Protection: Community-based care and support to orphans and other vulnerable children.	1,900,000
Zimbabwe National Council for the Welfare of Children	ZIM-03/ER/102	Psychosocial support networks.	42,000
ANPPCAN	ZIM-03/E07	Legal Aid and Child Protection Programme.	60,359
Save the Children (UK)	ZIM-03/H40	Community-based training in child protection in emergencies.	63,538
Simukai Street Youth Programme	ZIM-03/ER/103	Street Youth Programme.	48,000
ZIMRights	ZIM-03/ER/104	Economic and Social Rights Programme.	40,000
NGO to be identified under auspices of UNICEF.	ZIM-03/ER/105	Protection and psychosocial support for orphans and vulnerable children in farm worker communities.	17,250
Childline Zimbabwe	ZIM-03/H41	Sensitisation workshops to be held at district level.	26,000
Tariro House of Hope	ZIM-03/S/NF01	Tariro House of Hope for orphans and abandoned children	340,000
Family Support Trust	ZIM-03/H42	Community awareness and support to sexually abused children.	20,000
Lubchangco House Hwange	ZIM-03/H43	Community orphan care and support.	148,000
City of Harare Community Services	ZIM-03/ER/106	Harare City Resource Centre for the Destitute Children.	95,000
Anglican Church of the Province of Central Africa, Diocese of Manicaland	ZIM-03/ER/107	Support to St. David's and St. Augustine's Orphanages.	12,500
Total funds requested			2,812,647

Appealing Agency	UNITED NATIONS CHILDREN'S FUND
Project Title	Child Protection: Community Based Care and Support to Orphans and other Vulnerable Children
Project Code	ZIM-03/ER/I01
Sector	Child Protection
Objective	To support community based care and support programmes to OVC through their identification and registration, provision of services such as protection from abuse, access to HIV/AIDS awareness activities and psychosocial support and access to birth certificates in a coordinated manner at national, district and community levels.
Targeted Beneficiaries	Of the total number of targeted beneficiaries above, OVC constitute 780,000
Implementing Partners	Ministry of Public Services, Labour and Social Welfare, Ministry of Local Government, Ministry of Home Affairs, Ministry of Education, Sports and Culture, Child Protection Society, FACT Mutare, Zimbabwe Red Cross, REPPSI
Project Duration	July 2003 - December 2004
Total Project Budget	US\$ 2,000,000
Funds Requested	US\$ 1,900,000

Project Description

UNICEF is aiming to reduce the OVC's overall vulnerability through various project interventions by:

- 1) bringing together policy makers and grassroots level service providers at policy, district, and at community levels;
- 2) supporting coordination structures around OVC; and,
- 3) supporting community based OVC programmes. With the latter community based OVC care and support programmes, UNICEF is looking at providing an integrated holistic package of services to OVC from protection from abuse, access to birth certificates, psychosocial support and HIV/AIDS awareness.

The project objectives would be achieved through the following activities:

- identification and registration of OVC;
- development and strengthening of coordination structures around OVC;
- prevention of child abuse/ HIV/AIDS awareness;
- access to birth certificates;
- provision of psychosocial support.

FINANCIAL SUMMARY	
Budget Item	US\$
1. Enumeration and mapping of OVC and services provided	500,000
2. Audit of coordination structures	100,000
3. Strengthening and developing the capacity of coordination structures that support OVC	200,000
4. Community based care and support to OVC	600,000
5. Supporting campaigns and media activities against child (sexual) abuse and exploitation	300,000
6. Project management and logistics support (travel, security, administration, support staff, IT/communications)	200,000
Total	1,900,000

Appealing Agency	ZIMBABWE NATIONAL COUNCIL FOR THE WELFARE OF CHILDREN
Project Title	Psychosocial Support Networks
Project Code	ZIM-03/ER/102
Sector	Child protection
Objective	Facilitate the formation of peer group support systems, in order to reduce vulnerability resulting from the collapse of livelihoods
Targeted Beneficiaries	Young people between the ages of 15 to 22 who are heads of households, both male and female in the ten provinces of Zimbabwe.
Implementing Partners	ZNCWC, local churches, local authorities
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 42,000

Objectives

Due to the HIV/AIDS pandemic, Zimbabwe has over 780,000 orphans. Many have been absorbed into adult headed families, included those headed by grandmothers but with also some headed by orphans. Children need to be given information that will help better protect themselves and their siblings and support them in taking up their new roles. This project will help children learn basic skills / knowledge such as:

- child rearing and housekeeping skills;
- child/human rights awareness;
- HIV/AIDS prevention and management;
- laws on Property and Inheritance;
- basic income generating skills and project management;
- access to resources such as school fees assistance, medical assistance, birth certificates, financial assistance for OVC and other available resources.

Activities

- Provide training courses in ten provinces, which target church leaders and others such as personnel from the Police, Health, Justice, General Registrar, etc. Training will include a five-day course on how to provide psychosocial support to children who head households in their communities and how to run the peer support groups.
- With the assistance from church leaders, identify child heads of households within the communities.
- Form support groups for children who head households where they will be taught skills to cope with their roles as heads of households and receive counselling and share experiences with others in a similar situation.
- Monitor and support of the peer groups by ZNCWC staff and support church leaders engaged in the project.
- Involve the community in raising awareness of the need to protect OVC and not take advantage of them by engaging them in abusive labour or exploiting them in any other way including sexually.

Expected outcome of the Project

- Strengthened capacity of children who head households by imparting to them information necessary to help them access resources and make them less vulnerable to abuse.
- Children who head households given a social and emotional support system that will enable them to air their views, share their problems and find combined solutions to their problems and concerns.
- Increased involvement of the community in OVC issues to minimise the community's abuse of the rights of OVC.

FINANCIAL SUMMARY	
Budget Item	US\$
Training and capacity support	15,000
Equipment, logistics and consultancies	12,000
Grants for the vulnerable households for Psycho social support	12,000
Monitoring and evaluation	3,000
Total	42,000

Appealing Agency	ANPPCAN ZIMBABWE CHAPTER
Project Title	Legal Aid and Child Protection Programme
Project Code	ZIM-03/E07
Sector	Child Protection
Objectives	<ul style="list-style-type: none"> To provide legal aid and counselling for up to 5,000 vulnerable children in difficult conditions need. To enhance public understanding of laws protective of the child. To lobby and advocate for the review of laws to be in line with the provisions of the United Nations Convention on the Rights of the Child Promote respect for children's rights by law enforcement officers.
Targeted Beneficiaries	The project directly targets 50,000 children. It is, however, difficult to specify gender balance since all cases will be dealt with as reported.
Project Duration	The project runs between January 2004-December 2004 with possibilities of extension and replication in other provinces.
Project Duration	July 2003 – December 2004
Total Project Budget	US\$ 272,344
Funds Requested	US\$ 60,359

Project Description

In as much as the juvenile justice system strives to be child friendly, especially through the Victim Friendly Courts, there still lacks adequate provision of preventive and protective services for children in need, especially legal and counselling services. This situation is worsened by the current humanitarian crisis in Zimbabwe, which places the child in more vulnerable situations, with legal fees being beyond the reach of many and social service providers being on an exodus for better economies.

The Legal Aid and Child Protection Programme will, therefore, address such issues as the lack of access/inadequate provision of preventive and protective services for children in need in the current humanitarian context, the limited understanding of laws protective of children, the inconsistency between the various existing laws as well as the insufficient Para-legal skills for key stakeholders working with children in need. The project aims to fulfil the above by establishing a child help reporting desk at the head office in Harare to directly respond to reported cases of child abuse and neglect within Harare. Cases reported from beyond this boundary will be given appropriate legal advice and then referred to organisations nearest their places of origin for appropriate advice. The help desk could be replicated to other provinces depending on the availability of resources.

The project will also simplify and disseminate new child friendly legislation, conduct public education on laws protective of the child as well as educating children/parents/guardians on the procedures followed in the juvenile justice system. In addition, the project will train targeted law enforcement officers on children's rights, conduct paralegal training and lectures for various child rights activist groups and hold advocacy seminars for law students to encourage them to take up cases of children in need in the course of their regular work.

FINANCIAL SUMMARY			
DESCRIPTION	Z\$ One Year	Z\$ + 50% INFLATION	US\$
Salaries -1 Officer (13 months+22.5% allowances)			12,000
1x Vehicle – field visits x 3 districts			24,000
Vehicle maintenance, repair and fuel	720,000	1,080,000	540
1x lap top computer			3,200
Support services, communication, utilities			3,032
Publications –reports, pamphlets - translations			2,500
24 workshops x 3 districts @ 300,000/workshop	7,200,000	10,800,000	5,400
Field visits (monitoring)	1,260,000	1,890,000	945
Community exchange visits x3	4,500,000	2,250,000	1,125
End of year evaluation- consultancy, travel fees			4,200
Sub-total			56,942
6% Administration costs			3,417
Total			60,359

Appealing Agency	SAVE THE CHILDREN (UK)
Project Title	Community-based training in Child Protection in Emergencies
Project Code	ZIM-03/H40
Sector	Child Protection
Objective	To reduce the vulnerability of women and children in Binga, Nyaminyami and Zvimba districts from sexual exploitation in emergencies
Targeted Beneficiaries	Women and children in Binga, Nyaminyami and Zvimba Districts, the distribution of which is: Children: 8,000 Women: 8,000
Implementing Partners	Department of Social Welfare, Ministry of Health, Ministry of Education, Red Cross
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 63,538

Project Description

Save the Children (SC-UK) was one of the organisations that was instrumental in the national initiatives on child protection training. SC has operated in the Zambezi Valley for over twenty years and its activities have been geared towards improving the quality of life of OVC in these areas. In response to the drought in 2001, SC set up and expanded on a Food Aid programme, which has targeted the entire population in Binga, up to 12,000 beneficiaries in Nyaminyami and up to 6,564 beneficiaries in Zvimba District.

These communities, particularly those in the Zambezi Valley have experienced extreme hardships and have become part of the most vulnerable groups in Zimbabwe. Children have no access to health, education and food and the number of orphans is increasing at an alarming rate, due to the HIV/AIDS virus. As a result, there has been a rise in incidences of girls and some boys entering harmful relationships in which they exchange sex for gifts, cash and food. In response to the increasing vulnerability of children, SC put in place a Child Protection Policy, which aims to protect children and beneficiaries from any form of abuse, especially sexual abuse. In the past year the entire staff, especially the Food Aid officers, have been trained and this has increased awareness amongst staff on the organisational culture of Zero Tolerance against sexual abuse, premised on the principles of the policy.

A clear gap in the initiative has been the participation of the community in the training. SC proposes to engage a training officer who will provide training for communities in child protection issues in emergencies. The training will focus on issues such as sexual abuse, the rights of children, the rights of beneficiaries of food aid and other community initiatives and the empowerment of beneficiaries to speak out on incidences of abuse or corruption. The impact of HIV/AIDS will be mainstreamed in the training as a pertinent issue that affects beneficiaries. The expected outcome is that the communities in the Zambezi Valley and Zvimba will be more aware of their rights in emergencies and will be able to assert them in the incidence of potential abuse. It is anticipated that the training will reduce the vulnerability of women and children and may result in an increase in the reported cases of abuse in the community. The training will empower beneficiaries to resist any form of abuse.

FINANCIAL SUMMARY	
Budget Item	US\$
Capacity support to communities managing child sexual abuse	24,000
Psycho-social support to child abuse victims	20,000
Materials, equipment and logistics	19,538
Total	63,538

Appealing Agency	SAMUKAI STREET YOUTH PROGRAMME
Project Title	Street Youth Programme
Project Code	ZIM-03/ER/I03
Sector	Child Protection
Objectives	<ul style="list-style-type: none"> To restore lives of children living on the streets and rehabilitating those who are now off the streets, through psychosocial services. To reduce the vulnerability of the children living on the streets to STIs, HIV/AIDS, sexual and other forms of abuse. To reunite children with their families, support and economically empower the families to be self-reliant. To provide access to education for children, training and employment for the youth and see them develop to their full potential as responsible citizens.
Targeted Beneficiaries	Former street children in school, grades 1 to 4, all schools in Mutare Urban (however, Simukai sponsors children placed in schools in rural areas throughout Manicaland), including their parents /care givers.
Implementing Partners	Chipinge Children's Trust Simukai Ministry of Youth Development, Gender and Employment creation
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 48,000

Summary

Simukai is an outreach partnership between Family AIDS Caring Trust (FACT) Mutare and Scripture Union (SU) Eastern Region. Simukai has a drop-in centre known as the Contact Centre in the Central Business District in Mutare and the Sakubva Support Centre, in a high-density suburb. At the drop in centre, children living on the street are provided with counselling and other assistance. Children receive meals four days a week, can use facilities to bath and do laundry, are provided with HIV/AIDS education, participate in sports and recreation activities, can use temporary sleeping facilities, receive support for homework and are provided with spiritual assistance.

Activities

- Conduct outreach visits to identify street children and introduce them to contact centres.
- Provide basic needs for the street children temporary shelter, feeding, and access to health care.
- Provide life skills activities at the support centres for survival after rehabilitation phase e.g. small-scale business.
- Provide psychosocial services, individual basis, group basis and family level.
- Provide school support services e.g. school fees, uniforms, and stationery etc.
- Foster care services.
- Advocacy.
- Parenting workshops.
- Awareness marches and community awareness through mass media.
- Mid-term and final evaluation of the programme.

FINANCIAL SUMMARY		
Budget Items	(\$Z)	(US\$)
Food	16,000,000	-
Uniforms	8,000,000	-
Medication	4,000,000	-
Micro-enterprise	8,000,000	-
Workshops	32,000,000	-
Total	68,000,000	48,000

Appealing Agency	ZIMBABWE HUMAN RIGHTS ASSOCIATION
Project Title	Economic and Social Rights Programme
Project Code	ZIM-03/ER/I04
Sector	Child protection
Objectives	Feeding, accommodating, clothing and washing project, including: Medical services, education assistance, income generating activities, legal advices, counselling and reunion.
Targeted Beneficiaries	Street boys and girls, and where available their mothers.
Implementing Partners	ZIMRIGHTS
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 40,000

Objectives

Special care and assistance will be rendered to children and women through the five (5) Projects as follows:

- Feeding, accommodation, clothing and washing;
- Medical Care centre;
- Educational assistance;
- Income generating projects for women living on the streets;
- Legal advice, counselling and reunion.

Project Activities

The following are the activities under the Feeding, Accommodation, Clothing and Washing Project:

- Feeding: food will be cooked on daily basis at ZimRights House and will be given to the targeted women and children. Children will be provided with a nutritious porridge in the morning and sadza and drink maheu in the afternoon;
- Washing: The beneficiaries will be able to use facilities for personal hygiene as well as for their clothing. Water, soap, towels and vaseline will be provided for the beneficiaries;
- Clothing: Bales of clothes and blankets are needed for both children (infants, boys and girls) and for the adult women, which will be distributed from the ZimRights Offices;
- Accommodation: tents and mattresses are needed for the beneficiaries. ZimRights will use empty space at the back of its offices to pitch the tents so that the children and women can have shelter whilst permanent solutions are being sought;
- Target Beneficiaries: children and women living on the streets.

FINANCIAL SUMMARY	
Budget Item	US\$
Market Gardening	5,000
Cattle Fattening	20,000
Piggery	10,000
Project Monitoring	3,000
Administration	2,000
Total	40,000

Appealing Agency	NGO under auspices of UNICEF
Project Title	Protection and Psycho-Social Support for Orphans and Vulnerable Children in Farm Worker Communities
Project Code	ZIM-03/ER/105
Sector	Child Protection
Objectives	<ul style="list-style-type: none"> • Monitor and document the situation of vulnerable children in farm communities during the emergency situation and recovery phase. • Advocate for the inclusion of children from farm communities in mainstream relief and recovery activities. • Develop and support community safety nets to protect OVC in farm communities. • Respond to the emergency needs of OVC in farms not being addressed by other agencies.
Targeted Beneficiaries	OVC in Farm Communities in Mashonaland central and Manicaland
Implementing Partners	FCTZ, FST
Project Duration	July 2003 – December 2004
Total Project Budget	Z\$ 43,202,000
Funds Requested	US\$ 17,250

Activities

- Enumerate and document the situation of OVC in farm worker communities through a baseline survey.
- Establish of a community based monitoring process to record movements and changes in the circumstances of OVC.
- Advocate local, district and national level for inclusion of farm communities in mainstream responses.
- Train children and communities in protection of vulnerable groups from abuse and exploitation.
- Respond to the emergency needs of OVC in farm communities not being addressed by other agencies. To facilitate a referral system to other agencies where possible.

FINANCIAL SUMMARY			
Budget Item	Provided by NGO Z\$	Requested Z\$	US\$
Salaries			
Provincial coordinators	4,800,000		
Fieldworkers	3,900,000	3,900,000	
Sub-total	8,700,000	3,900,000	1,950
Baseline			
Engagement external agency		10,000,000	5,000
Training			
Child protection		5,000,000	2,500
Community monitoring		5,000,000	2,500
Monitoring (Vehicle costs)		2,640,000	1,320
Sub-total	8,700,000	26,540,000	13,270
Administration @ 15%		3,981,000	1,990
Contingency for Inflation @ 15%		3,981,000	1,990
Total	8,700,000	34, 502,000	17,250

Appealing Agency	CHILDLINE - ZIMBABWE (PV0 7/2001)
Project Title	Sensitisation Workshops to be held at District Level
Project code	ZIM-03/H41
Sector	Child protection
Objectives	<ul style="list-style-type: none"> • Create greater awareness of all forms of child abuse, at district/village level. • Prevent the further spread of TB and HIV/AIDS. • Create greater understanding of those suffering from HIV/AIDS. These objectives can be achieved by: <ul style="list-style-type: none"> ○ providing speakers on child abuse and related issues; ○ providing of flyers with an option of three languages; ○ (English/Shona/Ndebele): providing posters.
Targeted Beneficiaries	Young people in rural areas who lack access to information on their individual rights and responsibilities.
Implementing Partners	Childline-Zimbabwe & UNICEF in conjunction with other participating agencies
Project Duration	Ongoing but for this purpose September 2003 - December 2004
Total Project Budget	US\$ 2,100,000
Funds Requested	US\$ 26,000

Objectives

Childline currently provides a free 24-hour Crisis Counselling Centre through phone, post and face-to-face counselling. The project targets orphaned children, caregivers, and institutions that are affected by abuse and HIV/AIDS. Many orphans have been assisted through the large network of church organisations and Childline does not wish to target this area but rather work in parallel, as the ultimate goal is the same. The purpose of the service is for OVC to have opportunities to talk about their loss, bereavement or circumstances and to support them in accessing resources such as food, medication, educational assistance. In addition, carers are provided with skills to assist in counselling OVC.

Activities

- Identify institutions and get necessary approval for project from relevant ministries.
- Identify OVCs as above.
- Organise courses for existing counsellors and care givers on OVC needs.
- Monitor and evaluate project over a period of three months.
- Expand a 24-hour Crisis Helpline Services to the OVC in above residences.

FINANCIAL SUMMARY	
Budget Item	US\$
Training and management of the programme	6,000
Training materials: printing pamphlets, posters, stickers	12,000
Administration and support services	4,000
Office expenses such as photocopying, stationery, telephones	
Logistics, equipment and other essential consumables	4,000
Total	26,000

NOTES ON BUDGET

- Instead of 4 counselors to assist with counseling on site, we will be required to bring along a representative from the Local District office.
- Accommodation will be required whilst doing areas out of Harare such as Mashonaland West, Midlands, Manicaland and Matabeleland.
- Fuel has been quoted at the current available price.

Appealing Agency	TARIRO HOUSE OF HOPE
Project Title	Tariro House of Hope for Orphans and Abandoned Children
Project Code	ZIM-03/S/NF01
Sector	Child Protection
Objectives	<ul style="list-style-type: none"> • Improve accommodation for selected destitute orphaned children in the Harare urban and peri-urban area for at least 10,000 children per year. • 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 for at least 10,000 children per year. • Facilitate social and psychological development of selected orphaned children in Harare urban and peri-urban area for at least 20,000 children will be assisted. • Put systems in place for the expansion of the organisation.
Targeted Beneficiaries	The total population of Epworth is about 113,000. Initially 10,000 orphans in Harare and surrounding areas will be targeted. Later the services may be extended and spread to other neighbouring low-income cities and the rest of the country.
Implementing Partner	UNICEF
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 340,000

Activities

- Mobilise food supplies.
- Establish food distribution systems.
- Establish a system of identifying the children.
- Create a feeding scheme.
- Distribute monthly supplies of mealie-meal, cooking oil, beans, powdered milk, nutritious soups and dried fish to provide full meals to beneficiaries.
- Network with school heads or Regional Office of the MoE in that area to place children into schools.
- Mobilise resources.
- Establish a system for paying and accounting for the school fees.
- Establish a system for the provision of uniforms, stationery and other school requirements.
- Create a system of identifying exceptionally bright children in different level and skill areas who may not benefit because of their difficult environments and assist in placing them in suitable environments to nurture their talents e.g. boarding schools.
- Foster relationships with hospitals and health care givers for assistance needs.
- Establish a system of referral acceptable to Tariro House of Hope and the Hospitals and health facilities.
- Train care givers.
- Provide counselling and emotional support.
- Network with specialist organisations in orphan psychosocial support.
- Put systems in place for expansion.

FINANCIAL SUMMARY	
Budget Item	US\$
Children's food, clothing, psycho social support, education and medical care	200,000
Staffing, administration, logistics	65,000
Rebuilding of the shelter and associated equipment	75,000
Total	340,000

Appealing Agency	FAMILY SUPPORT TRUST
Project Title	Community Awareness and Support of Sexually Abused Children
Project Code	ZIM-03/H42
Sector	Child Protection
Objectives	<ul style="list-style-type: none"> • Mobilise community resources in the high-density areas of Chitungwiza in the prevention, identification and treatment of child sexual abuse. • Raise awareness on child sexual abuse in target community in order to prevent the spread of HIV/AIDS. • Empower target community through skills development and capacity building to enable them to effectively confront child sexual abuse. • Reach at least 50% of the target community with information, education and communication materials in order to reinforce and sustain the programme. • Build a network of alliance with other organisations such as police, local authorities, churches, NGOs and government departments operating in Chitungwiza in confronting child sexual abuse. • Provide nutritional packs, antibiotics and vitamin tablets to children on anti retroviral treatment. • Assist vulnerable children who are unable to afford tuition costs.
Targeted Beneficiaries	Chitungwiza project aims to reach approximately 100,000 people and assist 1,000 children.
Implementing Partners	Ministry of Health, OAK Zimbabwe Foundation, Southern Aids Training Programme, Child and Law, Terre des Hommes, REPPSI
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 20,000

Activities

- Organise the local community of Chitungwiza as social agents for awareness on Child Sexual Abuse (CSA) issues and as agents for education of the community on prevention of CSA.
- Hold 3-1 day Skills Training workshops for hospital staff on identification, prevention, and referral system. Support Chitungwiza Clinic by providing weekly supervision by clinical psychologists, and weekly in-service training for counselling staff.
- Through a well-known drama group, organise a series of six performances over a 12-month period, to reach 50-100 adults and children at each performance.
- Produce and distribute at public venues promotional materials (posters, T-shirts, pens, rulers) to community members. Education Officers will place twelve advertisements in the course of the year in the national newspapers, containing messages to prevent sexual exploitation, as well as directing children and the public to sources of help if they suspect or are experiencing abuse.
- Provide anti-retroviral drugs within 72 hours to children who have been abused to prevent the HIV/AIDS infection and as feasible, provide abused children with nutritional packs, antibiotics, and vitamins to help reduce the severe side effects of the anti-retroviral treatment.
- Many of the sexually abused children are unable to continue their education both due to the current economic crisis and social stigma. Providing school uniforms and school fees will provide victims with the opportunity to continue their education and remove them from their hostile environment.
- Continue the development of multi-disciplinary service for children, which takes into account their psychosocial needs to assess the need for therapy or for community support and medical treatment requirements (STIs and HIV infection).
- The Education Officer and Outreach Manager will supervise, support, monitor and evaluate each CFP's ability to achieve targets on a regular basis.

FINANCIAL SUMMARY	
Budget Item	US\$
Workshops for community members	3,811
Training for hospital staff	667
Community prevention programmes and promotional materials	6,233
Medical assistance and School fees and uniforms	2,201
Personnel and operating expenses	7,088
Total	20,000

Appealing Agency	LUBHANCHO HOUSE HWANGE
Project Title	Community Orphan Care and Support
Project Code	ZIM-03/H43
Sector	Child Protection
Objective	To strengthen the quality of psychosocial support and care provided by village Care community groups in Hwange.
Targeted Beneficiaries	The project directly targets 5,000 children within the community, and indirectly 15,000 households affected
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 148,000

Activities

- Identify locations for new village care community groups (VCC) / CCCs.
- Set-up new VCCs/CCCs and build their operational capacities.
- Work with the sub-stations to strengthen existing VCCs/CCCs.
- Recruit new caregivers at each VCC/CCC.
- Design and conduct a series of Children affected by AIDS (CABA) and OVC specialised trainings for care-givers at all VCCs/CCCs.
- Support caregivers through follow-up programme.
- Conduct training of trainers (ToTs) workshops to make programme self-sustaining.
- Support sub-station in identifying continuing needs and preparing proposals for future CABA and OVC initiatives.

FINANCIAL SUMMARY	
Budget Item	US\$
Capacity building and institutional strengthening of VCCs/CCCs	20,000
Recruitment of care givers	8,000
Training and follow-up support to care givers	40,000
Ongoing support to programme initiatives of the four sub-stations	80,000
Total	148,000

Appealing Agency	CITY OF HARARE- COMMUNITY SERVICES
Project Title	Harare City Resource Centre for the Destitute Children
Project Code	ZIM-03/ER/I06
Sector	Child Protection
Objective	The Harare City Council, as a local authority, to monitor the prevalence of anti-social behaviour, the spread of HIV/AIDS and crime; and to provide support for Harare's street population.
Targeted Beneficiaries	7,500 people living on the street including 5,500 children and 2,000 destitute adults.
Implementing Partners	UNICEF-Zimbabwe, Zimbabwe Council for the Welfare of children (ZCWC), Community Based Organisations, Harare City council
Project Duration	July 2003 – December 2004
Total Project Budget	US\$ 120,000
Funds Requested	US\$ 95,000

Activities

- Establish an information gathering, storage and dissemination service for interested parties through a task force.
- Staff education and training (orientation) on strategising for the eradication of destitution in Harare.
- Relief assistance for children, destitute adults and AIDS orphans.
- Network with partners in alleviating poverty in the City of Harare, both locally and internationally.
- Invest in relief centres or drop-in services in strategic zones in the City.
- OVC awareness campaigns.
- Rehabilitate people living on the streets.

Project Requirements

- Data gathering and processing equipment (computer system and the requisite software to cover data analysis, e-mail and Internet programmes).
- Light vehicle for relief coordination purposes.
- Renovate and extend the Mai Musodzi Community Hall to facilitate the requirements of a drop-on centre;
- OVC awareness campaigns.

FINANCIAL SUMMARY		
Budget Items	Z\$	US\$
Situational analysis	15,000,000	15,000
Lobbying and advocacy	30,000,000	30,000
Relief services to the vulnerable population	50,000,000	50,000
Total	95,000,000	95,000

Appealing Agency	ANGLICAN CHURCH OF THE PROVINCE OF CENTRAL AFRICA, DIOCESE OF MANICALAND
Project Title	Support St. David's and St. Augustine's Orphanages
Project Code	ZIM-03/ER/107
Sector	Child Protection
Objectives	This project will provide protein diet as well as raise money to be used for the support and care of orphans at St. Augustine's and St. David's Bonda Orphanages in Manicaland province.
Target Beneficiaries	Orphaned, malnourished, sick and vulnerable children at St. Augustine's Penhalonga and St David's Bonda orphanages (approximately 77 children).
Implementing Partners	<ul style="list-style-type: none"> • St Augustine's Penhalonga and St David's Bonda orphanages • AREX • Department of Social Welfare
Project Duration	January – December 2004
Funds Requested	US\$ 12,500

Project Description

The economic situation in Zimbabwe has adversely affected the ability of orphanages to care for orphans in Zimbabwe. The orphanage at St David's Bonda and St Augustine's are isolated from mainstream development and relief processes. The current humanitarian situation has increased the marginalisation of the church, with the homes increasingly reliant on a few individuals, who contribute from their own strained resources.

St. Augustine's orphanage runs a vegetable garden and a grinding mill and St. David's Bonda orphanage has an orchard. Income from these sources however, is not adequate for the sustenance of the homes and there are no social safety nets to fall back on. This has made the delivery of relief and eventually recovery very difficult. As a result, it is envisaged that the children in these homes will continue to be amongst the most disadvantaged, marginalised and vulnerable. Approximately 77 children at St. Augustine's and St. David's Bonda orphanages in Mutasa District of Manicaland Province will be targeted as beneficiaries of the assistance being requested.

Objectives

To contribute to self sustainability of orphanage homes at St Augustine's and St David's Bonda through:

- Provision of protein diet for the young, malnourished, sick and abandoned children.
- Raising money through sale of excess broilers chickens.

Activities

- 1) Breeding of broilers chickens.
- 2) Business training to increase capacity to market the chickens profitably. Potential markets have been identified and include: high schools, Bonda Hospital and the local community.

FINANCIAL SUMMARY		
Budget Item	ZIM\$	US\$
Chicks	26,910,000	6,000
Starter feed	12,109,500	2,000
Finisher feed	10,898,500	2,000
Drugs	1,638,000	500
TOTAL DIRECT MATERIALS TO VULNERABLE GROUPS		10,500
Electrical items	1,107,600	300
Protective clothing	904,800	100
Feeders	2,089,880	600
TOTAL START UP MATERIALS		1,000
LABOUR		1,000
Total		12,500

HIV/AIDS ACTIVITY PROPOSALS¹⁰

Appealing Organisation	Ref. No.	Activity	US\$
UNAIDS	ZIM-03/H01	Strengthen monitoring and evaluation systems for HIV/AIDS and humanitarian responses	217,000
UNAIDS	ZIM-03/H02	Coordination and advocacy for effective integration of HIV/AIDS and humanitarian responses	202,000
UNDP	ZIM-03/H03	Public sector capacity replenishment in the face of HIV/AIDS	1,850,000
UNFPA	ZIM-03/H04	Scaling up of HIV/AIDS and STI prevention initiatives in the food targeted distribution system and at food targeted distribution sites	595,000
Relevant NGO under auspices of UNICEF	ZIM-03/H05	Life skills for households affected by HIV/AIDS in commercial farm worker communities	30,264
ILO (Sub Regional Office)	ZIM-03/H06	HIV/AIDS crisis response in workplace	175,000
GOAL (ZIMBABWE)	ZIM-03/H07	HIV/AIDS Intervention Programme	1,430,242
Catholic Relief Services	ZIM-03/H08	Community Home Based Care project	580,000
Zimbabwe National Family Planning	ZIM-03/H09	Holistic response to reproductive health, HIV/AIDS and poverty among out of school youth in Zimbabwe	69,000
WHO	ZIM-03/H10	Support to Prevention of Mother to Child Transmission (PMTCT) in growth points, border and former commercial farming areas	1,422,520
Zimbabwe AIDS Prevention and Support Organisation	ZIM-03/H11	Mitigation of HIV/AIDS impact on the child-headed families	105,000
Zim-Foundation for All Youth Associations [ZiFAYA]	ZIM-03/H12	'Stop the Virus – Break the Silence in Private Colleges'	97,000
Action Contre la Faim (ACF)	ZIM-03/H13	Income generating activities for HIV/AIDS affected families in Makoni district Manicaland Province, Zimbabwe	280,000
Norwegian Peoples Aid	ZIM-03/H14	Community Empowerment in the care of orphans and other vulnerable children (OVC)	30,000
NGO to be identified	ZIM-03/H15	Protection and psycho-social support for orphans and vulnerable children in farm worker communities	39,468
NGO to be identified	ZIM-03/H16	Home based care and social support for farm worker communities	88,348
NGO to be identified	ZIM-03/H17	Internally displaced persons HIV/AIDS Project	263,000
The General Agriculture and Plantation Workers' Union of Zimbabwe	ZIM-03/H18	Gender Protection and HIV / AIDS Awareness in the Agriculture Communities of Zimbabwe	138,483
Total funds requested			7,612,325

11 HIV/AIDS classified as part of health in the main summary table of the CAP.

Appealing Agency	UNITED NATIONS PROGRAMME ON HIV/AIDS
Project Title	Strengthen Monitoring and Evaluation System for HIV/AIDS and Humanitarian Responses
Project Code	ZIM-03/H01
Sector	HIV/AIDS
Goal	To contribute towards reducing the prevalence of HIV/AIDS among men, women and youth
Targeted Beneficiaries	NAC decentralised structures in vulnerable areas
Implementing Partners	National AIDS Council
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 217,000

Objective

To strengthen monitoring and evaluation systems to improve targeting, in particular through capturing of “hot spots” and other vulnerability aspects. Such a system will also adequately track the efficiency, effectiveness, and ethical soundness of HIV/AIDS and the humanitarian crisis actions.

Strategies

- Capture “hot spots” and other vulnerability indicators for effective implementation of HIV/AIDS and humanitarian actions.
- Strengthen the capacity of National AIDS Council to monitor humanitarian crisis.
- Develop an early warning system for HIV/AIDS and the humanitarian situation and establish linkages with pre existing monitoring and evaluation systems at decentralised levels.

Activities

- Develop a resource network of Monitoring and Evaluation (M&E) experts from other organisations involved in implementing humanitarian actions.
- Recruit a National Humanitarian Coordinator to be seconded to National institutions.
- Design and incorporate data collection component and measurement tools that provide an early warning system for HIV/AIDS and the humanitarian situation.
- Carry out a study to capture “hot spots” and vulnerability and other indicators for effective implementation of HIV/AIDS and humanitarian actions.
- Prepare a plan for data dissemination, communication and advocacy on progress on the fight against HIV/AIDS alleviation of the humanitarian crisis.
- Conduct on the job/field based training for community and frontline workers in record keeping, data collection and analysis.
- Set up database on management information system.
- Procure computer hardware and software for data entry analysis and processing.
- Supervisory and training travels to support a decentralised M&E system.

FINANCIAL SUMMARY	
Budget Item	US\$
National Humanitarian Coordinator (M & E) at NAC Office	20,000
Transport (10 provinces)	40,000
Development of tools	7,000
Database development costs	30,000
Training of front line workers in record keeping and data collection	80,000
Procurement of computer hardware and software	40,000
Total	217,000

Appealing Agency	UNITED NATIONS PROGRAMME ON AIDS
Project Title	Coordination and Advocacy for Effective Integration of HIV/AIDS and Humanitarian Responses
Project Code	ZIM-03/H02
Sector	HIV/AIDS
Goal	To contribute towards a reduction in the prevalence of HIV/AIDS among men women and youth
Targeted Beneficiaries	Institutional structures within the most vulnerable areas
Implementing Partners	National AIDS Council (NAC) and Zimbabwe AIDS Network
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 202,000

Objectives

- Strengthen capacity at national, provincial and district levels to advocate for the integration of HIV/AIDS and humanitarian actions within district plans.
- Improve coordination linkages between NAC institutional frameworks at decentralised levels and food distribution systems.

Strategies

- Integration of HIV/AIDS and humanitarian actions within district 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 actions and foster better understanding of the relationship between HIV/AIDS and the humanitarian crisis among humanitarian organisations, international, national, and community leadership.

Activities

- Conduct advocacy workshops for district leadership on inclusion of humanitarian actions into HIV/AIDS strategic plans.
- Strengthen human resource capacity for NAC national and provincial levels.
- Promote linkages by cooperating agencies and organisations in implementing humanitarian actions into District AIDS Action Committee (DAAC) structures.
- Develop advocacy messages for electronic media.

FINANCIAL SUMMARY	
Budget Item	US\$
Personnel costs	
National Humanitarian Coordinator at NAC Office	12,000
Project implementation costs	
Transport (10 Provinces)	30,000
Coordination, training and integration workshops	50,000
Advocacy workshops and seminars	80,000
Electronic media	30,000
Total	202,000

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Project Title	Public Sector Capacity Replenishment in the Face of HIV/AIDS
Project Code	ZIM-03/H03
Sector	HIV/AIDS
Objective	To retain critical human resource skills and support infected public service employees
Targeted Beneficiaries	1,000 employees in the MoHCW, Lands Agriculture and Rural Resettlement and Education Sport and Culture.
Implementing Partners	Ministries of Health and Child Welfare, Higher and Tertiary Education, Education, Sports and Culture, Lands, Agriculture and Rural Resettlement, Public Service Labour and Social Welfare & National AIDS Council.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 1,850,000

Strategies

- Applying capacity enhancement measures to maintain an acceptable level of public service delivery through accessing skills using the UNVs mechanism. In addition, capacity retention measures will require incentives to enable existing personnel to remain in the same critical positions.
- Provision of care and support mechanisms for staff that are living with HIV/AIDS (PLWAs) and its impact, including access to treatment.

FINANCIAL SUMMARY	
Budget Item	US\$
Recruitment of technical personnel for capacity enhancement over a one year period	1,000,000
Provisions for capacity retention measures	500,000
Support measures for PLWA within identified sectors ministries	350,000
Total	1,850,000

Appealing Agency	UNITED NATIONS POPULATION FUND
Project Title	Scaling up of HIV/AIDS and STI Prevention Initiatives in the Targeted Food Distribution System and at Targeted Food Distribution Sites
Project Code	ZIM-03/H04
Sector	HIV/AIDS
Objective	To contribute towards the reduction of the prevalence of HIV/AIDS and STIs among men, women and youth.
Targeted Beneficiaries	570,000 women, men and youth in their reproductive years
Implementing Partners	MoHCW, Zimbabwe National family Planning Council, Population Services Zimbabwe, Zimbabwe AIDS Prevention and Support Organisation, UNAIDS and UNICEF
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 595,000

Summary

The prevailing HIV/AIDS situation in Zimbabwe is exacerbated by severe economic hardship, poverty and declining health service. The demand for HIV prevention, condom promotion, Voluntary Counselling and Testing (VCT), Prevention of Parent to Child Transmission (PCTC), mitigation and care continues to increase. The proposed response will target communities, families and dependents including youth, who are most vulnerable, by embarking on scaled up behaviour change strategies such as peer education, BCC campaigns and drama at food distribution sites as well as condom promotion and referral for VCT. The advantage of utilising the food distribution system is that it offers a cost-effective intervention reaching a captive audience.

Purpose of Support

- Increase awareness of HIV/AIDS and STIs to promote safer sexual practices as well as condom promotion and VCT.
- Increase participation of all agencies and organisations involved in food distribution in the context of HIV and AIDS and STIs within the humanitarian situation.

Specific Objectives

1. Strengthen multi-sectoral responses through identification of major food distribution stakeholders and food distribution sites for the prevention of HIV/AIDS and STIs.
2. Use participatory processes to develop culturally appropriate messages that emphasize key HIV prevention strategies.
3. Develop a strategy that ensures availability, distribution and proper use of male and female condoms.
4. Identify and advocate a referral system for Voluntary Counseling and Testing.

Expected Outcome

Reduction in the spread of HIV/AIDS and STIs.

FINANCIAL SUMMARY	
Budget item	US\$
Procurement and distribution of male and female condoms	300,000
Training of Peer Educators and CBD	120,000
Training and BCC materials development, printing and distribution	70,000
Outreach, referral and monitoring expenses	75,000
Operational costs	30,000
Total	595,000

Appealing Agency	Relevant NGO under auspices of UNICEF
Project Title	Life Skills for Households Affected by HIV/AIDS in Commercial Farm Worker Communities
Project Code	ZIM-03/H05
Sector	HIV/AIDS
Objectives	<ul style="list-style-type: none"> • Increase the impact of relief and supplementary feeding activities for orphaned and vulnerable children. • Enhance the well being of orphaned and vulnerable children in farm worker communities. • Enhance the capacity of OVC to recover from the current emergency situation and to cope with future shocks.
Targeted Beneficiaries	Orphaned and vulnerable children in Farm Worker communities in Mashonaland Central and Manicaland provinces
Implementing Partners	SCOPE, FACT, Zimbabwe Ahead, The Centre/SAFIRE
Project Duration	July 2003 – December 2004
Total Project Budget	US\$ 40,364 (Z\$ 67,728,000)
Funds Requested	US\$ 30,264

Envisaged Activities

- Training of teenage parents and children from other vulnerable households in: nutrition and how to cook food available; health and hygiene; parenting skills for teenage parents; how to care for sick parents; HIV/AIDS prevention and living positively with HIV; nutrition gardens and alternative food sources; and how to access support from mainstream sources.
- Support to develop nutrition gardens where they can grow food crops and herbs, which will enhance immunity.
- Monitoring activities to build confidence and provide support.

It is estimated that in the programme period, 4,000 OVC will be trained in Manicaland and Mashonaland Central provinces.

FINANCIAL SUMMARY			
Budget Item	Provided by NGO Z\$	Requested Z\$	Requested US\$
Salaries			
2 Provincial coordinators	4,800,000.00		
2 Fieldworkers	2,400,000.00		
Training			
Nutrition gardens		20,000,000	
Health and nutrition		4,000,000	
HIV/AIDS		4,000,000	
Life skills		8,000,000	
Monitoring (Vehicle running costs)		10,560,000	
		46,560,000	
Administration @ 15%		6,984,000	
Contingency for Inflation @15%		6,984,000	
Total	7,200,000	60,528,000	30,264

Appealing Agencies	INTERNATIONAL LABOUR ORGANIZATION/ SUB REGIONAL OFFICE (SRO) HARARE
Project Title	HIV/AIDS Crisis Response in Workplace
Project Code	ZIM-03/H06
Sector	HIV/AIDS
Goal	To contribute towards the reduction of new HIV infections among the vulnerable informal miners and farm workers
Targeted Beneficiaries	Employees in the informal sectors: mining and the farm workers
Implementing Partners	AIDS services organisations and UNAIDS
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 175,000

Objectives

- To support the development of a mining sector specific HIV/AIDS policy to guide responses and reduce vulnerability between workforce and their families.
- To promote confidential VCT and ARV access and utilisation for the workforce through advocacy for corporate social responsibility.
- To promote innovative health insurance schemes and collective bargaining agreements for workforce by workers' umbrella organisations and unions in order mitigate the impact of HIV/AIDS on workers and their families.

Strategies

- Policy development and implementation support.
- Advocacy and motivation to facilitate ARV access and usage to benefit both workers and their dependents through dissemination of information, education and promotional materials such as pamphlets, videos and conducting workplace seminars on ARV and their use.
- Fostering care and support.

Expected Outcome

- Increased number of companies in the mining sector developing workplace policies that is gender sensitive and participating in HIV/AIDS prevention programmes.
- Increased number undertaking VCT and accessing ARV among mining communities and at growth points.
- Increased number of companies establishing health insurance schemes with worker participation.

FINANCIAL SUMMARY	
Budget Items	US\$
Personnel costs	100,000
Allowances for volunteers	
Workshop facilitators	
Consultancy for the educational materials	
Programme activities	75,000
Advocacy seminars and workshops for union members, and leadership at sector level	
Procurement of materials and supplies	
Outreach monitoring	
Total	175,000

Appealing Agency	GOAL (ZIMBABWE)
Project Title	HIV/AIDS Intervention Programme
Project Code	ZIM-03/H07
Sector	HIV/AIDS
Objective	To prevent HIV infection among primary school children, adolescents and the community and to increase short and medium-term food security in a household with HIV/AIDS or a chronically ill member(s) through provision of food rations and promotion of fruit and vegetable production.
Targeted Beneficiaries	38,500 households with 115,500 beneficiaries, 33,564 primary and 25,000 secondary school children.
Implementing Partners	Ministries of Health and Education, AREX, AIDS committees at all levels, DDRCs
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 1,430,242

Summary

GOAL's HIV/AIDS programme will focus on prevention of HIV infection through HIV/AIDS education in primary and secondary schools, and general education to the community at large. The HIV/AIDS programme will be integrated into the existing primary school feeding programme covering 33,564 children. This will cushion the children from the effects of the current crisis and increase the empowerment of the children. The HIV/AIDS education programme will also reach a total of 25,000 secondary school children.

Expected Outcome

- Food security and micronutrient availability improved both in the short and medium-term by facilitating food rations provision and by promoting vegetable and fruit production, respectively.
- Prevention of HIV infection among school children, adolescents and the community through HIV/AIDS school, community and peer education sessions.

Activities

- Assist in identifying HIV/AIDS affected households to ensure that they are included in the distribution of special food rations to the affected and vulnerable households.
- Distribution of agricultural inputs and micro-irrigation kits for the production of a variety of fruits and vegetables.
- Training communities in using micro-irrigation kits for vegetable and fruit production.
- Training of primary and secondary school (adolescent) children, peer educators and the community on HIV/AIDS prevention.

FINANCIAL SUMMARY	
Budget Item	US\$
Direct programme costs	1,025,417
Staff	74,020
Equipment	166,564
Programme support costs*	82,584
Training costs	13,550
Management support costs (5% of above costs)	68,107
Total	1,430,242

* Transport costs (vehicles and maintenance), communications, IT and communications equipment.

Appealing Agency	CATHOLIC RELIEF SERVICES / ZIMBABWE
Project Title	Community Home-Based Care Project
Project Code	ZIM-03/H08
Sector	HIV/AIDS
Priority Area	Home-Based Palliative Care and Support
Objective	To improve the quality of home-based care provided by health professionals and community caregivers for the terminally ill and their families.
Targeted Beneficiaries	Direct - 600 health professionals, 900 community caregivers, 180 training of trainers (ToTs) operating in mining areas. Indirect – 1,300,000 hospital, clinic and home-based care clients; 65,000 children and other family members
Implementing Partners	Island Hospice, Dioceses of Hwange, Mutare, Chinhoyi, Gokwe, and Bulawayo
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 580,000

Summary

Through this project, the home-based palliative care and bereavement counselling lessons learned from years of practice at Island Hospice (IH) will be transferred to five diocesan partner organisations for use in their respective districts. The successful service delivery of IH will be institutionalised in the work of the diocesan partners through a series of trainings and follow-up support for health professionals, ToTs and community volunteers. The skills learned by these health professionals, ToTs and community volunteers would then be transferred to communities through existing local organisations. Additionally, orphaned children will receive bereavement counselling, material and psychosocial support through a referral system between the dioceses, HIV/AIDS programmes and other NGOs/CBOs providing care and support for CABA and OVC.

Targeted Beneficiaries

Within the five dioceses, CRS and IH&BS will target health professionals and care givers in mining areas (Mutorashanga, Mangura, Kamativi, Hwange, Shangani, Redwing, Raffingora and others) and also at growth points around the mission stations.

Activities

- Conduct needs and capacity assessments for palliative care of targeted partners.
- Identify health professionals, ToTs and community-based volunteers for training.
- Organise and execute palliative care and bereavement counselling training.
- Provide ongoing mentoring, consultation, and technical support.
- Regularly distribute nutritional supplements and HBC kits to community caregivers.
- Coordinate bereavement counselling for children left behind by HBC clients.
- Establish referral linkages to existing CBOs for CABA and OVC left behind by HBC clients.
- Institute a data collection system for palliative care, bereavement counselling and referrals information.

FINANCIAL SUMMARY	
Budget Item	US\$
Production of training materials	60,000
Training of health professionals	15,000
Training of community volunteer caregivers	20,000
Training of master trainers (ToTs)	5,000
Procurement of food packs for PLWHAs and orphans	300,000
Procurement of home-based care kits	150,000
Follow-up training and supervision	5,000
Technical consultations on nutritional guidance and positive living	20,000
Monitoring and evaluation	5,000
Total	580,000

Appealing Agency	ZIMBABWE NATIONAL FAMILY PLANNING
Project Title	Holistic Response to Reproductive Health, HIV/AIDS and Poverty among out of school youth in Zimbabwe
Project Code	ZIM-03/H09
Sector	HIV/AIDS
Objective	To undertake an integrated response to reproductive health, HIV/AIDS and poverty so as to promote positive behaviour change among youth in highly vulnerable areas.
Targeted Beneficiaries	Vulnerable male and female youth aged between 15 to 24 years in five districts (2 urban and 3 rural)
Implementing Partners	MoHCW, Ministry of Small and Medium Enterprises, Local bank
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 69,000

Project Description

The proposed project will be implemented in three rural districts of Tsholotsho, Mudzi and Mount Darwin. These rural districts were the most affected by the drought and are amongst the poorest in the country. The project will also be implemented in two urban areas of Kariba and Kwekwe. Kwekwe is a border, tourist town, where young women from surrounding drought-affected rural areas go to engage in commercial sex work, offering services to cross-border truckers and tourists. Kwekwe is an industrial mining town, which has attracted many gold panners. The harsh economic conditions in the country have resulted in young women providing services to gold panners. In the five selected districts, peer educators provide information, education and counselling services to youth to promote responsible behaviour while youth friendly trained health workers provide reproductive health services to young people.

The project will aim at reduce engagement in high-risk income generating activities. Young people will be encouraged to adopt positive behaviour change that reduce HIV infection, use health services and provide incentive to pursue alternative income generation projects by providing them with basic business training and seed money to start projects.

Expected outputs

- Increased number of male and female youth actively participating and benefiting financially from the poverty alleviation project.
- Increased number of male and female youth reported by their communities to have adopted positive behaviour that reduce risk of HIV infection.

FINANCIAL SUMMARY	
Budget Items	US\$
Engage consultant	13,000
Planning meeting with peer educators and community leaders	3,000
Community mobilisation of youth who should participate and benefit from project	3,000
Training workshop on trust building, initiation, management, financial management of income generating projects	20,000
Seed money to start income generating projects	30,000
Total	69,000

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Support to Prevention of Mother to Child Transmission (PMTCT) in Growth Points, Border and Former Commercial Farming Areas
Project Code	ZIM-03/H10
Sector	HIV/AIDS
Theme	Ensuring safe motherhood, prevention of HIV, and counselling and psychosocial support.
Objective	To enhance HIV/AIDS control through comprehensive PMTCT interventions in growth points, border and former commercial farming areas.
Targeted Beneficiaries	Youths, women, pregnant women, nursing mothers in 9 districts
Implementing Partners	MoHCW and UNICEF
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 1,422,520

Activities

- Increase number of antenatal clinics that provide PPTCT in areas with high vulnerability.
- Increase number of antenatal clinics with VCT, including psycho-social support.
- Provide access to ARV drug during pregnancy and after delivery for HIV-positive women.
- Provide access to nevirapine.
- Train midwives and nurses.
- Increase access to information about PPTCT.
- Provide access to condoms and other non-clinical contraceptives.
- Condom programming for preventive purposes and empowering women.
- Preventive information, communication and advocacy campaign (IEC) especially targeting youth and food distribution systems.

Expected Output

- Nine districts provided with PPTCT.
- Increased social acceptability and long-term benefit to the mother and family members.
- Increased community awareness and mobilisation to reduce stigma and discrimination.
- Male and female condoms distributed at village, district and provincial level accompanied by preventive information, communication, and advocacy activities.
- Increased number of deliveries assisted by trained/ re-trained health professionals.
- VCT for STIs and HIV as well as psychosocial support provided.

FINANCIAL SUMMARY	
Budget Item	US\$
Personnel: Nine counsellors	5,000
Training	
Generic PMTCT training, counselling training, Rapid Test training	200,000
IEC campaigns	
IEC material package, IEC campaign	200,000
Family planning	
Pills cartons	55,000
Condom cartons	110,000
Commodities - HIV Rapid Test kits (US\$ 3 x 150,000)	450,000
M&E	
District M&E support	100,000
Programme evaluation	100,000
Programme coordination, reporting and monitoring	122,000
Programme support costs	80,520
Total	1,422,520

Appealing Agency	ZIMBABWE AIDS PREVENTION AND SUPPORT ORGANISATION
Project Title	Mitigation of HIV/AIDS Impact on Child Headed Families
Project Code	ZIM-03/H11
Objective	To mitigate the impact of the devastating effects of HIV/AIDS on child headed families, particularly the girl-child headed households.
Targeted Beneficiaries	About 20,000 HIV infected young clients at the three ZAPSO rural sites and uninfected youths who have flocked into the three rural centres in search of employment due to the drought and poverty in the surrounding communal areas
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 105,000

Activities

Procurement and distribution of welfare assistance

- Provision of basic food items (mealie-meal, beans, kapenta, cooking oil, peanut butter, salt, sugar).
- Provision of school fees and uniforms for the needy, i.e. those not covered by BEAM, Vaseline for babies, soap and essential baby clothing.
- Participatory development of appropriate IEC.
- Production of IEC materials on HIV/AIDS issues such as safer sex, infant feeding, childcare, means of living positively, healthy diet etc. Information on existing services and how to access them.
- Procurement and distribution of condoms.

Procurement of home-based care kits

- Assistance for the terminally ill.

Training in income generation skills

Income generation skills building in projects such as soap making, tie and dye and batik, candle and cobra making, and food catering. Youth, including the infected and uninfected, will be divided into groups according to the preferred type of income generation project, each group consisting of 25 members. The project will equip them with skills for economic sustainability.

Realities

- The infected and uninfected young people who are economically disadvantaged because of the drought and HIV/AIDS are amongst the most vulnerable.
- They residing at a growth point, one of the areas with high HIV prevalence rates.
- They are people in need of humanitarian assistance.

FINANCIAL SUMMARY	
Budget Item	US\$
Food packs for both the infected and uninfected	25,000
School fees, uniforms	20,000
Procurement and promotion of condom use	5,000
Income generation skills training and procurement of materials	15,000
Production of IEC materials	5,000
Transport	15,000
Home-based care kits	20,000
Total	105,000

Appealing Organisation	ZIFAYA
Project Title	'Stop the Virus – Break the Silence in Private Colleges'
Project Code	ZIM-03/H12
Sector	HIV/AIDS
Objective	To mitigate the spread of HIV/AIDS in private colleges in major towns of Zimbabwe
Targeted Beneficiaries	60,000 private college adolescents
Implementing Partners	Private colleges, sector ministry, aids service organisations & donors
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 97,000

Project Description

The “**Stop the Virus – Break the Silence in Private Colleges**” proposal was born out of the realisation that there is little, if any, effort being made into mitigating the spread of HIV/AIDS in private colleges and authorities in these institutions have limited control over the adolescents. Research indicated that there is a greater likelihood of HIV spreading among students in private colleges than in public schools where there is relatively tighter control over adolescents.

The project will involve adolescents in advocacy to mobilise resources, both from the state and non-state actors in the area of HIV/AIDS prevention, to achieve a noticeable change in the implementation of the HIV/AIDS policy – i.e. to achieve more financial support for and focus on adolescent-driven programmes.

Project Activities

- Facilitating the design and implementation of innovative HIV/AIDS prevention and mitigation programmes by youth clubs and associations.
- Incorporating of private college students and private learning institutions in national policy/programmes on HIV/AIDS.
- Engaging private college students and authorities in the design and implementation of the advocacy strategy.
- Engaging relevant policy makers and implementation agencies (e.g. National AIDS Council).
- Facilitating the design, implementation and evaluation of HIV/AIDS prevention and mitigation programmes by adolescents.
- Advocating for clear policy guidelines for HIV/AIDS education programmes in private colleges.

FINANCIAL SUMMARY	
Budget Item	(US\$)
National staff and management support	14,000
Engagement of private colleges Training {per diems and allowances}	6,000
Engagement of policy actors	12,000
Engagement of adolescents in programme implementation x 10 in-school training/programming seminars	28,000
Implementation of programmes by adolescents in six pilot private colleges	12,000
Development of user-friendly material	6,000
Capital costs {travel and logistics}	12,000
Consultants & contract services	7,000
Total	97,000

Appealing Organisation	ACTION CONTRE LA FAIM
Project Title	Income Generating Activities for HIV/AIDS Affected Families In Makoni district Manicaland Province, Zimbabwe
Project Code	ZIM-03/H13
Sector	HIV/AIDS
Objective	To reduce vulnerability and food insecurity among HIV/AIDS affected families in Makoni District
Targeted Beneficiaries	500 vulnerable families (about 3,000 beneficiaries) and 500 extremely vulnerable families (about 3,000 beneficiaries)
Implementing Partners	MoHCW and AREX
Project Duration	January – December 2004
Funds Requested	US\$ 280,000

Activities

- Selection of beneficiaries & creation of groups of interest.
- Trainings and capacity building.
- Implementation of the beekeeping activities.
- Implementation of the communal gardens.
- Implementation of the goat breeding activity.
- Implementation of the chicken rearing activity.
- Monitoring and evaluation of the different activities.

Targeted beneficiaries

1,000 beneficiary families (6,000 beneficiaries) selected according to HIV/AIDS criteria of vulnerability in urban and peri-urban population of Makoni District, areas around Rusape town.

Expected results

- 100 groups will have implemented an income and/or food generating activity in a profitable and sustainable way, selected among four different choices.
- 500 vulnerable families (about 3,000 beneficiaries) and 500 extremely vulnerable families (about 3,000 beneficiaries) will have increased their monthly wage and their level of wealth.

FINANCIAL SUMMARY	
Budget Item	US\$
Personnel	71,250
Programme inputs	76,695
Training	30,088
Transport	61,200
Evaluation	500
General operating expenses (office supplies, rent, vehicle maintenance)	16,220
Administrative costs	24,047
Total	280,000

Appealing Agency	NORWEGIAN PEOPLE'S AID
Project Title	Community Empowerment in the Care of Orphans and other Vulnerable Children
Project Code	ZIM-03/H14
Sector	HIV/AIDS
Objective	To strengthen community strategies in coping with increasing number of OVC in 9 wards in Buhera South with the view of expanding activities to other wards in the district.
Targeted Beneficiaries	The project shall target 11,000 (OVC) 55% girls and elderly women
Implementing Partners	Batsiranai of Birchenough Bridge, local CBOs
Project Duration	January – December 2004
Funds Requested	US\$ 30,000

Summary

The effects of poverty, HIV/AIDS and cultural norms and beliefs are intertwined. Their net effect is marginalisation and exclusion of the OVC resulting in desperation, helplessness, low self-esteem and other psychosocial disorders, which sustain the cycle of poverty. Within this vicious cycle OVC are deprived of their right to education because of inadequate resources to pay for schooling. Most orphans have poor nutrition because of food shortage and lack of income. They also suffer from poor health and limited access to health care and often lack life skills to cope with these challenges. They also can lack social networks to help them cope with these challenges due to inadequate socialisation, strained extended family systems and overburdened local communities. In general, communities of women, men and children often do not have opportunities to take charge of their own lives and influence their social, economic and political environment that impacts on their equal rights and opportunities for all irrespective of gender.

Expected outcome

- Increased awareness on the plight of orphans and other vulnerable children to people in Buhera South.
- Strengthened position of orphans and other vulnerable children to develop protective and coping mechanisms to their problems.
- Increased access to basic and strategic needs for the worst affected children.
- Increased psycho-social well being among orphans and other vulnerable children.
- Increased access to education and vocational life skills for the orphans and other vulnerable children.

FINANCIAL SUMMARY	
Budget Item	US\$
Carry out community awareness workshops	5,000
Lobby and advocate for the rights of OVC	3,000
Provide inputs to basic needs including educational materials	5,000
Train (teachers, traditional and church leadership, community caregivers and peers in counselling and psychosocial support and supporting centres.)	3,500
Support orphans with fees, life skills training and provision of material	3,000
Engaging consultants	2,500
Baseline study	1,500
Project related follow-up	4,500
Audit	500
Staff (2) salary support	1,500
Total	30,000

Appealing Agency	NGO to be identified
Project Title	Protection and Psycho-social support for Orphans and Vulnerable Children in Farm Worker Communities
Project Code	ZIM-03/H15
Sector	HIV/AIDS
Objectives	<ul style="list-style-type: none"> 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.
Targeted Beneficiaries	Orphaned and vulnerable children in Farm Worker communities in Mashonaland Central and Manicaland
Implementing Partners	FCTZ, FST
Project Duration	July 2003 – December 2004
Total Project Budget	US\$ 43,818 (Z\$ 87,636,000)
Funds Requested	US\$ 39,468

Background

Farm worker communities have been marginalised and isolated from mainstream develop and relief processes for generations. Orphaned and vulnerable children in farm communities have fewer educational and vocational opportunities, have poor access to health and social services, and the limited support provided in the past has largely been severely undermined by the current land redistribution process.

Activities

- Enumeration and documentation of the situation of OVC in farm communities through a baseline survey.
- Establishment of a community based monitoring process to record movements and changes in the circumstances of OVC.
- Advocacy at local, district and national level for inclusion of farm communities in mainstream responses.
- Training of children and communities in protection of vulnerable groups from abuse and exploitation.
- Responding to the emergency needs of OVC in farm communities not being addressed by other agencies. To facilitate a referral system to other agencies where possible.

FINANCIAL SUMMARY			
Budget Item	Provided by FOST Z\$	Requested Z\$	US\$
Salaries			
Provincial Coordinators	4,800,000		
Fieldworkers	3,900,000	7,800,000	
Baseline			
Engagement external agency		15,000,000	
Training			
Child protection		15,000,000	
Community monitoring		15,000,000	
Monitoring (Vehicle running costs)		7,920,000	
Sub total	8,700,000	60,720,000	
Administration @ 15%		9,108,000	
Contingency for inflation @15%		9,108,000	
Total	8,700,000	78,936,000	39,468

Appealing Agency	NGO to be identified
Project Title	Home Based Care and Social Support for Farm Worker Communities
Project Code	ZIM-03/H16
Sector	HIV/AIDS
Objectives	<ul style="list-style-type: none"> Improve the support and care for chronically ill people in farm communities. Facilitate support systems for people infected and affected by HIV/AIDS in farm communities.
Targeted Beneficiaries	Adults and children infected and affected by HIV/AIDS in farm worker communities (Approx 400 households in Manicaland and Mashonaland Central Province)
Implementing Partners	FACT, NAC, MoHCW
Project Duration	July 2003 – December 2004
Total Project Budget	US\$ 103,948 (Z\$ 207,896,000)
Funds Requested	US\$ 88,348

Activities

- Baseline survey and identification of vulnerable households in farm communities.
- Mobilisation of communities and awareness-raising (churches, communities, etc).
- Establish a network volunteers to undertake HBC.
- Training of these volunteers in HBC skills, psycho-social support for orphaned children, etc.
- Provision of HBC kits, protective clothing, medical items, etc.
- Regular meetings with volunteers.
- Support and monitoring activities to build confidence, provide moral support, and identify further needs.

Targeted Beneficiaries

- Chronically ill people in farm communities.
- Orphans and vulnerable children.
- Widows and widowers.

BUDGET SUMMARY			
Budget Item	Provided by NGO Z\$	Requested Z\$	Requested US\$
Salaries			
2 Provincial Coordinators	4,800,000		
2 Fieldworkers/ Trainers	2,400,000	2,400,000	
Training			
Motivation of communities		4,000,000	
HBC		6,000,000	
HIV/AIDS		4,000,000	
Materials			
HBC Kits		20,000,000	
Protective clothing, bedding etc		20,000,000	
Medicines, medical costs etc		20,000,000	
Monitoring			
Motorcycles for monitoring (x2)	24,000,000	48,000,000	
Running costs		11,520,000	
Sub total		135,920,000	
Administration @ 15%		20,388,000	
Contingency for Inflation @15%		20,388,000	
Total	31,200,000	176,696,000	88,348

Appealing Agency	NGO to be identified
Project Title	Internally Displaced Persons HIV/AIDS Project
Project Code	ZIM-03/H17
Sector	HIV/AIDS
Objective	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.
Targeted Beneficiaries	A total of 200,000 people should be helped. Of this total, 130,000 are children while 50 are women.
Implementing Partners	Zimbabwe Community Development Trust (ZCDT) will implement the programme in cooperation with medical bodies like the New Start Centres for HIV/AIDS testing.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 263,000

Project Description

Often when people become mobile, there can be a family separation, breaking the family unit. Men, who form the majority of 'displaced victims', often leave behind their families. While in displacement taking casual partners can leave the whole family exposed to HIV/AIDS. The displacement of those already infected/affected by HIV/AIDS exacerbates the health deterioration, as they have to live in much harsher conditions, with little or no money for medical attention.

The ZCDT will educate the IDPs on HIV/AIDS by organising and implementing workshops on HIV/AIDS prevention and on how to live positively for those already infected. ZCDT will also run a medical scheme to provide for the medication of the infected and affected IDPs.

Activities

- Run HIV/AIDS workshops for all that join the ZCDT humanitarian assistance programme.
- Facilitate HIV/AIDS testing for IDPs under its charge.
- Teach and raise awareness on the irreversible dangers of HIV/AIDS.
- Establish an AIDS Monitoring Unit for all IDPs under ZCDT.
- Run workshops that encourage affected people to live positively with AIDS.
- Provide foodstuffs that make it possible for the infected to live longer.
- Facilitate the acquisition of HIV/AIDS drugs for victims.
- Facilitate treatment when victims fall ill since the majority of them may find themselves removed from their extended families.

FINANCIAL SUMMARY	
Budget Item	US\$
Accommodation/ transport (workshops)	50,000
Drugs/ consultation	80,000
Hospitalisation (affected)	90,000
Material production /circulation	3,000
Feeding	30,000
Project administration	10,000
Total	263,000

Appealing Agency	THE GENERAL AGRICULTURE AND PLANTATION WORKERS' UNION OF ZIMBABWE
Project Title	Gender Protection and HIV/AIDS Awareness in Agriculture Communities of Zimbabwe.
Project Code	ZIM-03/H18
Sector	HIV/AIDS
Objectives	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.
Target Beneficiaries	800,000 to 1.2 million people who are commercial agricultural workers countrywide - both men and women, their dependants which include - the children, the elderly, the disabled, the widows, and the orphans.
Implementing Partners	National and International NGOs dealing with issues of gender and HIV/AIDS.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 138,483

Activities

HIV/AIDS

- Intensify some HIV/AIDS education and awareness programmes for commercial farm workers and their families;
- Provide care and counseling in order to minimise some social problems that are associated with this pandemic;
- Facilitate the availability of some anti-retroviral drugs to the HIV/AIDS infected pregnant women in the commercial farming sector;
- Distribute other preventive mechanisms to the people living in commercial farming communities and to provide instructions on their use;

Gender

- Carryout gender awareness programmes in the commercial farming communities in order for these communities to respect the rights of women.
- Establish and train women committees that will safeguard the rights of women at workplace levels.
- Lobby and advocate for improved job security for women in the commercial farming sector.
- Identify women in need of any other humanitarian assistance and try to help them on their respective problems.

FINANCIAL SUMMARY		
Budget Item	ZW\$	US\$
Salaries		
Project officer	5,400,000	2,700
Field workers	36,000,000	18,000
Field support to officers (food and accommodation)	109,395,000	54,697
Educational workshops	66,510,000	33,255
Monitoring (Vehicle running costs)	9,000,000	4,500
Admin @ 10%	22,630,500	11,315
Contingents @ 10%	22,630,500	11315
Accounting and auditing	5,400,000	2,700
Total	276,966,000	138,483

HEALTH ACTIVITY PROPOSALS

Appealing organisation	Ref. No.	Activity	US\$
Catholic Relief Services	ZIM-03/H19	Distribute essential medical supplies initiative	825,000
SCF (UK)	ZIM-03/H20	Zambesi Valley and Zvimba Health Support	891,602
Population Services Zimbabwe (PSZ)	ZIM-03/H21	Extending family planning and reproductive health care services to newly resettled communities of Zimbabwe	102,266
ZNFPC	ZIM-03/H22	Expansion of adolescent sexual and reproductive health to youths in newly resettled areas, mining centres and growth points	650,000
ZNFPC	ZIM-03/H23	Increasing access to family planning, reproductive health information, diagnosis and treatment of sexually transmitted infections for women in peri-urban areas	395,000
CARE International in Zimbabwe	ZIM-03/H24	Improving access to and quality care for pregnant women to reduce maternal and infant mortality	715,300
CARE international in Zimbabwe	ZIM-03/H25	HIV/AIDS in Zvishavane Mining Industry	404,800
WHO	ZIM-03/H26	Support transportation of staff, drugs, equipment and other supplies to improve health delivery services.	805,000
WHO	ZIM-03/H27	Empowering vulnerable communities to identify and timely respond to epidemic prone diseases and epidemics	230,801
WHO	ZIM-03/H28	Improving health information management	134,732
UNICEF	ZIM-03/H29A	Zimbabwe expanded programme on immunisation plus project proposal (ZEPI). Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks and ITNs for prevention of malaria	1,070,335
WHO	ZIM-03/H30	Strengthen emergency preparedness and response (EPR) in the health sector	250,000
WHO	ZIM-03/H31	Building/ strengthening health sector partnership	418,254
WHO	ZIM-03/H32	Support incentives for health staff	1,684,000
WHO	ZIM-03/H33	Health Impact Assessment and Health Service Capacity Monitoring Programme	234,316
WHO	ZIM-03/H34	Reducing maternal deaths and morbidity in resettled areas	398,337
WHO	ZIM-03/H35	Mitigate the impact of malaria in vulnerable groups	568,216
WHO	ZIM-03/H36	Reducing under-five morbidity and mortality related to the ongoing humanitarian crisis	431,420
WHO	ZIM-03/H37	Provision of emergency health services for the vulnerable groups affected by agrarian reform programme	1,256,100
UNFPA	ZIM-03/H38	Support prevention and management of reproductive health related morbidity and mortality at rural health centres, district, provincial and central hospitals	1,302,640
Total funds requested			12,768,119

Appealing Agency	CATHOLIC RELIEF SERVICES/ ZIMBABWE
Project Title	Distribution of Essential Medical Supplies Initiative (DEMSI)
Project Code	ZIM-03/H19
Sector	Health
Themes	Health Safety; Disease Prevention and Mitigation (HIV/AIDS and communicable diseases)
Objective	To increase the availability and use of basic medical supplies to improve the hygienic service delivery and safety at ZACH hospitals and clinics for the vulnerable populations
Targeted Beneficiaries	100 hospitals and clinics spread throughout the 8 provinces which provide health care to over 60% of the population
Implementing Partners	Zimbabwe Association of Church-Related Hospitals (ZACH)
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 825,000

Summary

ZACH institutions provide over 60% of health services in Zimbabwe but that number is growing as the HIV/AIDS epidemic and current socio-economic crisis have resulted in severe shortages of drugs and personnel in many government hospitals. Local hospitals and clinics, which may be accessible to the most vulnerable populations, are short of the basic resources to meet the demand. The DEMSI project will provide basic medical supplies such as latex gloves, syringes, cotton rolls, and drip kits to the ZACH institutions, creating a crucial safety net that will prevent staff and patients from risk to new or further illnesses.

The DEMSI project will intensify the efforts of CRS to assist the ZACH hospitals in meeting the needs of Zimbabwe's vulnerable populations. Currently, CRS operates in conjunction with USAID and the WFP in a collaborative effort to distribute necessary food commodities through the ZACH institutions. DEMSI will scale up these efforts by providing a new avenue of support to the ZACH institutions and the vulnerable populations that they serve.

Activities

- Conduct a needs assessment of ZACH institutions' priority supply needs.
- Procure and distribute medical supplies to the identified ZACH institutions.
- Monitor medical supply stocks and quality/safety of medical services.
- Explore sustainable means of medical supply acquisition for ZACH institutions.

Expected outcome

Improved service delivery for all patients at 100 ZACH hospitals. The provision of basic medical supplies will permit hospitals to provide more comprehensive, hygienic services to patients, especially vulnerable populations. This will prevent the spread of disease and illness and create a more stable long-term health environment.

FINANCIAL SUMMARY	
Budget Item	US\$
Procurement and distribution of health supplies	500,000
Logistical support for distribution (vehicles, fuel, etc)	125,000
Project management (coordination of project, travel costs, overhead, etc)	200,000
Total	825,000

Appealing Agency	SAVE THE CHILDREN (UK)
Project Title	Zambezi Valley and Zvimba Health Support
Project Code	ZIM-03/H20
Sector	Health
Objective	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
Targeted Beneficiaries (Total # & description)	Of the total 546,000 targeted beneficiaries above, the following number are estimated: Children under 5 years: 27,320 Women: 20,570
Implementing Partners	Local communities – Identification of women and children who require assistance, setting up of health committees and provision of support and locally available resources Sector ministries of Health, Agriculture, Local leaders, Churches and NGO – planning and development and provision of technical expertise in health and nutrition.
Project Duration	July 2003 – December 2004
Total Project Budget	US\$ 900,000
Funds Requested	US\$ 891,602

Activities

- Initiate and support a set of health education programmes around the risk of malaria in the Binga, Nyaminyami and Zvimba districts including: adequate stocking of local clinics with anti-malarials, providing mosquito nets for district hospitals and rural clinics, and appropriate training and support for environmental health technicians for malaria testing.
- Technical support for training as well as transport, fuel and equipment to ensure adequate coverage for an EPI programme.
- Addressing the increased incidence of water-borne diseases and the expanded risk to children by increasing support for health and hygiene education, the production of materials in local languages as well as provision to respond to an outbreak of dysentery and cholera throughout the three districts.

The expected outcome will be reduced morbidity and mortality rates through improved health and hygiene, improved nutrition in the communities, availability of IEC materials, vaccinations, micronutrients, supplementary feeding and appropriate and relevant health care at current centres not operating to capacity or potential.

FINANCIAL SUMMARY	
Budget Item	US\$
International staff (Health Manager and Emergency Nutrition Coordinator)	121,325
National staff and management support	111,350
Support services health staff	8,375
Training (per diems & allowances)	86,245
Transport (running costs)	59,850
Health supplies & materials	140,200
Malaria control activities	100,000
Storage costs	1,200
Allowances partner agency staff	11,500
Capital costs (2 vehicle & 2 laptop comp)	75,000
Consultants	36,100
Contract services	98,000
Sub-total	849,145
Indirect support cost (5%)	42,457
Total	891,602

Appealing Agency	POPULATION SERVICES ZIMBABWE
Project Title	Extending family planning and reproductive healthcare services to newly resettled communities of Zimbabwe
Project Code	ZIM-03/H21
Sector	Health (Family Planning and Reproductive Health)
Theme	Reproductive Health, gender, HIV/AIDS, sexual violence, elderly, and emergency response
Objective	To reduce the incidents of morbidity and mortality related to pregnancy and STIs, including HIV/AIDS, among the low income disadvantaged women, men and their families in the newly resettled communities, through improved access to RH/FP services
Targeted Beneficiaries	Women (40,000) youth (10,000) and men (10,000) in resettled communities across ten districts in Zimbabwe.
Implementing Partners	MoHCW, Zimbabwe National Family Planning Council and other related NGO within the selected districts
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 102,266

Project Activities

- *Service Delivery:* To improve access to all RH/FP services. The PSZ team will take comprehensive services to the resettled communities, which include drugs, contraceptives and voluntary surgical contraception. In addition to FP/RH services, the providers will deliver first line curative services, as appropriate and will act as a referring agent to the mainstream health services.
- *Capacity Building:* Professional personnel will be recruited, trained and equipped to work with these communities. Drugs, testing kits, contraceptives and mobile equipment for the project will be procured. One vehicle well equipped for outreach will be required.
- *Information Dissemination and Community Education:* Raise awareness and educate communities on health issues through workshops and meetings with community leaders.
- *Income Generating Projects:* The project will include practical and life-skills training, which is expected to result in increased self-sustenance of the vulnerable resettled population.

FINANCIAL SUMMARY		
Budget Item	Justification	US\$
Personnel	Budget will pay the providers and the community motivators, including recruitment and relocation costs.	22,150
Training	Training will comprise of the counselling, IDSR and emergency preparedness.	5,550
Supplies	The supplies include contraceptives, drugs and related kits and these funds will cover the whole project period	12,500
Vehicle	For outreach programme	20,545
Travel and per diem	Expenses incurred while in the field for community motivators and the professionals. Procurement of fuel will be from this line item	7,650
Income generating projects	3 IGPs per site to be in situ by end of project period.	6,594
Workshops and stakeholder meetings	This is for 40 stakeholder meetings, 40 workshops and 20 focus groups meeting quarterly in each district	13,150
IEC material development	For the development and production of the materials	5,063
Needs assessment	Environmental scan and needs assessment costs	1,519
Administration	Costs related to running the project include postal and communication, monitoring and supervision of project activities, report writing and data capture.	7,545
Total		102,266

Appealing Agency	ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL
Project Title	Expansion of adolescent sexual and reproductive health to youths in newly resettled areas, mining centres and growth points
Project Code	ZIM-03/H22
Sector	Health
Objective	To increase access of vulnerable youths to reproductive health services in 10 priority districts in ZIMBABWE (Matobo, Lupane, Zvishavane, Gutu, Chipinge, Gweru, Kadoma, Rushinga, Shamva, and Seke).
Targeted Beneficiaries	Youth aged 10 - 24 years in newly resettled areas, growth points and mining areas in 10 districts
Implementing Partners	Rural District Councils, MoHCW, Ministry of Education, Sport And Culture, Communities
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 650,000

Relationship of the Project to CAP

This project is in line with the health sector plan and feeds into the main health sector goal of responding to the health crisis:

- To improve and maintain minimum basic health services in order to reduce morbidity and mortality in vulnerable populations.

In particularly, this project will support the following objective

- To deliver minimum basic youth friendly adolescent sexual and reproductive health services to vulnerable youths in 10-selected priority districts.

Expected outputs

- Increased access to ASRH services (counselling, STI diagnosis and treatment, condoms, contraceptives).

Activities

- Training service providers in youth friendly adolescent sexual and reproductive health services including counselling.
- Youth Peer Education.
- STI diagnosis and treatment.
- Distribution of condoms and contraceptives.

FINANCIAL SUMMARY	
Budget Item	US\$
Recruit and train 150 Youth Peer Educators	70,000
Train 60 service providers (nurses and EHTS)	40,000
Operating costs (Peer educator allowances, transport, administrative costs)	50,000
Pregnancy test kits	90,000
Reagents for STI diagnosis	100,000
Procurement of STI drugs	200,000
Procurement of condoms and contraceptives	100,000
Total	650,000

Appealing Agency	ZIMBABWE NATIONAL FAMILY PLANNING COUNCIL
Project Title	Increasing access to family planning reproductive health information, diagnosis and treatment of sexually transmitted infections for women in peri-urban areas
Project Code	ZIM-03/H23
Sector	Health
Themes	Data collection, appropriate use and timely response
Objective	Increase access of family planning/reproductive health, HIV/ STI information and services to women of childbearing age 15-49 years in peri-urban settlements in Harare and Bulawayo, and who are most affected by the current HIV/AIDS pandemic and food shortages.
Targeted Beneficiaries	Women of child bearing age (15-49 years) in peri-urban settlements of Harare and Bulawayo
Implementing Partners	ZNFPC, MoHCW, Urban Councils
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 395,000

Summary

This project will introduce community based distributors (CBDs) and depot holders with an expanded role covering Reproductive Health/Family Planning/STI/HIV/AIDS and basic counselling in the peri-urban areas of Harare and Bulawayo. The community-based workers will act as the first line of contact for vulnerable women and will refer clients to the nearest clinics for clinical management. The clinics will need additional support in the form of staff training, equipment, commodities and drugs in order to cope with referred clients.

Activities

- Expansion of CBD Programme to peri-urban areas.
- Training of CBDs and depot holders in RH/FP/STI/HIV/AIDS and basic counselling.
- Training of nurses and community workers on STI/HIV counselling.
- IEC to promote the dual protection concept.
- Procurement of commodities/supplies.
- Sphygmomanometer, bathroom scales, infection control consumables.
- Drugs for STIs, condoms.
- Pregnancy kits, reagents for microscopic diagnosis of STIs, chemicals for infection control.

The Expected Output

- Increased access of FP/RH/STI/HIV services in peri-urban areas.
- Reduced incidences of STI/HIV.
- Improved infection control measures at institutions providing RH/FP services.

FINANCIAL SUMMARY	
Budget Item	US\$
Training of CBDs	20,000
Training of depot holder	20,000
Support allowances of CBDs	25,000
Allowances for depot holders	20,000
Procurement of basic equipment	60,000
Procurement of pregnancy test kits	45,000
Training of 40 nurses in STI/HIV counselling	15,000
Procurement of STI drugs, and condoms	100,000
Procurement of STI diagnosis reagents and infection control chemicals	90,000
Total	395,000

Appealing Agency	CARE INTERNATIONAL – ZIMBABWE
Project Title	Improving Access to and Quality of Care for Pregnant Women to Reduce Maternal and Infant Mortality
Project Code	ZIM-03/H24
Sector	Health
Objective	To reduce maternal and infant mortality rates through improved access to and quality of maternal care in selected rural districts (Midlands Province)
Targeted Beneficiaries (total # & description)	4,000 women and their newborns; and 2,500 children; and the surrounding communities
Implementing Partners	MoHCW, local NGO, Women's Groups, TBAs, Community volunteers
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 715,300

Proposal

The Oxen Driven Cart Ambulance (ODCA) idea is a “one and only in the country” introduced by an innovative farmer, Mr Pithy B.B. Makeyi of Makeyi Farm in Hurungwe. The idea was generated by motivated by endless requests by his farm workers for transport to the nearest health facility, (Miami Rural Hospital, about 6km away). The ODCA is locally assembled with local materials and has been very important in recent years in providing transport to the health facility for communities from the neighbouring villages and two other farms. The ODCA waits until most patients have received care, and will occasionally, travel an extra 10-15 km for patients coming from villages past the Makeyi farm. A recent review by UNICEF experts discussed the great potential for this project.

Activities

- Introduce the ODCA, including training, ownership and maintenance.
- HIV/AIDS, TBA and MCH training, with a sustainability component.
- Selected peri-urban/rural sites will be targeted.
- Private partnerships (including civil society), and responsive governance, will all be incorporated in the final implementation proposal.
- TBAs and MoHCW – Village Health Workers - will be trained for continued support to the community.
- Local NGOs will be trained to incorporate activities in their own programming.
- Private partnerships will also be sought.

FINANCIAL SUMMARY	
Budget Item	US\$
Oxen driven cart ambulance (ODCA) 25 carts (local production) [5 districts]	125,000
Cart/ oxen maintenance	50,000
Cart emergency delivery kit	50,000
Delivery kits – TBAs (20 TBAs in 5 districts = 100)	25,000
Delivery kits – health facilities/essential drugs/ORS	120,000
Training of workers (health workers, VHW, TBAs)	60,000
Design, produce and distribute health education materials to health facilities/community groups	40,000
Community education and mobilisation campaigns	20,000
Capital Equipment (scales, measuring equipment, sphygmomanometer)	50,000
Transport – 1 new vehicle/logistic support	67,000
Monitoring and evaluation	15,000
Sub-total	622,000
Programme support costs (15%)	93,300
Total	715,300

Appealing Agency	CARE INTERNATIONAL – ZIMBABWE
Project Title	HIV/AIDS in Zvishavane Mining Industry
Project Code	ZIM-03/H25
Sector	Health
Objective	Provide HBC, VCT and nutritional interventions to HIV/AIDS affected mining households in Zvishavane, Midlands Province
Targeted Beneficiaries (total # & description)	Families of miners working in the Shabanie and Gath mines in Zvishavane. The target population is 1,000 households (average of 3.8 persons per household)
Implementing Partners	Shabanie and Gath mines, Households
Project Duration	January – December 2004
Funds Requested	US\$ 404,800

Treatment and HIV/AIDS Support

The hospital provides treatment and medication for its entire workforce and their dependents. However, HIV/AIDS treatment is not provided. While management was planning provide anti-retro viral therapy, this has been hampered by the deteriorating socio-economic situation in the country. Specifically, lack of foreign currency has been the biggest constraint.

Intervention

With a focus on HIV/AIDS, there is no currently a lack of capacity to provide support in the following areas:

- Supportive treatment – nutrition and sanitation;
- Training on Home Based Care;
- Training and provision of VCT (the hospital has indicated that it would provide space and some financing) – urgently needed, also would link with Behaviour Change and Communication (BCC);
- BCC - a critical element for reducing incidence and for positive living;
- Prevention of Parent to Child Transmission (PTCT)– this is essential in ensuring a virus free generation;
- Breast feeding – an area of great controversy requiring urgent guidance for mothers;
- Awareness campaigns – for positive living and especially for the urban are of Zvishavane. This would also address the commercial sex workers and long distance drivers.

Activities

- Setting up an area for VCT – a cost-free room has already been set aside by the hospital doctor.
- Training on Home Base Care.
- Training on behavioural change and communication.
- Training on breastfeeding in relation to HIV transmission.
- Preventing PTCT approaches.
- Reaching commercial sex workers and long distance truck drivers.

FINANCIAL SUMMARY	
Budget Item	US\$
Training of workers (health workers)	50,000
Design, produce and distribute health education materials to health facilities/community groups	40,000
Behavioural change communication strategies	50,000
ABC approach for commercial sex workers truck drivers	30,000
Home base care supplies	100,000
Transport – 1 new vehicle/logistic support/maintenance	67,000
Monitoring and evaluation	15,000
Sub-total	352,000
Programme support costs (15%)	52,800
Total	404,800

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Support transportation of staff, drugs, equipment and other supplies to improve health delivery services
Project Code	ZIM-03/H26
Sector	Health
Themes	Transport and Outreach Services
Objective	Improve accessibility of health services to the identified vulnerable population groups
Targeted Beneficiaries	30 districts which are vulnerable populations: ±3,000,000
Implementing Partners	MoHCW, UN agencies and NGOs
Project Duration	January – December 2004
Funds Requested	US\$ 805,000

Project Description

The May 2002 Rapid Health Needs Assessment found that outreach services to remote communities had either been drastically scaled down or suspended due to lack of transport, logistics and financial resources. This situation was exacerbated by health institutions, especially Rural Health Centres (RHC) and peripheral health institutions, facing a critical shortage of drugs, medical supplies and equipment. Although the latter shortage could be mainly attributed to lack of foreign currency to said items, it was/is compounded by critical transport and distribution problems. Current transport arrangements only ensure that drugs and other items reach the district level. The district is then expected to use supervisory trips to transport the drugs and other items to the RHC. With the current situation, drugs can spend months at the district pharmacy, which— in most instances—have inadequate and unsuitable storage facilities.

This project is in line with the overall CHAP short-term objectives of laying the foundations for recovery programming in health services and preventing, containing and addressing the outbreak of diseases, including HIV/AIDS. It also supports the operational objectives of the health sector plan in the CAP, specifically the following:

- Ensure access and delivery of essential health services to targeted populations;
- Maintain the basic capacity of the health system, essential public health interventions, and strengthen emergency preparedness and response;
- Advocate for the development of sustainable policies (and subsequent funding) to enable the health system to begin a recovery process.

This project aims to establish and/or resuscitate outreach services in the vulnerable areas; provide/repair transport to extension workers for outreach programmes focusing on community education, home-based care under the HIV/AIDS pandemic, EPI, and disease surveillance, prevention and control; ensure quick response to epidemics in vulnerable areas; and provide for the maintenance of vehicles. The main expected outcome is improved access to health services by the vulnerable populations and more effective response to disease outbreaks.

FINANCIAL SUMMARY	
Budget Item	US\$
Logistics support	
Transport including capital purchases	400,000
Procurement of spares and vehicle maintenance	200,000
Transport hire	100,000
Programme support costs, monitoring and reporting	105,000
Total	805,000

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Empowering Vulnerable Communities to Identify and Timely Respond to Epidemic Prone Diseases and Epidemics
Project Code	ZIM-03/H27
Sector	Health
Themes	Community-based surveillance
Objective	To minimise morbidity and mortality in the community due to epidemic prone diseases.
Targeted Beneficiaries	Communities in cholera and malaria areas and those in the resettled areas ±1,500,000 in 30 districts
Implementing Partners	MoHCW, UN agencies and NGOs
Project Duration	January - December 2004
Funds Requested	US\$ 230,801

Project Description

Effective prevention and control of diseases requires active involvement of the affected communities. Cholera and malaria occur mostly in hard-to-reach areas, mainly in border districts with poor access to health services. The capacity of the health promotion unit, like other departments in the MoHCW, has been eroded by staff loss, thus further limiting the access of said communities to health services and health information. Capacity building in these communities, therefore, is even more essential to prevent and control local disease epidemics. Communities will participate if they have enough knowledge and are clear about what is expected of them.

This project aims to impart knowledge and skills enabling communities to determine the risk for potential disease outbreaks in their areas, identify predisposing factors, detect outbreaks early, and collectively develop strategies to improve their environment. Activities include, among others, training health workers working with these vulnerable groups, and training community groups on advocate skills and the local assessment of risk factors. The strategy will include establishing coordinating committees at the village-level composed of local leadership, and identifying community workers who will be the link with health facilities and mobilise local resources. The main expected outcome is a developed capacity of communities to respond in a timely manner to, and effectively manage, epidemic-prone diseases.

FINANCIAL SUMMARY	
Activity	US\$
Training of health workers working with vulnerable groups	80,000
Training of community groups to include advocate skills	30,000
Local risk assessments	20,000
Develop community check lists for different outbreaks	5,000
Health promotion	32,000
Evaluate and document impact of community response	30,000
Monitoring and reporting	20,737
Programme support cost	13,064
Total	230,801

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Improving Health Information Management
Project Code	ZIM-03/H28
Sector	Health
Themes	Computerised data analysis and interpretation
Objective	Improve the ability of health personnel to analyse data using computer data processing packages and improve utilisation of surveillance information for decision-making
Targeted Beneficiaries	±1,500,000 in 30 cholera and malaria outbreak-prone districts.
Implementing Partners	MoHCW, UN agencies and NGOs
Project Duration	January - December 2004
Funds Requested	US\$ 134,732

Project Description

Although the health sector collects a great deal of information during normal operations and outbreak situations, the following factors contribute to its under-use: inappropriate/inaccessible format (i.e., hardcopy only); managers trained in surveillance are still not well verse in using computers to process data; insufficient data analysis skills. These factors—which are related to and compounded by the deteriorating levels of staffing in health sector—can lead to the late detection and management of outbreaks.

This project will facilitate the strengthening of decentralised computerised information management systems. It will also scale-up the utilisation of data for decision-making within the MoHCW.

Project Activities

- Purchase of data processing packages (SPSS).
- Development of data analysis training modules.
- Installation of data processing packages, Internet and electronic mail services in provincial and district computers.
- Training in basic data analysis using EPI-INFO and SPSS packages.
- Support and follow up of trained personnel.

FINANCIAL SUMMARY	
Budget Item	US\$
Development of data analysis training modules.	10,000
Procurement and installation of data processing packages, internet and electronic mail services in provincial /district computers.	20,000
Support review/development of data capturing tools.	15,000
Training in basic data analysis using EPI-INFO and SPSS packages.	40,000
Support development of computerised database.	20,000
Support and follow up of trained personnel.	10,000
Monitoring and reporting.	12,106
Programme support cost.	7,626
Total	134,732

Appealing Agency	UNITED NATIONS CHILDREN'S FUND
Project Title	Zimbabwe expanded programme on immunization plus project proposal (ZEPI). Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks and ITNs for prevention of malaria.
Project Code	ZIM-03/H29A
Sector	Health
Objective	To deliver a minimum package of basic health services to the most vulnerable populations based on identified needs and gaps.
Targeted Beneficiaries (Total # & description)	Children: 481,260 under one Women of child bearing age: 3,113,745
Implementing Partners	UNICEF will be responsible for procurement of logistics such as vaccine, AD syringes, safety boxes, Vehicles, ITNs, fuel as well as monitoring and evaluation. WHO will be responsible for EPI disease surveillance, monitoring and evaluation. MoHCW will be the main implementer with technical assistance from WHO and UNICEF.
Project Duration	July 2003 - December 2004
Total Project Budget	US\$ 4,170,335
Funds Received	US\$ 3,100,00
Additional Funds Requested	US\$ 1,070,335 (to take care of the last six months of 2004)

Project Description

The Government of Zimbabwe through the MoHCW is committed to immunisation for the control, elimination and eradication of vaccine preventable diseases. Zimbabwe Expanded Programme on Immunisation (ZEPI) is one of the highest priority programmes for the Ministry of Health and Child Welfare. However, the EPI coverage has been on the decline since 1997. (DPT3 declined from 83% in 1997 to 52% in 2001). This decline has been partly attributed to temporary shortage of vaccine, transport shortage, erratic fuel supplies and high staff attrition rate. In addition, outreach services have been scaled down or in some cases suspended. Provision of vaccine and other EPI logistics will save lives of more than 300,000 children under-one, who are vulnerable to the 7 vaccine preventable diseases. The project intends to provide logistic support and training to reinforce EPI services and improve immunisation coverage.

FINANCIAL SUMMARY	
Budget Item	US\$
Vaccines	1,012,335
Other EPI requirements	
LP Gas 1 250,000kgs (725,000 kg extra requirement for last 6 mths of 200 4-US\$ 435,000)	750,000
Fuel for out reach vehicles (Extra requirements - US\$ 680,000)	800,000
EPI vehicles	600,000
Cold chain equipment (Extra requirements US\$ 400,000)	500,000
Training (Extra requirements US\$ 40,000)	60,000
Monitoring and evaluation Extra requirements US\$ 50,000)	100,000
ITNS (new item)	300,000
EPI monitor's salary (Extra requirements US\$ 24,000)	48,000
Total Project Budget	4,170,335

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Strengthen Emergency Preparedness and Response (EPR) in the Health Sector
Project Code	ZIM-03/H30
Sector	Health: Emergency health preparedness
Objective	To strengthen Emergency Preparedness and Response in the health sector through capacity-building, and purchase of emergency stocks of drugs and other supplies
Target Beneficiaries	Rural population: 1,500,000 in 30 epidemic prone districts Urban population: 2,800,000 (Bulawayo and Harare)
Implementing Partners	MoHCW, Urban Local Authorities, UN agencies, NGOs
Project Duration	January – December 2004
Funds Requested	US\$ 250,000

Project Description

There is currently an unprecedented resurgence of epidemic-prone diseases such as cholera, dysentery, and other enteric fevers and zoonotic conditions like rabies and anthrax. The threat of infection from dangerous pathogens introduced into the country from abroad became real when a patient suffering from suspected Viral Hemorrhagic Fever (VHF) died in Victoria Falls in December 2003. The issue of preparedness among health institutions and ports of entry has become critical, and training in handling/controlling such cases is now a priority. Although there has been some training in disaster management in most provinces, it has mainly targeted management at the provincial and district levels.

This project will provide for the scaling-up of training of key operational staff on disaster management (emergency preparedness and response). Health sector staff—particularly those of central hospitals, health institutions situated close to ports of entry and port health officers—will be trained in the handling and management of cases infected by dangerous pathogens. The project will also evaluate the impact of the IDSR and result in the production of hospital contingency planning guidelines.

Expected outcomes include:

- improved response to emergencies including disease epidemics at all levels of the health delivery system;
- improved handling and managing of cases infected by dangerous pathogens at health institutions and all ports of entry.

FINANCIAL SUMMARY	
Budget Item	US\$
Production of hospital contingency guidelines (1,560 copies)	3,000
Training health staff on the use of guidelines	60,000
Infection control training	50,000
Training on disaster management	100,000
Monitoring and reporting	22,421
Programme support cost	14,579
Total	250,000

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Building/ Strengthening Health Sector Partnership
Project Code	ZIM-03/H31
Sector	Health
Theme	Coordination
Objective	Coordinate health sector interventions
Targeted Beneficiaries	All health sector partners
Implementing Partners	MoHCW, UN agencies and NGOs
Project Duration	January - December 2004
Funds Requested	US\$ 418,254

Project Description

During the previous and current humanitarian crisis, inadequate health sector coordination resulted in overlaps and duplication of services and efforts by stakeholders. This project aims to improve coordination and, thus, ameliorate health sector response to the humanitarian crisis and health emergencies.

This project is in line with the overall CHAP health sector goal of improving and maintaining minimum basic health services to reduce morbidity and mortality in vulnerable populations. It also contributes to the attainment of the following objectives:

- To identify the impact of the crisis on health through needs assessments and regular monitoring;
- To ensure coordination of interventions and promote a coherent approach to HIV/AIDS between health and other sectors;
- To advocate for the development (and funding) of sustainable policies that enable health system recovery.

Project activities include the provision, by MoHCW and WHO, of technical advice on a regular basis through weekly disease surveillance reports—shared locally and internationally—that highlight epidemiological trends for epidemic-prone diseases. Periodic press releases will complement the reports. The MoHCW, working in collaboration with the WHO through the established health sector coordination mechanism (Inter-Agency Coordinating Committee on Health), will also develop strategic interventions to improve health sector service delivery within the context of the humanitarian response to the crisis. The committee is currently operational at national level, and will this structure will need to duplicate at the provincial and district levels.

FINANCIAL SUMMARY	
Budget Item	US\$
Providing technical backup and support for establishing the coordination structures	150,000
Conduct joint assessment and information sharing	147,000
Logistical support	60,000
Monitoring and reporting	37,579
Programme support cost	23,675
Total	418,254

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Support Incentives for Health Staff
Project Code	ZIM-03/H32
Sector	Health
Theme	Incentives for health staff
Objectives	Improve health staff accommodation and provide a food basket for essential health personnel at the peripheral level and advocate for policies that will attract and retain professional health personnel
Targeted Beneficiaries	30 Targeted districts – 2,250 Health workers
Implementing Partners	MoHCW, UN agencies and NGOs
Project Duration	January - December 2004
Funds Requested	US\$ 1,684,000

Project Description

The unavailability of key staff in the health delivery system adversely affects access to services and quality of care, resulting in vulnerable populations having difficulty in accessing quality services. The May 2002 Rapid Health Needs Assessment highlighted the critical shortage of professional health system staff, particularly at district and sub-district (peripheral) levels. The system continues to experience staff exodus, with critical staffing levels exacerbated by the frequent industrial actions. Factors leading to the high attrition rate are complex and include remuneration, working conditions and the harsh economic environment, among others. The effects of the HIV/AIDS pandemic may have also contributed to the loss of staff.

This project is in line with the overall CHAP short-term objectives of laying the foundations for recovery programming in health services and preventing, containing and addressing the outbreak of diseases, including HIV/AIDS. The project aims to engage the Government (MoHCW) to urgently review and/or develop policies that will attract and retain professional health staff. Main activities include: designing an operational framework; procuring and distributing food basket for peripheral health personnel; and improving staff accommodation. The principal expected outcome is improved access by vulnerable communities to health services and health service delivery, particularly at the peripheral level.

FINANCIAL SUMMARY	
Budget Item	US\$
Conduct advocacy meetings with stakeholders including policymakers	10,000
Design operational framework	20,000
Procurement of food basket	850,000
Provision and renovation of staff accommodations	500,000
Logistics	100,000
Monitoring assessment with partners' support at field level	50,000
Programme support costs, monitoring and reporting	154,000
Total	1,684,000

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Health Impact Assessment and Health Service Capacity Monitoring Programme
Project Code	ZIM-03/H33
Sector	Health
Theme	Information management
Objective	Assessment and monitoring the impact of the crisis on health services delivery
Targeted Beneficiaries	Affected populations across the country with emphasis to those affected by HIV/AIDS
Implementing Partners	MoHCW, UN agencies and NGOs
Project Duration	January - December 2004
Funds Requested	US\$ 234,316

Project Description

Despite international assistance, the humanitarian crisis in Zimbabwe is ongoing, and there is a lack of sound and reliable information on the impact of the crisis on health, education and other sectors. This project aims to establish a country health impact assessment and health service capacity-monitoring programme.

The proposed bi-annual assessments will monitor the following indicators: crude mortality rates; infant and under-five mortality rates; proportionate morbidity and mortality; access to and use of health services; demand for health care; and capacity of health services to meet needs. The project will complement existing Health Information Systems and projects, and will seek to support and strengthen existing national capacity in assessments, surveillance and monitoring.

The main expected outcome would be the increased availability of information in the health sector. This will improve the response to the current crisis and potential health emergencies.

Project activities

- Organise and prepare coordinated assessments in collaboration with partners;
- Train health staff in survey methods and data collection tools;
- Develop data entry and analysis packages;
- Data analysis and report dissemination.

FINANCIAL SUMMARY	
Budget Item	US\$
Consultants fees	40,000
Survey implementation, including training	140,000
Data analysis and report dissemination	20,000
Project coordination and, monitoring and reporting	21,053
Project support costs support (5%)	13,263
Total	234,316

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Reducing Maternal Deaths and Morbidity in Resettled Areas
Project Code	ZIM-03/H34
Theme	Women's health
Sector	Health
Objective	To contribute in reducing maternal deaths in resettled areas through capacity-building and active community support
Targeted Beneficiaries	Approximately 200,000 pregnant women in resettled areas
Implementing Partners	MoHCW, Women's groups, RDCs, NGOs
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 398,337

Project Description

Most people in resettled communities have no or limited access to health services. This project aims to intensify and accelerate activities to identify the number of pregnant females—especially vulnerable girls and orphans—in resettled areas and heighten community awareness of maternal health issues. Project activities aim to prompt communities to be vigilant and promptly refer pregnant women to clinics for proper care. The expected outcome will be a reduction in maternal complications and deaths through better family and community support, quick referral and enhanced skills to monitor early life-threatening signs throughout pregnancy, with a special emphasis on the young and/or orphaned girl child.

Project activities will include capacity building among community groups to act as safety nets and provide appropriate transport to refer urgent cases to clinics in vulnerable communities. This initiative requires community participation and support for sustainability. Specific activities include:

- Compilation and maintenance of individual rosters of women of childbearing age and the calculation of expected pregnancies per year;
- Establishment of effective community support groups and the creation of awareness to recognise life-threatening signs in pregnancy;
- Development of relevant IEC materials to be used at community level;
- Provision of essential tools to strengthen the level of emergency obstetric care in communities and clinics;
- Procurement of four wheeled scotch carts to be used for referrals and clinic visits.

FINANCIAL SUMMARY	
Budget Item	US\$
Transport	20,000
Establishing community individual registers	50,000
Procurement of scotch carts for referrals	20,000
Developing, printing, disseminating materials on making pregnancy safer	100,000
Training health and community workers	150,000
Monitoring and reporting	35,789
Programme support costs	22,548
Total	398,337

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Mitigate the Impact of Malaria in Vulnerable Groups
Project Code	ZIM-03/H35
Sector	Health
Theme	Mitigation of malaria and HIV/AIDS impact in vulnerable groups
Objectives	To provide essential malaria package to vulnerable groups living with HIV/AIDS and targeted displaced populations by improving the capacity of existing health services.
Targeted Beneficiaries	Targeted at a population of 646,062 vulnerable people in areas affected by drought, poverty, HIV/AIDS and displacement (including 442,023 under-fives; 169,375 pregnant women; and 134,664 malnourished children under five).
Implementing Partners	UNAIDS, UNICEF, UNFPA, WFP, select NGOs
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 568,216

Project Description

The current humanitarian crisis undermines the strategies of the MoHCW and key partners (WHO, UNICEF, the Global Fund, and others) in maintaining / increasing national malaria control efforts and reduce the impact of malaria. The situation is particularly stark for people co-infected by HIV/AIDS and malaria (and, of those, children under five and pregnant women), as both diseases are immune down regulating. Furthermore, malnutrition negatively impacts HIV and malaria, and anaemia and micronutrient deficiencies exacerbate enhanced HIV progression and severe malaria.

This project aims to provide an essential malaria package to vulnerable groups living with HIV/AIDS and targeted displaced populations by improving the capacity of existing health services. Main project activities will be the training of health workers, the organisation of social mobilisation campaigns, and the provision of drugs and other medical items. Specific activities include:

- Providing essential malaria control package—including ITN, IPT, IEC materials—to specific vulnerable groups;
- Ensuring correct diagnosis of malaria and access to treatment for people living with HIV/AIDS and targeted displaced populations;
- Providing active diagnosis and treatment of malaria in children at supplementary feeding centres in targeted drought-affected areas;
- Facilitating malaria epidemic preparedness and train community health workers in anticipation of increased epidemic risk for the 2003/04 season.

FINANCIAL SUMMARY	
Budget Item	US\$
Commodities (drugs and rapid test kits)	50,000
Procurement of insecticide treated nets (ITNs)	100,000
Epidemic preparedness (commodities, surveillance and systems)	200,000
Systems for delivery	20,000
On-the-job training	15,000
IEC materials and community educational campaigns	60,000
Operational delivery costs (staff, training, logistics)	40,000
Programme coordination, monitoring and reporting	51,053
Programme support costs	32,163
Total	568,216

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Reducing Under-five Morbidity and Mortality Related to the Ongoing Humanitarian Crisis
Project Code	ZIM-03/H36
Sector	Health
Themes	Health management, prompt referral and proper home care practices
Objectives	<ul style="list-style-type: none"> • To improve health worker skills. • To improve supplies of essential drugs and ORS for management of common U5 conditions. • To ensure proper home care for under-fives.
Targeted Beneficiaries	Children younger than 5 years- 1,750,000 of which 308,800 are the most vulnerable
Implementing Partners	MoHCW, UN agencies and NGOs
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 431,420

Project Description

The current socio-economic crisis in Zimbabwe has worsened the plight of children, especially those under-five. Approximately 70% of under-fives die from a few manageable conditions, namely: acute respiratory infections, diarrhoea, malaria and malnutrition with HIV/AIDS being an important underlying cause. However, recent studies have reported a reduction in morbidity and mortality of up to 70% from the application of the Integrated Management of Childhood Illnesses (IMCI). In this regard, strengthening health worker skills, ensuring the adequate supply of essential drugs and equipment, and proper home care practices are of paramount importance in reducing under-fives' morbidity and mortality. The use of the abridged IMCI training course is thus proposed.

The project is in line with the overall Health Sector goal of improving and maintaining minimum basic health services in order to reduce morbidity and mortality in vulnerable populations. It also fits in with the first two objectives of the plan: to deliver minimum health services to vulnerable populations, and to improve and maintain the capacity of the health system to respond to the humanitarian crisis in vulnerable populations.

The main expected outcome is improved capacity to recognise and manage common fatal under-five diseases. Improved essential drugs and equipment requirements, better pre-referral and referral care practices, and ameliorated home care practices are also expected.

FINANCIAL SUMMARY	
Budget Item	US\$
Training of health workers in 10 districts	80,000
Procuring essential drugs and Oral Rehydration Sachets (ORS)	100,000
Monitoring and support at field level	80,000
Monitoring and evaluation	40,000
Design, produce and distribute IEC materials to identified health facilities	40,000
Community education and mobilisation campaigns	10,000
Shipping costs	20,000
Programme coordination and reporting	37,000
Programme support costs	24,420
Total	431,420

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Provision of emergency health services for the vulnerable groups affected by agrarian reform programme
Project Code	ZIM-03/H37
Sector	Health
Themes	Access to basic health care for vulnerable groups
Objective	To reduce morbidity, mortality and HIV transmission among populations in the resettlement areas.
Targeted Beneficiaries	Vulnerable populations affected by agrarian reform programme in Zimbabwe, with special focus on women and children and 100,000 People Living With HIV/AIDS (PLWHA)
Implementing Partners	MoHCW, UN agencies and NGOs
Project Duration	January - December 2004
Funds Requested	US\$ 1,256,100

Project Description

During the past three years, Zimbabweans acquired farms through an agrarian reform programme referred to as the 'fast-track' resettlement process. The situation resulted in the movement of people from rural areas —which, in some cases, had social infrastructures such as roads, clinics, schools, etc. to very remote and inaccessible areas with little or no infrastructure. This project intends to cater to population of 100,000 affected by the agrarian reform programme in five resettlement areas in critical need of health services. These areas have no clinics or health services, and are prone to malaria and cholera outbreaks. This project is expected to reduce morbidity, mortality and the transmission of HIV in these resettlement "fast track" areas".

The establishment of five clinics in the resettlement areas (one per area) will entail the following actions:

- Conducting a baseline assessment;
- Providing essential drugs kits and standard equipment in each clinic;
- Recruiting two nurses for each clinic and arranging for their accommodation;
- Ensuring solar lighting, water and sanitation in each clinic;
- Enabling technical support for the construction of clinics;
- Providing technical and financial support for the effective functioning of each clinic;
- Ensuring regular support and the supervision of clinic activities.

FINANCIAL SUMMARY	
Budget Item	US\$
Conducting baseline assessment	7,000
Purchase materials for clinic construction	124,000
Purchase of basic clinic equipment (US\$ 34,000 per clinic) x 5	170,000
Procurement of basic/essential drugs (US\$ 85,000 per clinic) x 5	450,000
Providing solar lighting, water and sanitation in each clinic	85,000
Providing two nurses, EHT (salaries + allowances)	54,000
Providing accommodation for 2 nurses, 1 EHT for each clinic	255,000
Support to domiciliary/ outreach activities of the clinics	5,000
Technical support for construction of the clinics	10,000
Support and supervisory activities	10,000
Regional support missions to country	5,000
Monitoring and evaluation, including reports	10,000
Programme support cost	71,100
Total	1,256,100

Appealing Agency	UNITED NATIONS POPULATION FUND
Project Title	Support for Prevention and Management of Reproductive Health related morbidity and mortality at rural health centres, district, provincial and central hospitals.
Project Code	ZIM-03/H38
Sector	Health
Objective	To contribute to a reduction in maternal and neonatal morbidity and mortality by strengthening the capacity of the health delivery system to provide quality reproductive health (RH) and emergency obstetric care services, through training of health staff and procurement and maintenance of appropriate essential drugs and equipment.
Targeted Beneficiaries	600,000 persons: pregnant women, post natal mothers and infants.
Implementing Partners	MoHCW and relevant partners
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 1,302,640

Summary

Zimbabwe is experiencing a serious humanitarian threat as a result of economic decline, food insecurity and HIV/AIDS pandemic. The declining economic environment has adversely impacted on the ability of the health sector to mobilise human, material and financial resources, leading to a rapid deterioration of care, particularly amongst the most vulnerable populations. Reproductive Health (RH) services including essential obstetric care have been severely affected, increasing the risk of death or disability of women due to complications of pregnancy and childbirth. Pre-existing conditions like HIV/AIDS and poor nutrition also increase a women’s vulnerability to developing obstetric complications. Based on available statistics, there has been a sharp decrease in the number of deliveries being attended by a skilled and equipped health worker. This directly increases the likelihood of tragic and unnecessary maternal deaths.

Purpose of support

UNFPA seeks to strengthen MoHCW and partners’ capacity to offer appropriate RH and emergency obstetric care at all levels of the health care delivery system.

Specific objectives

- Strengthen MoHCW and partners capacity through support for training, procurement and distribution of RH and essential obstetric care equipment.
- Develop a functional referral system between communities, basic and emergency obstetric care.

Expected outcome

Improved reproductive health and essential obstetric care at all health institutions, community mobilisation and referral leading to reduced reproductive health-related maternal and neonatal morbidity and mortality.

FINANCIAL SUMMARY	
Budget Item	US\$
Training of nurses and midwives in basic and emergency obstetric care	200,000
RH and EOC equipment	665,640
Equipment distribution	75,000
Emergence and community outreach operations	112,000
Community mobilisation	100,000
Monitoring and operational costs	150,000
Total	1,302,640

WATER AND SANITATION ACTIVITY PROPOSALS

Appealing organisation	Ref. No.	Activity	US\$
United Nations Children's Fund	ZIM-03/WS01	Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in Zimbabwe.	1,640,000
Mvuramanzi Trust	ZIM-03/WS02	Emergency safe water supplies, health and hygiene promotion, sanitation and nutrition gardens.	511,000
Oxfam – GB	ZIM-03/WS03	Emergency water, sanitation and hygiene promotion programme in Midlands and Matabeleland South Provinces, Zimbabwe.	750,000
NGO under auspices of UNICEF	ZIM-03/WS04	Rehabilitation of rural water points in Zimbabwe.	1,315,920
Inter-Country Peoples Aid	ZIM-03/WS05	An initiative to combat the imminent outbreak of water and sanitation-related diseases in peri-urban informal settlements (Porta Farm, Dzivarasekwa Extension and Hatcliffe Extension).	40,000
WHO	ZIM-03/WS06	Improvement of public health by providing safe drinking water supply and safe sanitation facilities.	700,000
United Nations Development Programme for the city of Bulawayo	ZIM-03/WS07	Procurement of water treatment chemicals for Bulawayo.	800,000
United Nations Development Programme for Harare City Council	ZIM-03/WS08	Provision of emergency water treatment chemicals for safe water supply to urban populations in Harare.	1,348,060
Women's Land and Water Rights in Southern Africa	ZIM-03/WS09	Rehabilitation of defunct boreholes, construction of new ones, training of local artisans and health and hygiene promotion.	56,684
CARE International	ZIM-03/WS10	Community water supplies in Masvingo, Bikita, Mwenezi and Chivi.	500,000
World Vision Zimbabwe	ZIM-03/WS11	Improve access to protected water and improved sanitation facilities in Matobo District.	558,050
Total funds requested			8,219,714

COORDINATION OF IMPLEMENTATION

UNICEF will work in close collaboration with National Action Committee (NAC) of water and sanitation in the Ministry of Local Government Public Works and National Housing, Ministry of Health and Child Welfare (MoHCW), Civil Protection Unit, the Institute of Water and Sanitation Development (IWSD), the Rural District Councils, other UN agencies (WHO, UNDP, FAO), international and local NGOs (Oxfam, Mvuramanzi Trust, Inter-country People's Aid (IPA), Christian Care, World Vision, Global Care Federation, Zim ahead, Farm Community Trust, Zimbabwe Red Cross Society (ZRCS), Save the Children (UK) ITDG, and International Federation of Red Cross and Red Crescent Societies (IFRC).

Appealing Agency	UNITED NATIONS CHILDREN'S FUND
Project Title	Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in Zimbabwe.
Project Code	ZIM-03/WS01
Sector	Water and Sanitation
Themes	Potable Water Supply, Safe Sanitation, Rehabilitation of broken down and Dried Facilities, Health and Hygiene Education, control of related disease epidemics
Objective	To respond to the immediate needs and enhance the well being of 3.6 million vulnerable women and children under in rural areas, including new resettlement areas and peri-urban informal settlements by providing immediate access to sustainable safe drinking water, excreta disposal facilities and health and hygiene education and the prevention and control of water and sanitation related epidemics.
Targeted Beneficiaries	A total of 195,000 vulnerable populations in the 8 provinces including new resettlement areas, 100,000 in peri-urban informal settlements and 12,500 school children. This population include child headed household, OVC, the elderly, HBC centres, schools, health institutions and PLWA. Targeted beneficiaries: children under-five, 53,100; Women:156,000; OVC: 20,650.
Implementing Partners	<ul style="list-style-type: none"> • National Action Committee (NAC): National coordination and supervision of the sector; • WHO: Water and sanitation related disease surveillance and information; • NGOs: implementation, supervision and monitoring, skills development in communities, demonstration of technology options, participatory health and hygiene education; • Rural District Councils (RDC): district planning, coordination, implementation, supervision, monitoring and evaluation. • Communities: planning; mobilisation of locally available resources; project implementation; monitoring and evaluation. • Private sector: supply of spares and materials; rehabilitation of water sources.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 1,640,000

FINANCIAL SUMMARY	
Budget Item	US\$
Rehabilitation of 700 boreholes	1,120,000
Drilling of 50 boreholes	165,000
Construction of 1,500 household latrines and 500 school latrines	120,000
Training of village artisans	30,000
Purchase and distribute 1,000,000 water purification tablets, 2,000 kg chloride of lime	30,000
Purchase and distribute 5,000 20 litre plastic containers, 5,000 meters plastic sheeting	15,000
Support for community health and hygiene education	50,000
Donor visibility – production of documentary and visibility materials	20,000
Water and sanitation assessment	30,000
Project management and monitoring support	60,000
Total	1,640,000

Appealing Agency	MVURAMANZI TRUST
Project Title	Emergency safe water supplies, health and hygiene promotion, sanitation and nutrition gardens
Project Code	ZIM-03/WS02
Sector	Water and Sanitation
Themes	The provision of emergency drinking water supplied by trailer with water tanks; Rehabilitation of communal water points (wells and boreholes) for drinking, domestic and food production. Distribution of water treatment tablets and the distribution of seed packs. The provision of sanitation in schools and the homes of families living with HIV/AIDS and orphaned and other vulnerable children.
Objective	The objective of this project will be to provide emergency aid to people living with HIV/AIDS and orphaned and other vulnerable children by providing immediate access to sustainable safe drinking water, sanitation facilities, and nutrition and health and hygiene education by December 2004.
Targeted Beneficiaries	It is expected that more than 150,000 people from families and schools experiencing economic breakdown of function due to HIV/AIDS and water and sanitation related diseases, climatic conditions (drought), policy and poor nutrition will benefit.
Implementing Partners	UNICEF, Lead Agency, and Oxfam GB
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 511,000

Activities

- With community leaders, identify the most vulnerable groups and those at greatest risk;
- Mobilise communities so that they can assist in the implementation of the project;
- Work with communities to rehabilitate 150 boreholes and 150 family wells;
- Assist communities with provision of toilets for orphans and vulnerable children at home and at schools;
- Provide health and hygiene education promotion;
- Provide of water treatment tablets;
- Provide of seedlings and fertiliser for emergency nutrition gardens for the improvement nutritional status and for income generation;
- Develop community skills in latrine construction and repair and maintenance of water facilities;
- Develop reports on the progress and effectiveness of the project.

FINANCIAL SUMMARY	
Budget Item	US\$
Rehabilitate 150 boreholes	300,000
Rehabilitate 150 family wells and nutrition gardens	40,000
Construct 1,000 toilets	50,000
Training of builders	25,000
Participatory health and hygiene promotion	15,000
Trailers multi-purpose	6,000
Management support	75,000
Total	511,000

Appealing Agency	OXFAM GB
Project Title	Emergency Water, Sanitation and Hygiene Promotion Programme in Midlands and Matabeleland South Provinces, Zimbabwe
Project Code	ZIM-03/WS03
Sector	Water and Sanitation
Themes	Rehabilitation of damaged and dry water points, safe sanitation, hygiene promotion and health education, HIV/AIDS prevention, mitigation and management.
Objective	To improve the public health of targeted vulnerable people in Midlands and Mat. South provinces by providing immediate access to safe drinking water, better sanitation facilities, health and hygiene education and HIV/AIDS prevention, mitigation and management.
Targeted Beneficiaries	Approximately 80,000 vulnerable individuals in Mberengwa district and Matabeleland South province. Breakdown of the total targeted beneficiaries is: Children: 20,000 (25%) Women: 36,000 (45%)
Implementing Partners	Oxfam GB and implementing partners
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 750,000

Summary

Mberengwa District in Zvishavane, and Mat. South are the most drought-affected places in Zimbabwe, which affects the availability of ground and surface water. The lack of availability of potable water is compounded by problems of access due to a limited number of functioning water points. The public health risks faced by the population due to lack of availability and access to water are aggravated by lack of safe excreta disposal facilities and lack of basic hygiene awareness and HIV/AIDS pandemic.

According to a rapid assessment carried out by OGB in March 2003, 50% of the wells and 60% of deep wells are not functioning and safe excreta disposal facilities are non-existent. 78% of the water points need minor maintenance in Mberengwa district.

Activities

- Assessment of the water point condition.
- Community mobilisation and discussion with local authorities.
- Rehabilitation of 200 damaged and dried boreholes and wells and on job training.
- Provide technical assistance in water quality analysis.
- Construction of 100 communal latrines at schools and health centres and 400 individual latrines for child headed household (CHH), elderly headed household (EHH), people living with AIDS (PLWA) and orphan vulnerable children (OVC).
- Distribution of hygiene kits (water bucket, washing basin, soap).
- Training of community health workers on basic hygiene practices and HIV/AIDS awareness.
- Monitoring and evaluation of the project including assessment for future CAP.

FINANCIAL SUMMARY	
Budget Item	US\$
Rehabilitation of 200 boreholes	400,000
Construction of 500 latrines	35,000
Training of village health workers	65,000
Purchase and distribute hygiene materials	25,000
Support for the community based health and hygiene Education	25,000
Project management support	200,000
Total	750,000

Appealing Agency	NGO under auspices of UNICEF
Project Title	Rehabilitation of rural water points in Zimbabwe
Project Code	ZIM-03/WS04
Sector	Water and Sanitation
Themes	Potable Water Supply, Health and Hygiene Education
Objective	Reducing the water related stress on the target communities in special targeted districts in Zimbabwe, through increased availability and access to hygienically safe water. This will be achieved through rehabilitation and/or new construction of water points including supporting measures.
Targeted Beneficiaries	A total of 45,000 families (app.270,000 persons) in Matabeleland North, Matabeleland South, Masvingo and Midlands provinces need immediate relief in water supply.
Implementing Partners	Intermediate Technology Development Group (ITDG)
Project Duration	July 2003 –December 2004
Funds Requested	US\$ 1,315,920

Targeted districts

Midlands: Gokwe South
 Mat. North: Nkayi, Lupane
 Mat. South: Bullilima, Mangwe, Gwanda
 Masvingo: Mwenezi

Activities

- Rehabilitation of approximately 1,100 water points.
- Rehabilitation of approximately 10 gravity schemes.
- Construction of approximately 38 new water points (drillings).
- Refresher courses for at least 500 environmental health workers.
- Training and capacity building workshops for 1,100 water point committees.
- Training courses for 1,100 village pump minders.

FINANCIAL SUMMARY	
Budget Item	US\$
Personnel	222,637
Material	715,174
Transport	192,786
Evaluation	22,388
Training	64,677
Other services	17,413
Visibility Programme	14,925
Reserve	65,920
TOTAL	1,315,920

Since the running project will not cover all the needs in the targeted districts a proposal for a second project phase (6.2004 – 5.2005) is being prepared that will also include the following districts:

MatNorth: Tsholotsho and Umguza
 MatSouth: Matobo and Beitbridge

Appealing Agency	INTER-COUNTRY PEOPLES' AID
Project Title	An initiative to combat the imminent outbreak of water and sanitation related diseases in peri-urban informal settlements (Porta Farm, Dzivarasekwa Extension and Hatcliffe Extension)
Project Code	ZIM-03/WS05
Sector	Water and Sanitation
Themes	Potable Water Supply, Health and Hygiene Education
Objectives	<ul style="list-style-type: none"> • Provide technical support in the quality monitoring of all water resources including health and hygiene education on issues surrounding water in peri-urban informal settlements. • Reduce the impact of HIV/AIDS and the risk of contracting diarrhoeal diseases by instituting quality control measures by reinforcing health and hygiene strategies.
Targeted Beneficiaries	+15,000 people at Hatcliffe Extension, 5,500 at Dzivarasekwa Extension and 6,000 at Porta Farm
Implementing Partners	UNICEF and Ministry of Health & Child Welfare
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 40,000

Activities

- *Participatory Hygiene and sanitation transformation:* Training will be undertaken in conjunction with the MoHCW. Community organisations to determine the status of hygiene behaviour and community members to recognise problems on their own and develop possible interventions. Workshops, PRA and surveys with community will be held to identify factors hindering sustainable management of water supplies and to identify common interests and problems.
- *Train community in health and hygiene issues:* Meetings will be held with communities to raise awareness on community commitment in water projects using the common interests, problems, and hindrances identified. PRA and surveys will identify factors limiting participation of women in water supply activities as well as key gender issues that need attention in water management and utilisation. Previous and ongoing activities/projects on water supply in the PRA and surveys will be assessed.
- *Water quality testing:* Carry out water quality analysis in selected boreholes using both chemical and bacteriological tests. PRA and workshops with communities held to identify potential sources of pollution and possible control and prevention methods. Facilitate education of communities on water pollution through Water Management Committees and Water Point Committees that have been trained on these issues. Facilitate implementation of water pollution control and prevention measures through Water Management Committees.
- *Information documentation:* Document information on levels of pollution, potential health impacts, as well as potential sources of pollution and possible ways of preventing and controlling water pollution in peri-urban informal settlements produced.

FINANCIAL SUMMARY	
Budget Item	US\$
Capacity Building	
Training- Food - 240 people x \$2/day x 18 days (6 sessions of 3 day each for 40 people)	8,640
Training materials (stationery, pamphlets etc)	375
Information dissemination	1250
PRA and surveys	625
Sub-total	10,890
Materials & Supplies	
Water quality testing	4,500
Chlorination & other disinfectants	2,500
Maintenance and rehabilitation of water points e.g.	4,000
Sub-total	11,000
Project staff	8,000
Travel expenses	4,000
Sub-total	12,000
Contingency/inflationary adjustments	6,110
Total	40,000

Appealing Agency	WORLD HEALTH ORGANIZATION
Project Title	Improvement of public health by providing safe drinking water supply and safe sanitation facilities
Project Code	ZIM-03/WS06
Sector	Water and Sanitation
Objective	To advocate for the promotion of public health issues including water and sanitation activities in rural, urban and peri-urban areas.
Implementing Partners	UNICEF, UNDP, MoH&CW, Donors and NGOs
Project Duration	January –December 2004
Funds Requested	US\$ 700,000

Summary

The WHO country office is the lead UN agency on public health issues in Zimbabwe. The water and sanitation programme is a major public health component and cannot be separated from the national and community public health activities. In view of this strong association between community public health and environmental sanitation, the WHO Country Office in collaboration with UNICEF-lead UN agency on Water and sanitation, will closely work with the MOH&CW and other sectors to promote water and sanitation projects in the rural and resettlement areas but more so in cholera affected villages. Traditionally, the cholera prone districts are those bordering with Mozambique stretching from Beitbridge in the south to Guruve in the north. However, the traditional pattern is no longer valid because cholera outbreaks have been reported in central and western districts including Gokwe, Kariba and Binga. The populations housed in these cholera prone districts particularly women and children are continuously vulnerable to ill health due to contaminated water supplies, poor environmental sanitation, severe malnutrition, poor housing and unfavourable climatic conditions.

Also of great concern is the quality of drinking water supplies in urban settlements. Due the prevailing economic hardships, especially the shortage of foreign currency, many local authorities are failing to acquire adequate water treatment chemicals.

Objectives

Broadly, the WHO Country office will advocate for the promotion of public health issues including water and sanitation activities in rural, urban and peri-urban areas.

Scope of Programme

The water and sanitation public health component will focus on vulnerable populations in cholera-affected districts. Resettlement and peri-urban areas and carry out the following:

- Promote health and hygiene education through PHAST methodology
- Community capacity building through training of latrine builders, pump minders and project committees.
- Provision of subsidiaries (i.e. cement, reinforcing wire etc) for the construction of Blair toilets and protection of shallow wells
- Provide updated WHO Drinking Water Quality Monitoring Guidelines and field water testing equipment.
- Support drinking water quality monitoring system in rural and urban settlements.

FINANCIAL SUMMARY	
Budget Item	US\$
Health and hygiene education	100,000
Community capacity building (i.e. latrine builders, pump minders, building tools etc)	50,000
Subsidies (cement, wire mesh, pumps etc)	400,000
Field water testing equipment and consumables e.g. reagents	150,000
Total	700,000

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Project Title	Procurement of water treatment chemicals for Bulawayo
Project code	ZIM-03/WS07
Sector	Water and Sanitation
Themes	Portable water, Prevention of disease
Objective	To prevent outbreak of disease in the city by providing water treatment chemicals.
Targeted Beneficiaries	Domestic consumers, Hospitals, schools. A total of 860,000 people obtain water from our system.
Implementing Partners	City of Bulawayo, UNICEF, WHO
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 800,000

Summary

The City of Bulawayo operates various water treatment works for purification of water. The City uses a variety of chemicals to treat the water so that it's safe for use by the communities. The three months strategic stock levels are now very low, with less than two months supply. This means the water consumed cannot be guaranteed to be safe and clean for consumption thereafter.

Procurement of chemicals in the short term will ensure that the City does not have a major disease outbreak in the next few months.

The purpose of this project is to urgently purchase chlorine and bolster the City's strategic reserve to ensure safe clean water, which is affordable to the vulnerable members of the community of Bulawayo.

Activities

- Procurement of chemicals.
- Distribution of chemicals to the treatment works and water reservoirs.
- Monitoring of water quality and disease outbreaks.
- Public awareness on water quality.

Budget Item	Quantity per Month (kg)	US\$
Chlorine gas	5,000	10,000
Aluminium sulphate	112,000	85,000
Ammonia gas	400	5,000
Sub total for 1 month		100,000
Total chemicals for 8 months		800,000

FINANCIAL SUMMARY	
Budget Item	US\$
Procurement of chemicals	795,000
Transportation and distribution of chemicals to dosing points	2,500
Monitoring of water quality and public awareness campaign	2,500
Total	800,000

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Project Title	Provision of emergency water treatment chemicals for safe water supply to urban populations in Harare.
Project Code	ZIM-03/WS08
Sector	Water and Sanitation
Objective	To prevent the occurrence of outbreaks and the spread of water related diseases amongst vulnerable populations in Harare by providing immediate water treatment chemicals.
Targeted Beneficiaries (total # & description)	A total population of 4.5 million including, about 3 million vulnerable people.
Implementing Partners	City of Harare: Responsible for operation and supervision WHO: Water and sanitation related diseases surveillance and information. UNICEF: Responsible for monitoring, participatory health and hygiene education UNDP: Coordination of implementing partners.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 1,348,060

Activities

- Allocating financial support in the short term for the procurement of water treatment chemicals.
- Treatment of water supplies in targeted cities.
- Public awareness and education programmes.
- Monitoring of drinking water quality.
- Provide technical and managerial support.
- Strengthening the capacity of Local Authority in water quality monitoring.
- Support private sector participation in water quality control in cities.
- Promote policy dialogue with central government to ensure sustainability of the local authority in purchasing chemicals.

Budget Item	Quantity per month (MT)	US\$
Liquid aluminium sulphate	900	81,000
Powdered activated carbon	250	35,000
Sodium silicate	30	15,900
Sulphuric acid	160	41,600
White hydrated	210	29,400
Chlorine gas	30	16,800
Anhydrous Ammonia	3	810
Total for chemicals per month		220,510
Total for chemicals for 6 months		1,323,060
Monitoring		15,000
Capacity building		10,000
Total amount requested		1,348,060

*ECOL 2000 is needed only for 3 months. Quantity is 160 MTs per month and total amount for three months is US\$ 2,287,248.

Appealing Agency	WOMEN'S LAND AND WATER RIGHTS IN SOUTHERN AFRICA
Project Title	Rehabilitation of defunct boreholes, construction of new ones, training of local artisans and health and hygiene promotion
Project Code	ZIM-03/WS09
Sector	Water and Sanitation
Themes	The rehabilitation of defunct boreholes for safe drinking water and the construction of new boreholes to increase the number of access points to water for communities. The provision of sanitation in schools and the homes of women and child headed families, PLWA, orphaned and other vulnerable children under five.
Objective	To provide safe drinking water to women and child headed households, PLWA, orphaned and other vulnerable children who find it difficult to have immediate access to sustainable safe drinking water and sanitation facilities.
Targeted Beneficiaries	It is expected that more than 10,000 people from families and schools experiencing water and sanitation related diseases.
Implementing Partners	Women's Land and Water Rights in Southern Africa and Gwanda Rural District Council
Project Duration	January – December 2004
Funds Requested	US\$ 56,684

Summary

Matabelaland South receives low rainfall and this results in low surface water sources for the residents of the District. Water resources in the district in general and in particular, in Lushonkwe East are underdeveloped and this results in water problems during the dry season. The project stems from a background of severe difficulties in accessing safe water for drinking in Lushonkwe East Community, especially for vulnerable population, which include women and children, the orphans and PLWA. One of the outcomes of this situation has been rural to urban migration by the able bodied, leaving behind women and children to face the difficulties in accessing water

FINANCIAL SUMMARY	
Budget Item	US\$
Rehabilitate 9 boreholes	12 000
Construction of 10 boreholes	23 684
Training of village artisans	5, 000
Possible water points assessment	8, 000
Project monitoring and evaluation	5,000
Travelling costs	3,000
Total	56,684

Appealing Agency	CARE INTERNATIONAL IN ZIMBABWE
Project Title	Emergency water and sanitation in Masvingo province
Project Code	ZIM-03/WS10
Sector	Water and Sanitation
Objective	In the communities of Masvingo province with which CARE Zimbabwe have been working since 1992, to rehabilitate decent water and sanitation conditions after successive heavy rains and floods had destroyed the majority of the water and sanitation facilities, exposing these communities to severe health crises
Targeted Beneficiaries	About 25,000 communal area residents in the districts of Masvingo, Bikita, Mwenezi and Chivi of the Masvingo province (see annex 1)
Implementing Partners	1.Min. of Health (Health Education) 2.DDF (Community Based Management of water points) 3.Local Govt (Enforcement of bylaws)
Project Duration	12 months
Funds Requested	US\$ 500,000

The Project Description

The province of Masvingo has in the last two years experienced very heavy rains (Cyclone Eline and lately Cyclone Japhet). Due to these adverse climatic phenomena most communities had their toilets, wells and boreholes collapsing leaving the same communities exposed to severe health crises. Almost 60% of the boreholes in the province are not functioning at the moment and people are forced to drink from the dams and stagnant water bodies like streams. Only last year 2002, Zaka district was hit by cholera pandemic resulting in loss of life. Most cases go unreported! The lack of proper sanitary facilities like toilets is a major source of dysentery, diarrhoea and cholera. Mwenezi also had reported cases of such diseases. Most women and young girls have to travel long distances as far as 5 km in search of water because most boreholes in their area are no longer working-either because of breakdowns or one part is missing or both. If the situation continues, there is no doubt that there would be a serious human crisis. Also looking at the breakdown of the public health services, the situation appears dramatic for these poor communities, also hard hit by droughts. CARE Zimbabwe has been working with the targeted communities since 1992, and has established good relationships with both the communities and the government institutions, as major working partners.

In this context, such a project will support the CAP strategic goals to avoid a large-scale escalation of the humanitarian catastrophe by restoring minimum standards of critical water and sanitation services and then contributing to reduce morbidity and mortality due to water related diseases. It falls under strategic objective 2. (b) Aiming at supporting essential services and utilities to vulnerable communities, including water and sanitation facilities. It will contribute to the 4 operational objectives of the Water and Sanitation Sector Plan.

In the communities where CARE has done small dam rehabilitation under funding from the DFID, the French Embassy, the Royal Dutch Embassy, and ODA/JFS Scheme since 1992, the project will consist in 1) rehabilitating the un-functional boreholes (58), forming and training Water Point Committees for the management and maintenance of these boreholes; 2) training of local builders in pit latrine construction and constructing toilets (290) for CHH, PLWA and elderly members of the community. CARE Zimbabwe will also carry out health education in the communities.

The expected outcomes are the followings: in the targeted communities:

- Reduction in diarrhoeal diseases among children and women in the province;
- Reduced mortality;
- Improved hygienic standards;
- Reduced walking distances to water points (reduced overburden to women);
- Availability of clean water.

FINANCIAL SUMMARY	
Budget Item	US\$
Borehole drilling	100,000
Borehole pumps	80,000
Borehole pump spare parts	150,000
Service equipment for pump menders	30,000
Pump menders training	30,000
Community mobilisation	55,000
Sanitation training and pit latrines	45,000
Site protection, aprons, fencing	10,000
Total	500,000

Appealing Agency	WORLD VISION ZIMBABWE
Project Title	Emergency Water and Sanitation
Project Code	ZIM-03/WS11
Sector	Water and Sanitation
Objective	To improve access to protected water and improved sanitation facilities for 81,473 people in Matobo district
Targeted Beneficiaries (Total # & description)	81,473 individual residing in Matobo District
Implementing Partners	World Vision Zimbabwe
Project Duration	August 2003 – May 2004
Total Project Budget	US\$ 558,050
Funds Requested	US\$ 558,050

Summary

Currently, the water situation in Matebeleland South province is in a state of disaster, and about 75% of the population of the province is highly vulnerable due to water shortage. A substantial percentage of hand pumps at water points are not functioning due to either poor maintenance systems, lack of spare parts or both. Many people are far from safe and reliable water sources and the population of the district is generally sparsely settled; as a result each water point serves a relatively small population. The UN mission assessment report states the following number of boreholes and deep wells require rehabilitation in the proposed district: Boreholes – 209, Deep wells – 119.

To address this situation, a rapid inventory of water resources and rehabilitation plans will be conducted in coordination with local authorities and other NGO’s operating in the districts in the water and sanitation sector. Following the inventory, sites will be selected and prioritised for intervention. The project will support the rehabilitation of approximately 100 water points in total. Additionally, to address the issues of access, seasonality and distance, the project will provide an additional 25 new boreholes and 20 deep wells in areas of most need.

Participatory hygiene education greatly improves the impact of water and sanitation interventions, whereas providing toilets alone has been shown to have little or no impact. In addition to conducting participatory hygiene education, the proposed project will construct toilet blocks in 10 schools to improve school sanitation.

The objective of this proposed emergency intervention is: *to improve access to protected water and improved sanitation facilities for 81,473 people in Matobo district.* This will be achieved through the following activities:

- 25 new water points drilled, equipped and head works constructed;
- 20 new deep wells drilled, equipped and head works constructed;
- Up to 100 existing water points upgraded and protected;
- 10 school toilet blocks constructed;
- 145 Participatory hygiene education workshops conducted;
- 145 communities trained community based management of water points.

Financial Summary	
Budget Item	US\$
Staff	74,700
Rehabilitation of 100 water points	200,000
Construction of 25 new boreholes	125,000
Construct alternative water points (deep wells, water catchments, sand abstraction)	50,000
Construct 10 school toilet blocks	20,000
Training	14,000
Evaluation and monitoring	13,000
Direct Operating Expenses	61,350
Total	558,050

AGRICULTURE/FOOD SECURITY ACTIVITY PROPOSALS

Appealing Organisation	Ref. No.	Activity	US\$
FAO	ZIM-03/A01	Increased agricultural production of small-scale vulnerable households.	12,785,000
FAO	ZIM-03/A02	Asset protection in vulnerable communal households.	2,575,000
GOAL (Zimbabwe)	ZIM-03/A04	Food security, crop diversification, post harvest handling, community empowerment, training.	925,150
Christian Care	ZIM-03/A06	Provision of 30 nutrition gardens along the Save Valley in Chipinge District of Manicaland.	98,733
SAFIRE	ZIM-03/A07	Promotion of traditional crops, open pollinated variety seed multiplication and production in Manicaland	40,000
WVI	ZIM-03/A08	Emergency Livestock Nutrition and Health Support.	239,000
FOSENET	ZIM-03/A09	An initiative to promote the development of small-scale vulnerable households in communal and peri-urban settlements by embarking on agricultural interventions that also assist in mitigating the effects of the HIV/AIDS pandemic on the agricultural sector	119,388
Plan International	ZIM-03/A10	Rehabilitation of Mutema Irrigation Scheme	64,478
UNDP	ZIM-03/A11	AGR/Rural livelihood recovery	500,000
UNDP	ZIM-03/A12	Agricultural Marketing and Pricing Policy Review	100,000
UNDP	ZIM-03/A13	Critical boreholes repair for the Tichadya School Community, Chiredzi District.	100,000
UNDP	ZIM-03/A14	Emergency rehabilitation of rural community productive infrastructures in the Masvingo and Manicaland provinces.	200,000
Total funds			17,746,749

Appealing Agency	FOOD AND AGRICULTURE ORGANIZATION
Project Title	Increased agricultural production of small-scale vulnerable households
Project Code	ZIM-03/A01
Sector	Agriculture
Themes	Food security, agricultural support, income generation
Objective	Increased agricultural production for vulnerable households
Targeted Beneficiaries	550,000 vulnerable agricultural households in rural, urban, and peri-urban areas
Implementing Partners	NGOs
Project Duration	July 2003 – December 2004 (extendable to June 2005)
Funds Requested	US\$ 12,785,000

Summary

The primary task of FAO will be the consolidation and strengthening of the existing coordination mechanisms, which is seen as a crucial component to ensure the most effective outcome of the agricultural assistance programme in the country. Coordination will continue to encompass projects both within and outside the CAP, and will strive to continuously increase and reinforce participation by all stakeholders. It will aim to avoid duplication of efforts, identify gaps, ensure that balanced and compatible approaches in terms of beneficiary targeting, inputs delivered and delivery methods are adopted; it will encourage timely generation and flow of information, as well as the links with other sectors. It will also encompass monitoring and evaluation.

Within the framework of coordination, FAO will be tasked to ensure that vulnerable households have access to the basic agricultural inputs for the 2004/05 main cropping season. The coordination mechanisms will ensure the provision of the agricultural assistance is targeted, directed to the vulnerable households in need, and there is no duplication of the inputs. For planning purposes FAO will use figures from the CAP of June / July 2003 as an initial estimate, i.e; 550,000 rural households, for its own programme for the 2004/ 05 main cropping season.

There will be a special emphasis on the promotion and support of Conservation Agricultural initiatives. The element of training / extension is crucial in this project, in order to link the emergency operations to ongoing activities, so as not to jeopardise the latter.

FINANCIAL SUMMARY	
Budget Item	US\$
Personnel Costs	603,000
International staff	495,000
National support staff	108,000
Contracts for NGO implementing partners (assume 10% of inputs)	931,000
Agricultural Inputs	9,310,000
Seeds – Main Cropping Season (550,000 kits at US\$ 13/kit average)	7,150,000
Seeds – Winter Cropping (50'000 kits at US\$ 5/kit average)	25,000
Fertiliser (50,000 kits at US\$ 25/kit)- 1Distributed according to suitability, not with all seed packs	1,250,000
Treadle pumps (4,000/US\$ 140 each) and hand tools (conservation agriculture)	660,000
Transport of inputs (assume 10% of value)	931,000
Equipment (4WD vehicle, office and field equipment)	70,000
Training (Conservation agriculture, diversification, irrigation and other)	110,000
Official Travel	20,000
General Operating Expenses (office supplies, rent, vehicle maintenance)	30,000
Direct Operating Costs (6.5% of total costs)	780,000
Total	12,785,000

Appealing Agency	FOOD AND AGRICULTURE ORGANIZATION
Project Title	Asset Protection in Vulnerable Communal Households
Project Code	ZIM-03/A02
Sector	Agriculture: Livestock
Themes	Food security, livestock and agricultural support, income generation
Objective	Protection of household assets and improvement of Terms of Trade for livestock owners
Targeted Beneficiaries	100,000 households in communal areas
Implementing Partners	NGOs
Project Duration	July 2003 – December 2004 (extendable to April 2005)
Funds Requested	US\$ 2,575,000

Summary

The primary task of FAO will be the consolidation and strengthening of the existing coordination mechanisms provided which is seen as a crucial component to ensure the most effective outcome of the overall livestock assistance programme in the country. Coordination will encompass projects both within and outside the CAP, and will strive to continuously increase and reinforce participation by all stakeholders. In this respect, and with a growing participation in the livestock sector, FAO will form a sub-working group to specifically focus on livestock issues. It will aim to identify priority areas of intervention, avoid duplication of efforts, identify gaps, ensure that balanced and compatible approaches in terms of beneficiaries' targeting, inputs delivered and delivery methods are adopted; it will favour the timely generation and flow of information, as well as the links with other sectors. Monitoring and evaluation with stakeholders and partners will be a key strategic activity at all stages of the interventions. FAO itself will be tasked with carrying out monitoring and evaluation and preparing final reports and opportunities will be taken to present and discuss findings in an open forum.

The project will also focus on support vulnerable cattle-owning households by promoting the farming of drought-tolerant forage crops and other measures to improve feeding. Support to water supply points for livestock, and support to the veterinary services. The provision of small ruminants and poultry in communal farming communities, along with good management practices, can have a substantial impact on households and is particularly suited for high HIV prevalence communities.

FINANCIAL SUMMARY	
Budget Item	US\$
Personnel Costs	195,000
International staff	165,000
National support staff	30,000
Contracts with NGO implementing partners (assume 10% of inputs)	175,000
Project Inputs	1,750,000
Restocking poultry and other small animals	750,000
Other materials e.g. feed, disease control, digestive modifiers	500,000
Rehabilitating water points for livestock	350,000
Multiplication and distribution of grazing/forage crops	150,000
Transport of inputs (assume 10% of value)	175,000
Equipment (4x4, field equipment)	35,000
General Operating Expenses (office supplies, rent, vehicle maintenance)	8,000
Training	60,000
Official Travel	20,000
Direct Operating Costs (6.5% of total costs)	157,000
Total	2,575,000

Appealing Agency	GOAL (Zimbabwe)
Project Title	Food Security, Crop Diversification, Post Harvest Handling, Community Empowerment, Training
Project Code	ZIM-03/A04
Sector	Agriculture
Objective	Enhance the livelihoods of rural communities through improved agricultural productive capacity under the prevailing socio-economic challenges
Targeted Beneficiaries	Vulnerable farming households affected by poor agricultural output and the HIV/AIDS pandemic in Hurungwe and Makoni districts
Implementing Partners	Ministry of Agriculture (AREX, IAE), RDCs
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 925,150

Project Description

The project will use the following interventions:

- *Provision of improved cassava and sweet potato planting materials.* These two crops are low labour intensive and can be effectively used by those families with a compromised labour base, such as those affected by HIV/AIDS. They also perform relatively well under low fertility cultivation systems and the planting materials can be used for a couple of years before a significant decline in quality. Cassava can also be conveniently harvested to meet staple food gaps in bad years.
- *Support with inputs (cereals and a pulse) for staple crop production for the 2004/5 consumption year.* This will be complemented with community empowerment through training in the areas of crop post harvest handling and open pollinated crop variety maintenance. These efforts will in the short to medium term improve household food security and see an increased resilience to shocks that negatively impact on household livelihoods. Training in variety maintenance also establishes a basis for future seed multiplication schemes of which there is a clearly identified need.

Activities

- Planning workshop for all stakeholders.
- Identification and registration of beneficiaries.
- Identifying appropriate nursery and model granary sites.
- Purchase of agricultural inputs, fencing and granary construction materials.
- Deliver and distribute inputs/materials.
- Establish nursery sites.
- Prepare training materials, implement and evaluate training (including nursery practice).
- Construct model granaries at designated sites.
- Implement process monitoring.
- Conduct mid-term and post-season evaluation.

FINANCIAL SUMMARY	
Budget Item	US\$
Personnel Costs	
International Staff	64,350
National staff	48,950
Agricultural Inputs	
Planting materials (cassava and sweet potatoes)	1,550
Seeds (cereals & pulses)	316,000
Fertilisers (maize/sweet potato nurseries)	101,000
Fencing/building materials	8,500
Input transportation costs	51,800
Equipment (vehicles & office equipment)	111,500
Training (post harvest & opv seed maintenance & consultancy)	95,000
General Operating Expenses (office supplies, rental, vehicle R&M)	28,000
Monitoring & Evaluation (Including external evaluation)	11,300
Direct Operating Costs & Management Costs	87,200
Total	925,150

Appealing Agency	CHRISTIAN CARE
Project Title	Provision of 30 Nutrition Gardens along the Save Valley in Chipinge District of Manicaland
Project Code	ZIM-03/A06
Sector	Agriculture
Theme	Enhancing Food Security in deprived households to create a balanced diet
Objectives	To make provision for adequate food supplies to vulnerable households (HH). To create a balanced diet for people who are affected and infected with HIV & AIDS. To assist about 60 villages (10 wards) in Chipinge along the Save Valley with the provision of consolidated nutrition gardens.
Targeted Beneficiaries (total # & description)	1) HIV/AIDS affected/infected households (HH) 400; 2) Orphans 4,200; 3) Widows 600; 4) Female headed households (HH) 300.
Implementing Partner	Christian Care – Already involved in this kind of project, requires more resources and Plan International
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 98,733

Summary

Chipinge District has five agro-ecological regions with the western area along the Save River. This project targets people who are HIV/AIDS infected and affected and therefore, need a balanced diet. To cater for their dietary needs, there is a need for the target beneficiaries to produce a variety of horticultural crops.

Given an average of 6 people per household the total number of people expected to directly benefit from this programme is 11,000. A total of 60,000 people are expected to indirectly benefit from the programme in the 10 wards.

Activities

1. Identification of the most needy districts.
2. Identification of water sources high-yielding water.
3. Resource mobilisation:
 - project personnel;
 - materials and transport procurement, i.e.10 bicycles, fencing, cement;
 - agricultural inputs procurement, i.e. seed & chemicals;
 - implementation;
 - monitoring and evaluation.

FINANCIAL SUMMARY	
Budget Item	US\$
1. Fencing material x 30 nutrition gardens	22,978
2. Seed	350
3. Fertiliser	-
4. Chemicals	1,600
5. New Water points x 5	16,670
6. Water point rehabilitation	45,000
7. Monitoring & evaluation	12,135
Total	98,733

Appealing Agency	SOUTHERN ALLIANCE FOR INDIGENOUS RESOURCES
Project Title	Promotion of traditional crops, open pollinated variety seed multiplication and production in Manicaland
Project Code	ZIM-03/A07
Sector	Agriculture / Food Security
Objective	To increase agricultural production for the smallholder farmers and the vulnerable groups in the seven (7) districts of Manicaland through provision, promotion, multiplication and production of open pollinated varieties of grain and legumes.
Targeted Beneficiaries (total # & description)	<ul style="list-style-type: none"> • Smallholder farmers under SAFIRE with irrigation water in for districts of Manicaland. • Poor smallholder farmers and vulnerable groups (the HIV/AIDS infected and affected, the elders and farmers in existing farmer groups) in dry land areas of Manicaland's seven districts.
Implementing Partner	SAFIRE
Project Duration	July 2003 – December 2004
Total Project Budget	Z\$ 58,600,000
Funds Requested	US\$ 40,000

Summary

SAFIRE is a local Zimbabwean NGO, which aims to facilitate the development and application of innovative approaches to diversify and improve rural livelihoods, based on the utilisation, commercialisation and sustainable management of natural resources. They do this by developing the self-sufficiency of rural communities through the improved management and sustainable use of indigenous natural resources, among other ways. It is already operating in these areas, which it has targeted for this programme.

SAFIRE will be responsible for procuring the inputs, training, distribution, supervision, monitoring and meeting all reporting requirements.

Objectives

- To increase agricultural production for the smallholder farmers and the vulnerable groups in the seven (7) districts of Manicaland through provision, promotion, multiplication and production of open pollinated varieties of grain and legumes.
- To reduce dependency on relief food.

Activities

- Suitable open pollinated varieties seed sourced and distributed to participating commodity associations.
- Suitable multiplication farmers identified and screened.
- Project participants trained in seed multiplication, production, post harvest handling and record keeping.
- Seed bank sites identified and developed.
- Seed bulked and share with selected dry land cropping farmers.
- Continuous monitoring and evaluation of the programme and reports prepared.

FINANCIAL SUMMARY		
Budget Item	Description	Z\$
Inputs	4 seed banks	9,400,000
Building material	4 seed banks	6,000,000
Admin & stationery costs	12 months	4,200,000
Training costs		12,000,000
Operations and transport running costs	5 vehicles @ 1,000km/month/450 Z\$/Km for 12 months (60,000 Km)	27,000,000
Total		58,600,000
Funds requested		US\$ 40,000

Appealing Agency	WORLD VISION ZIMBABWE
Project Title	Emergency Livestock Nutrition and Health Support
Project Code	ZIM-03/A08
Sector	Agricultural Recovery
Objective	Maintain livestock health and tillage capacity in Gwanda and Beitbridge
Targeted Beneficiaries (total # & description)	5,000 vulnerable farming households in Gwanda and Beitbridge districts
Implementing Partners	World Vision Zimbabwe
Project Duration	July 2003- December 2004
Funds Requested	US\$ 239,000

Summary

World Vision Zimbabwe is currently implementing an integrated food security programme through C-SAFE in four districts of Matabeleland North and South. Through agricultural recovery interventions in 2002/3, WVZ has also established relationships with lead/contact farmers in these districts. Through this emergency intervention, World Vision aims to work with 5,000 farmers in Gwanda and Beitbridge, two of the districts most affected to promote the following strategies to maintain the health and productive capacity of livestock:

- equipping 150 community-based livestock health workers – or ‘paravets’- with essential veterinary supplies for the treatment of common preventable diseases including blackleg, heart water, and anaplasmosis;
- promoting and equipping farmers for the urea treatment of fodder to improve crude protein level of livestock feed. In practical terms, by improving the protein quality, the volume of stover consumed per animal per day is decreased by two-thirds, reducing pressure on dwindling feed resources;
- providing draft plough implements and spares to 1,000 farmers;
- increasing access to water for livestock through rehabilitation/construction of 25 water catchments (dams) in grazing lands;
- introducing Browse plus, a specialised livestock feed or drinking water additive that acts as a digestive modifier to enable livestock to effectively utilise the nutrients available in deteriorated grazing conditions.

The expected outcome of the proposed emergency intervention is improved livestock health and nutrition, contributing to maintained agricultural productive capacity and livelihoods of 5,000 vulnerable farmers in Matabeleland South.

FINANCIAL SUMMARY	
Budget Item	US\$
Staff	36,000
Supplies (paravet kits, urea, browse plus, spares/implements)	75,000
Rehabilitation/construction of dams	75,000
Training	5,000
Equipment	30,000
Direct Operating Expenses	18,000
Total	239,000

Appealing Agency	FOOD SECURITY NETWORK
Project Title	An Initiative to Promote the Development of Small Scale Vulnerable Households in Communal and Peri-Urban Settlements by embarking on agricultural interventions that also assist in mitigating the effects of the HIV/AIDS pandemic on the agricultural sector
Project Code	ZIM-03/A09
Sector	Agriculture
Objectives	<ul style="list-style-type: none"> To develop the culture of self-sustenance and improving household income through agro-based activities and training/extension work. Reduce the impact of HIV/AIDS through their increased access to food production by vulnerable, infected and affected households.
Targeted Beneficiaries	22,500 Hatcliff, Dzivarasekwa and Porta Farm 90 Goromonzi, Buhera North & Midlands (50 widows) 7,600 Umzingwane (4,200 women 2,000 children)
Implementing Partners	IPA, Zimrights, UAN
Project Duration	January – December 2004
Funds Requested	US\$ 119,388

Summary

Today millions of people are facing food shortages, this being compounded by the AIDS pandemic, which has reduced significantly the human resource base in the country thus reducing agricultural production. The number of women in the agricultural sector is growing as a result of the decline in the resources base. With women and children the primary labourers in the fields, there is a need to increase the availability of less labour intensive crops and cropping systems. This will enable children and especially girls to have more time to go to school, women more time for income generating and social activities as well as for caring for the families and the terminally ill. Therefore, women have great incentives to contribute towards sustainable agricultural activities hence their involvement is instrumental in attaching social and economic value to agriculture.

Activities

- Establish (and /or promote existing) kitchen /vegetable gardens through seed distribution and extension work.
- Introduce and implement small-scale irrigation for vulnerable households.
- Promote natural farming methods through training and participatory extension work.

FINANCIAL SUMMARY	
Budget Item	US\$
Capacity building	46,876
Materials and supplies	43,740
Project staff	10,000
Travel expenses	3,200
15% contingency/inflationary adjustments	15,572
Total	119,388

Appealing Agency	PLAN INTERNATIONAL
Project Title	Rehabilitation of Mutema Irrigation Scheme
Project Code	ZIM-03/A10
Sector	Agriculture
Objectives	Food Security, Income Generation Improve the nutrition status of the people The standard of living is upgraded
Targeted Beneficiaries	Mutema Community e.g. widows, widowers Orphan, unemployed. People with HIV
Implementing Partners	GoZ, CRDC, Plan, Christian Care
Project Duration	January – December 2004
Funds Requested	US\$ 64,478

Summary

Mutema Communal is located in Natural Region 5 where farmers practice dry land agriculture without irrigation. Four boreholes were destroyed during 2000 Cyclone Eline disaster and currently there is only one pump functioning. This proposal is therefore, to resuscitate the two boreholes that are repairable. Currently families in the commune are not producing yields to expectations since there is not enough water. Therefore the provision of rehabilitating these boreholes will improve the living conditions of Mutema Community.

Objectives

- Food Security.
- Income generating.
- Enhancing improvement of nutritional status.

Activities

Rehabilitation of the two pumps which involves:

- (a) submersibles pump with fitting;
- (b) column piping discharge fittings;
- (c) water meter procurement and installation (bulk meter);
- (d) main line accessories;
- (e) pump electrical connections:
 - training of farmers i.e. maintenance and pump usage;
 - training of the Group Area Committee;
 - project administration and supervision.

FINANCIAL SUMMARY		
Budget Item		US\$
Farmer training	300 families	545
Leadership training	10 local leaders	273
Procurement of water	Submersible pump	6,766
Pump accessories	Water meter, column piping, main accessories, pump electrical connection	50,182
Administration	T&S claim for the supervision of work and vehicle mileage	850
Inflation contingency 10%	Inflation contingent	5,862
Total		64,478

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Project Title	AGR/ Rural Livelihood Recovery
Project Code	ZIM-03/A11
Sector	Recovery and livelihood
Objective	To improve access to water and diversify the livelihoods of vulnerable rural communities by rehabilitating community irrigation schemes, boreholes and dams.
Targeted Beneficiaries	About rural 750 households
Implementing Partners	UNDP and FAO to facilitate GoZ- Ministries of Land and Rural Resettlement, Rural Resources and Water development Local authorities, NGOs and CBOs and Communities
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 500,000

Project Description

The CAP Strategic Objective 2 is “ *to mitigate the impact of the crisis on vulnerable groups*” and aims “ *to avoid a large scale escalation of the humanitarian catastrophe by maintaining self reliance systems and resources at household level, supported by a minimum standards of basic services*”. The three priority areas are: supporting household livelihoods; arresting the decline in lifesaving social services and addressing HIV/AIDS. The CAP analysis notes HIV/AIDS is a complex factor in the humanitarian crisis and the basic infrastructure in the rural areas has almost collapsed due to the effect of drought and the two cyclones in the last three years. The project is therefore targeted at rehabilitating the water infrastructure to enhance the livelihoods of the most vulnerable groups and support their livestock.

The project is linked to the humanitarian effort, as well as making efforts to address the issues of agriculture recovery and food security at household levels. The projects main activities will be the rehabilitation of boreholes and irrigation schemes and repairing damaged dams in the communities as well as capacity building of local institutions for water management, catchments area conservation and maintenance of water infrastructure.

The expected outcome is the improved coping mechanisms of the community leading to sustainable recovery and improvement in their livelihoods.

FINANCIAL SUMMARY	
Budget Item	US\$
Capacity building for communities to maintain irrigation schemes	20,000
Rehabilitation of irrigation and water supply schemes	400,000
Catchments area conservation and management	80,000
Total	500,000

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Project Title	Agricultural Marketing & Pricing Policy review
Project Code	ZIM-03/A12
Sector	Agriculture and Food Security
Objective	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.
Targeted Beneficiaries	National
Implementing Partners	UNDP and FAO to facilitate dialogue and policy review, Ministry of Agriculture to oversee the review of the relevant policies, Ministry of Industry & International Trade to review of the relevant policies, Ministry of Finance & Economic Development to adopt and oversee the implementation of relevant policy changes, GMB to effectively implement the revised policies, and private sector to also effectively implement the revised policies.
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 100,000

Project Description

The CAP’s Strategic Objective 3 is “to further develop a productive dialogue among humanitarian stakeholders, including the Government of Zimbabwe” and one of the three priorities under this objective is “promoting policies which could facilitate a recovery process”. The CAP background analysis clearly acknowledges that agriculture marketing and pricing policies are one of the major drivers of the current food security crisis. This project, therefore, is specifically targeted at revamping the agriculture marketing and pricing environment, so as to make it more supportive of an efficient food marketing and distribution system.

This project is strongly linked to the broader humanitarian effort, as well as, specific efforts to address agriculture/food security recovery. The project’s main activities will be the review of the various agricultural and marketing policies, as well as supporting the private sector with a foreign currency facility to import agricultural inputs and products for nation-wide distribution.

The expected outcome of this project is the creation of a more conducive food production and distribution environment for all economic agents, as well as, more availability of basic foodstuffs, and the effective distribution of such products nation-wide through the partnership with private sector.

FINANCIAL SUMMARY	
Budget Item	US\$
Policy analysis	40,000
Stakeholder consultations on agriculture production related policies	20,000
Drafting of policy documents	20,000
Capacity building among stakeholders	20,000
Total	100,000

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Project Title	Critical boreholes repair for the Tichadya School Community, Chiredzi District
Project Code	ZIM-03/A13
Sector	Agriculture and Food Security
Objective	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, hence threatening of a further critical deterioration of its already afflicted situation
Targeted Beneficiaries	Communal residents of 7 villages in Matibi 2 communal area in Chiredzi district, Masvingo province (150 households)
Implementing Partners	FAO and Tichadya School Development Authority
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 100,000

Project Description

Tichadya School is located in Chiredzi South, in the semi-arid natural region V, characterised by low rainfall and prone to drought. Communities rely on boreholes for their water supply, both for domestic purposes and livestock watering, livestock production being their main source of livelihoods. Successive heavy rains and floods have seriously damaged the boreholes within the Tichadya school catchment area. Though maintenance committees are in place, lack of financial resources in relation with the prolonged economic hardship that the community is facing and difficulties to get spare parts have prevented the carrying out of any repairs. The latest Cyclone Japhet of March 2003 led to the complete collapse of 11 of the weakened community 's boreholes. The few remaining ones are not enough to sustain the water needs of the 150 households of the community, while also threatening to collapse at any next floods. The livelihood of the Tichadya community is thus seriously jeopardised, with a threat of a serious deterioration of its already afflicted situation, both in terms of sanitation and in terms of subsistence.

In this context, by contributing to addressing a highly critical water need issue, such a project will support the CAP strategic goals to avoid a large-scale escalation of the humanitarian catastrophe. Such an intervention of emergency rehabilitation of community infrastructures will not only be critical to avoid a further deterioration of the already critical situation of the concerned community, but also foster the (re-) establishment of self-reliant and shock resilient systems within this seriously afflicted community.

The project will consist in the rehabilitation of 7 of the most critical boreholes of the Tichadya community, including pipes cleaning out and replacement, bush pumps repair, and securing of the sites.

FINANCIAL SUMMARY	
Budget Item	US\$
Capacity building for community to maintain boreholes	20,000
Rehabilitation of 7 boreholes and network distribution infrastructure	70,000
Securing borehole sites	10,000
Total	100,000

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Project Title	Emergency rehabilitation of rural community productive infrastructures in the Masvingo and Manicaland provinces
Project Code	ZIM-03/A14
Sector	Agriculture and Food Security
Objective	In the communal areas of the Masvingo and Manicaland provinces, two of the most affected provinces, to rehabilitate community productive infrastructures (e.g. dam, small scale irrigation, feeder roads, bridges, storage facilities, animal health facilities, agricultural market, etc.) that are already in place but not properly functional due to destructions by successive heavy rains and floods, and of crucial importance to make the humanitarian assistance more effective and/or avoid further critical deterioration of the rural environment
Targeted Beneficiaries	Communal areas communities of Masvingo and Manicaland provinces that are in dire needs for the rehabilitation of their productive infrastructures
Implementing Partners	FAO and Local NGOs
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 200,000

Project Description

The Masvingo and Manicaland Provinces are the regions that have suffered the most from the past successive climatic crises. Cyclone Eline in 2000 inflicted heavy damages on community productive infrastructures (e.g. dam, small-scale irrigation, feeder roads, bridges, storage facilities, animal health facilities, agricultural markets, etc.), most of which have not been repaired. The prolonged economic crisis that the rural communities are facing has prevented them to properly repair and/or properly maintain these infrastructures. Stretched household coping mechanisms have also induced undesirable behaviours (such as theft), further degrading their conditions. Heavy rains events and induced floods of 2001, 2002 and 2003 then provoked additional damages on the weakened infrastructures. Affecting the productivity of the rural activities as well as access to markets and services (including humanitarian services), this situation has exacerbated the current crisis and will be a major stumbling block towards rural recovery. From the emergency rehabilitation survey, which will have comprehensively characterised the situation in the Masvingo and Manicaland Provinces in terms of community productive infrastructures crucially needing to be rehabilitated (see previous proposal), there will be a need to address the most critical and urgent cases which would otherwise lead to a further deterioration of the situation, feeding an increase of the relief assistance needs.

In this context, by contributing to the maintenance of economic/self-reliance resources and systems of rural communities, such a project will support the CAP strategic goals to avoid a large-scale escalation of the humanitarian catastrophe. Such an intervention of emergency rehabilitation of community productive infrastructures will not only be critical to avoid a further deterioration of the rural environment in the concerned areas, but also foster the (re-) establishment of self-reliant and shock resilient systems within these seriously afflicted communities, on their way to recovery. It will also make the provision of humanitarian assistance more effective.

The project will consist of the rehabilitation of the community productive infrastructures that will have been identified in the emergency rehabilitation survey conducted in the Masvingo and Manicaland Provinces (see previous proposal) as the most critical ones in terms of sustaining livelihoods and providing adequate humanitarian assistance.

FINANCIAL SUMMARY	
Budget Item	US\$
Rehabilitation of irrigation and water supply schemes	100,000
Capacity building for communities to maintain irrigation and water supply schemes	10,000
Rehabilitation of access roads, and health centres for the vulnerable HHS participating	90,000
Total	200,000

EDUCATION ACTIVITY PROPOSALS

Appealing Organisation	Ref. No.	Activity	US\$
Abundant Life Church (ALC) Welfare	ZIM-03/E02	Increased educational welfare and health care support	133,000
UNICEF	ZIM-03/E03	Education in satellite and peri-urban schools	2,700,000
CARE international in Zimbabwe	ZIM-03/E04	Child Friendly Schools in Zimbabwe	389,917
City Presbyterian Church	ZIM-03/E05	Tsigirai Mhuri Skills Training Centre	100,000
Catholic Relief Services	ZIM-03/E06	Project for the advancement of the school sector	1,011,954
Total funding request			4,334,871

Appealing Agency	ABUNDANT LIFE CHURCH WELFARE
Project Title	Increased educational welfare, and health care support
Project Code	ZIM-03/E02
Targeted Areas	Matabeleland South And North (e.g. Matshetshe Primary, Umguza Rural Primary, Ambassador Study Group Secondary, Esigodini Primary, Hugh Beadle Primary, Thomas Rudland Primary, Newmansford Primary, Mtshede Primary)
Sector	Education
Themes	Food & Clothing Security, Healthcare & Educational Support
Objectives	Create A Better Environment for Living and Learning for Vulnerable Populations
Targeted Beneficiaries	100,000 Students, 1,200 Teachers
Implemented Partners	NGOs
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 133,000

Summary

This project aims to improve the conditions both in student's outlook, appearance, and in the classroom. The support will include provision of inputs, school equipment (computers, science equipment, medical supplies), exercise and textbooks, maintenance, boreholes, clothing, HIV/AIDS awareness training and setting up orphanages and clinics.

The mechanism for input distribution will be identified, but should rely heavily on, and thereby sustain, local private sector markets. For example, a work force will be assembled, a work force will be assembled, enabling them to source, purchase and distribute to beneficiaries the necessary items.

Activities

- Identification and prioritisation of beneficiaries.
- Purchase inputs and locate with local private sector merchants.
- Coordinate with N.G.O'S on food distribution and of inputs.
- Devise and implement distribution scheme with partners, merchants and beneficiaries.
- Identify appropriate sites and distribute pumps, food and clothing, if appropriate.
- Identify and assist in appropriate training.
- Monitoring and evaluation after input distribution.
- Monitoring of semester development in assisted areas.

FINANCIAL SUMMARY	
Budget Items	US\$
Personnel costs	10,500
Contracts for NGO implementing partners	10,000
Educational inputs	76,000
Transport of inputs	6,500
Equipment	20,000
Training	5,000
General operation expenses (office supplies, rent, and vehicle)	5,000
Total	133,000

Appealing Agency	UNITED NATIONS CHILDREN'S FUND
Project Title	Education in satellite and peri-urban schools
Project Code	ZIM-03/E03
Sector	Education
Objective	Ensure access to primary education with school feeding in the former commercial farm areas and the peri-urban areas
Targeted Beneficiaries (total # & description)	Children: 400,000 and their parents, teachers or child caregivers
Implementing Partners	WFP, MEDAIR, GTZ/Probec, SCFUK
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 2,700,000

Project Description

The humanitarian situation in the sector of Education in Zimbabwe is unique to crisis. The current state of emergency in the former commercial farm areas and the peri-urban areas poses great risk to the basic right to education. Since land reform began, most children in these areas, do not access education services, and where they do, the quality is low. The condition in the peri-urban areas does not adequately allow teaching to occur. As a result, children are more at risk from drop out, HIV/AIDS risky behaviours, and even health concerns due to a lack of fresh water and sanitation facilities at the schools. Another issue surrounding access is the teachers' inability to source food.

This project would assist 346 satellite schools, with over 59,000 of children and five peri-urban schools. The children would benefit through school supplies such as textbooks, furniture, tents, sanitation facilities and HIV/AIDS sensitisation.

UNICEF would take a coordinating and monitoring role in WFP's school feeding initiative for some 400,000 school children. Also marketing board interventions would address teachers' need to source food.

Activities

- Provide tents to schools based on enrolment figures in the satellite schools.
- Procure textbooks and furniture for the 346 satellite and 5 peri-urban schools.
- Identify beneficiary schools for boreholes and sanitation facilities.
- Monitor and coordinate school feeding programme with WFP initiatives regarding food.
- Organise and implement the SARA HIV/AIDS awareness campaign with all school in ten districts based on most affected districts.
- Hold School Development Committee meetings in order to involve the community in the status of plans and sustainability of interventions.
- Link with the GMB to make available maize meal at market cost or reduced cost to teachers.

FINANCIAL SUMMARY	
Budget Item	US\$
School on a box kits for satellite schools	600,000
Textbooks for satellite schools and other disadvantaged areas	500,000
Tents for satellite schools	300,000
Construction of school 1,500 latrines	200,000
HIV/AIDS prevention, mitigation, care, advocacy and IEC materials	700,000
Community mobilisation on girls education and provision of home based care kits	300,000
Periodic monitoring, evaluation/assessments	100,000
Total	2,700,000

Appealing Agency	CARE INTERNATIONAL
Project Title	Child Friendly Schools In Zimbabwe
Project Code	ZIM-03/E04
Sector	Education
Objective	To improve the teaching and learning environment for 5,000 children at twenty satellite schools in three districts in Zimbabwe.
Targeted Beneficiaries (total # & description)	Of the total number of targeted beneficiaries above, the following number are: Children: 5,000
Implementing Partners	N/A
Project Duration	July 2003 - December 2004
Funds Requested	US\$ 389,917

The Project Description

A new crisis has been looming in the education sector and has potentially far-reaching effects on the progress of education in the country. The Ministry of Education, Sport and Culture with its mandate to provide education to people in Zimbabwe established about 346 satellite schools in all new resettlement areas in the year 2001. State funding for these schools has been far from adequate leaving them in great need of permanent basic facilities such as toilets, boreholes, textbooks and reliable school food supplementation and decreasing their capacity to provide a conducive learning environment for young pupils. CARE International in Zimbabwe seeks to improve the low enrolment and literacy levels at target schools by dealing directly with issues that have an impact on the accessibility and the quality of education received by children attending these schools. The main objectives of this initiative are

Objectives

- To improve enrolment and attendance of school children and reduce dropout rates.
- To improve, community, schools and government partnership.

Activities

- Provision of textbooks for the most vulnerable children.
- Provision of school furniture (e.g. table, chairs, benches, black boards).
- Integration of HIV/AIDS education at targeted schools.
- Capacity building for school development committees.

Outcomes:

- 10% increase in enrolment and attendance rates at targeted satellite schools.
- Improved capacity of school development committees to manage the schools.
- Improved awareness, knowledge, attitude and practice on HIV/AIDS among school children.

FINANCIAL SUMMARY	
Budget Item	US\$
Staff salary and benefits	76,200
Operation costs	165,550
Provision of text books	45,000
Provision of School furniture	63,000
Provision of Library equipment/books	18,000
Miscellaneous / Insurance	3,600
Sub-total	371,350
ICR 5%	18,567
Total	389,917

Appealing Agency	CITY PRESBYTERIAN CHURCH
Project Title	Tsigirai Mhuri Skills Training Centre
Project Code	ZIM-03/E05
Sector	Education
Objective	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.
Targeted Beneficiaries	Homeless children who live on the streets, under bridges and shop verandas, whose livelihood is from begging and scavenging from rubbish bins
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 100,000

Project Description

About 100 children live on the street, of Harare without shelter, food, clothing and security. These children have no access to health facilities or education, as they cannot afford medical bills, school fees, or renting municipal accommodation. These street children survive on begging and scavenging from rubbish bins. These poverty-stricken children have been pushed into the streets by various reasons that include:

- Economic hardships;
- Destitution;
- Physical disabilities;
- Mental disabilities;
- Liberation war victims;
- AIDS pandemic.

Our vision is to build survival skills training centre.

Project Rationale

- Restoration of dignity to street children.
- To empower street children to take charge of their own lives.
- To reduce the risk of abuse, by encouraging them to have skills.
- To alleviate suffering and dehumanised lives led by street children.
- To help street children be financially independent.
- To affect transformation of attitudes, by providing ethical alternative survival skills other than begging.

Appealing Agency	CATHOLIC RELIEF SERVICES/ZIMBABWE
Project Title	Project for the Advancement of the School Sector (PASS)
Project Code	ZIM-03/E06
Sector	Education
Themes	Improving School Conditions; Quality of Education
Objective	To improve the physical and learning environments of schools
Targeted Beneficiaries	184 primary and secondary schools in 7 districts (Makoni, Chegutu, Zvishavane, Gutu, Bulawayo, Buhera South, and Zvimba) with a cumulative total of 96,700 students
Implementing Partners	STRIVE, Diocese of Mutare Community Care Project, Tsungirirai, Bethany Project, Rudo, Archdiocese of Bulawayo, Batsiranai, Diocese of Chinhoyi
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 1,011,954

Summary

A decline in school enrolment and quality is one of the most visible effects of the HIV/AIDS, food scarcity and economic crises. According to the World Bank, the number of primary school pupils will shrink 24% by 2010. Children affected by AIDS (CABA) as well as orphans and other vulnerable children (OVC) are at a particularly high risk for leaving school early. Girls’ participation in school has also been on the decline in recent years, as it has become common for girls to be incorporated into their families’ productive work at a very early age.

Schools lack the means to provide quality education to their present and future students. In the past, the GoZ was able to sufficiently fund schools, but current circumstances have resulted in a limited ability to support growing school needs. Communities are often unable to provide additional support to schools as their coping strategies have taken on other priorities.

PASS is a response to the needs of schools throughout Zimbabwe. Deficiencies in sanitation facilities, potable water, and furniture will be addressed through this project. Implementation of PASS will provide a healthier, safer and better learning environment for students and a greater incentive to send children to school.

PASS will partner with STRIVE, a collaborative USAID and CRS funded educational support initiative, to holistically scale up current efforts at maintaining enrolments and enhancing educational opportunities for children. PASS will complement the work of this programme, which provides fees, uniforms, and psychosocial support, by improving the facilities and thus quality of education at partner schools.

Activities

- Conduct needs assessments ascertaining targeted schools’ sanitation, water, and furniture deficiencies.
- Plan and execute site-specific intervention activities.
- Monitor progress and conduct post-intervention site-specific needs assessments.

FINANCIAL SUMMARY	
Budget Item	US\$
Latrine construction, borehole construction, and furniture costs for all 184 targeted schools	644,000
Logistical support (vehicles, fuel, etc)	140,500
Project Management (coordination of project, travel costs, overhead, etc)	227,454
Total	1,011,954

COORDINATION AND HUMANITARIAN GUIDANCE PROPOSALS

Appealing Organization	Ref. No.	Activity	US\$
UNHC/UNCT	ZIM-03/CSS03	Coordination and support services	2,752,588
UNDP ¹²	ZIM-03/CSS04	Rehabilitation and recovery at community level.	1,875,000
Human Rights Trust of Southern Africa (SAHRIT)	ZIM-03/CSS05	Promoting the Observance of Humanitarian Principles and SPHERE (Minimum Standard in Humanitarian Actions)	30,050
United Nations Development Fund for Women	ZIM-03/CSS06	Mainstreaming gender in the Zimbabwean humanitarian response.	150,000
International Organization for Migration	ZIM-03/CSS07	Emergency assistance to mobile and vulnerable populations in Zimbabwe	1,421,780
Relevant NGO	ZIM-03/CSS08	Feeding and accommodation of mobile vulnerable persons	290,000
Relevant NGO under the auspices of IOM	ZIM-03/CSS09	Advocacy, research and information on mobile and vulnerable people	90,000
Farm Community Trust of Zimbabwe (FCTZ)	ZIM-03/CSS10	Farm Workers Relief (Humanitarian aid), Recovery and Empowerment Programme	428,529
Total funds requested			7,037,947

¹² This is part of flexi funding of micro activities, to be identified through National execution.

Appealing Agency	UNITED NATIONS HUMANITARIAN COORDINATOR / RESIDENT CO-ORDINATOR AND UNITED NATIONS COUNTRY TEAM
Project Title	Co-ordination and Support Services
Project Code	ZIM-03/CSS03
Sector	Coordination and support services
Objectives	<ul style="list-style-type: none"> • Information and validation • Co-ordination • Recovery • Government liaison
Targeted Beneficiaries	UNCT
Implementing Partners	UN humanitarian agencies, led by the UN HC/RC
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 2,752,588

Summary

The core functions of the RRU in 2004 include: Consultations between the international community and the Government on humanitarian and recovery issues; Consolidation of the existing working groups into five clusters (food aid and nutrition, humanitarian protection, food security and agriculture, social services and HIV/AIDS) and development of relevant sectoral and thematic strategies; Systematic monitoring and evaluation of key humanitarian programmes; and Vulnerability assessments in new resettlement areas and joint planning of interventions. The Unit will have the following operational sections:

- Information and Validation – RRU would strengthen field offices, which would have an important validation function in ensuring adherence to the humanitarian principles. The units would develop strong networks with NGO and UN partners to understand the trends in worsening vulnerability at a district level;
- Information management section which would strengthen the GIS database and mapping function, a website for the Humanitarian Coordinator, and improve the quality of current humanitarian information flows;
- Coordination – a small team would take the main responsibility to coordinate the humanitarian response, particularly focussing on issues of displacement and individual human rights, humanitarian principles and access, and greater sectoral collaboration. This team, including a generic involvement in assessment work, would do much of the liaison work with the NGOs and donors. The team will have the primary role in contingency planning and the CAP;
- Recovery – a recovery section to provide the strategic direction for the recovery of food security and agriculture, in particular, as well as securing the integration of HIV approaches within rehabilitation programmes will be put in place. The recovery section would also support the UN agencies, government and NGOs in improving the focus on reviving standards and capacity in public health and education;
- Government Liaison – this function remains as a core part of the RRU's work. Donor/NGO relationships with government institutions continue to be a challenge. The RRU remains an intermediary for establishing a more enabling environment between the government and the humanitarian agencies and donor community, so that the needs and rights of the most vulnerable are met.

FINANCIAL SUMMARY	
Budget Item	US\$
General Management	1,071,588
Humanitarian Co-ordination	439,600
Information Management	412,200
Validation/Field Offices	497,000
Recovery	332,200
Total	2,752,588

Appealing Agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Project Title	Rehabilitation and Recovery at Community Level
Project Code	ZIM-03/CSS04
Sector	Coordination and support services
Objective	To contribute to the rebuilding of sustainable livelihoods for rural and peri-urban communities.
Targeted Beneficiaries	Rural and peri-urban communities.
Implementing Partners	NGOs, CBOs, UNDP Ministry of Finance and Economic Development Ministry of Local Government, Public Works and National Housing Ministry of Public Services, Labour and Social
Project Duration	January – December 2004
Funds Requested	US\$ 1,875,000

Project Description

The project contributes to the CAP Mid-Year Review priority “to develop recovery prospects and reduce dependency on international humanitarian assistance”. The main underlying assumption is that, in spite of the economic and social challenges being faced by the country, there are opportunities for progressive recovery at community level and the subsequent reduction of external aid dependency.

The project will contribute to the rebuilding of the livelihoods of rural and peri-urban communities in Zimbabwe, as part of the country’s recovery process. Main areas of focus will include participatory development, food security, and rehabilitation of social services, HIV/AIDS and environmental management.

The programme will also support the development of effective partnerships between the participating communities, local authorities NGOs, CBOs and the private sector. For each area of focus, the programme will seek to address immediate priorities while at the same time building the required capacity for sustainable recovery. For instance, in the area of food security, the programme while responding to the immediate needs in terms of provisions of agricultural inputs will also include capacity building initiatives aimed to develop production and increase productivity on a sustainable basis. Programme activities will put particular emphasis on the specific needs of most vulnerable groups, including ex-commercial farm workers, women and children.

The programme will be directly executed by UNDP, with specific sub-projects and initiatives implemented through partnership with NGOs and CBOs. A participatory approach will be followed with the full involvement of local communities and local authorities in the planning, implementation and monitoring of activities. Partnerships will be developed with the private sector in order to strengthen production and marketing of products. Major project inputs comprise NGO/CBO specialised staff, training and capacity building activities, equipment and material, and credit revolving fund. The communities will contribute in cash or kind to the rehabilitation of social infrastructures.

The programme will contribute to the development of partnerships between the local communities, local authorities and the private sector in order to increase production and productivity, facilitate access to inputs and improve the marketing of agricultural products. In addition, local private enterprises are expected to be sub-contracted for a number of activities, including the provision of equipment, the development of agricultural infrastructure and the rehabilitation and construction of social infrastructure.

FINANCIAL SUMMARY	
Budget Item	US\$
Administration and programme management	250,000
Training and capacity support to vulnerable groups and NGO/CBO partners	150,000
Grant to community groups	1,200,000
Logistics, vehicles and equipment	180,000
M&E and follow up	95,000
Total	1,875,000

Appealing Agency	HUMAN RIGHTS TRUST OF SOUTHERN AFRICA
Project Title	Promoting the Observance of Humanitarian Principles and sphere minimum standards in Humanitarian Actions
Project Code	ZIM-03/CSS05
Sector	Coordination and humanitarian guidance
Objective	To promote knowledge on humanitarian principles, the Sphere minimum standards, and to build the capacity of NGOs and the relevant governmental institutions, in the use of international and regional humanitarian rights protection in Zimbabwe.
Targeted Beneficiaries (total # & description)	The target will be 90 people from civil society, selected with a gender balance. They will be trained in human rights and they will, in turn, train others. The ultimate target is the population of Zimbabwe, which should have an appreciation of human rights and humanitarian principles.
Implementing Partners	While SAHRIT will be responsible for implementing the project, it intends to work with appropriate membership and grassroots based partners, such as the Zimbabwe Human Rights NGO Forum, the Zimbabwe Election Support Network, ZIMRights, etc. These organisations will facilitate SAHRIT' s access to their membership for the training. Those who will have been trained will be expected to carry out further training, for their organisations as well as at the grassroots level.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 30,050

Project Description

Knowledge of human rights, and of national, regional and international monitoring and enforcement mechanisms, is also crucial in the area of humanitarian actions, since human rights form the basis of humanitarian principles, and humanitarian assistance is anchored on humanitarian principles and international human rights law. While it is essential that humanitarian actors have an appreciation of human rights if they are to apply humanitarian principles, it is equally essential that communities, which are the beneficiaries of humanitarian assistance, also have an appreciation of human rights and humanitarian principles to ensure adherence to them by those involved in humanitarian work. This is also the case for the Government, which must not only adhere to humanitarian principles but also respect the rights of the people in general and of the beneficiaries of humanitarian assistance in particular.

The project is, therefore, intended to facilitate the spread of knowledge of human rights and humanitarian principles within the communities, so as to empower them to demand respect for them by both Government and non-government actors, and to seek appropriate redress in the event of their violation. Three training workshops of one week's duration will be conducted for civil society.

FINANCIAL SUMMARY	
Budget Item	US\$
2 international round trip for expert @US\$2000 per ticket	4,000
Accommodation, food and per diem @US\$85x25pax x 3days x 2 workshops	12,750
Workshop materials	2,000
Stationary	1,000
International expert @US\$300 per day x2 days x2 workshops	1,200
2 Local experts @US\$250 per day x 2 days x 2pax x 2 workshops	2,000
Courier Services	300
Communication	400
Local transport	1,500
Report production and distribution	1,000
15% Administrative fees	3,900
Total	30,050

Appealing Agency	UNITED NATIONS DEVELOPMENT FUND FOR WOMEN
Project Title	Mainstreaming Gender in the Zimbabwean Humanitarian Response
Project Code	ZIM-03/CSS06
Sector	Coordination and humanitarian guidance
Objectives	<ul style="list-style-type: none"> To review and where necessary revise the data collection instruments and methodologies for the Vulnerability Assessment Committee studies to ensure that these adequately capture sex and gender disaggregated data and ensure that gender analysis of data is undertaken. Strengthen communities and civil society organisations' ability to respond to protection needs, especially of women, girls, the elderly and men and women with disabilities, with a particular focus on ending gender based violence.
Targeted Beneficiaries	Women and girls, the elderly and women and men with disability.
Implementing Partners	UNDP/RRU/OCHA
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 150,000

Objective

The project objective is to contribute to the protection of and enjoyment of human rights of women and men and boys and girls irrespective of ability, religion, ethnicity and social status. The humanitarian response has been largely void of a gender and human rights perspective. Various reports both anecdotal and research based confirm however, that it is imperative that gender and human rights become the guiding principles of the response in order to ensure that population groups most deserving of support are reached. This can only be done if data that is generated to identify vulnerable populations is adequately disaggregated.

The project activities for Objective one are as follows:

- Undertake review of VAC research instruments and methodologies to assess level of gender and human rights sensitivity;
- Revise instruments and make suggestions for change of methodology to reflect human rights and gender sensitive principles of data collection;
- Conduct gender and human rights training for members of the VAC to facilitate gender sensitive and human rights responsive research analyses and reports.

The project activities for Objective two are as follows:

- Develop and or adapt a rights based gender sensitive module for mainstreaming gender in the humanitarian response to be used by all partners involved in the humanitarian response;
- Collect and collate information on the needs, priorities and capacities of home based care workers with a view to providing support and alleviating workloads due to HIV and AIDS;
- Design and implement community based responses to gender based violence and the linkage with HIV and AIDS.

The main project activities will be:

- Training: gender analysis skills for VAC, gender based violence and human rights of women;
- Research on care work and extent of gender based violence and link with HIV and AIDS;
- Advocacy and materials development

FINANCIAL SUMMARY	
Budget Item / Activity	US\$
Review VAC research instruments & methodologies for gender/human rights sensitivity	10,000
Revise instruments & methodology for gender-sensitive data collection	10,000
Training VAC members to facilitate gender/human rights-sensitive analysis	20,000
Develop rights-based module for mainstreaming gender in humanitarian response	10,000
Collect data on needs / priorities / capacities of home-based care workers	30,000
Design & implement community-based responses to gender-based violence & HIV/AIDS	50,000
Advocacy and materials development	20,000
Total	150,000

Appealing Agency	INTERNATIONAL ORGANIZATION FOR MIGRATION
Project Title	Emergency Assistance to Mobile and Vulnerable Populations in Zimbabwe
Project Code	ZIM-03/CSS07
Sector	Coordination and humanitarian guidance
Objectives	<ul style="list-style-type: none"> • To address the growing and urgent food and NFI needs of mobile and vulnerable populations through needs assessment, data gathering, registration of eligible beneficiaries and distribution of food and NFI; to link humanitarian aid programmes through information and referral programmes; • To identify gaps and needs to implement an effective HIV/AIDS programme for mobile population; • Capacity building of the implementing partner NGOs.
Targeted Beneficiaries	500,000 to 800,000 members of mobile and vulnerable populations located in the poorer, drier and chronically food insecure regions of Zimbabwe.
Implementing Partners	National and international NGOs
Project Duration	July 2003 – December 2004
Funds requested	US\$ 1,421,780

Project Summary

IOM will coordinate and monitor the distribution of food and non-food items as well as identify gaps and needs for HIV/AIDS support through and in coordination with a network of national and international NGOs that currently support mobile and vulnerable groups. Project activities will focus on the poorer, drier and chronically food insecure regions of Zimbabwe.

Background and Justification

Erratic weather conditions including drought severely affected agricultural production in 2003 and resulted in increased vulnerability of the vulnerable groups. Although some commercial farm workers benefited from the land reform programme, approximately 160,000 farm worker families from former commercial farming areas are no longer in full time employment and have become more vulnerable. With an average family size of five dependants, as normally calculated per worker, over 800,000 people lost their sustainable livelihoods. Without land or consistent wages, mobile populations are particularly vulnerable. A comprehensive population assessment within the former commercial farming areas needs to be undertaken to guide humanitarian programming.

Project Description

The project will establish a grant mechanism to distribute food and non-food items as well as identify HIV/AIDS needs for approximately 500,000 to 800,000 members of mobile and vulnerable groups. The composition of NFI packages should remain simple including only necessary items identified by the beneficiaries such as clothing, farm tools, jerry cans, small stoves, cooking sets and blankets among others.

Activities

- Identification and prioritisation of beneficiaries. To identify and map mobile and vulnerable groups, their immediate need for food and non-food items, as well as to assess particular needs related to HIV/AIDS.
- Create, manage and monitor a grant issuing mechanism for the distribution of food and non-food items.
- Issue grants to specialised national and international NGOs that will implement the distribution and support activities.

FINANCIAL SUMMARY	
Budget Item	US\$
A. PROJECT MANAGEMENT	
Personnel costs	273,240
Administration	13,400
Logistics, equipment and vehicles	67,912
Sub-Total	354,552
B. GRANTS	
Food and non food deliverables including livelihood assistance	800,000
HIV/AIDS interventions	200,000
Sub-Total	1,000,000
C. IOM OVERHEAD (5%)	67,228
Total	1,421,780

Appealing Agency	NGO to be identified
Project Title	Feeding and Accommodation of Mobile Vulnerable Persons
Project Code	ZIM-03/CSS08
Sector	Coordination and humanitarian guidance
Objective	To access and support mobile vulnerable populations by providing humanitarian assistance, which includes shelter, food and transport to, ultimately return to their homes or to go elsewhere considered safe.
Targeted Beneficiaries (Total # & description)	A total of 200,000 people need urgent effective assistance in respect of food, accommodation and transport (bus fares) to return to their homes or go to other relatively safe places. Of the total number of targeted beneficiaries, 130,000 are children and 50,000 are women.
Implementing Partners	The programme will be run in cooperation with other human rights organisations.
Project Duration	July 2003 – December 2004
Funds Request	US\$ 290,000

Summary

In Zimbabwe, violence and intimidation is being used to influence power and subsequently control the electorate. Owing to the serious effect of the violent political campaigns and intimidation, a significant proportion of people have been maimed and beaten. Private property and possessions of such people are extensively destroyed and such victims are forced to flee their homes. As the victims flee their homes, they immediately become destitute, with no shelter, food and other basic needs for them and their families. As the victims run away from their homes/communities, they move away from their source of livelihood. In light of the above, the project seeks among other things to identify, accommodate, and effectively feed the internally displaced people. The project would also provide transport assistance to the displaced to return to their original homes when the crisis is over, or to alternatively move elsewhere considered safe.

Activities

To meet the objectives of this project, the organisation will:

- Identify displaced persons in each and every region with the help of civic organisations;
- Purchase food and constitute hampers to feed victims according to size of family;
- Provide money to victims for rentals based on the number of rooms depending on family size;
- Provide money to cater for water, electricity bills and supplementary charges;
- Assist victims with transport and subsistence money each time they come to get humanitarian assistance once they have been admitted into the scheme;
- Carry out periodic surveys to assess the impact and extent of the crisis at any one given time;
- Run three staff in service courses annually to improve performance.

FINANCIAL SUMMARY	
Budget Item	US\$
Food	150,000
Accommodation (rent/water / electricity)	80,000
Bus fares / subsistence / relocation	30,000
Project management supports	30,000
Total	290,000

Appealing Agency	Relevant NGO under auspices of IOM
Project Title	Advocacy, Research and Information on Mobile and Vulnerable Peoples
Project Code	ZIM-03/CSS09
Sector	Coordination and humanitarian guidance
Objectives	<ul style="list-style-type: none"> • To carry out research on internal displacements. • To identify the MVPs' competencies and limitations and run survival skills workshops to enable them to be self-sufficient. Community based workshops on human rights will scale down violence and displacement levels. • To empower the MVPs so that they know their rights.
Targeted Beneficiaries	It is anticipated that a total of 200,000 victims in all ten national provinces will be assisted through workshops, needs assessments and project monitoring in an attempt to make them self sustaining. Of the total beneficiaries, 60,000 are women while 90,000 are children.
Implementing Partners	Organisations that deal with farm workers' rights and human rights organisations generally.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 90,000

Project Description

Displacements due to various reasons have been taking place since February 2000. The extent of this displacement remains unclear. There is thus a need to have a properly documented research on internal displacements in Zimbabwe. In addition to assisting the MVPs with shelter and food, there is also a need to make them self sufficient by assessing their individual competencies and needs, so as to help them develop and implement projects. In addition, community based awareness workshops are planned to empower the IDPs on their rights and what steps they need to take, when and how.

Activities

The set objectives will be realised through the following activities:

- identify internally displaced households through civic organisations and assess their needs;
- identify individuals' competencies and limitations;
- prepare for and conduct workshops to empower the internally displaced households on projects they can engage in for self-sustenance;
- monitor the implementation of the internally displaced households' chosen projects;
- conduct workshops to empower the internally displaced households on their rights and how to seek possible redresses;
- conduct community based workshops on human rights;
- point out human rights violations where they exist;
- where possible, conduct human rights workshops for would be perpetrators, to facilitate their conscience to restrain them;
- carry out research and assess the impact of displacements.

FINANCIAL SUMMARY	
Budget Item	US\$
Research	30,000
Material production/ circulation	10,000
Skills workshops	20,000
Accommodation/ transport/ consultancy	20,000
Equipment (computers, camera, laptop, photocopier)	10,000
Total	90,000

Appealing Agency	FARM COMMUNITY TRUST OF ZIMBABWE
Project Title	Farm workers Relief (Humanitarian Aid), Recovery and Empowerment Programme
Project Code	ZIM-03/CSS10
Sector	Coordination and humanitarian guidance
Objectives	To address the immediate relief and social protection needs and promote the welfare and rights of the vulnerable groups in informal settlements of Gambuli/Chiwiti through non food items and food generating projects.
Target Beneficiaries	Approximately 3,000 (about 15,000 people) displaced poor and vulnerable former farm worker households in the informal settlements of Chihwiti/Gambuli.
Implementing Partners	Government sector ministries and/or departments: Min. of Health and Child welfare: Training, monitoring and supervision. Local government: Coordination and monitoring and supervision District Development Fund: Training, monitoring and supervision. Departments of Natural Resources and Agricultural Research and Extension Services: Training, monitoring and supervision. Independent training institutions: Training beneficiaries.
Project Duration	July 2003 – December 2004
Funds Requested	US\$ 428,529

Project Description

The overall programme, through the coordinated implementation of the various projects, aims to improve the quality of life of vulnerable groups in the informal settlements. All the projects therefore aim to address the immediate relief and social protection needs of the target population while at the same time assisting the beneficiaries to embark on sustainable livelihoods. To that extent, community empowerment shall be an integral component of all projects.

The main activities of the programme shall involve the following under the respective projects:

- **Sustainable Livelihoods**
 1. Community and individual food and income generating activities in the form of consolidated gardens utilising micro irrigation technology
 2. Communally managed livestock restocking and draught power projects.
- **Non - Food Items Aid**
 1. Provision of non- food items especially clothing and agricultural tools to complement the food generating projects.

The expected outcome is the improved quality of life of vulnerable groups in the informal settlements. It is also envisaged that the beneficiaries' capacity to sustain themselves will have been enhanced.

FINANCIAL SUMMARY	
Budget Item	US\$
1. PERSONNEL AND OFFICE ADMINISTRATION	
Logistics and vehicles	28,649
Sub Total (1,2,3)	29,400
	58,049
2. OVERHEAD/CONTINGENCY (10%)	5,800
3. DELIVERABLES	
Procurement of NFIs	
Clothing	
Blankets	108,000
Adult male outfit	60,000
Adult female outfit	60,000
Male teenage outfit	45,000
Female teenage outfit	45,000
Toddler's outfit	20,000
Sub Total	338,000
4. FOOD GENERATING ACTIVITIES	
Cattle	2,800
Ox-drawn ploughs	480
Hoes plus handles	4,000
Picks plus handles	4,000
Axes plus handles	4,000
Community Gardens	900
Micro-irrigation Kits	10,000
Vegetable seed	200
Fertiliser	200
Chemicals	100
Sub Total	26,680
Total	428,529

ANNEX I.

DONOR RESPONSE

**Table I : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)**

Summary of Requirements and Contributions
By Appealing Organisation
as of 1 April 2004

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
ACF	0	280,000	0	0	0	0	280,000	0.00%
ACPCA	0	12,500	0	0	0	0	12,500	0.00%
ALC	133,000	133,000	0	0	0	0	133,000	0.00%
ANPPCAN Zimbabwe Chapter	60,359	60,359	0	0	0	0	60,359	0.00%
CARE INT	1,338,417	2,010,017	0	0	0	0	2,010,017	0.00%
Childline - Zimbabwe	24,077	26,000	0	0	0	0	26,000	0.00%
Christian Care	98,733	98,733	0	0	0	0	98,733	0.00%
City of Harare - Community Services	95,000	95,000	0	0	0	0	95,000	0.00%
CPC	100,000	100,000	0	0	0	0	100,000	0.00%
CRS	2,416,954	2,416,954	0	0	0	0	2,416,954	0.00%
FAO	20,891,000	15,360,000	3,765,977	0	0	3,765,977	11,594,023	24.52%
FCTZ	2,005,736	428,529	0	0	0	0	428,529	0.00%
FOSENET	0	119,388	0	0	0	0	119,388	0.00%
FST	20,000	20,000	0	0	0	0	20,000	0.00%
GAPWUZ	138,483	138,483	0	0	0	0	138,483	0.00%
GOAL Zimbabwe	3,958,182	6,677,146	0	0	0	0	6,677,146	0.00%
ILO	175,000	175,000	0	0	0	0	175,000	0.00%
IOM	500,000	1,421,780	1,395,473	0	0	1,395,473	26,307	98.15%
IPA	90,000	90,000	0	0	0	0	90,000	0.00%
ITDG	800,000	800,000	0	0	0	0	800,000	0.00%
LHH	148,000	148,000	0	0	0	0	148,000	0.00%
MCI	0	0	0	0	0	0	0	0.00%
MEDAIR	1,671,143	800,000	0	0	0	0	800,000	0.00%
Mvuramanzi Trust	338,000	511,000	0	0	0	0	511,000	0.00%
NGOs	1,928,330	2,134,250	0	0	0	0	2,134,250	0.00%
NPA	0	30,000	0	0	0	0	30,000	0.00%
OXFAM GB	750,000	750,000	0	0	0	0	750,000	0.00%
PI	0	64,478	0	0	0	0	64,478	0.00%
PSZ	102,266	102,266	0	0	0	0	102,266	0.00%
SAFIRE	40,000	40,000	0	0	0	0	40,000	0.00%
SAHRIT	30,000	30,050	0	0	0	0	30,050	0.00%
SC UK	6,303,607	6,303,607	0	0	0	0	6,303,607	0.00%
SCN	4,096,859	4,096,859	0	0	0	0	4,096,859	0.00%
SSYP	48,000	48,000	0	0	0	0	48,000	0.00%
THH	324,480	340,000	0	0	0	0	340,000	0.00%

**Table I : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)**
Summary of Requirements and Contributions
By Appealing Organisation
as of 1 April 2004

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

UNAIDS	419,000	419,000	0	0	0	0	419,000	0.00%
UNDP	46,968,230	25,525,648	0	0	0	0	25,525,648	0.00%
UNDP/RRU	644,062	0	0	0	0	0	0	0.00%
UNFPA	1,039,640	1,897,640	0	0	0	0	1,897,640	0.00%
UNICEF	9,587,039	10,810,335	5,354,947	0	0	5,354,947	5,455,388	49.54%
UNIFEM	150,000	150,000	0	0	0	0	150,000	0.00%
WFP	0	0	0	0	0	0	0	0.00%
WHO	3,472,210	8,533,696	0	0	0	0	8,533,696	0.00%
WLWR	0	56,684	0	0	0	0	56,684	0.00%
WVZ	797,050	797,050	0	0	0	0	797,050	0.00%
ZAPSO	105,000	105,000	0	0	0	0	105,000	0.00%
ZIFAYA	97,000	97,000	0	0	0	0	97,000	0.00%
ZIMRIGHTS	60,000	40,000	0	0	0	0	40,000	0.00%
ZNCWC	45,000	42,000	0	0	0	0	42,000	0.00%
ZNFPC	1,114,000	1,114,000	0	0	0	0	1,114,000	0.00%
GRAND TOTAL	113,123,857	95,449,452	10,516,397		0	10,516,397	84,933,055	11.02%

Table II : UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)

Donor breakdown of Contributions through Appealing Organisation
as of 1 April 2004

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

Part A - Non food

Donor	Channel	Project Code	Sector/activity	Amount US\$
European Commission	FAO	ZIM-03/A01	Assistance to small-holding vulnerable households in Zimbabwe through provision of agricultural inputs and coordination of agricultural emergency interventions	2,121,372
European Commission	UNICEF	ZIM-03/UNICEF	Awaiting field office allocation	488,027
New Zealand	UNICEF	ZIM-03/UNICEF	Awaiting field office allocation	73,576
Norway	UNICEF	ZIM-03/UNICEF	Awaiting field office allocation	1,245,994
Norway	UNICEF	ZIM-03/UNICEF	Awaiting field office allocation	418,848
Private/NGO/Intl	FAO	ZIM-03/A01	Emergency seeds assistance to vulnerable smallholding farmers	400,000
Sweden	FAO	ZIM-03/A01	Fodder crops for livestock-based livelihoods, inputs distribution and voucher-based seed fairs, coordination, monitoring	800,000
Sweden	FAO	ZIM-03/A01	Specific activity on Junior Farmer Field Schools, developed in conjunction with ICRISAT for potential regional expansion	160,863
Sweden	IOM	ZIM-03/CSS07	Emergency assistance to mobile and vulnerable populations in Zimbabwe	895,473
United Kingdom	FAO	ZIM-03/A01	Support to small-holding agricultural production and household food security in Zimbabwe	283,742
United Kingdom	UNICEF	ZIM-03/UNICEF	Awaiting field office allocation	3,128,502
United States	IOM	ZIM-03/CSS07	Emergency assistance to mobile and vulnerable populations in Zimbabwe	500,000
Total non food				10,516,397

Part B - Food aid

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

Grand total	10,516,397
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Table III : UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)

Listing of Project Activities - By Sector
as of 1 April 2004

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

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Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
AGRICULTURE						
ZIM-03/A11	Agricultural / rural livelihood recovery	UNDP	500,000	500,000	0	500,000
ZIM-03/A12	Agricultural marketing and pricing policy review	UNDP	20,000	100,000	0	100,000
ZIM-03/A09	An initiative to promote the development of small scale vulnerable households in communal and peri-urban settlements by embarking on agricultural interventions that also assist in mitigating the effects of the HIV/AIDS pandemic on the agricultural sector	FOSENET	0	119,388	0	119,388
ZIM-03/A02	Asset protection in vulnerable communal households	FAO	4,900,000	2,575,000	0	2,575,000
ZIM-03/A03	Control of foot-and-mouth disease in Zimbabwe	FAO	7,255,000	0	0	0
ZIM-03/A13	Critical boreholes repair for the Tichadya school community, Chiredzi District	UNDP	80,000	100,000	0	100,000
ZIM-03/A08	Emergency livestock nutrition and health support	WVZ	239,000	239,000	0	239,000
ZIM-03/A14	Emergency rehabilitation of rural community productive infrastructures in the Masvingo and Manicaland Provinces	UNDP	200,000	200,000	0	200,000
ZIM-03/A04	Food security, crop diversification, post harvest handling, community empowerment, training	GOAL Zimbabwe	1,741,740	925,150	0	925,150
ZIM-03/A05	Improving health, nutrition and food self reliance for individuals and communities affected by HIV/AIDS in Masvingo province	MCI	0	0	0	0
ZIM-03/A01	Increased agricultural production of small-scale vulnerable households	FAO	8,736,000	12,785,000	3,765,977	9,019,023
ZIM-03/A07	Promotion of traditional crops, open pollinated variety seed multiplication and production in Manicaland	SAFIRE	40,000	40,000	0	40,000
ZIM-03/A06	Provision of 30 nutrition gardens along the Save Valley in Chipinge District of Manicaland	Christian Care	98,733	98,733	0	98,733
ZIM-03/A10	Rehabilitation of Mutema Irrigation Scheme	PI	0	64,478	0	64,478
Sub total for AGRICULTURE			23,810,473	17,746,749	3,765,977	13,980,772
COORDINATION AND SUPPORT SERVICES						
ZIM-03/CSS09	Advocacy, research and information on internally displaced people	NGOs	90,000	90,000	0	90,000
ZIM-03/CSS03	Coordination and support services	UNDP	2,170,170	2,752,588	0	2,752,588
ZIM-03/CSS07	Emergency assistance to mobile and vulnerable populations in Zimbabwe	IOM	500,000	1,421,780	1,395,473	26,307
ZIM-03/CSS10	Farm workers relief (humanitarian aid), recovery and empowerment programme	FCTZ	2,005,736	428,529	0	428,529
ZIM-03/CSS08	Feeding and accommodation of internally displaced persons	NGOs	290,000	290,000	0	290,000
ZIM-03/CSS02	Fuel facility	UNDP/RRU	179,062	0	0	0
ZIM-03/CSS06	Mainstreaming gender in the Zimbabwean humanitarian response	UNIFEM	150,000	150,000	0	150,000
ZIM-03/CSS01	NGO capacity building	UNDP/RRU	465,000	0	0	0
ZIM-03/CSS05	Promoting the observance of human rights and humanitarian principles in humanitarian interventions	SAHRIT	30,000	30,050	0	30,050
ZIM-03/CSS04	Rehabilitation and recovery at community level	UNDP	0	1,875,000	0	1,875,000
Sub total for COORDINATION AND SUPPORT SERVICES			5,879,968	7,037,947	1,395,473	5,642,474

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)**

Listing of Project Activities - By Sector
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Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
ECONOMIC RECOVERY AND INFRASTRUCTURE						
ZIM-03/ER/107	Broiler project to support St. David's and St. Augustine's orphanages	ACPCA	0	12,500	0	12,500
ZIM-03/ER/101	Child protection: community based care and support to orphans and other vulnerable children	UNICEF	1,300,000	1,900,000	0	1,900,000
ZIM-03/ER/104	Economic and social rights programme	ZIMRIGHTS	60,000	40,000	0	40,000
ZIM-03/ER/106	Harare City resource centre for the destitute children	City of Harare - Community Services	95,000	95,000	0	95,000
ZIM-03/ER/105	Protection and psycho-social support for orphans and vulnerable children in farm worker communities	NGOs	17,250	17,250	0	17,250
ZIM-03/ER/102	Psycho social support networks	ZNCWC	45,000	42,000	0	42,000
ZIM-03/ER/103	Street youth programme	SSYP	48,000	48,000	0	48,000
Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE			1,565,250	2,154,750	0	2,154,750
EDUCATION						
ZIM-03/E04	Child friendly schools in Zimbabwe	CARE INT	389,917	389,917	0	389,917
ZIM-03/E03	Education in satellite and peri-urban schools	UNICEF	1,163,000	2,700,000	0	2,700,000
ZIM-03/E02	Increased educational welfare, and health care support	ALC	133,000	133,000	0	133,000
ZIM-03/E07	Legal aid and child protection programme	ANPPCAN Zimbabwe Chapter	60,359	60,359	0	60,359
ZIM-03/E06	Project for the advancement of the school sector (PASS)	CRS	1,011,954	1,011,954	0	1,011,954
ZIM-03/E01	School feeding (SF) and crucial interventions to complement school feeding in primary schools in Zimbabwe	UNICEF	871,250	0	0	0
ZIM-03/E05	Tsigirai Mhuri Skills Training Centre	CPC	100,000	100,000	0	100,000
Sub total for EDUCATION			3,729,480	4,395,230	0	4,395,230
FAMILY SHELTER AND NON-FOOD ITEMS						
ZIM-03/S/NF01	Tariro house of hope for orphans and abandoned children	THH	324,480	340,000	0	340,000
Sub total for FAMILY SHELTER AND NON-FOOD ITEMS			324,480	340,000	0	340,000
FOOD						
ZIM-03/F06	Child supplementary feeding	IPA	50,000	50,000	0	50,000
ZIM-03/F09	Child supplementary feeding and agricultural recovery programme - Chimanimani and Kadoma rural districts	SCN	4,096,859	4,096,859	0	4,096,859
ZIM-03/F05	Emergency nutritional relief for primary schools and onsite preschools programme in Mudzi and Gokwe North Districts	MEDAIR	1,671,143	800,000	0	800,000
ZIM-03/F04	Food for work in Manicaland and Matabeleland-South Province	ITDG	800,000	800,000	0	800,000
ZIM-03/F02	Food importation facility	UNDP	40,000,000	16,000,000	0	16,000,000
ZIM-03/F07	Nutritional support to all pre-school (under-fives) in two districts	GOAL Zimbabwe	786,200	1,138,500	0	1,138,500
ZIM-03/F08	Primary school supplementary feeding	GOAL Zimbabwe	0	3,183,254	0	3,183,254
ZIM-03/F01	Targeted relief to vulnerable populations in Southern Africa (EMOP 10290.0) (incorporated in the Regional Project)	WFP	0	0	0	0
ZIM-03/F03	Treatment of malnutrition and nutritional surveillance	UNICEF	2,300,000	3,500,000	0	3,500,000
ZIM-03/F10	Zambezi valley food aid	SC UK	5,348,467	5,348,467	0	5,348,467
Sub total for FOOD			55,052,669	34,917,080	0	34,917,080

**Table III : UN Consolidated Inter-Agency Appeal for
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Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/Pledges/ Carryover	Unmet requirements
HEALTH						
ZIM-03/H31	Building/strengthening health sector partnership	WHO	0	418,254	0	418,254
ZIM-03/H42	Community awareness and support of sexually abused children	FST	20,000	20,000	0	20,000
ZIM-03/H14	Community empowerment in the care of orphans and other vulnerable children (OVC)	NPA	0	30,000	0	30,000
ZIM-03/H08	Community home-based care project	CRS	580,000	580,000	0	580,000
ZIM-03/H43	Community orphan care and support	LHH	148,000	148,000	0	148,000
ZIM-03/H40	Community-based training in child protection in emergencies	SC UK	63,538	63,538	0	63,538
ZIM-03/H02	Coordination and advocacy for effective integration of HIV/AIDS and humanitarian responses	UNAIDS	202,000	202,000	0	202,000
ZIM-03/H19	Distribution of essential medical supplies initiative	CRS	825,000	825,000	0	825,000
ZIM-03/H27	Empowering vulnerable communities to identify and timely respond to epidemic prone diseases and epidemics	WHO	0	230,801	0	230,801
ZIM-03/H22	Expansion of adolescent sexual and reproductive health to youths in newly resettled areas, mining centres and growth points	ZNFPC	650,000	650,000	0	650,000
ZIM-03/H21	Extending family planning and reproductive healthcare services to newly resettled communities of Zimbabwe	PSZ	102,266	102,266	0	102,266
ZIM-03/H18	Gender protection and HIV/AIDS awareness in the agriculture communities of Zimbabwe	GAPWUZ	138,483	138,483	0	138,483
ZIM-03/H33	Health impact assessment and health service capacity monitoring programme	WHO	0	234,316	0	234,316
ZIM-03/H06	HIV/AIDS crisis response in workplace	ILO	175,000	175,000	0	175,000
ZIM-03/H25	HIV/AIDS in Zvishavane mining industry	CARE INT	0	404,800	0	404,800
ZIM-03/H07	HIV/AIDS intervention programme	GOAL Zimbabwe	1,430,242	1,430,242	0	1,430,242
ZIM-03/H09	Holistic response to reproductive health, HIV/AIDS and poverty among out of school youth in Zimbabwe	ZNFPC	69,000	69,000	0	69,000
ZIM-03/H16	Home based care and social support for farm worker communities	NGOs	88,348	88,348	0	88,348
ZIM-03/H24	Improving access to and quality of care for pregnant women to reduce maternal and infant mortality	CARE INT	448,500	715,300	0	715,300
ZIM-03/H28	Improving health information management	WHO	0	134,732	0	134,732
ZIM-03/H13	Income generating activities for HIV/AIDS affected families in Makoni district Manicaland province	ACF	0	280,000	0	280,000
ZIM-03/H23	Increasing access to family planning reproductive health information, diagnosis and treatment of sexually transmitted infections for women in peri-urban areas	ZNFPC	395,000	395,000	0	395,000
ZIM-03/H17	Internally displaced persons HIV/AIDS project	NGOs	263,000	263,000	0	263,000
ZIM-03/H05	Life skills for households affected by HIV/AIDS in commercial farm worker communities	NGOs	30,264	30,264	0	30,264
ZIM-03/H35	Mitigate the impact of malaria in specific vulnerable groups such as people 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	WHO	565,510	568,216	0	568,216
ZIM-03/H11	Mitigation of HIV/AIDS impact on child headed families	ZAPSO	105,000	105,000	0	105,000
ZIM-03/H39	Procurement of vital drugs and medical supplies	WHO	565,510	0	0	0
ZIM-03/H15	Protection and psycho-social support for orphans and vulnerable children in farm worker communities	NGOs	39,468	39,468	0	39,468
ZIM-03/H37	Provision of emergency health services for the vulnerable groups affected by agrarian reform programme in Zimbabwe	WHO	0	1,256,100	0	1,256,100
ZIM-03/H03	Public sector capacity replenishment in the face of HIV/AIDS	UNDP	1,850,000	1,850,000	0	1,850,000

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Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
ZIM-03/H29A	Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks and ITNs for prevention of malaria	UNICEF	2,952,789	1,070,335	0	1,070,335
ZIM-03/H29B	Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks and ITNs for prevention of malaria	WHO	50,000	0	0	0
ZIM-03/H34	Reducing maternal deaths and morbidity in resettled areas through capacity building and establishing community support groups	WHO	437,250	398,337	0	398,337
ZIM-03/H36	Reducing morbidity and mortality, due to the humanitarian crisis, of under-fives	WHO	431,420	431,420	0	431,420
ZIM-03/H04	Scaling up HIV/AIDS prevention initiatives in the distribution system and at food distribution sites	UNFPA	420,000	595,000	0	595,000
ZIM-03/H41	Sensitisation workshops to be held at District level	Childline - Zimbabwe	24,077	26,000	0	26,000
ZIM-03/H12	Stop the virus-break the silence in private colleges	ZIFAYA	97,000	97,000	0	97,000
ZIM-03/H30	Strengthen emergency preparedness and response (EPR) in the health sector	WHO	0	250,000	0	250,000
ZIM-03/H01	Strengthen monitoring and evaluation system for HIV/AIDS and humanitarian responses	UNAIDS	217,000	217,000	0	217,000
ZIM-03/H38	Support for prevention and management of reproductive health related morbidity and mortality at rural health centres, district, provincial and central hospitals	UNFPA	619,640	1,302,640	0	1,302,640
ZIM-03/H32	Support incentives for health staff	WHO	0	1,684,000	0	1,684,000
ZIM-03/H10	Support to prevention of mother to child transmission (PMTCT) in growth points, border and former commercial farming areas	WHO	1,422,520	1,422,520	0	1,422,520
ZIM-03/H26	Support transportation of staff, drugs, equipment and other supplies to improve health delivery services	WHO	0	805,000	0	805,000
ZIM-03/H20	Zambezi Valley and Zvimba health support	SC UK	891,602	891,602	0	891,602
Sub total for HEALTH			16,317,427	20,637,982	0	20,637,982
MULTI-SECTOR						
ZIM-03/UNICEF	Awaiting field office allocation	UNICEF	0	0	5,354,947	(5,354,947)
Sub total for MULTI-SECTOR			0	0	5,354,947	-5,354,947
WATER AND SANITATION						
ZIM-03/WS05	An initiative to combat the imminent outbreak of water and sanitation related diseases in peri-urban informal settlement (Porta Farm, Dzivarasekwa Extension and Hatcliffe Extension)	IPA	40,000	40,000	0	40,000
ZIM-03/WS02	Emergency safe water supplies, health and hygiene promotion, sanitation and nutrition gardens	Mvuramanzi Trust	338,000	511,000	0	511,000
ZIM-03/WS11	Emergency water and sanitation	WVZ	558,050	558,050	0	558,050
ZIM-03/WS10	Emergency water and sanitation in Masvingo Province	CARE INT	500,000	500,000	0	500,000
ZIM-03/WS03	Emergency water, sanitation and hygiene promotion programme in Midlands and Matabeleland South Provinces	OXFAM GB	750,000	750,000	0	750,000
ZIM-03/WS06	Improvement of public health by providing safe drinking water supply and safe sanitation facilities	WHO	0	700,000	0	700,000
ZIM-03/WS07	Procurement of water treatment chemicals for Bulawayo	UNDP	800,000	800,000	0	800,000
ZIM-03/WS01	Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in Zimbabwe	UNICEF	1,000,000	1,640,000	0	1,640,000
ZIM-03/WS08	Provision of emergency water treatment chemicals for safe water supply to urban populations in Zimbabwe	UNDP	1,348,060	1,348,060	0	1,348,060

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Project code	Sector/activity	Appealing agency	Original requirements	Revised requirements	Contributions/ Pledges/ Carryover	Unmet requirements
ZIM-03/WS09	Rehabilitation of defunct boreholes, construction of new ones, training of local artisans and health and hygiene promotion	WLWR	0	56,684	0	56,684
ZIM-03/WS04	Rehabilitation of rural water points in Zimbabwe	NGOs	1,110,000	1,315,920	0	1,315,920
Sub total for WATER AND SANITATION			6,444,110	8,219,714	0	8,219,714
Grand Total:			113,123,857	95,449,452	10,516,397	84,933,055

**Table IV: Additional Humanitarian Assistance to
Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)
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Note that this table is comprehensive to the extent that decisions have been reported to OCHA

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Date	Donor	Channel	Description	Value US\$
9-Oct-03	Australia	PI	Emergency supplementary feeding programme	419,463
Subtotal for Australia				419,463
5-Feb-04	Canada	ICRC	Humanitarian assistance	206,767
16-Dec-03	Canada	OXFAM	Monitoring of humanitarian assistance	157,695
Subtotal for Canada				364,462
27-Oct-03	Denmark	Danchurchaid	Access to emergency food and special health measures for households and vulnerable individuals in Matabeleland north and conditions for fulfilment of their basic right to food security in terms of seeds advanced	461,450
Subtotal for Denmark				461,450
11-Aug-03	European Commission	ACF	Watsan programme	456,100
11-Aug-03	European Commission	ACF	Nutrition programme	655,644
1-Sep-03	European Commission	CA	Agro inputs	227,302
11-Aug-03	European Commission	CAFOD	Health and nutrition programme	285,063
1-Sep-03	European Commission	CAFOD	Food aid	1,029,284
1-Jul-03	European Commission	CESVI	Therapeutic supplement	812,448
1-Sep-03	European Commission	COSV	Food aid	639,689
11-Aug-03	European Commission	Danchurchaid	Nutrition programme	450,399
11-Aug-03	European Commission	Danish RC	Food aid and watsan	3,318,130
1-Sep-03	European Commission	Diakonia	Agro inputs	89,159
1-Sep-03	European Commission	FCTZ	Food aid	1,560,602
1-Jul-03	European Commission	GAA	Rehabilitation of rural water points in Zimbabwe	1,004,400
1-Jul-03	European Commission	MEDAIR	Therapeutic and supplementary feeding	446,400
11-Aug-03	European Commission	OXFAM GB	Water and sanitation	872,292
1-Sep-03	European Commission	PI	Agro inputs	428,302
1-Aug-03	European Commission	SCF	Supplementary feeding	1,432,200
11-Aug-03	European Commission	UNDP	Humanitarian assistance	1,015,536
1-Sep-03	European Commission	WV	Agro inputs	406,082
11-Aug-03	European Commission	WV	Watsan programme	997,719
Subtotal for European Commission				16,126,751

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18-Nov-03	Finland	IFRC	Watsan activities	13,272
19-Feb-04	Finland	IFRC	Emergency assistance for the people of Zimbabwe suffering from lack of food, drought and poverty; support to HIV/AIDS programme	1,243,781
Subtotal for Finland				1,257,053
4-Feb-04	Germany	ADRA	School feeding project for 17,500 children	274,657
11-Dec-03	Germany	GTZ	Provision of maize, maize-seed and other vegetable seeds	356,295
8-Oct-03	Germany	Help	Provision of food rations and soap for internally displaced farm workers for a period of 5 months	264,000
24-Nov-03	Germany	JOIN	Provision of therapeutical feeding, hygiene material and medication for HIV patients	112,324
21-Nov-03	Germany	Terre Des Hommes	Therapeutic feeding of 21,500 children under five	275,822
Subtotal for Germany				1,283,098
21-Jul-03	Ireland	Trocaire	Reduce hunger through supplementary feeding and move ashort-term response of food insecurity closer to a sustainable intervention	457,143
Subtotal for Ireland				457,143
20-Nov-03	Norway	IFRC	Humanitarian assistance	21,154
1-Jul-03	Norway	NPA	Supplementary feeding	638,347
25-Aug-03	Norway	NPA	Humanitarian assistance	696,379
Subtotal for Norway				1,355,880
21-Oct-03	Private/NGO/Intl	IFRC	Water supply, sanitation and hygiene promotion project	28,500
18-Nov-03	Private/NGO/Intl	IFRC	Watsan activities	59,029
Subtotal for Private/NGO/Intl				87,529
18-Nov-03	Sweden	IFRC	Humanitarian assistance	7,692
1-Jul-03	Sweden	Mvuramanzi Trust	Water and sanitation	412,800
13-Oct-03	Sweden	SC UK	Food aid and livelihood support	320,000
1-Jul-03	Sweden	SCF	Supplementary feeding	322,500
Subtotal for Sweden				1,062,992
15-Dec-03	Switzerland	HEKS	Famine	153,846
Subtotal for Switzerland				153,846
1-Jul-03	United Kingdom	CA	Nutrition programme	2,511,000
1-Jul-03	United Kingdom	FCTZ	Agriculture project	837,000
1-Jul-03	United Kingdom	FCTZ	Nutrition programme	837,000
1-Jul-03	United Kingdom	FCTZ	Water rehabilitation	837,000
1-Jul-03	United Kingdom	FCTZ	Farm worker protection	1,004,400
1-Jul-03	United Kingdom	FOSENET	Supplementary feeding	277,805
1-Jul-03	United Kingdom	Help	Therapeutic supplement	733,632
18-Nov-03	United Kingdom	IFRC	Watsan activities	30,335
28-Oct-03	United Kingdom	IFRC	Agricultural inputs and distribution costs	87,690
1-Jul-03	United Kingdom	SC UK	Supplementary feeding	2,511,000
Subtotal for United Kingdom				9,666,862

**Table IV: Additional Humanitarian Assistance to
Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)
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Note that this table is comprehensive to the extent that decisions have been reported to OCHA

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1-Jul-03	United States	CRS	Therapeutic and supplementary feeding	297,440
1-Jul-03	United States	CRS	Seeds	654,757
1-Jul-03	United States	CRS	Therapeutic and supplementary feeding	825,000
3-Jul-03	United States	IFRC	Rehabilitation of 50 water points	23,430
1-Jul-03	United States	SCF	Water rehabilitation	605,054
1-Jul-03	United States	WVZ	Provision of seeds	239,000
1-Jul-03	United States	WVZ	Water and sanitation	279,618
1-Jul-03	United States	WVZ	Water and sanitation	518,618
Subtotal for United States				3,442,917
Grand Total:				36,139,446

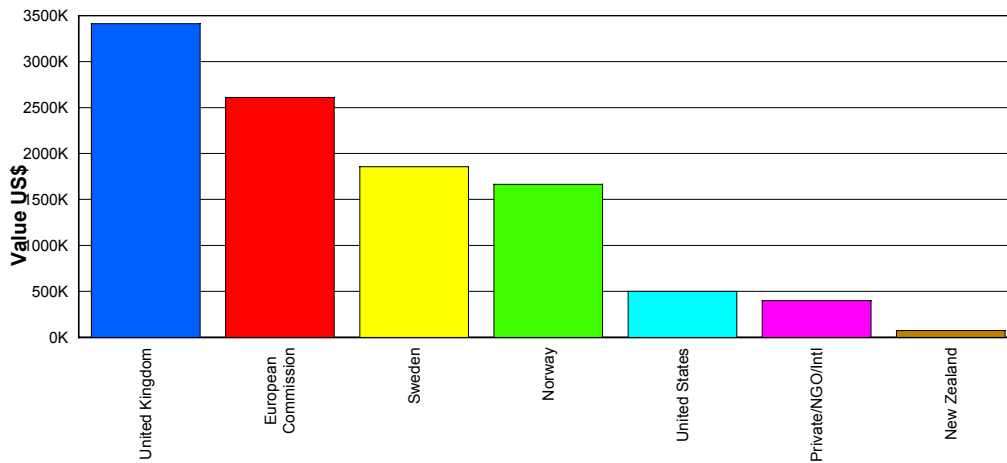
Table V: UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)

Major donors by contributions
(carry over not included)
01-April-2004

Donor	Value US\$	% of funding
United Kingdom	3,412,244	32.45%
European Commission	2,609,399	24.81%
Sweden	1,856,336	17.65%
Norway	1,664,842	15.83%
United States	500,000	4.75%
New Zealand	73,576	0.70%
Private/NGO/Intl*	400,000	3.80%
Grand Total:	10,516,397	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.

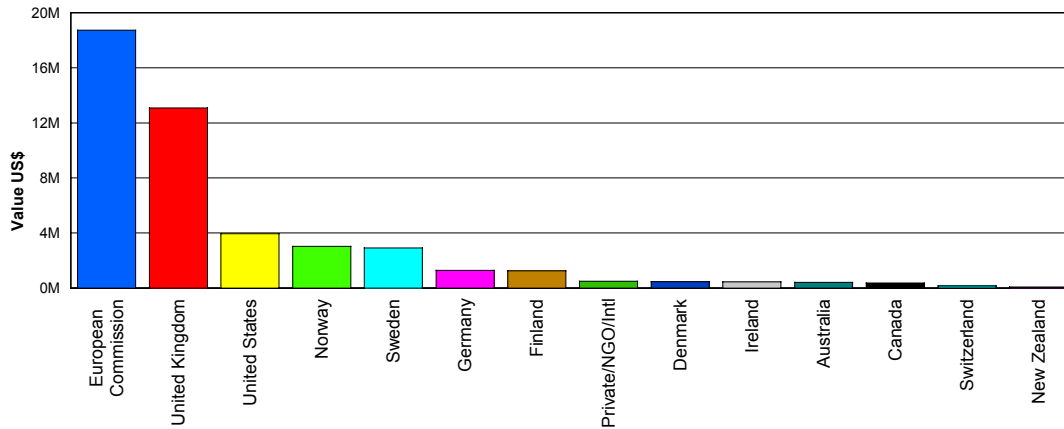
Major donors by contributions
(carry over not included)



**Table VI: Total Humanitarian Assistance for
Humanitarian Crisis in Southern Africa - ZIMBABWE (July 2003 - December 2004)**

Major Donors by Total Contributions*
(carry over not included)
01 April 2004

Donor	Value US\$	% of funding
European Commission	18,736,150	40.16%
United Kingdom	13,079,106	28.03%
United States	3,942,917	8.45%
Norway	3,020,722	6.47%
Sweden	2,919,328	6.26%
Germany	1,283,098	2.75%
Finland	1,257,053	2.69%
Private/NGO/Intl	487,529	1.04%
Denmark	461,450	0.99%
Ireland	457,143	0.98%
Australia	419,463	0.90%
Canada	364,462	0.78%
Switzerland	153,846	0.33%
New Zealand	73,576	0.16%
Grand Total:	46,655,843	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

AA	African Associated
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
BCC	Behaviour Change and Communication
CA	Consolidated Appeals
CABA	Children Affected by AIDS
CANGO	Coordinated Assembly of National NGOs
CAP	Consolidated Appeals Process
CARE	Cooperation and Relief Everywhere
CBD	Community-Based Distributors
CBO	Community-Based Organisations
CCA	Common Country Assessment
CFSAM	Crop and Food Supply Assessment Mission
CHAP	Common Humanitarian Action Plan
CHH	Child-headed Household
CHW	Community Health Worker
CMR	Crude Mortality Rate
CONCERN	Concern Worldwide
CPC	Child Protection Committee
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Security Emergency
CSA	Child Sexual Abuse
CSFP	Child Supplementary Feeding Project
CSB	Corn Soya Blend
CWF	Child Welfare Fora
DAAC	District AIDS Action Committee
DAC	District AIDS Council
DDF	District Development Fund
DEMISI	Distribution of Essential Medical Supplies Initiative
DFID	Department for International Development
DPT	Diphtheria, Pertussis, Tetanus
DRC	Democratic Republic of Congo
ECHO	European Commission Humanitarian Office
EHH	Elderly Headed Household
EMOP	Emergency Operations
EPI	Expanded Programme of Immunisation
EPR	Emergency Preparedness Response
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
FOSENET	Food Security Network
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
GIS	Geographic Information System
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
HARP	Humanitarian Assistance and Recovery Programme
HBC	Home-based Care
HC/RC	Humanitarian Coordinator / Resident Coordinator
HIV/AIDS	Human Immune-deficiency Virus / Acquired Immune-Deficiency Syndrome
HLS	Household Livelihood Security
IACC	Inter-agency Coordinating Committee
IDP	Internally Displaced Person
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education, and Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IH	Island Hospice
IHL	International Humanitarian Law
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IM	Infant Mortality
INGO	International NGO
IOM	International Organization for Migration
IPA	Inter-Country People's Aid
IPT	Intermittent Presumptive Treatment
ITDG	
ITNs	Insecticide Treated Nets
IWSD	Institute of Water and Sanitation Development
KAP	Knowledge, Attitude and Practice
LHH	Lubhanco House Hwange
LNGOs	Local NGOs
MCI	Mercy Corps International
M&E	Monitoring and Evaluation
MM	Maternal Mortality
MoE	Ministry of Education
MoH	Ministry of Health
MoHCW	Ministry of Health and Child Welfare
MCT	Mother -to-Child Transmission
MWH	Maternity waiting homes
MYR	Mid-Year Review
NAC	National AIDS Council
NERP	National Economic Revival Programme
NFI	Non-Food Item
NGO	Non-Governmental Organisation
NSSA	National Social Security Association
NPA	National Plan of Action
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	Pre-natal Death
PPTCT	Prevention of Parent to Child Transmission
PSS	Psychosocial Support Services
PSZ	Population Services Zimbabwe
RDC	Rural District Council
RH	Reproductive Health
RHC	Rural Health Centre
RRU	Relief and Recovery Unit
RTI	Respiratory Tract Infection

SACI	Southern Africa Capacity Initiatives
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
SP	Sulfadoxine + Pyrimethamine
SPSS	Statistical Package for the Social Sciences
SRO	Sub-Regional Office
SSYP	Simukai Street Youth Programme
STI	Sexually Transmitted Infection
SU	Scripture Union
SWG	Sectoral Working Group
TBA	Traditional Birth Attendants
TFC	Therapeutic Feeding Centre
TFP	Therapeutic Feeding Programme
TFZ	Tolerance Foundation Zimbabwe
THH	Tariro House of Hope
ToT	Training of Trainers
TB	Tuberculosis
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNAIDS	United Nations Programme for HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
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
UNCRC	United Nations Convention on the Rights of Child
USAID	United States Agency for International Development
UNV	United Nations Volunteer
VACC	Village AIDS Action Committee
VHF	Viral Haemorrhagic Fever
WAAC	Ward AIDS Action Committee
WATSAN	Water and Sanitation
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
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
Z\$	Zimbabwean Dollar

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