Zimbabwe 2006

MID-YEAR REVIEW

Consolidated Appeals Process (CAP)

Zimbabwe

2006

MID-YEAR REVIEW

IRIN/Zimbabwe/2003

Consolidated Appeals Process (CAP)

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The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies and standing invitees, i.e. the International Organization for Migration, the Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is to be presented to donors in July 2006.

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

In sum, the **CAP works to provide people in need the best available protection and assistance, on time.**

ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2006:

AARREC	CESVI	GSLG	OCHA	UNAIDS
AASAA	CHFI	HDO	OCPH	UNDP
ABS	CINS	HI	ODAG	UNDSS
Abt Associates	CIRID	HISAN - WEPA	OHCHR	UNESCO
ACF/ACH/AAH	CISV	Horn Relief	PARACOM	UNFPA
ACTED	CL	INTERSOS	PARC	UN-HABITAT
ADRA	CONCERN	IOM	PHG	UNHCR
Africare	COOPI	IRC	PMRS	UNICEF
AGROSPHERE	CORD	IRD	PRCS	UNIFEM
AHA	CPAR	IRIN	PSI	UNMAS
ANERA	CRS	JVSF	PU	UNODC
ARCI	CUAMM	MALAO	RFEP	UNRWA
ARM	CW	MCI	SADO	UPHB
AVSI	DCA	MDA	SC-UK	VETAID
CADI	DRC	MDM	SECADEV	VIA
CAM	EMSF	MENTOR	SFCG	VT
CARE	ERM	MERLIN	SNNC	WFP
CARITAS	EQUIP	NA	SOCADIDO	WHO
CCF	FAO	NNA	Solidarités	WVI
CCIJD	GAA (DWH)	NRC	SP	WR
CEMIR Int'l	GH	OA	STF	ZOARC
CENAP				

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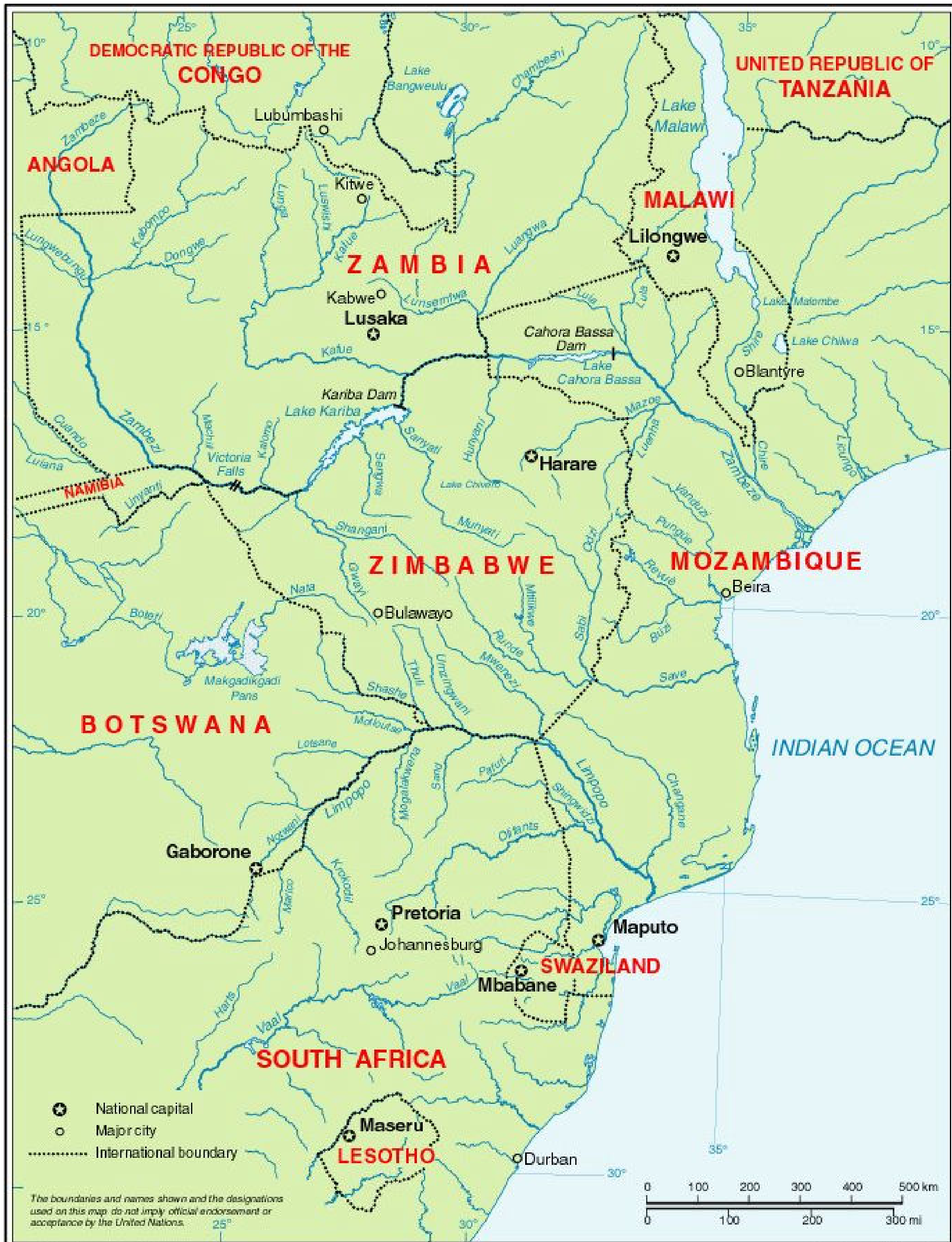
MAP OF ZIMBABWE



1. EXECUTIVE SUMMARY

The humanitarian challenges involving vulnerable groups continue to be of great concern in Zimbabwe. A large proportion of the total population of the country (11.8 million) is considered vulnerable, including groups such as children that have lost one or both parents (1.3 million; United Nations Children's Fund [UNICEF]), people living with Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome (HIV/AIDS) (1.8 million; United Nations Programme on HIV/AIDS [UNAIDS]), the chronically ill, people with severe disabilities (230,000; Central Statistical Office [CSO]), populations with disputed citizenship, refugees (10,000; United Nations High Commissioner for Refugees [UNHCR]), food-insecure communities (at least one million; World Food Programme [WFP]), ex-farm workers (160,000 households affected; United Nations Development Programme [UNDP]) and those directly affected by Operation Murambatsvina/Operation Restore Order (OM/ORO) (650,000-700,000; United Nations Special Envoy).

Over one million people will continue to require regular, sustained food assistance, as the country has harvested less than its required 1.8 million metric tonnes (MTs) needed to feed the population. Further, while the HIV/AIDS prevalence rate among adults is reported to have dropped to 20.1% in 2006, the disease continues to cause the death of an estimated 3,000 Zimbabweans per week.[1] HIV/AIDS has also fuelled a rapid growth in the number of orphans and vulnerable children. The loss of small-scale and subsistence farmers to AIDS and the high level of AIDS-related morbidity have also contributed to increased food insecurity at household levels: due to AIDS many people are dying in their most productive age. Food insecurity may also increase risk of HIV infection (e.g. by necessitating negative coping mechanisms), and worsen the physical resilience of those already infected (e.g. because of impaired diet).

The effects of OM/ORO, which took place between May and July 2005 and targeted what the Government considered to be illegal housing structures and informal businesses, continues to compound the humanitarian situation. The operation led to an increase in the number of displaced and homeless people, combined with loss of livelihoods for those that previously worked in the informal sector. Based on Government estimates that 133,000 households were evicted during the Operation, the Secretary-General's Special Envoy for Human Settlement Issues in Zimbabwe estimated that some 650,000-700,000 people were directly affected through the loss of shelter and/or livelihoods. The Government of Zimbabwe later contested these figures, and stated that the affected population constituted 2,695 households placed in transit centres, 116 children placed in institutions, 21 elderly placed in institutions, one handicapped person and 167 street people.[2]

The humanitarian situation in Zimbabwe is further impacted by a continuing economic decline with inflation reaching a high of 1,193.5% in May 2006, shortages in foreign exchange, and high unemployment and negative growth, adding to the vulnerability and suffering of the population. Hyperinflation has also resulted in increased operational costs for humanitarian programmes resulting in fewer people receiving the required assistance.

It is believed that the humanitarian situation is likely to continue to deteriorate in 2006, particularly due to the steady decline of the economy, which will have an adverse effect for already vulnerable populations. Among the expected developments are: decreases in the quality of and access to basic services; deepening of urban poverty; continued difficulty for people previously employed in the informal sector in re-establishing their livelihoods; continued emigration, both legally and illegally; and deepening overall vulnerability to natural disasters. Unless appropriate humanitarian action is taken, the use of negative coping mechanisms (such as sexual transactions) could increase, placing vulnerable persons at further risk, deepening poverty and reducing opportunities for recovery. Some humanitarian actors experience limited access to vulnerable populations; in this context, there is a need for concurrence and shared understanding with the Government on the extent of the humanitarian situation in the country and on the policies that would facilitate effective response.

The priorities for the next six months and beyond will be to save lives, enhance positive coping mechanisms and livelihoods, mitigate the impact on vulnerable populations, and ensure a comprehensive and co-ordinated humanitarian response from national and international actors.

1 May 2006: UNAIDS Report on the Global AIDS Epidemic. More information is available on www.unaids.org.zw.
2 See Response of the Government of Zimbabwe to the Report by the UN Special Envoy on Operation Murambatsvina/Restore Order, August 2006. Table of affected populations is on p. 29.

However, the absence of comprehensive assessments places limitations on humanitarian planning and response. Therefore, a further revision of humanitarian priorities may happen once the results of the Zimbabwe Vulnerability Assessment Committee (ZimVAC) are available. The results of the ZimVAC assessment conducted in rural areas are expected in July 2006, and an urban assessment is planned for July 2006.

Following this mid-year review, the 2006 Consolidated Appeal has a revised total requirement of **US$[3] 257,704,411**. As of 23 June a total of **$111,966,162** has been contributed, leaving unmet requirements of **$145,738,249**.

3 All dollar figures in this document are United States dollars. Funding for this plan should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding, continually updated, on the CAP 2006 page.

2. CHANGES IN THE CONTEXT AND HUMANITARIAN CONSEQUENCES

The overall political context in Zimbabwe remained generally stable in the first half of 2006. However, the economic and social context was characterised by the deepening vulnerability of a large proportion of the population, despite prospects for a better maize harvest than the previous year. In particular, economic indicators showed a continued deterioration, with inflation reaching 1193.5% in May 2006. This trend placed a severe strain on the economy of many households, as the price of the average consumer basket for a family of six rose from ZW$11.7 million ($167) in October 2005 to ZW$49.1 million ($450) in May 2006.[4] Meanwhile, salaries often failed to keep track with inflation, while unemployment remained high. As of May 2006, a civil servant earns on average about ZW$27 million ($247) a month and domestic workers average take home per month is ZW$3 million ($27). Further, results of the 2003 Zimbabwe Poverty Assessment Study indicated that the population below the food poverty line increased from 29% to 58% between 1995 and 2003. Further to that, while poverty increased in both urban and rural areas, it is important to note that it increased at a faster rate in urban areas during the period 1995-2003.[5]

Cholera outbreaks caused suffering in certain communities in the first half of 2006. The Ministry of Health reported that as of 8 June, cholera outbreaks had affected seven provinces, with 1,027 confirmed cases and 72 deaths since the beginning of the year. The outbreaks remained active in the districts of Guruve (Mashonaland Central), Kariba (Mashonaland West) and Chiredzi (Masvingo). While most outbreaks were curbed through the collaborative response of Government institutions and humanitarian agencies, epidemic outbreaks fuelled by inadequate and declining access to safe water and sanitation remained as a health risk. In some urban areas, inadequate water treatment was a growing concern. Meanwhile, due to shortages in foreign exchange to purchase commodities, including anti-retro viral (ARV), Opportunistic Infections (OI) treatments such as tuberculosis (TB) drugs and cotrimoxazole, and lab reagents, a weakened infrastructure and critical shortage of trained human resources to treat patients has hampered the effective response to HIV and AIDS. It is estimated that around 350,000 people are in need of anti-retroviral treatment. By January 2006 approximately 25,000 Zimbabweans were receiving such treatment, which accounts for around 7% of the people in need.

In the first half of 2006, Zimbabwe experienced an unusual series of earthquakes, and the latest ones took place on 21-22 May. Though the damage was limited, the most serious impact was experienced in the Eastern districts that included Chipinge and Chimanimani in Manicaland province. Damages were pronounced on old building structures particularly school blocks, teacher's houses and ventilated pit latrines. Chipinge district, which was closest to the epicentre of an earthquake in Mozambique on 22 February 2006, which measured 7.5 on the Richter scale, had more than 1,000 sanitary facilities and 409 houses brought down. As a result, 117 families were rendered without shelter. Meanwhile, seasonal, localised flooding was reported in Tsholotsho district, Matabeleland North province, Chipinge in Manicaland province and Gokwe in the Midlands. These had very limited impacts mostly affecting crops close to river valleys as well as livestock. However, the earthquakes highlighted the need for natural disaster preparedness and inter-agency contingency planning in collaboration with all stakeholders including the Government.

While no new large-scale evictions such as the 2005 OM/ORO were recorded in the first half of 2006, sporadic evictions occurred and the threat of being forcibly evicted remained present for many informal traders and people living in unauthorised dwellings in urban areas. As a result these groups have become among the most vulnerable in the society.

Following good seasonal rains, the 2006 maize harvest was expected to be significantly better than the 2005 harvest across much of the Southern Africa sub-region, including Zimbabwe. However, the maize production in Zimbabwe had in some cases been constrained by late planting and inadequate access to inputs. Additionally, weather extremes – from no rain to erratic or excessive rains – also negatively impacted the harvest. Southern districts in Masvingo province including Mwenezi, Chivi and Chiredzi had erratic rains that were below normal, causing early-planted crops to wilt. The provinces that experienced low rainfall in some districts included parts of Manicaland, Matabeleland South and Mashonaland West, while Matabeleland North and Northern parts of Midlands received excessive rains that caused water logging and cut yields. Mashonaland East and Central received

[4] Central Statistics Office

[5] UNDP, Draft Country Programme Document for Zimbabwe (2007-2011), 23 March 2006.

normal to above-normal rains. Until the results of the May-June 2006 ZimVAC assessment are compiled in July 2006, it is not possible for humanitarian agencies to assess the exact size of the 2006 maize harvest. Imports from South Africa are likely to be less available this year, as the South African harvest was expected to be much less due to reduced planting; and furthermore, imports from elsewhere in the world would likely be much more expensive.[6] The WFP's Vulnerable Group Feeding ended with the start of the maize harvest in April 2006, while targeted feeding for groups such as school children and households affected by HIV/AIDS continued.

The HIV/AIDS infection rate among adults continued to decline, and was estimated at 20.1% in the UNAIDS 2006 Report on the Global AIDS Epidemic, compared to 24.6% in 2002 and 21.3% in 2004. As access to anti-retroviral treatment remained limited, the disease continued to take a heavy toll on society.

Although priority needs remain mostly the same as in the original 2006 Common Humanitarian Action Plan (CHAP), there have been increased needs in the health sector, where efforts to improve and support basic services and response to epidemic outbreaks are a priority. An improved maize harvest could lead to a reduction in the population in need of food assistance. As such, humanitarian agencies active in the food sector will await the outcome of the ZimVAC and consultations with the Government in order to finalise the programming for the rest of 2006.

[6] FEWSNET, *Southern Africa Food Security Update*, May 2006.

3. REVIEW OF THE 2006 COMMON HUMANITARIAN ACTION PLAN (CHAP)

3.1. SUMMARY

The CHAP for 2006 emphasised:

- Reduced morbidity and mortality rates;
- Increased access to basic services;
- Prevention of further deterioration of livelihoods and enhanced community coping mechanisms;
- Protection of the most vulnerable; and
- Reduction in the impact of HIV/AIDS.

The priorities listed above remain valid as the humanitarian needs have neither altered nor has the total number of vulnerable populations decreased. As highlighted by the UN Special Envoy for Humanitarian Needs in Southern Africa, the sub-region currently faces the "triple threat" of HIV/AIDS, food insecurity and weakening government capacity for the delivery of basic services. Results of a World Health Organization (WHO)/Ministry of Health and Child Welfare (MoHCW) Health Impact Assessment carried out in 17 districts in November 2003, and still relevant in 2006, indicated that crude mortality was high, and an examination of cause-specific mortality illustrates clearly the impact of HIV/AIDS. Chronic morbidity levels were also high, with 8.7% of the sample considered to be chronically ill, and 18.4% of households having a chronically ill member. Levels of malnutrition remain relatively stable according to recent surveys; however there has been an increase in admissions of severely malnourished children in both Harare and Mpilo Hospitals in January 2006 compared to January 2005. In January 2005, Harare and Mpilo had an average of approximately 50 admissions. During the same period of the following year, average admissions rose up to above 160. This is more than a threefold increase.

In the absence of a comprehensive humanitarian assessment, a further revision of the priorities of the humanitarian community may take place once the results of the ZimVAC are complete. The full results of the assessments conducted in rural areas are expected in July 2006. The assessment of urban areas is planned for July 2006.

Lastly, limited humanitarian access continues to be an obstacle in the delivery of assistance activities targeting the population evicted from newly reallocated farms and to those affected by OM/ORO. There is a need for concurrence and shared understanding with the Government on the extent of the humanitarian situation in the country and on the policies that would facilitate effective response. As such, it is also necessary to accelerate standard operating procedures (SOPs); in particular with regard to accreditation of humanitarian staff, registration of humanitarian organisations, memoranda of understanding with the Government and import of humanitarian related goods (including communication equipment) as well as unfettered access to vulnerable groups.

3.1.A IMPACT OF FUNDING LEVELS ON CHAP IMPLEMENTATION

As of 23 June 2006 the donor response to the Consolidated Appeals Process (CAP) 2006 was 43% of the originally required $277 million. This figure included large variations among the sectors, as food 81%[7] and coordination 60% were the best-funded sectors in the CAP, and health, agriculture education and water/sanitation were the least funded by mid-year. Among the projects submitted by 33 non-governmental organisations (NGOs), only four received partial funding. Although these percentages are believed to under-represent the actual funding received toward humanitarian activities in the country,[8] it is clear that there is a shortage of donor response to the identified humanitarian needs, aside from food.

Funding remained one of the biggest challenges to the sectors of health, nutrition, water/sanitation and shelter. Out of the original request for $20 million for shelter needs, approximately 18% was committed. One nutrition project has received partial funding amounting to approximately 16%,[9] and

[7] WFP appealed for $111 million under the CAP, and registered $86.8 million of carry-over towards this target because the carried-over stocks were received in late 2005 and could not be distributed in that calendar year.
[8] FTS relies on information provided by donors and recipient organisations. New or corrected information should be sent to fts@reliefweb.int.
[9] Project ZIM-06/H02 on hospital and community based management of malnutrition received $170,000 out of requested $1,040,000.

one has received a pledge that would cover the requirements[10]. Health remains severely under-funded resulting in gaps in the sector ranging from critical human resource capacity at institutional and community levels to lack of medical supplies for common ailments to medicines for opportunistic infection and ARVs as well as logistical support for outreach programmes.[11] Only 15% of total funding appealed for water and sanitation was received and thus many of the gaps remain the same for the second half of 2006.

A significant amount of resources have been contributed to organisations that chose not to list their activities in the CAP. The Financial Tracking Service (FTS) reported as of 23 June that funding outside the CAP amounted to **$95,342,276** (though there may be more that donors and recipients have not reported to FTS).

The majority of the projects across all sectors in the CAP 2006 remain valid, as the context within which they were developed has not significantly changed.

3.2. SCENARIOS

The 2006 CAP planning assumptions, which centred on increased numbers of vulnerable populations as well as increased vulnerabilities, remain valid. The economic decline continues with May 2006 inflation over 1193.5% compared to about 360% in October 2005. This decline has negatively impacted on service provision and access to basic needs such as health, education, water and sanitation and food. Although there has been a decline in HIV infections, the lack of drugs and access to medical facilities still prohibit vulnerable populations from reaching proper medical care and increase their risk to other opportunistic infections.

Food availability remains a challenge, due to lack of inputs and erratic rainfalls in some parts of the country that led to poor harvests. A significant number of people displaced by OM/ORO still are without adequate shelter and limited access to health services making them more vulnerable to diseases. Quality and access to basic social services continue to decline as feared during the initial planning while the economic decline characterised by hyperinflation has also resulted in increased operational costs for humanitarian programmes resulting in fewer people receiving the required assistance.

Though there were a limited number of needs and vulnerability assessments conducted thus far in 2006, it is believed that the majority of the CAP planning assumptions remains valid. The humanitarian context has been outlined above, and the consequences for vulnerable groups remain with insufficient cereal production, increasing food insecurity, deepening urban poverty, increased health hazards and risks, unaffordable education, and inadequate access to safe water and sanitation.

3.3. STRATEGIC PRIORITIES

Improving assessments is becoming increasingly important in order for the humanitarian agencies in Zimbabwe to target their programming to the priority needs on the ground. While the Food and Agriculture Organization's (FAO) request to conduct its annual crop production assessment was not successful, the agency will coordinate over twenty NGOs to conduct a joint survey on the Impact of Agricultural Humanitarian Assistance (2005/06) in twenty districts throughout the country. Further, results of the joint government, UN, NGO and donors' ZimVAC assessment focusing on rural areas are expected in July. The ZimVAC seeks to determine the number of vulnerable populations and food-insecure areas also ascertaining the current coping mechanisms and needs of the populations while identifying areas of prioritisation in planning the humanitarian response.

Despite the politicised context and the limited access to the estimated 650,000-700,000 people affected by OM/ORO, humanitarian agencies were able to provide 1,131 transitional household shelters in and around Harare, while 295 permanent family structures were provided across the country by community-based organisations. The shelter sector additionally saw a construction of approximately 3,325 core house family units by the Government under its Garikai programme. WFP also channelled food to International Organization for Migration (IOM) and select NGOs in order to reach approximately 77,275 food-insecure people affected by evictions along with other mobile vulnerable people.

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[10] Project ZIM-06/H04 Food and Nutrition Surveillance System received a pledge of $656,660 out of requested $657.000.

[11] Response to HIV risks and Gender Based Violence within emergencies was 54% funded.

The strategic priorities for humanitarian action remain unchanged from the 2006 CAP, namely: reduction in morbidity and mortality rates; increased access to basic social services; prevention of further deterioration of livelihoods and enhancement of community coping mechanisms; and reduction of the impact of HIV/AIDS. Priorities further include improved protection of all vulnerable groups, with emphasis on women and children in accordance with international and human rights law and humanitarian principles; and improved access to vulnerable groups to ensure the delivery of humanitarian assistance.

3.4. RESPONSE PLANS

3.4.1 AGRICULTURE

Agricultural support, coordinated by FAO, recorded some positive results alongside other less encouraging outcomes in the first half of 2006. As the CAP projects from this sector received a very limited donor response, most of the activities took place with funding received outside of the CAP framework. In particular, improved land use systems focusing on conservation farming, as well as soil and water conservation techniques were promoted heavily in 2006. As of June, 9,000 communal farmers received training and inputs on conservation farming, a 100% increase from the previous year.

Despite a reduction in the number of households assisted through the seed and fertiliser programme - from the 2004/05 to the 2005/06 season - geographical coverage has improved, with more wards receiving assistance and the bulk of assistance channelled to the areas most in need. There was also a marked improvement in the relationship and cooperation with local authorities, though the planning process for the 2005/06 agricultural seasons faced the same constraints in terms of availability of data, and freedom to collect and disseminate information, as in previous years.

Recent outbreaks of Newcastle disease (ND) and the potential risk of outbreaks of foot and mouth disease (FMD) are a cause for serious concern in Zimbabwe. Records from the Department of Veterinary Field Services (DVS) show that more than 115 cases of ND were recorded in Tsholotsho, Gwanda, Bulilima, Guruve and Nkayi between January and March 2006. While there were no outbreaks of FMD recorded in 2006, there are several suspicious cases in the non-export zones still unconfirmed by laboratory analysis. For both ND and FMD it is possible that there is under-reporting of outbreaks. The concern increases considering the important role that livestock plays in the provision of livelihood in communal area and, at the same time, the inadequate capacity of the district veterinary services to tackle these emergencies. In addition to this, outbreaks of Avian Influenza in the Northern hemisphere (including eight countries in Africa) could trigger devastating effects on the human and poultry population, should the epidemic arrive in Zimbabwe.

Priorities and objectives in the agricultural sector have not changed since the beginning of the year. Above all, the focus remains on strengthening community and household livelihoods through integrated approaches that aim at improving productivity (intensification vs. extensification), managerial skills, soil and water conservation techniques, labour saving practices.

As a consequence of the better rainfall levels in 2005/06, most farmers will harvest more than in the previous seasons. It is a fair assumption that the number of food-insecure people at the end of the year will be reduced compared to the same period the year before. Consequently, the humanitarian community will adjust its response in the agricultural sector, by putting more emphasis on intensification, management, water and soil conservation aspects, and less on seed/fertiliser assistance as such.

3.4.2 COORDINATION AND SUPPORT SERVICES

The Inter-Agency Standing Committee Country Team (IASC CT) in Zimbabwe was established in order to promote information sharing as well as joint assessment, planning and response, under the overall leadership of the Humanitarian Coordinator (HC). The IASC CT, which includes three representatives from the NGO community, meets on a biweekly basis to discuss the humanitarian situation and response. Most sectoral working groups meet on a monthly basis, but many still require further strengthening and support. Information sharing remains particularly difficult, and will require more coordination efforts and a commitment to transparency by all the actors.

Progress to date includes the establishment of the Office for the Coordination of Humanitarian Affairs (OCHA) Field Office in Zimbabwe as of 1 January. A bimonthly meeting of the chairs of the sectoral working groups has been instituted, in order to promote the sharing of experiences, information across clusters and engage in joint problem solving. A new shelter cluster-working group has also been established, chaired by IOM. An inter-agency contingency planning exercise has also been initiated, with broad and high-level participation from the Government sector. Finally, the rural ZimVAC has been initiated and results are expected in July 2006, while the assessment of urban areas will take place in June.

In May 2006, during the first allocation for under-funded emergencies from the new Central Emergency Response Fund (CERF), Zimbabwe was allocated a $1 million dollar grant. The IASC CT identified nutrition, health (cholera response), child protection and shelter as priority sectors for this grant.

Priorities for the next six months include the facilitation of the implementation of humanitarian reform in Zimbabwe; strengthening of support for sectoral/cluster working groups; completion of the rural and urban ZimVAC; roll-out of the Needs Analysis Framework (NAF) in Zimbabwe in coherence with the timeline for the global roll-out; completion of the inter-agency Contingency Plan; improved information collection and sharing, including "who does what where" information. Workshops, seminars and briefings will be facilitated by the HC supported by the OCHA Field Office to increase awareness and understanding in the humanitarian community of the Consolidated Appeals Process and its purpose in humanitarian reform, the CERF and the cluster approach. The initiation of the 2007 Consolidated Appeals Process for Zimbabwe will also be implemented.

3.4.3 ECONOMIC RECOVERY AND INFRASTRUCTURE

The economic situation continued to deteriorate in 2006, and there were few signs that an economic recovery was yet underway. In particular, inflation continued to climb. According to the Consumer Council of Zimbabwe, the cost of living for the average family increased by 19.5% during the month of May alone. Notable increases were recorded in water and electricity, which rose by 185.9%, health by 40% and transport by 66.7% as well as salt by 51%, white sugar by 34% and margarine by 18.3%. Other negative trends included rising unemployment, persistent under-employment, and low rates of savings and investment.

Shortages in foreign exchange persisted in the first half of 2006, with a negative impact across economic activity and job creation, as well as basic services such as health. Despite having paid back a significant share of its debt to the International Monetary Fund (IMF) in 2005-2006, Zimbabwe was not granted the right to take up new loans and did not see its voting rights being restored at the IMF Board Meeting in March 2006. This situation created further uncertainty about the economic outlook for the country.

The strategic priorities in the economic recovery and infrastructure sector did not change significantly in the first half of 2006. Efforts continued to focus on restoring livelihoods, strengthening coping mechanisms, improving skills and building capacity. However, most of the activities in the economic recovery and infrastructure sector in the first half of 2006 took place outside of the CAP framework, and no funding was registered to the projects included in the CAP from this sector. For example, the International Labour Organization (ILO) secured funds to do an impact assessment of HIVAIDS on small – medium scales (SMEs), and supported the mining sector in developing a mining sector policy on HIV/AIDS, which was later been adopted with a related strategy and an action plan. ILO also worked with the Government of Zimbabwe to host a sub-regional conference and to develop a national action plan on youth employment.

3.4.4 EDUCATION

In the first half of 2006, efforts were made to return children displaced by OM/ORO to school through the provision of stationery and learning equipment to affected schools. This was aimed at increasing the capacity of schools in areas with displaced children to accept new enrolments. As such, 10,288 core subject textbooks were procured for schools in five districts; 565 children were assisted through the procurement of exercise books; 125 displaced children in Binga District were assisted to return to school following the displacement; 450 children in the Early Childhood Education Centres (ECEC) programme benefited from locally produced toys and play equipment; two community awareness workshops were held for 60 parents at Hopley and Hatcliffe respectively on the benefits of the Early

Childhood Development (ECD) programme to children of 0-6 years; and five boreholes were rehabilitated and three new boreholes drilled improving the sanitary conditions for 10,842 children at eight schools in Harare.

Challenges to the provision of education included the high direct and indirect costs of education as a result of high inflation; reduced supervision of schools by Ministry of Education because of shortage of vehicles; prioritisation of survival needs that relegate education needs; negative religious and cultural influences; need for girls to stay home to care for sick family members or to work to support their families; inadequate resources – manpower, financial and material; and a critical shortage of core textbooks and stationery in schools; and a textbook to pupil ratio still above 1:4. Within this context, prioritisation of one group of vulnerable children (those displaced by OM/ORO) over these other vulnerable children was difficult to justify.

Education is often considered to be developmental issue rather than an emergency, life-saving measure. As such, the donor response to the sector was poor. Assisting Orphans and Vulnerable Children (OVC) return to schooling, purchasing of teaching and learning materials and furniture for schools that enrol children out of school were the two main activities, which were under-funded. Indications from the "*Be In School*" campaign are that there are many children who are not able to return to school because they do not have the funds to pay fees and other responses.

The land reform programme reorganised settlement patterns in rural areas and led to the establishment of 628 new schools for newly re-settled areas, with an estimated enrolment of 150,000 children. These children are often learning under hazardous conditions in locations such as tobacco barns, with no proper toilet and safe water. Additionally, in most cases no teaching and learning materials as well as the frequent movement of teachers due to the lack of decent accommodation remain major challenges.

3.4.5 SHELTER AND NON-FOOD ITEMS (NFIS)

Despite the politicised context, humanitarian agencies were able to provide 1,131 transitional shelters in and around Harare, with an additional 295 permanent structures across the country provided by community-based organisations and targeted directly to vulnerable beneficiaries affected by OM/ORO. Additionally, 3,325 core house family units were provided by the Government under its Garikai programme.

The provision of the transitional shelters in Harare area has broken the impasse on shelter provision in urban areas. As these shelters have been provided to vulnerable people affected by OM/ORO, humanitarian agencies have proven that it is possible to reach the vulnerable, despite not being in full control over the process of stand allocation. Furthermore, the provision of permanent structures by community-based organisations signifies an advance in the capacity of communities to help themselves through cooperative saving, borrowing and building schemes as well as the application of low-cost housing solutions.

A key challenge in the sector has been the limited funding made available for shelters. With a total initial request for approximately $20 million for the sector, now revised to $10 million, only around $1,916,277 was made available for shelter. Another challenge has been the provision of stands and security of tenure for those affected. However, the limited funds made available fell far short even for the shelter needs of those vulnerable people affected and allocated with access to stands. This situation has severely limited the scope of response of the organisations involved in the sector.

While no comprehensive nationwide survey has been conducted, needs assessments have been carried out in select sites across the country, identifying approximately 5,500 families still in immediate need of shelter. Even at this non-exhaustive level, this figure is a cause for serious concern, given that the people in question have already survived one winter and one rainy season without shelter, and are now facing their second winter with sharp drops in temperature, severely impacting their health and coping capacity.

Furthermore, in the absence of permanent structures, security of tenure remains a problem for people residing in temporary structures, causing uncertainty that could restrict them from fully taking charge of their situation. Related to the needs assessment for shelter is therefore the issue of lack of knowledge of the magnitude of the problem of security of tenure. There is no information readily available

indicating the number of people residing in places across the country in which they do not have secure tenure.

3.4.6 FOOD

As a result of the poor harvest and economic decline, Zimbabwe faced serious food shortages in 2005-2006, creating a gap in cereal consumption needs. Within this context, WFP together with eleven NGO partners launched a large-scale vulnerable group-feeding programme at the end of 2005. The programme targeted three million vulnerable people, with the objective of sustaining vulnerable, food-insecure households and preventing death, destitution and a breakdown of normal societal functions. Due to rising inflation and increased need, the programme was revised upwards to reach 3.6 million people, with an additional 900,000 people targeted through a parallel NGO pipeline (Consortium for Southern Africa Food Security Emergency (C-SAFE) composed of World Vision, CARE and Catholic Relief Services (CRS)), using the same targeting criteria and modalities as WFP.

In addition, WFP continued and expanded targeted activities, including school feeding, urban feeding, and various HIV/AIDS initiatives. These reached an additional 700,000 people. From January to April 2006, approximately 4.3 million people received 150,931 tonnes of food from WFP and implementing partners through the vulnerable group feeding programme and targeted activities (school feeding, urban feeding programme and HIV/AIDS initiative programmes). In March 2006, 64% of schools participating in the WFP school feeding programme in Binga district and Bulawayo urban reported an increase in school attendance.

Main challenges in the food sector have been pipeline and logistical constraints. Pledges were largely adequate to meet needs during the peak hungry season months (December through March), however in-kind contributions arrived very late, creating breaks in certain food commodities. In addition, transporter shortages for cross border movements from South Africa, weather impediments and erratic fuel supply in country posed logistical challenges. However, through contingency planning, WFP has been able to meet its programme demands.

As planned, the vulnerable group-feeding programme ended on 30 April with the start of the harvest. The reduced food caseload decreased from 4.4 million to one million people. Ongoing beneficiary programmes for the remainder of 2006 will include: school feeding; Home Based Care (HBC) for people living with HIV/AIDS; OVC for children who are without one or both parents; Family Child Health Nutrition Support (FCHNS) for pregnant and lactating women and malnourished children; and in support of ex-farm workers and the food-insecure people affected by OM/ORO through IOM and select NGOs. Consistent with the original design of WFP's Protracted Relief and Recovery Operation in Zimbabwe, the agency will continue to use relief food assistance to preserve livelihoods and contribute to the safeguarding of the nutritional status of children and those affected by HIV and AIDS.

Due to favourable rainfall, expectations are that the food security situation in Zimbabwe has improved somewhat following the April 2006 harvest. However production remains inadequate to meet internal needs. According to WFP, the 2006 maize harvest is estimated at under one million MTs, against a requirement of 1.4 million MTs for human consumption and 0.4 million MTs for livestock consumption. While WFP's gross requirement ($111 million) for 2006 remained unchanged, carry over resources ($86.8 million) and new contributions ($3.5 million) resulted in unmet needs of $20.7 million for the remainder of 2006.

3.4.7 NUTRITION

Sentinel site surveillance of the nutrition situation in Zimbabwe expanded from 10 to 23 districts in November 2005. Additional districts included those affected by the OM/ORO in Harare, Bulawayo and Mutare to assess the impact of the displacements on the nutrition situation. Nowhere in November 2005 did levels of acute malnutrition reach emergency thresholds. The highest level of malnutrition was found in Binga district at 7.3%. The surveillance data did not show any significant differences in nutritional status between sexes, but it has found that children are more likely to be malnourished in households with a chronically ill member. Increases did occur in urban areas but overall levels of malnutrition remained low in Harare and Bulawayo. Despite this, data from the MoHCW show that hospital therapeutic feeding admission rates for severely malnourished children have increased dramatically in 2006 compared to the previous two years in both Harare and Bulawayo.

The nutrition situation in Zimbabwe has been monitored over the past six months through the Food and Nutrition Sentinel Site Surveillance System in 23 districts. In June 2006 nutrition indicators were added to the Zimbabwe vulnerability assessment in 60 districts. The findings from these and other NGO assessments inform emergency preparedness efforts through the Nutrition Technical Consultative Group that meets monthly. The current nutrition situation does not warrant a large-scale nutrition response. Over the past six months emphasis has been placed on reducing mortality from severe malnutrition through the Community Based Nutrition Care Programme (CBNCP) that aims to reduce mortality by increasing coverage and avoiding late presentation to hospital based therapeutic feeding units. Performance indicators are being collected for the CBNCP but as the programme is in its infancy insufficient data is available to demonstrate any impact.

Furthermore, while food security aspects in HIV programming are widespread, little is being done on nutrition and HIV in particular around nutrition education. A nutrition training manual has been developed by the Food and Nutrition Council, FAO and UNICEF to train practitioners involved in HBC, OVC programming, nutrition gardens and other HIV/OVC related initiatives. Nutrition education activities related to HIV programmes need to be strengthened in the second half of 2006.

A Nutrition Atlas on who is doing what and where in the area of nutrition was finalised in May 2006. This highlighted major gaps in the care and health aspects of nutrition programming in Zimbabwe. The findings from the Nutrition Atlas will be used to facilitate better planning, coverage, and coordination of nutrition initiatives.

The 2006 nutrition response plan objectives are still relevant and remain unchanged. To account for the increase in urban malnutrition an activity added to reach the objectives is to expand the community based nutrition care programme, including community therapeutic care, into urban areas of Harare and Bulawayo. Plans for this expansion are underway. However, a primary challenge for the sector remains to be the insufficient donor response, apart for the support for nutrition surveillance funding, which as a result limits the impact any actions may have on the nutrition situation.

3.4.8 HEALTH

Minimum basic health services have been maintained for the majority of the vulnerable populations despite inadequate financial, material and human capacity resources. For example, health organisations, supporting the Ministry of Health, controlled malaria epidemics from January – June 2006 with 294,138 cases and 378 deaths (Case Fatality Rate = 0.13). Since November last year 142,000 bed nets were distributed. Distribution was targeted to children less than five years of age, pregnant women, and people being displaced due to OM in malaria endemic districts. As the funding received to CAP projects from the health sector was very modest in the first half of 2006, there were large gaps, and much if the limited activity in this sector took place with funding received outside of the CAP framework.

Cholera outbreaks caused suffering in certain communities in the first half of 2006. WHO and the Ministry of Health report that cholera outbreaks had affected seven provinces, with 1,027 confirmed cases and 72 deaths (Case Fatality Rate = 7%) since the beginning of the year. The outbreaks remained active in the districts of Guruve (Mashonaland Central) Kariba (Mashonaland West) and Chiredzi (Masvingo) though no new cases were reported as of 8 June. While most outbreaks were curbed through the collaborative response of Government institutions and humanitarian agencies, epidemic outbreaks fuelled by inadequate and declining access to safe water and sanitation remained a health risk. In some urban areas, inadequate water treatment was a growing concern. Since November 2005, over 180,000 cholera prevention and control Information, Education and Communication (IEC) materials, including flyers, stickers and posters were produced and distributed.

The Measles and Vitamin A National Immunisation Days taking place in June 2006 are expected to reach 90% of the targeted 1.7 million children under five in the country. In order to assure uninterrupted routine immunisation for children, 60 tons of Liquid Petroleum gas was ordered to facilitate vehicle usage and cover the period July-September. Additional resources are required for routine immunisation.

Humanitarian organisations maintained access to 35,000 Anti-Retroviral Treatments (ART), HIV prevention and care services to vulnerable populations. Specifically under an IOM project on the response to HIV Risk and Sexual and Gender Based Violence (SGBV), through the use of the IASC Manual and joint IOM/United Nations Population Fund (UNFPA) gender-based violence (GBV) referral

materials, from January 2005 – June 2006, 220,921 beneficiaries, in twenty-five districts and/or major urban centres nationwide were reached with HIV and SGBV prevention activities and support for Persons Living with HIV/AIDS (PLWA). The programme was submitted to a joint donor review, and considered one of the best experiences in HIV mainstreaming in the region and will be documented under the UNAIDS Best Practices publication. In the context of the same programme, UNFPA trained staff of humanitarian agencies on the IASC guidelines on GBV prevention and management and also trained UNICEF implementing partners on the code of conduct for humanitarian workers.

Specific achievements included emergency assistance and support to HIV/AIDS affected households within displaced communities through a number of different mechanisms focusing on prevention and care for the chronically ill. In the area of HIV prevention, the programme conducted 223 Gender and AIDS Awareness workshops at food distribution sites that reached 55,538 beneficiaries; distributed 797,770 male and 105,599 female condoms at food distribution sites and through community outlets; developed plans for the establishment of additional condom outlets in the field; and distributed 60,799 gender awareness IEC materials at food distribution sites. In relation to care for the chronically ill, 115 (TBC) home based care kits were distributed, benefiting approximately 600 chronically ill people and 16 workshops were held to train 520 home based care providers in home based care, crisis counselling and communication. The training covered Harare (Mufakose, Hopley Farm, Hatcliffe and Epworth Mission), Chitungwiza, Mutare, Kariba and Victoria Falls.

Challenges included difficulties in absorbing and prioritising SGBV amongst cooperating partners and community based organisations. Cultural norms prevent reporting of SGBV cases and therefore different avenues of access need to be developed where survivors are free to report cases and receive proper medical attention. Lack of expertise in the country on gender issues, has delayed some activities such as the draft of the information materials. Therefore a need was identified to institutionalise SGBV support within general humanitarian assistance. Similar to HIV mainstreaming, awareness and capacity building workshops on SGBV are suggested for humanitarian workers, specialised caregivers, and government partners.

In the first half of 2006, there has been little progress in achieving overall health objectives due to lack of implementation, which again is a result of lack of funding. Community health actions have not reached displaced communities, which were heavily affected by outbreaks of malaria and cholera in the last few months. Improvement in environmental conditions such as access to clean water, sanitation, and establishment of solid waste management are critical. In addition the need for disease control and prevention, care and treatment at community level will need to be addressed. Lastly, current gaps in the health service delivery range from critical human resource capacity at institutional level right down to community level, medical supplies for common ailments to medicines for opportunistic infection and ARVs and logistical support for outreach programmes.

3.4.9 MULTI-SECTOR

3.4.9A MOBILE AND VULNERABLE POPULATIONS

Assistance to ex-farm workers and persons affected by OM/ORO continued in the first half of 2006. Since the beginning of 2005, food was distributed to more than 40,000 mobile and vulnerable households nation-wide along with NFIs to approximately 44,000 households. In addition, livelihood assistance was provided to 7,131 ex-farm worker households who had access to land, while water and sanitation was provided to 1,215 and 3,127 households respectively, Access to water was secured through the provision of three boreholes in Chipapa, Hurungwe district; one borehole in Shilo, Chiredzi district of Masvingo and 18 wells in Buhera, Mutare and Makoni districts of Manicaland province. Sanitation was provided through 900 blair toilets in Chipapa, Hurungwe district of Mashonaland West province, 27 blair toilets in Chiredzi district of Masvingo and more than 2,200 ecological toilets in Makoni and Mutare districts of Manicaland. A total of 237 households among this target group also received shelters (complementing the numbers reported under the shelter sector).

At the first anniversary of OM/ORO, there were reports of a resumption of small-scale sporadic evictions. This fluid situation is compounded by the existing mobility of ex-farm workers, whom, during the fast track land reform programme, have been displaced from their usual dwellings. As farms continue to be seized following the recent 17th Constitutional Amendment, further displacements could be forthcoming.

Among displaced populations, the risk of exposure to HIV is very high; with adult HIV prevalence in this group estimated to be 35% in 2003. HIV vulnerability has increased in this population because of

poverty, food insecurity, and social instability. Furthermore, of the thousands of households affected by displacement, there are several particularly vulnerable, sub-groups, including those displaced with nowhere to go who require food, shelter and NFIs; those displaced who reside either in a communal or state land but need further assistance with food provision, livelihood assistance, shelter, water and sanitation; and those displaced within commercial farms.

The main challenge in the sector has been the magnitude of the needs as well as the fluidity of the situation, making comprehensive needs coverage difficult. While new displacements are occurring, many have managed to stabilise their abode, indicating a need to move on to more comprehensive recovery assistance. While food and NFIs will continue to be crucial, more emphasis needs to be placed on generating livelihoods, health assistance, access to water and sanitation as well as shelter and mainstreaming of HIV/AIDS and prevention of gender based violence.

The priorities for the provision of assistance to mobile and vulnerable populations include: proper identification and registration of the affected populations; provision of food, shelter, NFIs, livelihood assistance, water, and sanitation; and the integration of HIV/AIDS responses.

3.4.9B CROSS-BORDER MOBILITY AND IRREGULAR MIGRATION

The social and economic decline over the past few years continues to fuel an exodus of a significant number of Zimbabweans. As many such migrants travel without proper travel documents they are often labelled illegal migrants in the receiving country and deported when apprehended. The deportation of thousands of Zimbabweans from South Africa and Botswana continues, with approximately 8,000 Zimbabweans alone being deported monthly from South Africa to Zimbabwe through the Beitbridge border crossing point.

The lack of sufficient money to return to their homes of origin coupled with their wish to return to South Africa often-lead deportees to walk across the border back into South Africa. In the meantime, their continued stay in Beitbridge, with limited coping mechanisms, makes them prone to illnesses such as TB and HIV/AIDS, as their search for a means of survival sometimes leads to commercial sexual activities. Beitbridge has experienced an increase in the prevalence of TB (a proxy for HIV/AIDS), and now has the highest prevalence rate of HIV in Zimbabwe.

A Reception and Support Centre was therefore established in Beitbridge on the border of South Africa, where immediate food support, basic health care and referrals[12] for further treatment are provided, along with counselling on irregular migration, as well as transportation assistance for the most vulnerable. A Children's Centre has also been constructed, where unaccompanied children receive assistance, counselling and temporary housing while their families are located and other durable solutions are found.

Prevention strategies aimed at reducing irregular migration among populations in economic distress require options for improving the economic well being of the potential migrants. In response to this need, the Governments of Zimbabwe and South Africa have taken steps to facilitate regular channels for labour migration. This includes exploring the possibilities of establishing a foreign placement centre to facilitate the legalisation of Zimbabwean farm workers who plan to work on farms in the Limpopo province, South Africa.

Priorities for the next months will focus on the expansion of the Reception and Support Centre to include information on safe migration and the risks of HIV/AIDS. Furthermore, while the Centre has already created a forum for strengthening dialogue between the Governments of South Africa and Zimbabwe on issues related to the humane treatment of irregular migrants. Efforts will be explored to strengthen this collaboration and focus on the broader issues of how to address migration between the two countries. Data collected at the Centre will be used to inform such dialogue.[13] At an operational level, training will be provided to border officials, police, and social service providers on trafficking,

[12] Referrals will be made to the Beitbridge District Hospital and basic health costs will be covered for treatments provided. In addition, as Beitbridge District Hospital lacks basic drugs, the project will strengthen the capacity of Beitbridge in the area of health by procuring necessary medicaments.

[13] Research will be conducted to identify the obstacles and vulnerabilities experienced by cross-border migrants in Beitbridge, Zimbabwe. Utilising data collected through focus groups and surveys, the final report will provide a better understanding of the various factors that determine how and why people utilise IOM's assistance in Beitbridge. The report will conclude with a number of evidence-based recommendations

smuggling, and the vulnerabilities of irregular migrants and their rights, in order for migration to be addressed more humanely.

3.4.10 PROTECTION / HUMAN RIGHTS / RULE OF LAW

3.4.10A CHILD PROTECTION

The number of children left orphaned and vulnerable continued to increase in 2006. Currently there are 1.8 million orphans in Zimbabwe. Severe humanitarian situations increased not only the prevalence of orphans and vulnerable children in the country but also severely affected all aspects of a child's welfare and development—physical, material, psychological, and social.

While sector plans have not yet changed since the launch of the 2006 CAP, there has been demonstrable progress in achieving strategic priorities whose overall objective for actions is the protection of children and women from negative impacts of emergencies including abuse, violence, exploitation and discrimination. Activities have been carried out to ensure that community based coping mechanisms and psychosocial support for children and women are supported; that the most vulnerable are targeted across the country; and that community foster care is scaled up to prevent family separation.

Planned activities for the remainder of 2006 will continue to focus on advocating against domestic, gender based violence, child abuse and exploitation in identified geographic areas; advocating against child labour, including the worst form of child labour, in identified geographic areas where child labour is prevalent; code of conduct training for humanitarian workers to ensure that all implementing partners adapt the six core principles as well as the sexual and gender based violence guidelines; mobilising and strengthening community-based responses; and ensuring access to essential services for vulnerable children and strengthening/establishment of child protection committees.

Further activities will include providing an interim care, family tracing/assessment and reunification services for unaccompanied children deported from South Africa in Beitbridge, facilitating the identification, registration and medical screening of separated children particularly those under five years of age and adolescent girls; enhancing support for temporary shelters for children to be reunified, and giving support to identified children's homes with food, medication, and psychosocial supports; and providing post-exposure preventive (PEP) kits and psychosocial supports for victims of abuse, and violence.

Factors potentially impacting protection initiatives include limited access to affected populations; reduced capacity to provide expanded services in newly resettled areas; and logistical challenges in targeting the most vulnerable children.

3.4.10B HUMANITARIAN PRINCIPLES

One year ago, the Government-initiated OM/ORO (May-July 2005) created a massive and sudden displacement that the humanitarian community to date has not yet had sufficient access to, in order to determine protection needs and develop appropriate action plans. Negative repercussions resulting from this insufficient lack of access lead to inadequate assistance in the forms of medical care, shelter, water and sanitation. As a substantial proportion of the total population of Zimbabwe (of 11.8 million) are considered vulnerable,[14] issues pertaining to protection remain a challenge that require a strengthened coordination capacity in order to build a common understanding of the issues effecting the safety and well-being of the vulnerable population. Given the prevailing context of economic decline and increasing poverty, more information is still required on the varying coping mechanisms and how those can best be supported through humanitarian assistance activities.

Since November 2005, three training sessions were facilitated on IASC Code of Conduct and Prevention of Gender Based Violence (two in Harare and one in Bulawayo). Implementing partners of the UN and those working in emergency response in Hatcliffe Extension and Hopley Farm also

[14] This includes: children that have lost one or both parents (1.3 million; UNICEF), people living with HIV/AIDS (1.8 million; UNAIDS), the chronically ill, people with severe disabilities (230,000; CSO) populations with disputed citizenship, refugees (10,000; UNHCR), food-insecure communities (at least one million; WFP), ex-farm workers (160,000 households affected; UNDP) and those directly affected by Operation Murambatsvina/Operation Restore Order (OM/ORO) (650,000 – 700,000; UN Special Envoy).

benefited from these sessions. In total, more than 80 staff from 21 NGOs and three UN agencies were trained on the subject through lectures as well as group work sessions.

As suggested in the 2006 CAP, the issues of protection of the most vulnerable require a holistic approach. In this context, protection is examined not only in terms of service delivery, but also through the whole spectrum of basic human rights as enshrined in national, regional and international legal instruments. A more thorough analysis of the causal factors, linkages and cross-cutting issues is essential in order to address the intricate issues affecting refugees, internally displaced, the elderly, women and children as well as survivors of sexual and gender-based violence.

Strategies that can be used to promote protection include: developing a common understanding of protection; revising the protection coordination and support structures; developing networks with national and local authorities; strengthening strategic partnerships, including the UN and other implementing partners; conducting joint assessments to locate the most vulnerable people in need of protection and map what kind of protection is required; and increasing information sharing, monitoring, and reporting.

Constraints on effective protection programming in Zimbabwe are manifold, and primary responsibility for the protection of civilians rests with the government of Zimbabwe. An important constraint is the Government's incomplete adherence to its stated protection commitments, as mandated by national, regional and international frameworks. For example, the UN Special Envoy on Human Settlement in Zimbabwe concluded that OM/ORO had been carried out in a manner that violated basic human rights. To achieve lasting improvement, the consistent protection of basic human rights is essential to ensure the protection of civilians. As a result, there is a need for concurrence and shared understanding with the Government on the extent of the humanitarian situation in the country and on the policies that would facilitate effective response.

Going forward, a common protection strategy supported by the high-level representation of the UN Resident Coordinator/Humanitarian Coordinator (RC/HC) and the United Nations Country Team (UNCT), and implemented by the humanitarian community at-large could form the basis of enhanced action protection mechanisms in Zimbabwe. The high-level participants would support the field in their protection activities, whether through strategic guidance, analysis, representation to the government, lobbying support, or via the channelling of information to relevant actors. A strategy of engagement that aims at developing and seizing opportunities for constructive dialogue and partnership, while maintaining focus on humanitarian principles and international human rights standards, could also help strengthen dialogue between international partners and the Government.

3.4.11 WATER AND SANITATION (WATSAN)

Zimbabwe has experienced a decline in access to safe water supply and basic sanitation due to several factors including, the general economic decline, eroded institutional and community capacity and the effects of the HIV and AIDS pandemic. However, due to the good rainfall in the 2005/6 season, there is an improvement in surface and underground water, thus relieving pressure on domestic water facilities as livestock has alternative sources to draw on. However, the situation in the southern region of the country remains precarious.

The problems of inadequate WATSAN continue to be most severe in families with PLWA, women, OVCs and child headed households. In rural areas there is currently 24% (17,068) of water supply facilities not functioning[15]; hence a daily shortage of safe water supply amongst approximately 2,500,000 people in rural areas[16]. The cholera epidemic, associated with shortage of safe drinking water supply, poor hygiene and sanitation, has affected 17 rural districts and Harare between November 2005 and May 2006. The situation is expected to get worse toward the rainy season, requiring accelerated and protracted efforts in prevention and control actions.

In urban areas, water and sewage systems have to some extent broken down due to ageing, excessive load, pump breakdowns and poor operation and maintenance. This has resulted in raw sewage being discharged into natural watercourses, and ultimately into urban water supply sources. Bulawayo City has a persistent shortage of water. Its supply dams are 47% full, not enough to last

[15] NWS Inventory, 2004
[16] Census, 2002

until the next rainy season, posing a serious threat to the health and well being of approximately 1,000,000 residents. The Government's OM/ORO of May 2005 rendered populations vulnerable due to an acute lack of safe water supply and basic sanitation services. Harare alone still has over 10,000 poor families in urgent need of these basic services with remote chances of improvement in the next six months, unless appropriate action is taken.

While the donor response to the projects listed in the 2006 CAP was limited, agencies were able to draw on other channels of funding to address needs in the WATSAN sector. The achievements included:

Service	Beneficiaries	Location
11 boreholes drilled & equipped	12,966 OM/ORO victims	Hopley
45 new boreholes drilled & equipped, & 30 new wells	More than 15,750 people	Rural areas
1,396 boreholes repaired	Over 349,000 people	Rural areas
48 boreholes repaired, 6 additional motorised	More than 120,000 people	Bulawayo City High density areas
712 household latrines constructed	Vulnerable populations	rural and urban areas
42 Village Pump mechanics trained in repairing hand pumps.	Vulnerable populations	Communities
393 Water Point Committees trained in Community Based Management of WATSAN programmes.	Vulnerable populations	Communities
533 people trained in Participatory Health & Hygiene Education, including the development, production and distribution of IEC materials.	Cholera outbreak areas	13 rural districts, Harare & Chitungwiza municipal areas

However, most of the planned water and sanitation actions were not implemented due to minimal donor response. This was further inhibited by the unstable economic situation adversely affected planning of actions and an inadequate foreign currency to purchase water treatment chemicals for cities.

Priorities for the remainder of 2006 will include targeting 8,150 new and dilapidated potable water sources in need of rehabilitation. These efforts will include the establishment of 700 new safe water points (all including Elephant Pumps) to serve 175,000 vulnerable people; the construction of up to 5,000 latrines to serve a population of 25,000 particularly women and OVCs in identified communities; and the promotion of sustainable community management water and sanitation facilities. The promotion of health and hygiene education will be carried out including HIV/AIDS amongst the most vulnerable communities and schools.

3.4.12 SAFETY AND SECURITY OF STAFF AND OPERATIONS

The primary responsibility for the security and protection of UN staff members, their spouses, dependants, and property, as well as of the organisations' property against disturbances in a host country rests with the host Government. While law-enforcement authorities are generally willing to assist, they sometimes lack the necessary resources to do so effectively. To maintain and enhance the safety and security capabilities, United Nations Department of Safety and Security (UNDSS) continues to place a major emphasis on timely response and assistance to agencies and support to the existing emergency services provided by the authorities in the country.

In addition to providing regular security briefings to the UNCT, UNDSS also provides updates to the NGO Heads of Organisation at their monthly meetings. UN Field Security Officers have also begun providing security awareness training to NGOs, on request, in addition to the trainings provided to UN staff members.

4. MONEY AND PROJECTS

A total of six projects in the 2006 CAP for Zimbabwe have been revised, while two has been added to take into account the changes in the situation (e.g. increased/decreased needs and activities). Two projects were taken out of the appeal document. Several agencies, whose original proposals did not receive financial commitments, retained the projects as they were in the CAP.

PROJECT CODE	PROJECT TITLE	AGENCY	ORIGINAL REQUIREMENTS ($)	REVISED REQUIREMENTS ($)	COMMITMENTS/ CONTRIBUTIONS/ CARRYOVER ($)	UNMET BALANCE JUNE 2006	CONTINUED/ NEW/REVISED/ CANCELLED	COMMENTS
Coordination and Support services								
ZIM-06/CSS01	Facilitation and coordination of humanitarian assistance to populations affected by disasters and emergencies, advocacy protection of affected populations and information management	OCHA	2,597,975	2,321,905	1,565,758	756,147	Revised	
ZIM-06/CSS02	Coordination, Capacity strengthening and Monitoring and Evaluation of mainstreaming HIV/AIDS in humanitarian assistance	UNAIDS		290,000	0	290,000	New	
Nutrition and Health								
ZIM-06/H26	Reducing HIV infection among young women: Emergency response addressing the main entry point of the HIV epidemic into the young generation	UNFPA	1,580,000	0	0	0	Cancelled	
ZIM-06/H20	Measles National Immunisation Days: Reaching the vulnerable children under five with Measles supplementary vaccination to prevent Measles outbreaks and mortality.	UNICEF	1,900,930	1,900,930	0	0	Cancelled	Project ended in June 2006.

ZIM-06/H32	Addressing Community and Environmental Health Needs of populations affected by operation Murambatsvina/Restore order	IOM		460,000	0	460,000	New	
Multi-Sector								
ZIM-06/MS02	Emergency Assistance to Mobile and Vulnerable Populations in Zimbabwe	IOM	8,627,500	9,960, 000	3,061,866	6,898,134	Revised	
ZIM-06/MS04	Joint NGO initiative for uprooted and other vulnerable communities	MCI	13,000,000	5,472,187	3,077,042	2,395,145	Revised	Revised in June 06
Shelter and Non-Food Items								
ZIM-06/S/NF01	Emergency Provision of Temporary Shelter and Related Humanitarian Assistance to Destitute Households Affected by Operation Murambatsvina/Restore Order	IOM	18,217,400	8,300,000	1,916,277	6,383,723	Revised	
ZIM-06/S/NF02	Policy engagement with government and strengthening of community-based organisations (CBOs).	UN-HABITAT	500,000	500,000	0	500,000	Revised	New timeline: July-December 2006
Water and Sanitation								
ZIM-06/WS01	Response on water and sanitation, hygiene education and nutrition needs for the marginalised vulnerable populations	Christian Care	611,190	764,940	0	764,940	Revised	

5. CONCLUSION

The humanitarian challenges involving vulnerable groups continue to be of great concern in Zimbabwe, and the provision of life-saving assistance in accordance with humanitarian principles therefore remains a high priority. Limited access continues to be one of the challenges in providing assistance to people affected by OM/ORO as well as other vulnerable groups. There is therefore a need for concurrence and shared understanding with the Government on the extent of the humanitarian situation in the country and on the policies that would facilitate effective response. Furthermore, the developments of standard operating procedures will need to be accelerated, in particular with regard to accreditation of humanitarian staff, registration of organisations, import of humanitarian related goods (including communication equipment) and unfettered access to vulnerable groups.

Strategic priorities for the humanitarian effort for the remainder of 2006 will remain largely unchanged from the 2006 CAP for Zimbabwe. These priorities include improved access to vulnerable groups to ensure the delivery of humanitarian assistance; reduced morbidity and mortality rates; improved information sharing amongst humanitarian actors and government bodies; strengthened human rights and humanitarian protection framework; and an increased number of inter-agency assessments in order to improve the quality and targeting of aid. Concerning humanitarian funding, advocacy efforts will focus particularly on attracting a more sizeable donor response to the many sectors that were under-funded in the first half of 2006.

It is projected that a 2007 Consolidated Appeal for Zimbabwe will be required based on the current needs and context.

6. PROJECT SHEETS FOR NEW AND REVISED PROJECTS

COORDINATION & SUPPORT SERVICES

Appealing Agency:	**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (OCHA)**
Project Title:	Facilitation and coordination of humanitarian assistance to populations affected by disasters and emergencies, advocacy protection of affected populations and information management ***(Revised)***
Project Code:	ZIM-06/CSS01
Sector:	Coordination and support services
Objective:	1. Effective and coordinated delivery of humanitarian assistance to vulnerable populations; 2. Effective and coordinated protection of vulnerable populations.
Target Beneficiaries:	3-5 million beneficiaries of humanitarian assistance
Implementing Partners:	Government, donors, UN agencies, international organisations, national NGOs, international NGOs,
Project Duration:	January – December 2006
Funds Requested:	**$2,321,905**

How the project supports overall strategic priorities and sector objectives
Following the closure at the end of 2005 of the Humanitarian Support Team (HST) as a UNDP project, OCHA in consultation with all partners will transform the HST into an OCHA unit to ensure continued coordination capacity in support of humanitarian activities. OCHA will continue providing support to the UN RC/HC, the UN system, IASC members, donors and NGOs and working with the relevant Government ministries and with beneficiaries.

Objectives
- Effective and coordinated delivery of humanitarian assistance to vulnerable populations;
- Effective and coordinated protection of vulnerable populations;
- Information on humanitarian response is comprehensive, up-to-date and widely disseminated to all stakeholders.

Main Activities

Coordination
- Assist and support the Humanitarian Coordinator, the field IASC and the overall UN country team, NGOs to ensure a coordinated response;
- Establish effective co-ordination mechanisms within and among sectors;
- Monitor the implementation of the 2006 CAP with the full participation of all key stakeholders;
- Ensure increased disaster preparedness with the participation of all stakeholders;
- Contribute to resource mobilisation for the humanitarian response.

Protection
- Promote the humanitarian principles through training of the various actors, regular field visits, consultations with various actors and advocacy;
- Enhance humanitarian protection of vulnerable people and to other marginalised groups through principled assessments, response and advocacy.

Information Management
- Produce timely, relevant and multi-sectoral information on the ongoing humanitarian situation and response is shared and disseminated among relevant stakeholders.

FINANCIAL SUMMARY	
Budget Items	**$**
Total staff costs	1,611,984
Total non staff costs	442,800
Programme support costs	267,121
TOTAL	**2,321,905**

Appealing Agency:	JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
Project Title:	Coordination, Capacity strengthening and Monitoring and Evaluation of mainstreaming HIV/AIDS in humanitarian assistance ***(New)***
Project Code:	ZIM-06/CSS02
Sector:	Coordination and support services
Objective:	3. Effective mainstreaming of HIV and AIDS in the humanitarian response; 4. Effective coordination of HIV and AIDS actions within the humanitarian response; 5. Comprehensive and updated information on HIV and AIDS to guide programmes and strategies;
Target Beneficiaries:	UNCT, donors, government NGOs, 3-5 million beneficiaries of humanitarian assistance
Implementing Partners:	Government, donors, UN agencies, international organisations, national NGOs, international NGOs,
Project Duration:	January – December 2006
Total Project Budget:	**$290,000**
Funds Requested:	**$290,000**

Summary
Training in the IASC guidelines will be used to mainstream HIV and AIDS in all humanitarian operations. In addition UNAIDS will provide technical assistance to the Humanitarian Coordinator, OCHA, the UNCT, Government and implementing partners and ensure coordination and monitoring of the HIV part of the response.

Objectives
- Effective mainstreaming of HIV and AIDS in all humanitarian programmes;
- Effective coordination with national partners for accelerated response to HIV and AIDS in the humanitarian situation;
- Updated information on the situation and response to HIV and AIDS provided to strengthen collective accountability around HIV and AIDS in humanitarian programmes.

Main Activities
- Give technical assistance and support to the Humanitarian Coordinator, OCHA, the UN Thematic Group on HIV and AIDS and NGO's to coordinate HIV and AIDS actions in the humanitarian response;
- Provide support to and further develop coordination mechanisms established in the area of HIV and AIDS and their links to the humanitarian sector working groups;
- Conduct coordination meetings focusing on HIV and AIDS as required;
- Ensure increased management of HIV and AIDS in emergency settings through training of the various actors in the IASC guidelines;
- Develop a plan to cascade training in IASC guidelines to provincial level;
- Design data collection tools covering HIV and AIDS for all CAP funded activities;
- Develop a monitoring plan and share with all stakeholders;
- Undertake data collection and analysis on a regular basis;
- Produce regular updates on HIV and AIDS in the humanitarian situation and response and share with all stakeholders.

FINANCIAL SUMMARY	
Budget Items	**$**
Total staff costs	150,000
IASC training and facilitation at national, provincial and district level	70,000
Monitoring and Evaluation	50,000
Coordination meetings	20,000
TOTAL	**290,000**

MULTI-SECTOR

Appealing Agency:	**INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)**
Project Title:	Emergency Assistance to Mobile and Vulnerable Populations in Zimbabwe ***(Revised)***
Project Code:	ZIM-06/MS02
Sector:	Multi-Sector
Objective:	To address the urgent humanitarian needs of urban displaced and mobile and vulnerable populations in Zimbabwe through the delivery of the minimum emergency assistance
Target Beneficiaries:	Mobile and vulnerable populations affected by urban displacement and farm evictions
Implementing Partners:	WFP, Ministry of Social Welfare, Zimbabwe Community Development Trust (ZCDT), Anglican Diocese of Manicaland (ADM), Help Age Zimbabwe (HAZ), Linkages for the Economic Advancement of the Disadvantaged (LEAD)
Project Duration:	January – December 2006
Total Project Budget **Funds Requested:**	**$9,960,000** **$9,960,000**

Project Summary
IOM will coordinate and monitor the distribution of food and non-food items, provide temporary shelter to target groups of the mobile and vulnerable population, implement livelihood assistance programme for continued self reliance, provide water and sanitation and carry out HIV/AIDS activities through a network of national and international NGOs currently supporting the vulnerable populations affected by the urban displacement and farm evictions.

How the Project Supports Overall Strategic Priorities and Sector Objectives
IOM will continue to register and analyse the data on mobile and vulnerable population for prioritisation of the vulnerable groups for the delivery of humanitarian assistance. Through a network of national and international NGOs in the country, IOM will coordinate the distribution of food and non-food items, provide temporary shelter for the most vulnerable, implement livelihood assistance programme, provide water and sanitation and disseminate information on HIV/AIDS to the mobile population. The capacity of the NGOs will also be strengthened to cope with the dimension of the humanitarian action throughout the country.

Main Activities
1. Identify, register and prioritise vulnerable groups;
2. Distribute food and non-food items;
3. Provide temporary shelter for the most vulnerable affected by displacements;
4. Provide a means of livelihood for sustainability;
5. Strengthen the capacity of NGOs in the delivery of humanitarian services to affected populations;
6. Implement an effective HIV/AIDS programme;
7. Provide appropriate water and sanitation actions.

FINANCIAL SUMMARY	
Budget Items	**$**
Deliverables	7,968,000
Staff and Office Costs	1,992,000
TOTAL	**9,960,000**

Appealing Agency:	MERCY CORPS (MC)
Project Title:	NGO Joint Initiative for Zimbabwe: "Community Based Support to Vulnerable Urban Populations" ***(Revised)***
Project Code:	ZIM-06/MS04
Sector:	Multi Sectoral
Objectives:	Goal: To restore dignity and reduce suffering for the most vulnerable in urban areas of Zimbabwe. Sub-Goals: 1. Seven urban communities have strengthened mechanisms for collaboratively and transparently managing resources to address priority needs: 2. Vulnerable populations in seven urban communities have increased access to priority needs and services: 3. Joint Initiative international and national partners demonstrate increased capacity to identify and integrate child protection considerations in their programmes-
Target Beneficiaries:	TOTAL: 80,000 (Women 48,000; Children 16,000)
Implementing Partners:	List partners: Africare, CARE International, CRS, Oxfam GB , Practical Action, SC-UK
Project Duration:	From when to when does the project run: July 1st 2006 to 31st December 2007
Total Project Budget:	**$5,472,187**
Funds Requested:	**$5,472,187**

How does the project support overall strategic priorities and sector objectives

The Joint Initiative will adopt a multi-sectoral approach that includes relief, social and child protection, shelter, food security, education, livelihood support, and brings together the expertise and experience of seven international NGOs and their local partners. Each has special knowledge of a particular sector and together they are committed to a common community-based approach that will help communities in need support their most vulnerable households with actions that maximise the use of local capacities and resources. The project aims to enhance local coping mechanisms, protect the most vulnerable from further distress, and mitigate suffering caused by current economic and political events.

Main Activities

Livelihoods: Savings and Loans Groups; Food Security: Food Vouchers and Low Input Gardens; Shelter: Physical Construction, Construction Skills Training and Low Cost Materials Production; Education: Block Grants Assisting OVCs; HIV/AIDS: Community Home Based Care; Child Protection Mainstreaming.

Expected Outcome

- Improved economic capacity for 5,000 vulnerable households to access basic needs and services;
- Reduced food insecurity for 7,000 vulnerable households in Mbare (Harare), Mkoba (Gweru), Mucheke (Masvingo), and Mzilikazi and Makokoba (Bulawayo);
- 40,000 m2 of additional habitable space in St. Mary's and Mbare (Harare) and Sakubva (Mutare);
- Essential education services are accessible for 1,400 OVC in 28 primary and secondary schools in St. Mary's (Greater Harare) and Sakubva (Mutare);
- Reduced suffering and improved resilience for 250 HIV and AIDS affected households in Mkoba (Gweru) and Mucheke (Masvingo);
- Child protection plans are fully integrated into JIG programming in each of the seven target suburbs.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff	638,514
Inputs	4,440,541
Administration	393,132
TOTAL	**5,472,187**

NUTRITION AND HEALTH

Appealing Agency:	**INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)**
Project Title:	Addressing Community and Environmental Health Needs of populations affected by operation Murambatsvina/Restore order ***(New)***
Project Code:	ZIM-06/H32
Sector:	Health
Objective:	Improve health outcomes, and decrease disease specific morbidity and mortality rates.
Target Beneficiaries:	TOTAL: 217,000 Children: 40% Women: 30% Other group (specify): PLWA
Implementing Partners:	Swiss Care Foundation, WHO
Project Duration:	July 2006 – December 2006
Total Project Budget:	$460,000
Funds Requested:	**$460,000**

How the Project Support Overall Strategic Priorities and Sector Objectives
The programme will mainstream community based health actions within IOM emergency assistance for the groups affected by forced displacements. Activities will be developed within the current 33 communities/distribution sites assisted by IOM.
The programme will complement activities developed under the HIV and GBV mainstreaming strategy, already funded under the CAP, which provides access of affected populations to Voluntary Counselling and Testing (VCT), GBV treatment (referrals), PEP and emergency contraception.

Main Activities
In order to improve health outcomes among groups affected by forced displacements in Zimbabwe. IOM, Swiss Care Foundation and WHO will work in a joint collaborative effort. Key actions will include the following: (1) Improving access to clean water and sanitation; (2) Establishing the management of solid waste disposal using manual collection and land filling; (3) Establishing a network of community health volunteers that will work on the surveillance system that will refer cases in need of assistance and disseminate health information within the communities; (4) Establishing mobile outreach services for primary health care assistance, and ART treatment, including the procurement and use of emergency health kits; and (5) Implementing a disease surveillance database and early warning system, including the implementation of a nationwide environmental and health survey within internally displaced persons (IDP) settings.

Expected Outcome
Mortality and morbidity rates among the affected population decreased by 50% after six months of programme implementation

FINANCIAL SUMMARY	
Budget Items	**$**
Staff	150,000
Inputs	250,000
Administration	60,000
TOTAL	**460,000**

SHELTER AND NON-FOOD ITEMS

Appealing Agency:	**INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)**
Project Title:	Emergency Provision of Temporary Shelter and Related Humanitarian Assistance to Destitute Households Affected by Operation Murambatsvina/Restore Order ***(Revised)***
Project Code:	ZIM-06/S/NF01
Sector:	Shelter
Objective:	Provision of temporary shelter along with non-food items to the most vulnerable populations affected by Operation Murambatsvina/Restore Order throughout Zimbabwe
Target Beneficiaries:	Destitute households affected by operation Murambatsvina/Restore Order
Implementing Partners:	Farm Community Trust of Zimbabwe (FCTZ), Anglican Diocese of Manicaland, Zimbabwe Community Development Trust, Help Age Zimbabwe, Farm Orphan Support Trust (FOST), Linkages for the Economic Advancement of the Disadvantaged Trust, Association of Evangelicals in Africa, Christian Care, Evangelical Fellowship of Zimbabwe, Interregional Meeting of the Bishops of Southern Africa, ISL, John Snow International, Belgian NGO Trust, World Vision, Zimbabwe Parents of Children with Disabilities Association, Zimbabwe Widows and Orphans Trust.
Project Duration:	January – December 2006
Total Project Budget	**$8,300,000**
Funds Requested:	**$8,300,000**

How the Project Supports Overall Strategic Priorities and Sector Objectives
By providing temporary shelters to families affected by Operation Murambatsvina/Restore Order, this project contributes directly to the overall strategy. In addition, by linking the provision of temporary shelter to allocation of stands by the Government of Zimbabwe, in order to enable beneficiaries to claim occupancy for the purpose of securing tenure, the project addresses the longer-term needs of the urban poor.

- To provide temporary shelter and non-food assistance as needed;
- To build the capacity of implementing partners.

Main Activities

- Coordination of shelter and non-food item response, in consultation with beneficiaries;
- Identification of households/beneficiaries, and distribution of temporary shelters;
- Distribution of non-food requirements;
- Capacity-building of local NGOs.

Expected Outcome

- Land allocated and planned for human settlement;
- Affected households provided with temporary shelter and in an enhanced position to claim occupancy to secure tenure;
- Non-food item kits (blankets, plastic jerry cans, cooking utensils, hygiene items, lantern, water-purifying tablets, HIV/AIDS information, condoms, and mosquito nets) distributed.
- Decreased mortality and morbidity rates among the affected households;
- Local communities and NGOs strengthened;
- Steering committee maintained for donors and UN partners.

FINANCIAL SUMMARY	
Budget Items	**$**
Deliverables	6,225,000
IOM Staff and Office Costs	2,075,000
TOTAL	**8,300,000**

Appealing Agency:	**UNITED NATIONS HUMAN SETTLEMENT PROGRAMME (UN-HABITAT)**
Project Title:	Policy engagement with Government and strengthening of CBOs ***(Revised)***
Project Code:	ZIM-06/NF02
Sector:	Shelter
Objective:	Improve human settlement development and housing policies in central and local Government. Increase the role and effectiveness of CBOs.
Target Beneficiaries:	Local Authorities and CBOs. Local communities
Implementing Partner(s):	Ministry of Local Government, Public Works and Urban Development, local authorities, CBOs
Project Duration:	July 2006 – December 2006
Total Project Budget:	$500, 000
Funds Requested:	**$500,000**

How Does the Project Support Overall Strategic Priorities and Sector Objectives
The project will address problems with human settlement and housing delivery policies and practices, which need to be solved in order to give the large number of urban poor increased security of tenure. Issues to be addressed include e.g. community participation and engagement with local authorities, relations between local and central authorities, town planning and building legislation, land allocation procedures, tenure concepts, housing and infrastructure standards, financing.

Main Activities
- Gather stakeholders (Government, politicians and officials, CBOs and Community representatives) for common problem formulation. Start-up meeting, workshops;
- Analysis of issues by resource persons;
- Review of analysis, identification of priorities to address and gaps that need to be addressed further. Workshops;
- Change of policies and practices. Policy test through practice in small demonstration programme. Exposure to best practices. International exchange for stakeholders.

Expected Outcome
- Pro-poor human settlement policy development initiated;
- Increased role for local authorities in policy making and implementation;
- Increased participation in human settlement development by poor communities;
- Increased role for CBOs in policy making and service delivery.

FINANCIAL SUMMARY	
Budget Items	**$**
Technical input for analysis, stakeholder consultation, resource person etc.	200,000
Logistics operations	50,000
Demo project costs (materials)	200,000
Other admin costs	50,000
TOTAL	**500,0000**

*A similar project proposal is proposed by Dialogue on Shelter for the Homeless In Zimbabwe Trust (DOSHZT).The two projects are complimentary. United Nations Human Settlements Programme (UNHABITAT) being a UN organisation has a different role in relation to Government authorities. This project assumes that Government wishes to use and build on the UNHABITAT expertise

WATER AND SANITATION

Appealing Agents:	**CHRISTIAN CARE ZIMBABWE (CCZ)**
Project Title:	Response on Water & Sanitation, Hygiene Education & Nutrition Needs for the Marginalised Vulnerable Populations ***(Revised)***
Project Code:	ZIM-06/WS01
Sector:	Water and Sanitation
Objectives:	To prevent and control occurrence of epidemics and the spread of water, sanitation and hygiene related diseases; and the adverse effects thereof mitigated amongst vulnerable populations in rural communities (women, orphans, child-headed households and People Living With AIDS) by improving access to safe and reliable water supply, sanitation & hygiene. To ensure enhanced institutional and community capacity in monitoring and response with regard to disease outbreaks, maintenance of water points, sanitation facilities, access to safe water and hygiene during crises, with special reference to the poor, orphans and other vulnerable children, child-headed households and Poor Living With AIDS.
Target Beneficiaries:	TOTAL: 240,000 Children: 200,000, Women: 25,000, Men: 15,000
Implementing Partners:	Ministry of Health and Rural District Council
Project Duration:	January 2006 – June 2007
Funds Requested for 2006:	**$764,940**

How the Project Supports Overall Strategic Priorities and Sector Objectives
The project is meant to reduce morbidity and mortality due to related disease outbreaks and to alleviate the burden of PLWA and on women and children, by improving access to safe water supply and adequate sanitation systems in rural areas.

Main Activities
Rehabilitation of 600 non-functional water points; drilling and equipping of 18 new boreholes; construction of 300 family sanitary units; imparting Participatory Health & Hygiene Education including Mobilisation of Communities

Expected Outcome
The major outcome of the project is meeting the Millennium Development Goals whereby:

- All groups within the population have equitable access to the resources or facilities needed to continue or achieve the hygiene practices that are promoted. Beneficiaries have average water use for drinking, cooking, and personal hygiene in most households increased to at least 20 litres per person per day. Distance from any household to the nearest water point is reduced to 500 metres, with queuing time at some water source h reduced to between 15 & 20 minutes;
- Where training on community management has been done, users take responsibility for the management and maintenance of facilities. As a result water sources and systems are maintained so that appropriate quantities of water are available consistently or on a regular basis;
- Improved food security as the water is used for production of vegetables, with more disposable income as additional vegetables are sold while less money is spent in buying vegetables from other growers; Reduced malnutrition.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff	145,400
Inputs	550,000
Administration	69,540
Sub-total	764,940
TOTAL	**764,940**

.

ANNEX I

TABLE I. SUMMARY OF REQUIREMENTS BY SECTOR AND BY APPEALING ORGANISATION

Consolidated Appeal for Zimbabwe 2006
Requirements, Commitments/Contributions and Pledges per Sector
as of 23 June 2006
http://www.reliefweb.int/fts

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

SECTORS Value in US$	Original Requirements A	Revised Requirements B	Commitments, Contributions, Carryover C	% Covered C/B	Unmet Requirements B-C	Uncommitted Pledges D
AGRICULTURE	43,930,133	43,930,133	2,342,000	5%	41,588,133	1,732,205
COORDINATION AND SUPPORT SERVICES	2,597,975	2,611,905	1,565,758	60%	1,046,147	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	5,317,188	5,317,188	-	0%	5,317,188	-
EDUCATION	4,540,716	4,540,716	329,997	7%	4,210,719	-
FOOD	111,000,000	111,000,000	90,347,100	81%	20,652,900	-
HEALTH	39,550,749	36,529,819	410,614	1%	36,119,205	906,561
MULTI-SECTOR	26,130,849	19,935,536	8,381,933	42%	11,553,603	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	8,029,990	8,029,990	1,882,050	23%	6,147,940	-
SECTOR NOT YET SPECIFIED	-	-	2,441,899	0%	(2,441,899)	375,235
SECURITY	100,520	100,520	-	0%	100,520	-
SHELTER AND NON-FOOD ITEMS	20,282,400	10,365,000	1,916,277	18%	8,448,723	250,000
WATER AND SANITATION	15,189,854	15,343,604	2,348,534	15%	12,995,070	-
GRAND TOTAL	**276,670,374**	**257,704,411**	**111,966,162**	**43%**	**145,738,249**	**3,264,001**

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 23 June 2006. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Consolidated Appeal for Zimbabwe 2006

Requirements, Commitments/Contributions and Pledges per Appealing Organisation

as of 23 June 2006

http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by Donors and Appealing Organisations

APPEALING ORGANISATION Values in US$	Original Requirements A	Revised Requirements B	Commitments, Contributions, Carryover C	% Covered C/B	Unmet Requirements B-C	Uncommitted Pledges D
ACF	1,500,000	1,500,000	-	0%	1,500,000	-
Africare	5,578,384	5,578,384	522,000	9%	5,056,384	-
ANPPCAN	124,600	124,600	-	0%	124,600	-
Arise Zimbabwe	308,000	308,000	-	0%	308,000	-
ASAP	168,228	168,228	-	0%	168,228	-
ATP	352,800	352,800	-	0%	352,800	-
CARE INT	650,000	650,000	-	0%	650,000	-
CDES	23,519	23,519	-	0%	23,519	-
Christian Care	2,557,190	2,710,940	250,000	9%	2,460,940	-
CRS	4,177,188	4,177,188	-	0%	4,177,188	-
DACHICARE	350,500	350,500	-	0%	350,500	-
DSHZT	1,065,000	1,065,000	-	0%	1,065,000	-
FAO	31,122,200	31,122,200	1,570,000	5%	29,552,200	1,732,205
FCTZ	500,000	500,000	-	0%	500,000	-
HOSPAZ	870,602	870,602	-	0%	870,602	-
ILO	3,450,000	3,450,000	-	0%	3,450,000	-
IOM	30,878,300	22,753,400	6,904,844	30%	15,848,556	250,000
JJB	33,000	33,000	-	0%	33,000	-
MCI	13,750,000	6,222,187	3,077,042	49%	3,145,145	-
MDA	2,050,000	2,050,000	-	0%	2,050,000	-
Mvuramanzi Trust	813,300	813,300	-	0%	813,300	-
NHZ	53,500	53,500	-	0%	53,500	-
OCHA	2,597,975	2,321,905	1,565,758	67%	756,147	-
ORAP	172,800	172,800	-	0%	172,800	-
OXFAM UK	4,726,647	4,726,647	-	0%	4,726,647	-
PCC	52,000	52,000	-	0%	52,000	-
PLAN Zimbabwe	263,800	263,800	-	0%	263,800	-
Practical Action Southern Africa	1,640,000	1,640,000	-	0%	1,640,000	-
PUMP AID	565,000	565,000	-	0%	565,000	-
SAFIRE	564,000	564,000	-	0%	564,000	-
SAHRIT	36,000	36,000	-	0%	36,000	-
SC - UK	2,847,830	2,847,830	-	0%	2,847,830	-
SCN	305,000	305,000	-	0%	305,000	-
SOS	370,500	370,500	-	0%	370,500	-
UN Agencies	-	-	-	0%	-	-
UNAIDS	-	290,000	-	0%	290,000	-
UNDP	150,000	150,000	-	0%	150,000	-
UNDSS (previously UNSECOORD)	100,520	100,520	-	0%	100,520	-
UNFPA	1,580,000	-	-	0%	-	-
UN-HABITAT	1,000,000	1,000,000	-	0%	1,000,000	-
UNHCR	2,303,349	2,303,349	956,938	42%	1,346,411	-

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Consolidated Appeal for Zimbabwe 2006

Requirements, Commitments/Contributions and Pledges per Appealing Organisation

as of 23 June 2006

http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by Donors and Appealing Organisations

APPEALING ORGANISATION	Original Requirements	Revised Requirements	Commitments, Contributions, Carryover	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US$	A	B	C	C/B	B-C	D
UNICEF	23,763,815	21,862,885	5,165,796	24%	16,697,089	1,031,895
UNIFEM	841,600	841,600	-	0%	841,600	-
WFP	111,000,000	111,000,000	90,347,100	81%	20,652,900	-
WHO	16,937,600	16,937,600	-	0%	16,937,600	249,901
WVZ	4,000,000	4,000,000	1,606,684	40%	2,393,316	-
ZACH	218,500	218,500	-	0%	218,500	-
ZNCWC	257,127	257,127	-	0%	257,127	-
GRAND TOTAL	**276,670,374**	**257,704,411**	**111,966,162**	**43%**	**145,738,249**	**3,264,001**

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

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

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

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ANNEX II.

ACRONYMS AND ABBREVIATIONS

ADM	Anglican Diocese of Manicaland
ART	Anti-Retroviral Therapy
ARV	Anti-retro Viral
CAP	Consolidated Appeals Process
CBNCP	Community Based Nutrition Care Programme
CBO	Community-Based Organisation
CCZ	Christian Care Zimbabwe
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan
CHBC	Community Home-Based Care
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Security Emergency
CSO	Central Statistical Office
DAAC	District AIDS Action Committee
DOSHZT	Dialogue On Shelter for the Homeless in Zimbabwe Trust
DPT3	Diphtheria/Pertussis/Tetanus
DVS	Department of Veterinary Field Services
ECD	Early Childhood Development
ECEC	Early Childhood Education Centres
FAO	Food and Agriculture Organization of the United Nations
FCHNS	Family Child Health Nutrition Support
FCTZ	Farm Community Trust of Zimbabwe
FMD	Foot-and-Mouth Disease
FOST	Farm Orphan Support Trust
FTS	Financial Tracking Service
GBV	Gender-Based Violence
HAZ	Help Age Zimbabwe
HBC	Home-based Care
HC	Humanitarian Coordinator
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HST	Humanitarian Support Team
IASC CT	Inter-Agency Standing Committee Country Team
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
ILO	International Labour Organization
IMF	International Monetary Fund
IOM	International Organization for Migration
LEAD	Linkages for the Economic Advancement of the Disadvantaged
MCI	Mercy Corps
MoHCW	Ministry of Health and Child Welfare
MT	Metric Tonne
NAF	Needs Analysis Framework
ND	Newcastle Disease
NFI	Non-Food Item
NGOs	Non-Governmental Organisations

NPA	National Programme of Action For Children
OCHA	Office for the Coordination of Humanitarian Affairs
OI	Opportunistic Infections
OM	Operation Murambatsvina
RAP	Organization of Rural Associations for Progress
ORO	Operation Restore Order
OVC	Orphans and Vulnerable Children
PCC	Presbyterian Children's Club
PEALS	Primary Education and Life Skills Project
PEP	Post Exposure Preventive
PHAST	Participatory Hygiene and Sanitation Transformation
PHHE	Participatory Health and Hygiene Education
PLWA	People Living With AIDS
PMTCT	Prevention of Mother To Child Transmission
PRRO	Protracted Relief and Recovery Operation
PSI	Population Services International
SCF	Save the Children Fund
SGBV	Sexual and Gender-Based Violence
SME	Small Medium Scale
SOP	Standard Operating Procedure
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund For Women
UN RC/HC	United Nations Resident Coordinator/United Nations Humanitarian Coordinator
VCT	Voluntary Counselling and Testing
WATSAN	Water and Sanitation
WFP	World Food Programme
WHO	World Health Organization
ZCDT	Zimbabwe Community Development Trust
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZW$	Zimbabwean dollar

NOTES:

Consolidated Appeal Feedback Sheet

If you would like to comment on this document please do so below and fax this sheet to + 41–22–917–0368 (Attn: CAP Section) or scan it and email us: CAP@ReliefWeb.int Comments reaching us before 1 September 2006 will help us improve the CAP in time for 2007. Thank you very much for your time.

Consolidated Appeals Process (CAP) Section, OCHA

Please write the name of the Consolidated Appeal on which you are commenting:

1. **What did you think of the review of 2006?**
   How could it be improved?

2. **Is the context and prioritised humanitarian need clearly presented?**
   How could it be improved?

3. **To what extent do response plans address humanitarian needs?**
   How could it be improved?

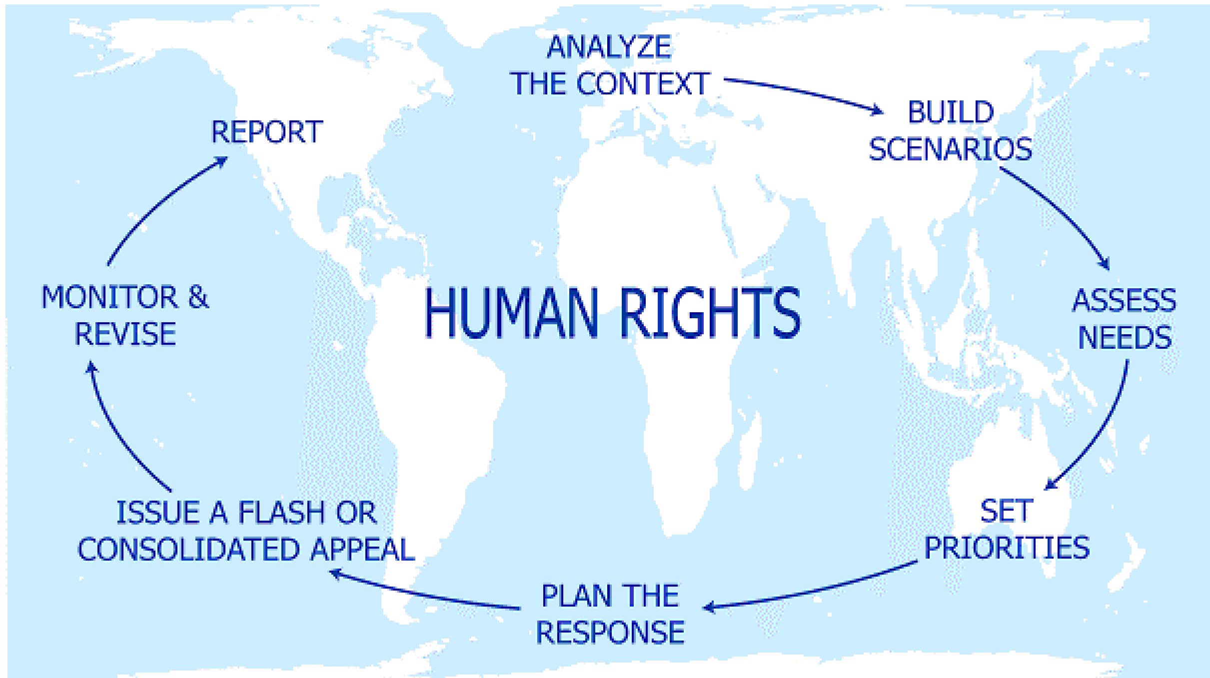
4. **To what extent are roles and coordination mechanisms clearly presented?**
   How could it be improved?

5. **To what extent are budgets realistic and in line with the proposed actions?**
   How could it be improved?

6. **Is the presentation of the document lay-out and format clear and well written?**
   How could it be improved?

Please make any additional comments on another sheet or by email.

Name:
Title & Organisation:
Email Address:



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