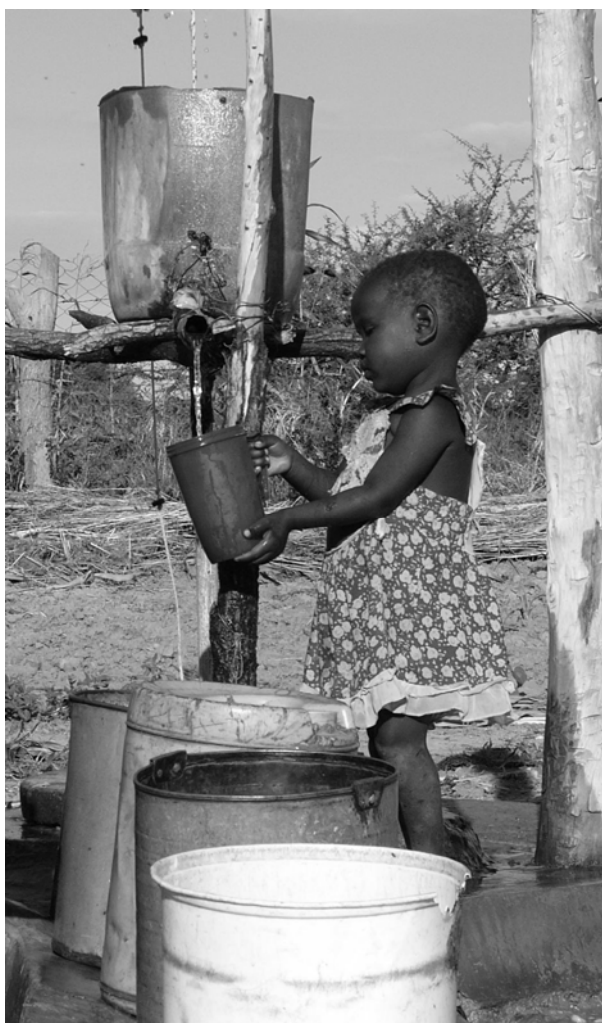


Zimbabwe

2007



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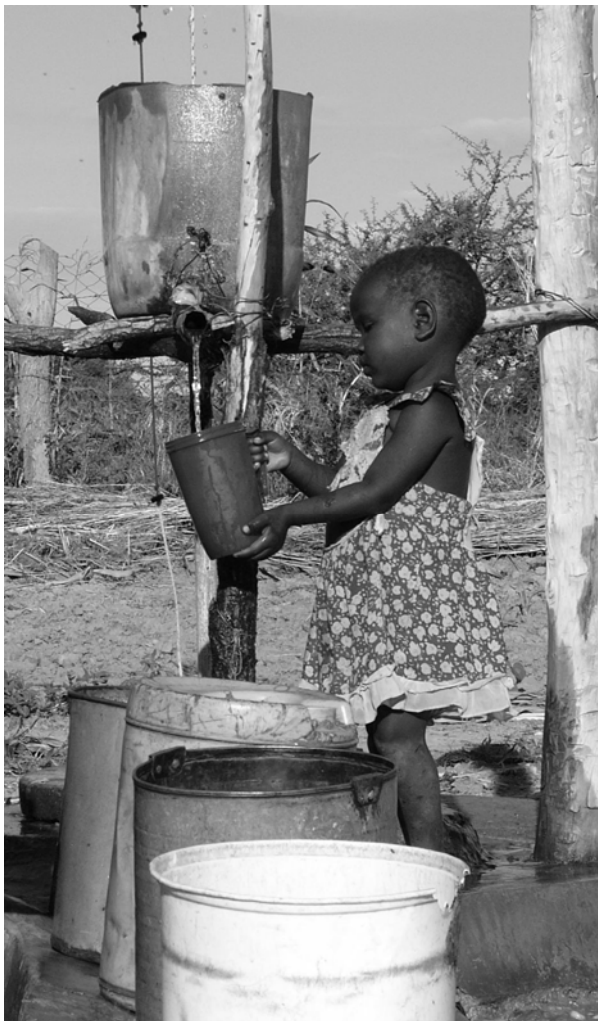
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Consolidated Appeals Process (CAP)



Zimbabwe

2007



UNICEF/Zimbabwe/2004

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Consolidated Appeals Process (CAP)



Consolidated Appeals Process (CAP)

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 International 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 2007.

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.**

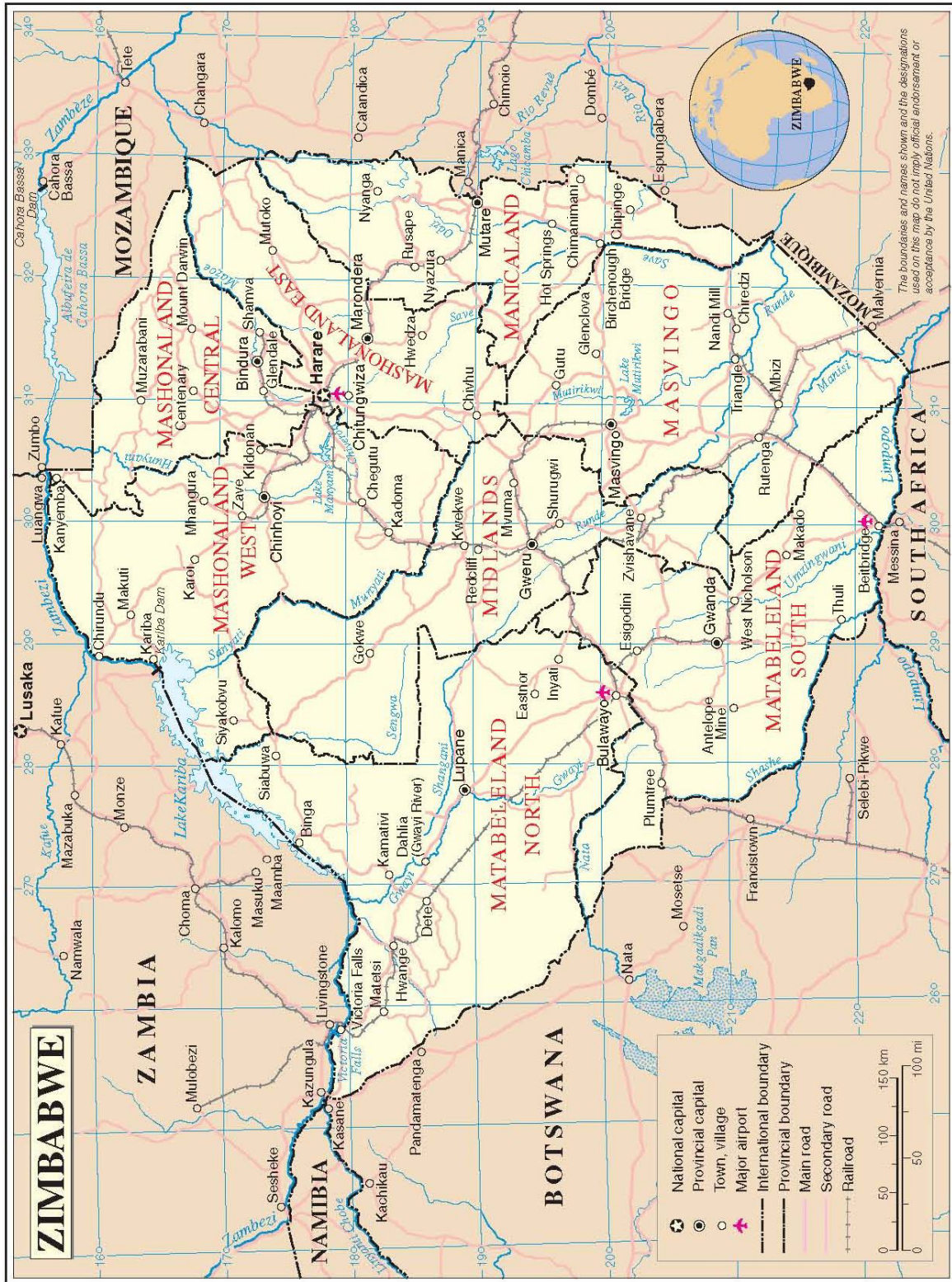
ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS WORLDWIDE DURING 2007:

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	ILO	PARC	UN-HABITAT
ADRA	CONCERN	INTEROS	PHG	UNHCR
Africare	COOPI	IOM	PMRS	UNICEF
AGROSPHERE	CORD	IRC	PRCS	UNIFEM
AHA	CPAR	IRD	PSI	UNMAS
ANERA	CRS	IRIN	PU	UNODC
ARCI	CUAMM	JVSF	RFEP	UNRWA
ARM	CW	MALAO	SADO	UPHB
AVSI	DCA	MCI	SC-UK	VETAID
CADI	DRC	MDA	SECADEV	VIA
CAM	EMSF	MDM	SFCG	VT
CARE	ERM	MENTOR	SNNC	WFP
CARITAS	EQUIP	MERLIN	SOCADIDO	WHO
CCF	FAO	NA	Solidarités	WVI
CCIJD	GAA (DWH)	NNA	SP	WR
CEMIR Int'l	GH	NRC	STF	ZOARC
CENAP		OA		

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



Map No. 4210 Rev. 1 UNITED NATIONS
 January 2004
 Department of Peacekeeping Operations
 Cartographic Section

1. EXECUTIVE SUMMARY

The organisations participating in the Mid-Year Review of the 2007 CAP expect that the humanitarian situation in Zimbabwe will continue to deteriorate in the second half of 2007, particularly for vulnerable households in drought-hit areas. The political situation remains tense as the President of South Africa mediates negotiations between the Government and the two factions of the Movement for Democratic Change (MDC). Although nothing on the scale of 2005's Operation Murambatsvina/Operation Restore Order has taken place, sporadic evictions have occurred. The threat of forced eviction remained ever-present for many informal traders and people living in unauthorised dwellings in urban areas, making them among the most vulnerable in society.

Every sector has reported either constant or growing humanitarian needs. Food security and health are two areas where trends are particularly worrying. Food insecurity has sharply increased following poor rainfall in parts of the country. Some estimates have forecast that crop failures and economic constraints will leave 2.1 million people with food shortages by the third quarter of 2007. Urban vulnerability to climatic shocks, such as drought, is growing, adding an additional concern for humanitarian actors as urban agriculture is an increasingly important coping mechanism for households faced with rising inflation and stagnant wages.

The health sector has experienced a continued decline, with strikes by doctors and nurses continuing into 2007, and recorded shortages of essential drugs. Access to safe water and basic sanitation continued to deteriorate as a result of the general economic decline, eroded institutional and community capacity, persistent droughts, and the effects of the HIV/AIDS pandemic. Accelerating inflation continues to erode people's purchasing power. According to the Central Statistics Office, inflation had risen to 4,530% in May, compared to 1,593% in January 2007. Poverty levels have increased considerably as a result.

The 'dual focus' on relief and transitional support remains unchanged. In this context, priorities for the next six months will be to save lives, enhance positive coping mechanisms and livelihoods, mitigate the impact on vulnerable populations, and ensure a comprehensive and coordinated response from national and international actors. However, the relative absence of comprehensive inter-agency assessments places limitations on planning and response, meaning that further revisions of humanitarian priorities may happen once ongoing assessments, including the Zimbabwe Food Security and Nutrition Assessment, are completed.

Following this Mid-Year Review, the 2007 CAP has a revised total requirement of \$253 million.¹ As of 12 July a total of \$122 million has been contributed, leaving unmet requirements of \$131 million. The majority of the funding received so far has been for the food sector, with 91% of requirements funded.

Some basic facts about Zimbabwe

Population	11.9 million people (GoZ 2005 Population Projection based on the 2002 Census)
Under 5 mortality	82 p/1,000 (Zimbabwe Demographic Health Survey 2006)
Life expectancy	35.5 years (WHO World Health Report 2006)
Prevalence of undernourishment in total population	47% (FAO Statistical Division 2004 estimate)
Gross national income per capita	USD 350 (World Bank Key Development Data & Statistics 2005)
Percentage of population living on less than \$1 per day	56.1% (UNDP HDR 2006)
➤ Proportion of population without sustainable access to an improved drinking water source	40% (Zimbabwe Government & UNICEF 2006)
➤ IDPs (number and percent of population)	650,000 - 700,000 (5.8%) (Report of the United Nations Special Envoy, August 2005)
➤ Refugees	3,800 (MYR 2007)
➤ In-country	12,782 (UNHCR June 2007)
➤ Abroad	
➤ ECHO Vulnerability and Crisis Index score (V/C)	3/3 (most severe rank)
➤ 2006 UNDP Human Development Index score	0.491: 151 st of 177 – low
Also	
➤ 1.6 – 1.8 million people (12% of the population) have HIV/AIDS: 180,000 die annually.	
➤ The IMF 2007 World Economic Outlook projects economic growth to be -5.7% in 2007	
➤ The 2005/6 Zimbabwe Demographic Health Survey (ZDHS) found the Global Acute Malnutrition (GAM) rate at 6.4%, and the rate of chronic malnutrition in children under 5 at 29.4% (up from 26% in 2000).	

¹ 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 2007 page

ZIMBABWE

Table I: Consolidated Appeal for Zimbabwe 2007
Requirements, Commitments/Contributions and Pledges per Sector
as of 10 July 2007
<http://www.reliefweb.int/fts>

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

SECTOR	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	53,472,305	53,772,305	3,936,379	7%	49,835,926	268,817
COORDINATION AND SUPPORT SERVICES	2,966,242	2,966,242	2,415,571	81%	550,671	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	6,810,000	6,810,000	-	0%	6,810,000	-
EDUCATION	2,909,601	4,092,101	-	0%	4,092,101	-
FOOD	62,822,612	79,114,206	72,038,169	91%	7,076,037	-
HEALTH	24,550,239	29,778,351	7,414,462	25%	22,363,889	-
MULTI-SECTOR	36,415,350	50,507,938	22,671,404	45%	27,836,534	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	7,939,815	8,089,815	2,299,050	28%	5,790,765	-
SECTOR NOT YET SPECIFIED	-	-	409,253	0%	(409,253)	-
SECURITY	50,260	50,260	-	0%	50,260	-
SHELTER AND NON-FOOD ITEMS	7,202,000	7,645,259	3,595,058	47%	4,050,201	-
WATER AND SANITATION	9,337,629	10,487,629	7,241,612	69%	3,246,017	-
GRAND TOTAL	214,476,053	253,314,106	122,020,958	48%	131,293,148	268,817

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 10 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ZIMBABWE

Table II: Consolidated Appeal for Zimbabwe 2007
Requirements, Commitments/Contributions and Pledges per Appealing Organisation
as of 10 July 2007
<http://www.reliefweb.int/fts>

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

Page 1 of 2

APPEALING ORGANISATION	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
AAI-Z	230,000	230,000	-	0%	230,000	-
ACF	-	519,970	519,970	100%	-	-
ADRA	1,400,000	1,400,000	-	0%	1,400,000	-
Africare	3,679,550	3,679,550	-	0%	3,679,550	-
APOC	109,400	109,400	-	0%	109,400	-
CA	196,776	196,776	-	0%	196,776	-
CGMT	-	970,471	-	0%	970,471	-
Childline - Zimbabwe	38,700	38,700	-	0%	38,700	-
Christian Care	1,766,838	1,766,838	-	0%	1,766,838	-
Danhiko Project	23,000	23,000	-	0%	23,000	-
FACHIG	45,000	45,000	-	0%	45,000	-
FAO	38,715,000	39,015,000	1,159,115	3%	37,855,885	268,817
FOSENET	58,000	58,000	-	0%	58,000	-
FOST	3,797,746	3,797,746	-	0%	3,797,746	-
GAA	1,600,076	1,600,076	2,978,945	100%	(1,378,869)	-
GCN	500,000	500,000	-	0%	500,000	-
GOAL	1,366,808	1,810,067	-	0%	1,810,067	-
HELP	1,404,775	1,404,775	988,973	70%	415,802	-
HelpAge International	942,126	942,126	-	0%	942,126	-
HKI	500,000	500,000	-	0%	500,000	-
HoH	429,238	429,238	-	0%	429,238	-
ILO	1,100,000	1,100,000	-	0%	1,100,000	-
IOM	35,045,350	35,383,240	7,846,833	22%	27,536,407	-
IPA	91,124	91,124	-	0%	91,124	-
LGDA	363,561	363,561	-	0%	363,561	-
LHH	104,250	104,250	-	0%	104,250	-
Linkage Trust	240,000	240,000	-	0%	240,000	-
MACO	272,640	272,640	-	0%	272,640	-
MC	10,435,409	10,435,409	5,217,475	50%	5,217,934	-
Mvuramanzi Trust	1,037,030	1,037,030	-	0%	1,037,030	-
NANGO	80,000	80,000	-	0%	80,000	-
NCDPZ	150,000	150,000	-	0%	150,000	-
NEST	38,000	38,000	-	0%	38,000	-
NGO Consortium	-	11,725,994	11,725,994	100%	-	-
NPA	2,775,000	2,775,000	1,214,058	44%	1,560,942	-
OCHA	2,618,242	2,618,242	2,415,571	92%	202,671	-
OXFAM UK	4,100,000	4,638,263	-	0%	4,638,263	-
PA (formerly ITDG)	1,710,339	1,710,339	370,000	22%	1,340,339	-
PLAN Zimbabwe	400,000	400,000	-	0%	400,000	-
RUDAC	840,000	840,000	-	0%	840,000	-
SAFIRE	569,640	569,640	-	0%	569,640	-

The list of projects and the figures for their funding requirements in this document are a snapshot as of 10 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: Consolidated Appeal for Zimbabwe 2007
Requirements, Commitments/Contributions and Pledges per Appealing Organisation
as of 10 July 2007
<http://www.reliefweb.int/fts>

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

Page 2 of 2

APPEALING ORGANISATION	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
SC - UK	7,352,946	7,352,946	716,332	10%	6,636,614	-
SRHBC	500,000	500,000	-	0%	500,000	-
UNDP	1,400,000	1,400,000	-	0%	1,400,000	-
UNDSS	50,260	50,260	-	0%	50,260	-
UNFPA	630,000	780,000	150,000	19%	630,000	-
UN-HABITAT	532,000	532,000	-	0%	532,000	-
UNHCR	1,510,000	1,510,000	1,303,190	86%	206,810	-
UNICEF	13,705,076	16,037,576	11,066,185	69%	4,971,391	-
UNIDO	700,000	700,000	-	0%	700,000	-
WFP	55,942,972	72,234,566	70,132,147	97%	2,102,419	-
WHO	8,014,012	13,242,124	-	0%	13,242,124	-
WLZ	150,000	150,000	-	0%	150,000	-
WVI	4,900,000	4,900,000	4,216,170	86%	683,830	-
ZFFHC	250,000	250,000	-	0%	250,000	-
ZNCWC	65,169	65,169	-	0%	65,169	-
GRAND TOTAL	214,476,053	253,314,106	122,020,958	48%	131,293,148	268,817

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 10 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: Consolidated Appeal for Zimbabwe 2007

Requirements, Commitments/Contributions and Pledges by Emergency Relief vs. Transitional Support
as of 10 July 2007
<http://www.reliefweb.int/fts>

	Original Requirements US\$	Revised Requirements US\$	Commitments/ Contributions US\$	% Covered	Unmet Requirements US\$	Uncommitted Pledges US\$
Emergency Relief	88,294,567	107,607,630	82,052,911	76%	25,554,719	-
Emergency Relief / Transitional Support	48,321,523	48,184,817	18,830,993	39%	29,353,824	-
Transitional Support	77,859,963	87,693,118	20,727,801	24%	66,965,317	268,817
not yet defined	-	9,828,541	409,253	4%	9,419,288	-
Grand Total	214,476,053	253,314,106	122,020,958	48%	131,293,148	268,817

2. CHANGES IN THE CONTEXT AND HUMANITARIAN NEEDS

The economic situation has significantly worsened since the beginning of the year as the official inflation rate rose to 4,530% in May 2007,² compared to 1,593% in January 2007.³ As the economy has deteriorated since 2000, poverty levels have also risen considerably. The proportion of people living below the Food Poverty Line (unable to purchase sufficient food) increased from 29% in 1995 to 58% in 2003⁴ and is expected to have increased further since then. This trend has 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 \$458,000 (approximately \$92 at the rate of \$1 = ZW \$5,000) in January 2007 to ZW \$5.5 million (approximately \$110 at the rate of \$1 = ZW \$50,000) in May 2007.⁵ The exchange rate as of mid-June 2007 was \$1 = ZW \$140,000, and prices for common household goods also continued to increase.

Salaries have failed to keep track with inflation and unemployment has remained high. The 2005/6 ZDHS found that 29.5% of men and 56.4% of women were not employed in the twelve months prior to the survey. As of May 2007, a civil servant earned on average about Zim \$2 million (approximately \$40 at the rate of \$1 = ZW \$50,000) per month while domestic workers' average take-home pay per month was ZW \$120,000 (approximately \$4 at the rate of \$1 = ZW \$30,000) for April 2007.⁶ The gazetted wages are far less than that.

Food insecurity, in particular, has increased following poor rainfall in parts of the country, which resulted in the Government of Zimbabwe declaring 2007 as a 'Year of Drought'.⁷ The FAO/WFP Crop and Food Supply Assessment Mission (CFSAM) to Zimbabwe estimated the 2007 national cereal production, at 1,055 million tonnes, to be 44% down on last year's Government estimate, resulting in a food import requirement of more than one million tonnes.⁸ The CFSAM's findings attributed this to factors including the drought, insufficient fertiliser, fuel and tractors, crumbling irrigation systems, as well as uneconomic prices set by the Government which have discouraged many farmers from producing surplus cereals for sale. The report determined that 2.1 million people will face food shortages by the third quarter of 2007 and that the number of people at risk will peak at 4.1 million in the first three months of 2008.⁹

The health sector experienced a continued decline due to the economic recession and hyperinflation, as well as the migration of doctors and nurses to other countries because of poor wages and conditions of service. In the first half of 2007, disputes over wages for doctors and nurses remaining in the health system continued to have a negative impact on the regular provision of services. The health infrastructure has also deteriorated over the years, as documented in a Ministry of Health and Child Welfare (MoHCW) / World Health Organisation (WHO) assessment in 2003, which reported that less than 50% of essential equipment was available in the facilities. The lack of long-term development assistance to Zimbabwe makes it extremely difficult to overcome, or even mitigate, this trend. The availability of medical staff is projected to have worsened from September 2004, when 56%, 32% and 92% of doctor, nurse and pharmacist posts were vacant.¹⁰

As of September 2006, the availability of medical drugs is projected at only 40% of the national requirements. This compounds the HIV/AIDS problem, which continued to negatively impact all parts of the humanitarian situation and response. Of the 1.6 - 1.8 million people infected by HIV/AIDS,¹¹ 340,000 require ARVs, compared to 400,000 required at the launch of the 2007 CAP.¹² As of May 2007, 80,000¹³ people living with HIV/AIDS had reportedly been receiving ARV treatment; the MoHCW's target is to reach 120,000 people by December 2007. Related to this is a lack of availability

² CSO, June 2007.

³ CSO, January 2007.

⁴ Government of Zimbabwe, 2003 Poverty Assessment.

⁵ CSO, June 2007.

⁶ CSO, June 2007.

⁷ Statement by Government of Zimbabwe Minister of Agriculture, Rugare Gumbo, in an interview with Zimbabwe Broadcasting Corporation (ZBC) on 20 March 2007.

⁸ Crop and Food Supply Assessment Mission (CFSAM), 2007.

⁹ CFSAM, 2007.

¹⁰ Government of Zimbabwe, Ministry of Health, November 2004

¹¹ MoHCW, 2005; UNAIDS, 2006.

¹² UNAIDS, 2007.

¹³ National Aids Council, Universal Access Consultative Meeting, Harare, 28 May 2007

of post-exposure prophylaxis (PEP) kits to combat HIV infection, rape kits to support legal action, and other medical equipment to treat survivors of sexual assault in a timely, efficient and effective manner. Additionally, the country has been experiencing a serious shortage of intravenous (IV) fluids since late 2006, when the main supplier in Zimbabwe closed down for renovations, and no commitment has been forthcoming as to when operations will resume. The only other supplier in the country has no capacity to meet the demand, and the shortage of foreign currency has made it difficult to import the required supplies.

Sentinel site surveillance of the nutrition situation conducted in 23 districts in Zimbabwe indicated that although wasting levels are still below emergency thresholds, stunting levels are on the increase and have reached above 40% in Gutu, Kwekwe and Mutare (Sakubva).¹⁴ Surveillance data also showed that malnutrition was related to both morbidity and household food insecurity, and that orphans were more likely to be malnourished. Overall levels of malnutrition remained low in urban areas, but with a deteriorating trend, as highlighted by increased levels of malnutrition in peri-urban populations.¹⁵

Access to safe water supply and basic sanitation continued to deteriorate as a result of the general economic decline, eroded institutional and community capacity, persistent droughts and the effects of the HIV/AIDS pandemic. During 2006/2007, the country received below-average rainfall, thus severely impacting the availability of both surface and underground water in the country, particularly in the southern and western regions (Matabeleland North and South, Masvingo, and parts of the Midlands provinces). This trend has increased pressure on domestic water supply facilities, as livestock have to share the limited water facilities with people.

Bulawayo's reservoirs, for example, are currently 27% full (constituting a six-month supply as of 1 May 2007) as a result of below-average rainfall and insignificant inflows into the supply dams. The remaining reservoir water does not have adequate piping capacity to supply the city, resulting in constant water cuts and rationing, affecting an estimated one million city residents. Bulawayo's problems reflect the fact that the populations most affected by these water shortages are in high-density residential areas, which is where the most vulnerable households reside. Additionally, water and sewage systems in most urban areas have broken down due to age, excessive load, pump breakdowns and poor operation and maintenance. The breakdown of sewage systems has resulted in large volumes of raw sewage being discharged into natural watercourses, which ultimately feed into major urban water supply sources.

The emigration of Zimbabweans to neighbouring countries continues to be a serious concern. While exact numbers of people leaving the country in search of work and other socio-economic reasons are difficult to quantify, the number of deportations from neighbouring countries continues to increase. Between May and December 2006, approximately 76,000 Zimbabweans were deported from South Africa. 86,059 deportations were recorded from January to May 2007. Almost 40,000 Zimbabweans were deported from Botswana in 2006.

While no new large-scale evictions such as the 2005 Operation Murambatsvina/Operation Restore Order (OM/ORO) were recorded in the first half of 2007, sporadic evictions occurred and the threat of being forcibly evicted remained at hand 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 society. Furthermore, new farm evictions have been witnessed by humanitarian organisations in Masvingo (April), Bulawayo, and Manicaland (both in May), affecting a significant number of people.

As the socio-economic situation continues to decline, reports from humanitarian organisations indicate that at least three areas hosting over 1,500 households of former farm workers will be cleared for residential purposes sometime in July 2007. Humanitarian concerns remain over a lack of human rights for the displaced populations (e.g., to human dignity, shelter, employment, education, health care, freedom of movement and other basic services), as enshrined in the regional and international legal instruments to which Zimbabwe is party.

The political environment remains tense; however, continued negotiations are taking place between the Government and the two factions of the Movement for Democratic Change (MDC), mediated by the President of South Africa. It is hoped that these talks would bring about positive developments, as the country prepares for the upcoming elections scheduled for March 2008.

¹⁴ WHO, 1997: A prevalence exceeding 29% is considered high.

¹⁵ 2006 Urban ZimVAC

Regarding operational and humanitarian access, in April 2007 the Ministry of Public Service Labour and Social Welfare (MPSLSW) released new registration procedures for non-governmental organisations (NGOs). Shortly after the release, media reported that NGOs would be “de-registered” and required to re-register. However, MPSLSW clarified that there would be no de-registration of NGOs already registered, and that those in the process of registration should continue.

Nevertheless, since the beginning of the year there has been an increase in the number of reported rejections of temporary employment permits (TEPs) for international NGO staff and church organisations. If the trend continues, this could impact on capacity for relief as well as recovery operations. In addition to TEP problems, some organisations have faced difficulties in obtaining memoranda of understanding, and thus registration, and additional bureaucratic requests by local Government authorities limited the timely and effective response in the first half of 2007. The United Nations and NGOs continues to engage the Government on TEPs and memoranda of understanding (MoUs), and has assisted the MPSLSW to organise an inter-ministerial workshop to harmonise relevant processes in this regard.

3. REVIEW OF THE COMMON HUMANITARIAN ACTION PLAN

3.1 SUMMARY

The 'dual focus' set out in the 2007 Consolidated Appeal continues to be of relevance for the humanitarian response in Zimbabwe. This approach seeks to address the causes of vulnerability, as well as the resulting impact on vulnerable populations.

In preparing the 2007 Consolidated Appeal, the in-country Inter-Agency Standing Committee (IASC) took the position that a combination of emergency relief, transitional support and longer-term development assistance was required in order to meet the current needs in Zimbabwe. Crucially, the IASC did not see the various types of support as mutually exclusive, successive phases of assistance, but rather as a range of support that could, and should, be provided simultaneously. As part of the humanitarian reform, which was endorsed by General Assembly Resolution 60/124, early recovery is seen as an integral part of relief operations. Therefore, the Mid-Year Review (MYR) of the 2007 CAP maintains the 'dual focus' on emergency relief and transitional support, while development assistance is tackled primarily under the 2007-2011 Zimbabwe United Nations Development Assistance Framework (ZUNDAF).

3.1.1 Impact of Funding Levels on CHAP Implementation

As of 10 July 2007 the donor response to the 2007 CAP was **\$122** million of the originally required \$215 million. This figure included large variations among the sectors, with coordination (81%) and food (91%) the best-funded sectors (calculated as funding received divided by total requirements for the sector), followed closely by shelter at (47%). Multi-sector and water-sanitation (wat-san) received less than half the funding requested, while health, agriculture, education, and protection were the least funded sectors by mid-year. At the time of the 2007 CAP MYR, projects focusing on transitional support remain severely under-funded. As a result, few activities have been initiated in this area.

As a part of the overall funding, in February 2007, Zimbabwe received an allocation of \$2 million from the Central Emergency Response Fund (CERF), earmarked for shelter and wat-san. This grant enabled humanitarian actors to initiate the provision of shelter for over 330 households, combined with wat-san assistance for 15,000 households in Bulawayo City, in areas where assistance until then had been very limited. Overall, shelter sector funds received in 2007 provided about 1,300 households with temporary shelter, and another 3,000 households with permanent shelter. Additional funding is still needed for over 10,000 households currently staying in the open.

The wat-san sector is severely impacted by the unstable economic situation, below-average rainfall in 2006/2007, and inadequate foreign currency to purchase water treatment chemicals. While the donor response to wat-san in 2007 is nearly 70% to date, agencies were also able to draw on other, limited funding sources for planned actions. However, given the continued deterioration in the provision of safe drinking water, priorities for the remainder of the year include the targeting of water sources in need of rehabilitation affecting four million people, up from 500,000 people targeted at the launch of the 2007 CAP.

The Health sector, with the highest impact on the number of lives, is underfunded at 25%. Given the continued deterioration of wat-san facilities, as well as projected increased food needs and the impact of HIV/AIDS, the health of the general population is expected to deteriorate unless support is provided to support health care and infrastructure. Priority needs for the sector include improving the coverage of the expanded programme on immunisation in children; availability of antiretroviral treatments (ARTs); supply and availability of essential drugs, IV fluids and PEP kits (for survivors of sexual assault); and improving the capacity of health staff to effectively respond to disease outbreaks. Additionally, where access to health services are available, the most vulnerable populations may not be able to benefit due to high fees or lack of transportation to medical facilities, thus requiring support to those populations.

While the economic situation in the country continued to deteriorate, the sector responsible for enhancing vulnerable populations' livelihoods – Sustainable Livelihoods at the Community Level – received no funding support for its projects listed in the 2007 CAP. Community and household options for coping with the situation have become extremely limited. If these communities and households are not assisted with livelihood recovery, their vulnerability will increase, resulting in further entrenchment of the syndrome of relief dependency.

3.2 SCENARIOS

Most of the elements of the projected 'most likely' scenario in the 2007 CAP have come to pass.

- While the food gap during the "lean season" from January to March 2007 was smaller than last year's, poor rains and a limited maize harvest in April worsened the food security outlook for the second half of 2007, and beginning of 2008;
- In the first half of 2007, there has been declining access to basic social services, the continued impact of contentious human rights and governance issues, and reduced resources for humanitarian activities;
- HIV/AIDS continues to take a heavy toll on households and communities, with young women and girls twice as affected by the pandemic as the general population;¹⁶
- The economy has continued to deteriorate, and inflation reached 4,530% in May 2007;¹⁷

Some of the elements of the projected 'worst-case' scenario have also materialised in the first half of 2007. The country has been hit by drought, and the Zimbabwean dollar continues to fall steeply, and the country has experienced several strikes and cases of politically-related violence in 2007.

3.3 STRATEGIC PRIORITIES

The agreed strategic priorities in the 2007 CAP were:

- Life-saving actions;
- Enhancing coping mechanisms and livelihoods.

The IASC Country Team in Zimbabwe agrees that these strategic priorities remain valid for the remainder of 2007. There is still a need to meet immediate, life-saving needs in areas such as food and shelter. However, it remains equally important to help households and communities help themselves, by providing assistance that reduces their longer-term vulnerability, and supports them in moving towards a situation that decreases dependency on outside assistance. HIV/AIDS activities will be mainstreamed in all sector programmes.

In January 2007, 60 participants from the humanitarian community attended a first workshop on Humanitarian Reform. While one aspect of the 'financing' pillar of the reform had already been implemented, as Zimbabwe received CERF allocations totalling \$2 million in 2006, participants at the workshop agreed that further consultations were required on the 'cluster' pillar and the 'partnership' pillar of the reform. As of the MYR, the cluster approach has not yet been officially activated in Zimbabwe, but at a multi-stakeholder workshop in June 2007 the approach was endorsed by all participants for future implementation.

3.4 RESPONSE PLANS

3.4.1 AGRICULTURE

The agricultural sector has not shown any signs of general recovery since the launch of the 2007 CAP. In the 2006/07 season the sector experienced extremely low production levels due to erratic rainfalls, delayed land preparation caused by lack of tillage, shortage of fertilisers and late delivery of agricultural inputs. A total of 315,000 households received input assistance in the form of seed, fertiliser, training, and extension services. An additional 15,900 households received training and inputs for conservation farming activities.

Agriculture used to be the backbone of the Zimbabwean economy and the principal source of income for the majority of the rural population. The combined effects of natural disasters, HIV/AIDS, constrained policy environment, and reduced production capacity and its impacts on the economy have led to critical food shortages since 2002. It has furthermore resulted in a depletion of the resource base for many poor households, as they have been forced to sell critical assets.

According to the 2007 CFSAM, maize production is estimated to be 799,000 metric tonnes (MT), against national requirements of 1.42 million MT for human consumption. If all sources and uses are taken into account, the country is expected to face an uncovered cereal deficit of 442,000 MTs (352,000 MTs in cereals and 90,000 MTs of non-cereals), while the number of food-insecure people is

¹⁶ ZDHS 2005/6.

¹⁷ Central Statistics Office, June 2007.

estimated to be up to 4.1 million until March 2008. The planted area of cotton and tobacco this season increased slightly, and expected yields are also set to increase (270,000 MTs and 70-80 million Kg respectively, from 260,000 and 55 million Kg in 2005/2006), but is still well below the production levels of the 1990s. The planted wheat area in the secondary season is expected to be well below target levels (76,000 Ha), as a result of tillage and input constraints and power cuts.

Assessments undertaken by FAO and partners highlighted that smallholder communal farmers are facing several critical challenges, such as limited access and high prices of key inputs, increasing dependency on rainfall patterns and untimely provision of inputs. Short-term assistance should try to address these constraints. Dipping chemicals remain in short supply. This contributes to a further decline in animal health and to animal deaths, diminishing tillage capacity, and coping ability of many rural households – particularly alarming as regional experience shows that cattle herds, once diminished, are extremely slow to rebound which can perpetuate food insecurity. Short-term assistance should address these constraints, and a report on the impact of agricultural aid given in the 2006/2007 season will be ready in July 2007.

The level of preparedness for the 2007/2008 season is a cause for concern. In the most likely scenario, the country will be experiencing acute shortages of agricultural inputs, and consequently, delays in land preparation and unaffordable input prices. The focus currently given to food aid might divert donors' consideration of the next cropping season. Relatively small investments, for instance in extension services and fertiliser, would bring considerable results and reduce households' dependence on food handouts.

3.4.2 COORDINATION AND SUPPORT SERVICES

The objectives of the coordination sector remain unchanged for the second half of 2007. While efforts to ensure a facilitated, supported and strengthened humanitarian coordination mechanism remain ongoing, it is worth noting that significant progress has been made in the strengthening of coordination among United Nations (UN) agencies, NGOs, donors, and Government, and in the production of coordination tools and outputs, such as situation reports, maps and "who does what where" matrices.

The Office for the Coordination of Humanitarian Affairs (OCHA) Field Office has worked in support of the Humanitarian Coordinator and the IASC to ensure a properly functioning and supported CERF process. In February 2007, Zimbabwe received an allotment of \$2 million, which was allocated to under-funded projects in the shelter and wat-san sectors, following consultations in the IASC Country Team. The funds are now benefiting vulnerable populations in Bulawayo and Epworth in Harare.

Consultations on the cluster approach in Zimbabwe began with a workshop held in Harare in January 2007, and culminated in an endorsement by the humanitarian community at the beginning of June to roll out the approach. As a result, the implementation of the cluster approach will become a major focus in terms of coordination in the second half of the year.

The first half of the year saw greater engagement and collaboration between OCHA and the National Association of NGOs (NANGO) and international NGOs. This has strengthened the participation of NGOs in the coordination mechanism, and in other processes such as the Humanitarian Reform. Going forward, a more deliberate effort needs to be made to ensure the participation of national actors and beneficiaries.

Much effort has been made in trying to ensure transparency and build trust with the Government on the issue of NGO registration, obtaining MoUs with line Ministries and the timely issuance of TEPs for international NGO staff. While challenges still remain in some areas, the MPSLSW and line Ministries will meet to discuss standardised procedures on the provision of MoUs and other administrative issues with regard to NGO operations in the country at the end of June 2007. A priority for the remainder of the year will be the establishment of a monthly coordination forum that includes the Government, UN, NGOs and donors in order to jointly address the needs of the most vulnerable populations.

Other remaining challenges include improved information sharing, the need for more joint multi-sectoral needs assessments, ensuring inclusion of HIV/AIDS proxy indicators, additional common services, and better and more detailed analysis of the humanitarian situation. An inter-agency contingency planning exercise is planned for mid-July 2007 in preparation for the projected increased needs in the coming months. For the remainder of 2007, the OCHA Field Office will continue to work in support of the Humanitarian Coordinator and the IASC members in seeking to address those challenges.

3.4.3 EDUCATION

The education system is now experiencing lower enrolment rates, declining attendance and completion rates, low transition rate to secondary education, and a shortage of learning space and materials. The sector has experienced emergency situations primarily on three fronts: high attrition of human resources, deteriorating infrastructure, and reduced public expenditure.

In the deteriorating economic environment access to education is increasingly difficult for all children, but in particular for orphans and vulnerable children (OVC). It is estimated that there are over 1.6 million OVC in the country, mostly as a result of the HIV/AIDS pandemic. In this environment, it has been suggested that school feeding programmes could be scaled up to keep children in school. Support for take-home rations for family members with HIV is another suggested tool. This has the potential to increase household resilience in the long term by expanding economic opportunities through education.

In late December 2006, wind storms accompanied by heavy rains, and hailstorms caused extensive damage to schools and teaching and learning materials in the Zaka District. The United Nations Children's Fund (UNICEF) confirmed severe damage to eighteen schools in the district. Rehabilitation assistance for the affected schools is being reviewed. Population movements in farming areas due to the Government land reform programme have resulted in the establishment of nearly 628 satellite schools, lacking basic infrastructure. Two million primary school age children attend school with a textbook pupil ratio of 1:8, and over 1.5 million 13-18 year olds at secondary school with textbook pupil ratios of 1:6. Performance rates have been declining as a result.

The abovementioned factors continue to constrain the realisation of the rights of Zimbabwean children, especially their right to basic education. Despite these observations, none of the education projects in the 2007 CAP had received funding mid-year. Through the provision of other humanitarian funding outside the CAP, UNICEF is assisting displaced communities to with a variety of school infrastructure projects. These include construction of permanent structures at Nyamukwarara, Mooiplaats, and primary schools and log cabin Early Childhood Development (ECD) learning rooms at Hopley farm settlement. Other projects include delivery of seven exercise books for each of the students at schools that enrolled children displaced by Operation Restore Order, and the replacement of textbooks damaged by the elements at the affected schools in Zaka District. NGOs additionally received funding outside the 2007 CAP to support education initiatives in terms of school infrastructure, materials, uniforms, school fees and capacity building for educators.

The sector response remains the same as at the launch of the 2007 CAP, and includes two new project submissions aimed at preparing schools for natural disasters

3.4.4 FOOD

During the critical lean season months of January-March 2007, WFP and partners assisted an estimated 1.5 million people with some 45,000 MT of food. Assistance included the Vulnerable Group Feeding (VGF) programme, which had been planned to start in December 2006 but delays in approvals postponed the start to January 2007. In addition to the VGF, WFP has continued to support other vulnerable groups including an estimated 54,000 people through the Mobile and Vulnerable Populations programme, through IOM and NGOs. HIV/AIDS affected people are also being assisted by way of home-based care support, and programmes for OVC, as well as a pilot programme for patients on anti-retrovirals (ARVs).

During May 2007, WFP continued a relatively small-scale food distribution, reaching an estimated 296,000 beneficiaries with 2,714 MTs of food. The assistance is aimed particularly at mobile and vulnerable populations (MVPs), deportees at the IOM Reception and Support Centre in Beitbridge; HIV/AIDS affected households, as well as school children in high density urban areas. WFP's food assistance activities have helped food-insecure households to improve their dietary diversity. Reports from the WFP Community and Household Surveillance, examining the outcomes of food assistance and monitoring food security, have also recorded a downward trend in the use of negative coping mechanisms, particularly among asset poor, beneficiary households.

The Consortium for Southern Africa Food Security Emergency (C-SAFE), which consists of World Vision, CARE and Catholic Relief Services, distributed 7,046 MTs to an estimated 260,000 beneficiaries, through their Safety Net programme. Its second largest programme during this quarter was School-Based Feeding, which benefited over 340,000 children with circa 3,000 MTs of food. In total, through its various programmes including Food for Assets, Food for School Services, Chronically

Ill, Institutional Feeding, and the Market Assistance Programme, C-SAFE distributed 13,346 MTs of food benefiting approximately 770,000 people.

Upon the request of the Government of Zimbabwe, a joint FAO and WFP Crop and Food Supply Assessment Mission (CFSAM) conducted a review of crop production and food security in the country between 25 April and 18 May 2007. According to the CFSAM, around 2.1 million people will face food shortages as early as the third quarter of 2007 – a figure that is estimated will rise to 4.1 million people at the peak of the crisis in the first three months of 2008. For this population, an estimated 442,000 MT of food assistance will be required: 352,000 MT of cereals and 90,000 MTs of non-cereals.

Planning is in process with Government, donors, C-SAFE and other partners to establish levels of response required to help meet food needs in the country. For the 2007 CAP, WFP had originally appealed for the period January to December 2007 for a total of \$55.9 million. However, with the findings of the recently released CFSAM report this appeal will need to be increased substantially to meet the expanded food needs and anticipated shortages from August 2007 to March 2008. Given the scale of the food crisis, WFP will urgently need donations to allow it to rapidly scale up its operations and will be revising its requirements, especially as many vulnerable families will start running out of food as early as August.

3.4.5 HEALTH

This sector, which received little funding support in the 2007 CAP, experienced a continued and serious decline due to the economic deterioration and hyperinflation, and has been hit by a series of strikes by health workers since late 2006. Health infrastructure has deteriorated, as documented in a MoHCW/WHO assessment in 2003, which reported that less than 50% of essential equipment was available in the facilities. The lack of long-term development assistance to Zimbabwe makes it extremely difficult to overcome, or even mitigate, this trend. The availability of medical staff is projected to have worsened from September 2004, when 56%, 32% and 92% of doctor, nurse and pharmacist posts were vacant.¹⁸ The ongoing drought also threatens to increase malnutrition during the latter part of the year.

The HIV/AIDS pandemic remains a serious threat to Zimbabwe's socio-economic development, and concerted efforts are needed to reduce the burden of the disease and its impact on social service delivery. Of the estimated 1.6-1.8 million people living with HIV/AIDS,¹⁹ the number of patients receiving ARV treatment has reportedly risen from 40,000 at the launch of the 2007 CAP to around 80,000²⁰ as of May 2007. MoHCW's target is to reach 120,000 people by December 2007. Additionally, 340,000 require ARVs compared to 400,000 required at the launch of the 2007 CAP.²¹ There is as well an important link between improved nutritional status and the ability to adhere to the ART: with the number of food-insecure households increasing in urban areas, which also have the highest coverage of people accessing ART, there is a consequent need to monitor the nutritional status of people living with HIV/AIDS receiving ART.

Between January and April, 2007, outbreaks of cholera occurred in Harare, and Epworth and Chiredzi district in Masvingo province. Humanitarian actors responded effectively to cholera outbreaks by way of drugs and supplies, as well as technical expertise. National cumulative figures from January to April 2007 were 60 cases and three deaths (case fatality rate [CFR] 5%). Of these, 31 were confirmed (28 were positive for *Vibrio cholerae* Inaba, three were positive for *Vibrio cholerae* Ogawa). No reported cases of cholera have been reported since that time. In response to the situation, between February and May 2007, WHO carried out a cholera response project using CERF and European Commission Humanitarian Aid Office (ECHO) funding obtained in 2006, and also procured supplies and conducted trainings for health facility staff.

This malaria season (January-May, with a peak in March-April) was not as severe compared to previous seasons, with a cumulative figure of 144,065 cases and 83 deaths (CFR 0.05%). The Global Fund was used to purchase vector control chemicals and to train staff in case management.

According to the preliminary ZDHS 2005/06 report, improvements have been achieved in some areas. However, the existence of contradicting data such as increased malnutrition rates, but decreased child mortality rates, needs to be further analysed within the ZDHS for further insight into the current

¹⁸ Government of Zimbabwe, Ministry of Health, November 2004

¹⁹ MoHCW, 2005; UNAIDS, 2006.

²⁰ National Aids Council, Universal Access Consultative Meeting, Harare, 28 May 2007

²¹ UNAIDS, 2007.

situation. Preliminary results from the ZDHS 2005/06 show that overall under-five mortality for the period 2001-2005 was 82 per 1,000 live births, down from 102 in 1999.²²

The extended programme of immunisation (EPI) coverage for immunisation against diphtheria, pertussis and tetanus (DPT3) was 89% in 2005 for under-ones and 63% in 2005/06 for 12-23 month olds. The proportion of children who received all of the recommended vaccinations (including DPT4 and polio4) dropped from 67% in 1999 to 53% in 2005/06; and those who had not received any vaccination increased from 12% in 1999 to 21% in 2005/06.

The availability of medicinal drugs was projected at only 40% of the national requirements as of September 2006. There is a serious shortage of IV fluids following the closure of the main supplier of IV fluids, Datlabs, for renovation. The average monthly requirement in vacolitres is 48,000 normal saline, 46,500 ringers lactate, 31,000 1/2DD and 15,000 maintalyte. The shortage of foreign currency has rendered it difficult to import these supplies, as the only other company in the country has no capacity to meet the demand. Of additional concern is the lack of PEP kits to combat HIV infection, rape kits needed to support legal action, and other medical equipment to treat traumatised survivors of sexual assault in a timely, efficient and effective manner.

Priority needs remain as follows: to improve the coverage of the expanded programme on immunisation of children receiving all recommended vaccinations (including DPT4 [DPT3 and polio 4]); to make ART available and to increase the number of patients with access to them; to improve the supply and availability of essential drugs and IV fluids; and to improve the capacity of health staff to effectively respond to disease outbreaks.

3.4.6 NUTRITION

The main goals of the nutrition sector in 2007 are to prevent deterioration of the nutritional situation, particularly in the most vulnerable populations, to prevent mortality and morbidity associated with malnutrition, and to work towards improving trends in nutritional status.

Sentinel site surveillance of the nutrition situation conducted in 23 districts in Zimbabwe indicated that although wasting levels are still below emergency thresholds, stunting levels are on the increase and have reached above 40% in Gutu, Kwekwe and Mutare. Surveillance data also showed that malnutrition was related to both morbidity and household food insecurity, and that orphans were more likely to be malnourished. Overall levels of malnutrition remained low in urban areas, but with a deteriorating trend, as highlighted by increased levels of malnutrition in peri-urban populations.²³

In the area of community nutrition education, a training manual developed by the Government's Food and Nutrition Council, FAO and UNICEF, will be rolled out (with training) to Government and civil society organisations involved in nutrition programming; such as community management of malnutrition, home-based care HBC/OVC/ART activities and nutrition gardens. The *Nutrition Atlas Zimbabwe, Who is doing What Where (3Ws) in Nutrition* is currently being updated for 2006-2007, and will highlight major gaps and facilitate better planning, coverage and coordination of nutrition activities.

The objectives of the nutrition response plan for 2007 are still relevant and remain unchanged. However, as a result of 2007 being declared a drought year, and a rapidly deteriorating economic environment, the nutrition situation will need to be closely monitored. In the event that intervention is needed, it will be important to ensure that it is appropriate to the situation, well coordinated, and timely. To accomplish this, a strengthened multi-sectoral response will need to be conducted. Greater effort will also need to be directed towards the empowerment of individuals and families to practice improved nutrition by maximising use of available food through nutrition education.

²² While the ZDHS 2005/06 data indicated a very promising drop in the under five-mortality rate, the CSO is still investigating the findings before it is finally confirmed as there are some unexplainable trends in the stats.

²³ 2006 Urban Vulnerability Assessment

Progress made in achieving the objectives set out in the 2007 CAP Nutrition Sector Response is represented in the table below:

Indicator	Baseline as of Nov 2006	Data as of Mid-Year 2007
Percentage of malnutrition levels (height/age [H/A], weight/height [W/H], weight/age [W/A])	Stunting 30% Underweight 17% Wasting 6%	Awaiting 2007 Food Security and Nutrition Assessment Data
Percentage of deaths in Therapeutic Feeding Units	23%	20%
Number of children involved in community-based nutrition care programmes	600	1,280
Number of information, education, communication (IEC) materials on nutrition and HIV/AIDS available at the community level	330,000	210,000
Number of actions being implemented in areas of high density of mobile and vulnerable populations	389 actions	Awaiting 2007 Zimbabwe Nutrition Atlas Data

3.4.7 MULTI-SECTOR

3.4.7.1 Cross-border Mobility and Irregular Migration

The social and economic decline continues to fuel an exodus of Zimbabweans in search of opportunities in neighbouring countries. Because of the unavailability of passports and difficulties obtaining visas, many Zimbabweans travel without proper documentation, and are often exploited in their destination country. Since January 2007, there has been a sharp increase in the number of returned migrants through the Beitbridge border crossing with South Africa, now averaging over 17,000 persons per month. A growing number of Zimbabweans are also travelling to Botswana. Although there are not as many deported migrants as from South Africa, the situation is still alarming with almost 40,000 Zimbabwean nationals being deported through Plum Tree and neighbouring border points during 2006.

In 2006 a Reception and Support Centre was established at Beitbridge to provide humanitarian assistance to returned migrants in the form of food, transportation, basic health assessments and treatment, and temporary accommodation. HIV/AIDS, awareness of gender-based violence (GBV), and safe migration are mainstreamed into all programme activities. From January - May 2007, a total of 86,059 migrants were returned to Zimbabwe, with 52,936 (over 61%) registering for assistance. Over 1,490²⁴ unaccompanied children are also among the deportees from South Africa; the centre thus offers child services in the form of accommodation, protection, counselling, and family reunification.

Priorities for the coming months will focus on the establishment of the Plum Tree Reception and Support Centre. Furthermore, while the Beitbridge Reception and Support 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 made 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 underpin any such dialogue.²⁵ At an operational level, training will continue to be provided to border officials, police, and social services on trafficking, smuggling, and the vulnerabilities of irregular migrants and their rights, in order for migration to be addressed more humanely.

2007 will also see investigation of possibilities of operationalising the bilateral labour migration agreement (farm labour in Limpopo province) which exists between Zimbabwe and South Africa. This will be done through the establishment of a foreign placement service, which aims to reduce irregular migration among populations in economic distress, and improve the economic well being of potential migrants.

3.4.7.2 Mobile and Vulnerable Populations

In view of the continued plight of MVPs in Zimbabwe, the sector response plan and objectives remain largely unchanged. While no large-scale evictions have taken place, sporadic displacements have

²⁴ Figure as of May 2007.

²⁵ 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 the assistance in Beitbridge. The report will conclude with a number of evidence-based recommendations.

continued. The end of 2006 saw new evictions under Operation Chikorokoza Chapera/Operation End Illegal Gold Mining, sometimes resulting in renewed displacement of people already affected by evictions during previous operations. This was compounded by a number of natural disasters in the same areas, such as floods and hail storms. Furthermore, new farm takeovers were witnessed in certain parts of the country, namely in Masvingo (April), Bulawayo, and Manicaland (both in May), and affecting a significant number of people among the farm worker community. As the socio-economic situation continues to decline, there are reports from humanitarian organisations indicating that at least three areas hosting over 1,500 households of former farm workers will be cleared for residential purposes sometime in July 2007. The existing former farm worker households will not be eligible for the new residential area.

In response to such adversities, immediate relief, including food, non-food items (NFIs), as well as HIV/AIDS and GBV mainstreaming continued to be provided to newly identified affected populations. However, in view of the recognised need to move beyond immediate relief actions, humanitarian actors also scaled up livelihood support in terms of summer crop inputs (seeds and fertilisers) as well as through the provision of more integrated assistance including shelter, wat-san facilities as well as agricultural based livelihood assistance in rural areas. In urban areas, income generating activities were piloted for 70 mobile and vulnerable households (approximately 350 individuals), through the provision of small business management and skills training, seed inputs, as well as assistance in formalising micro-enterprises through support in registering companies, with tax clearances, as well as assistance in establishing market linkages.

Beyond wat-san provision, community and environmental health actions were scaled up through training of community health volunteers (including public health and hygiene promotion) both in Harare and in Manicaland. IOM and its partners also made progress in addressing communicable diseases in MVP communities through the setting up of a mobile clinic and support in Harare (Hopley Farm and Hopley Tariro) through partnership with City Health.

3.4.7.3 The NGO Joint Initiative for Urban Zimbabwe

The over-arching goal of the NGO Joint Initiative (JI) for Urban Zimbabwe is to restore dignity and reduce suffering for the most vulnerable in urban and peri-urban areas, while utilising and enhancing local capacities and resources. The JI works in Harare, Chitungwiza, Bulawayo, Mutare, Gweru and Masvingo and consists of: Africare, Cooperative for Assistance and Relief Everywhere (CARE), Catholic Relief Services, Oxfam International, Practical Action, Save the Children (SC)-UK and Mercy Corps.

By May 2007 the seven targeted urban communities had strengthened mechanisms for collaboratively and transparently managing resources to address priority needs, with vulnerable populations benefiting from increased access to priority needs and services. A total of 43 new or existing community management groups are being supported. The total membership of the management groups is 290 of which 63% are women, with an average management committee size of ten people. All 290 community management group members have completed an initial training programme related to their sectoral action roles and responsibilities. For example, shelter housing group management committee representatives from Mutare and Mbare completed a “training for transformation” programme.

Across all locations and activities the JI plans to select 18,807 beneficiary households. By May 2007, 16,573 (88%) had been screened and selected based on the JI’s specific action technical criteria, with the remaining balance of 2,234 (12%) beneficiary households screened and selected by the end of May 2007. 79% of the target number of internal savings and lending groups have been formed and trained. All 467 Internal Savings and Lending (ISAL) groups have started monthly savings and lending activities. Vending stall construction has started on five out of eleven sites and all vending beneficiaries have been registered, screened and selected. Monthly food vouchers are being delivered to 6,083 (89%) of the target number of beneficiaries. Construction has started on 20% of the 500 housing units to be developed or extended. 350 (25% of target) school fee waivers have been issued. Twenty eight out of 30 school development plans have been finalised and seven are completed or nearly so. The HIV/AIDS component has trained 100% of HBC facilitators and peer educators and is working with 261 HBC clients, which is 4% above the total target for the programme.

The JI international and national partners demonstrated increased capacity to identify and integrate child protection considerations in their programmes through the completion of children’s feedback

meetings, of which four out of six were accomplished. Training and planning with the remaining two partners in preparation for the remaining children's feedback meetings has been completed.

Priorities for the second half of 2007 remain the same. However, priority focus will be to accelerate the construction of extensions and new housing in all locations, and to reach and/or exceed the programme target of 6,800 food voucher beneficiaries per month; finalise the selection of all education beneficiaries according to targets and complete fee waiver issue; finalise the remaining two school development plans and accelerate the implementation of school development plans in 21 schools; establish youth friendly corners in Gweru and Masvingo; accelerate the distribution of primary care giver (PCG) kits in Bulawayo and Mbare; complete children's feedback meetings in at least two locations; and commence development of a JI child protection manual.

3.4.7.4 Refugees

At the end of April 2007, the United Nations High Commissioner for Refugees (UNHCR) recorded 3,261 refugees and 567 asylum-seekers mostly originating from the Great Lakes area, DRC, Rwanda and Burundi. The majority (2,361 persons) reside at the Tongogara refugee camp while 1,513 refugees reside in urban centres. UNHCR and partners assist camp-based refugees with food, NFIs, education, health, water, community services and income generation activities. Urban based refugees cater for their needs by themselves. UNHCR intervenes only on behalf of extremely vulnerable individuals. The urban based refugees have increasingly experienced different "push factors" as the Government would like to see all refugees residing in Tongogara.

Based on current and expected needs over the remainder of the year, revised objectives include a need to strengthen refugee status determination (RSD) mechanisms ensuring the integrity of the institution of asylum in Zimbabwe. The right of refugees to access physical and legal protection and continued material assistance while pursuing durable solutions, including voluntary repatriation and resettlement, needs advocacy. In addition, camp based refugees will continue to receive timely and adequate assistance in ensuring their basic needs are met, and self-reliance projects will be strengthened in an attempt to improve their overall protection and the viability of their stay in the host country.

As a result of the revised objectives, updated activities will ensure overall protection of asylum-seekers and refugees in close cooperation with the Government - including respect of their basic human rights with special emphasis on meeting their material, legal and physical safety requirements. The right to seek asylum and safeguard the principle of *non-refoulement* will be emphasised. Programme activities will also ensure appropriate durable solutions are identified and refugees benefit from them.

3.4.8 PROTECTION/HUMAN RIGHTS/RULE OF LAW

3.4.8.1 Protection

Humanitarian concerns remain over a lack of basic human rights (e.g. to human dignity, shelter, employment, education, health care, freedom of movement and other basic services) for those MVPs displaced in 2005, and during subsequent smaller-scale displacements in 2006 and 2007. Furthermore, the continuing economic deterioration has resulted in an increase in alternative coping mechanisms that MVPs have undertaken in order to support their families. Vulnerable populations include an estimated 160,000 households of ex-farm workers affected by the Government's Fast Track Land Reform programme; the estimated 20,000 Zimbabweans deported monthly from South Africa and Botswana;²⁶ an unknown number of stateless individuals born in Zimbabwe with disputed citizenship;²⁷ people living in state and private institutions; children living outside a family environment; and prisoners.

Efforts to prevent and respond to sexual and gender-based violence (SGBV) continued in 2007 with humanitarian organisations working in collaboration with Government bodies, in urban and rural areas, through information campaigns in schools, and with local authorities. Tribal chiefs and other community mobilisation mechanisms were also used. This also included trainings for humanitarian, health, and Government representatives on SGBV prevention and care for survivors. IOM and partners established a protection reporting system on SGBV and gender issues in some locations for immediate follow up and action by the Government and/or organisations with the capacity to respond.

²⁶ IOM, 2007.

²⁷ Stateless individuals are those people whose parents came from neighbouring countries and as a result they bear no documentation of citizenship in any nation.

United Nations Population Fund (UNFPA) and partners conducted trainings in clinical management of sexual assault in greater Harare, targeted at medical professionals.

In Hopley and Hatcliffe, UNFPA together with partners, carried out a qualitative situation analysis of the magnitude of GBV and the underlying causes. UNFPA is also sensitising the community on GBV prevention and response and planning a series of awareness building workshops with police and other officials to increase awareness on handling survivors of gender based violence. SC-UK continued to work in collaboration with partners from NGO JI to integrate protection initiatives into general assistance programming, in order to alleviate gaps in the provision of support to children and child-headed households. Additionally, since the launch of the 2007 CAP, the Government passed the Domestic Violence Bill, which includes measures to limit harmful traditional practices, and widens the scope of likely candidates for appointment as anti-domestic violence counsellors.

Despite community awareness and trainings for humanitarian, health and police representatives on how to work with survivors of sexual assault, there remains a severe shortage of supplies in terms of PEP, rape kits, and other equipment for medical and police personnel to properly respond to the needs of the survivors. A brain drain and a lack of resources also impacts the number of first-responders (police, nurses, doctors and, in general, people working in the legal system) available to partake in the medical and judicial processes.

Issues pertaining to protection remained a challenge, requiring strengthened coordination capacity in order to build a common understanding of the issues effecting vulnerable populations. The priorities for the next six months will be the identification of lead agencies on protection and a coordination group to focus on the adequate and timely provision of assistance in a number of identified MVP settlements in urban locations. A more thorough analysis, together with more enhanced monitoring and reporting, of the causal factors, linkages and cross-cutting issues affecting MVPs, children, survivors of SGBV, and other affected populations is essential in order to address the intricate issues they are faced with. Not least, engagement with the Government on protection concerns needs to be pursued.

3.4.8.2 Child Protection

The Child Protection Sector will still focus on both emergency relief, and transitional support that seeks to address the causes of children's vulnerability, and the resulting impact. Impacting on the overall situation of children in the country is the continuing economic decline and the large number of migrants both within Zimbabwe borders and externally. Poverty and displacement has resulted in more people becoming vulnerable, including children affected by the land reform programme. The most serious of the issues affecting vulnerable children is inadequate access to basic social services, food insecurity, and HIV/AIDS. Zimbabwe has the fourth highest HIV prevalence rate in the world, with children and youth believed to make up approximately half of all new HIV/AIDS cases. Girls and young women are particularly vulnerable.

SGBV cases involving children have reportedly been exacerbated by harmful traditional and religious practices, although the Government has passed the Domestic Violence Act. Child Protection, Support and Reunification services are provided for unaccompanied minors returned from South Africa through IOM, SC-Norway and the Department of Social Services at the Beitbridge Reception and Support Centre. Emergency response will prioritise the protection of children and women from negative impacts of emergencies including abuse, violence, exploitation and discrimination by ensuring that community based coping mechanisms for children and women are supported and most vulnerable targeted in hardest hit areas through partner organisations.

In May 2007 UNICEF handed over control of the monthly Child Protection Working Group to the Ministry of Justice Legal and Parliamentary Affairs, Victim Friendly Initiative, in order to respond to and harmonise overall children's needs in the country thus substantiating the need for a general protection working group as mentioned in the previous section.

In the second half of 2007, the Child Protection Sector will provide psychosocial support for children and community members in geographic areas hardest hit, as well as scale up community foster care of vulnerable children to prevent family separation. It will also advocate against child labour, including the worst forms, domestic, sexual and gender based violence, child abuse and exploitation and training on humanitarian workers code of conduct.

3.4.9 SECURITY

The security sector response plan remains unchanged from the original 2007 CAP. The primary responsibility is the security and protection of UN staff members, their spouses, dependants, and property, as well as of the organisations' property against disturbances. While law-enforcement authorities are generally willing to assist, they sometimes lack the necessary resources to do so effectively. To maintain and enhance safety and security capabilities, UN 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 United Nations Country Team (UNCT), UNDSS also provides updates to the NGO Heads of Organisations at their monthly meetings. UN field security officers have also begun providing security awareness training to NGOs, in addition to the trainings provided to UN staff members.

3.4.10 SHELTER AND NON-FOOD ITEMS

The shelter sector response plan and objectives, focusing on immediate shelter provision as well as negotiation for stand allocation and facilitation of dialogue around security of tenure, remain largely unchanged. The response plan has been supported by a recent study commissioned by SIDA²⁸. Apart from recognising the need for emergency temporary shelters, this report stresses the importance to move beyond relief and engage in dialogue around security of tenure and affordable housing, as well as strengthening civil society and local authorities' capacity in this regard.

While shelter assistance has continued in 2007, with approximately 1,000 temporary and 335 permanent shelters being provided by humanitarian actors since the launch of the CAP, the known gaps have also increased, mainly as a result of better mapping of needs through further assessments. As of the writing of this report, the known gap in terms of emergency shelter was approximately 10,500 households. However, no comprehensive nation wide survey has been carried out, and as this figure is based on assessments in selected sites only it is non-exhaustive.

In 2007, it is encouraging to note that shelter actors are expanding their geographical coverage to include areas like Bulawayo and Mutare. Due to a reduced politicisation of shelter provision, there has been more room for dialogue and coordination between the various actors, Governmental and humanitarian. In this regard, there is also an increasing appreciation among community-based organisations (CBOs) for the importance of coordination and joint efforts aimed at advocacy and dialogue around security of tenure and affordable housing.

However, sporadic evictions and the difficulty in obtaining access to legal land for permanent settlement continue to pose challenges and funding remains a limiting factor. These continued economic hardships place additional strains on people's human settlement decisions and options. As an example, increasing transport costs are limiting the prospects of travelling to work, and therefore curtails the options open to where to settle oneself and family. Similarly, spiralling inflation is continuing to erode housing saving schemes.

3.4.11 SUSTAINABLE LIVELIHOODS AT THE COMMUNITY LEVEL

While the economic situation of the country continued to deteriorate, severely impacting the most vulnerable populations at the household and community level, no support was received for sustainable livelihoods projects submitted under the 2007 CAP. The economic deterioration has seriously eroded wages and purchasing power of both rural and urban populations. Unemployment has remained very high, resulting in increasing numbers of people relying on informal activities. Despite the work in the informal sector, inadequate capitalisation has not seen any improvement in incomes. Government price control policies have resulted in the disappearance of basic commodities from the formal market and their transfer to the parallel market, where prices are exorbitant. A significant portion of the population is thus left extremely vulnerable.

The lack of outputs from the 2006/2007 agriculture season is resulting in serious food insecurity. The results of the Poverty Assessment Survey Study (PASS II) have since been released, showing a dire poverty situation for both rural and urban populations. Community and household options for coping with the situation have become extremely limited. If these communities and households are not assisted with livelihood recovery, they will become even more vulnerable, resulting in an even more entrenched relief dependency syndrome. As a result of this analysis, the strategic priorities for this

²⁸ Vance, Irene, *Housing for Low-Income Groups in Zimbabwe: Sida Mission, September 2006*. Full responsibility for the text of the report rests with the author and it does not necessarily represent the views of those people consulted.

sector have not changed significantly, and a continued focus on restoring livelihoods, strengthening coping mechanisms, improving skills, and building capacity at household and community levels is needed.

3.4.12 WATER AND SANITATION

Zimbabwe has experienced a decline in access to safe water and basic sanitation due to several factors, including the general economic decline, eroded institutional and community capacity, persistent droughts, and the effects of the HIV pandemic. Results from a survey conducted by the Government and UNICEF in May 2006 indicate a decline in the share of people with access to safe drinking water from 70% in 1999 to 60% in 2006. The survey also revealed that only 40% of rural households used safe sanitary facilities in 2006 against 60% in 1999. The numbers are believed to have increased further.

During 2006/2007, the country received below average rainfall. This has adversely affected the availability of both surface and underground water in the country, particularly the southern and western regions (Matabeleland North and South, Masvingo and parts of the Midlands provinces). Bulawayo city water supply reservoirs received below average rainfall due to insignificant inflows into the supply dams. They are currently 27% full (a six month supply as of May 2007). However, the only likely reservoir to remain with water will not have adequate piping capacity to supply the city, resulting in constant water cuts and rationing for over one million people. The most affected are the high-density residential areas, where the most vulnerable reside.

This has put pressure on domestic water supply facilities, as livestock have to share the limited water facilities with people. The situation is going to be critical towards the second half of the year. Adding to the load is the parlous state of water and sewage systems in most urban areas, many of which have broken down because of age, excessive load, pump breakdowns, and poor operation and maintenance. The breakdown of sewage systems has resulted in large volumes of raw sewage being discharged into natural watercourses, which ultimately feed into major urban water supply sources. During the first half of 2007, 77 cases of cholera and three deaths were recorded.²⁹ This will worsen unless urgent appropriate action is taken.

Donor response to the projects listed in the 2007 CAP stands at 69%, and agencies have achieved the following results:

Service Provided	# Achieved # Targeted	Beneficiaries	Location
New boreholes and wells drilled/dug equipped and/or repaired	3,329 3,851	Target: 3 million Achieved: 2,473,126	In 47 Rural district Councils, Urban and Peri-urban areas
Boreholes and wells repaired/rehabilitated	3,329 3,800		
Rain water harvesters constructed	334 800		
New household and school latrines constructed	10,311 17,325		
Village artisans trained	3,337		
Water point committees trained in community-based management.	11,804 8,000		
Communities reached in health and hygiene education sessions.	1.8 million 3 million		

However, some of the proposed wat-san actions have not been implemented for lack of donor response. This was further inhibited by the unstable economic situation, adversely affecting planning of actions and inadequate foreign currency to purchase water treatment chemicals for cities.

Priorities for the remainder of the year include targeting new and dilapidated potable water sources in need of rehabilitation affecting four million people (up from 500,000 people targeted at the launch of the 2007 CAP), and emergency sanitation to serve a vulnerable population of 15,000 households. For sanitation, the figure has been revised downwards from 2.5 million people to 15,000 households taking into account what was realistically possible during the remainder of the year, given the inadequate available resources and weak capacities at the community level. Other priorities include the promotion of sustainable community management of wat-san facilities, exploring possibilities of a

²⁹ MoHCW weekly epidemiological report, May 2007.

rapid assessment, and the development of a sector Emergency Preparedness Plan. The promotion of health and hygiene education will be done, including HIV/AIDS mainstreaming and focus on the most vulnerable communities and schools.

4. FUNDING AND PROJECTS

A total of **two** projects in the 2007 CAP for Zimbabwe have been revised, while **eight** have been added to take into account the changes in the situation (e.g. increased/decreased needs and activities).

5. CONCLUSION

The IASC members in country expect that the humanitarian situation in Zimbabwe will continue to deteriorate in the second half of 2007. In particular, there is likely to be a sharp increase in needs in the food sector, as projected in the 2007 CFSAM. While meeting immediate, life-saving needs in areas such as food and shelter will remain a priority, it will be equally important to help households and communities help themselves by providing assistance that reduces their longer-term vulnerability.

For example, humanitarian actors will be called upon to provide enhanced support for the agriculture sector of the CAP, in order to reduce the risk of a poor harvest in 2008. Although there are few, if any, economic indicators that point towards an end to the national economic downturn, livelihoods and income-generating projects should be undertaken to help households and communities recover from past shocks. 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 2007.

While the situation in Zimbabwe remains unpredictable, IASC members expect that a combination of relief, transitional support and development assistance will also be required in 2008. Therefore, it is projected that a 2008 Consolidated Appeal for Zimbabwe will be required, based on current needs, trends, and context.

LIST OF APPEAL PROJECTS AND IMPLEMENTATION STATUS

Table III: Consolidated Appeal for Zimbabwe 2007

List of Appeal Projects (grouped by sector), with funding status of each
as of 10 July 2007
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Compiled by OCHA on the basis of information provided by Donors and Appealing Organisations.

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PROJECT CODE: Sector/Activity Values in US\$	Appealing Agency	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
AGRICULTURE							
ZIM-07/A01 (TS): Achieving increased food security and nutrition through access to improved planting material of sweet potato, cassava and vegetables	APOC	109,400	109,400	-	0%	109,400	-
ZIM-07/A02 (ER/TS): Emergency Agriculture and Nutritional Support Project (EANSP)	AAI-Z	230,000	230,000	-	0%	230,000	-
ZIM-07/A03 (TS): Access to Nutrition and Home based care for the HIV/AIDS affected households (Zvishavane district)	Africare	1,000,000	1,000,000	-	0%	1,000,000	-
ZIM-07/A04 (TS): Midlands Integrated Relief Action (MIRA II) – Food security enhancement (Mberengwa and Shurugwi districts)	Africare	2,499,550	2,499,550	-	0%	2,499,550	-
ZIM-07/A05 (TS): Food Security through Sustainable Livelihoods' Consortium Programme	CA	196,776	196,776	-	0%	196,776	-
ZIM-07/A06 (TS): Drought Recovery and Food Security Programme	Christian Care	1,766,838	1,766,838	-	0%	1,766,838	-
ZIM-07/A07 (TS): Support for Households to improve nutrition and food security in Response to HIV & AIDS in Mutasa, Mutare Rural and Makoni Districts in Manicaland	FOST	382,000	382,000	-	0%	382,000	-
ZIM-07/A08 (TS): Agricultural recovery through the provision of agricultural inputs (seeds and fertilizers) to food insecure smallholder farmers.	FACHIG	45,000	45,000	-	0%	45,000	-
ZIM-07/A09 (TS): Emergency Control of Epidemic Foot-and-Mouth Disease (FMD) in Zimbabwe.	FAO	940,000	940,000	-	0%	940,000	-
ZIM-07/A10 (TS): Mitigating the impact of HIV and AIDS through integrated small livestock production and gardens	FAO	500,000	500,000	-	0%	500,000	-
ZIM-07/A11 (TS): Improved Community management of cattle dip tanks and dipping service provision in communal areas in Zimbabwe	FAO	185,000	185,000	-	0%	185,000	-
ZIM-07/A12 (TS): New Castle Disease Control in Rural Areas of Zimbabwe	FAO	290,000	290,000	393,840	136%	(103,840)	-
ZIM-07/A13 (TS): Provision of Basic Agricultural Inputs and Extension Support to Smallholder Farmers in the Communal Sector	FAO	36,000,000	36,000,000	765,275	2%	35,234,725	-
ZIM-07/A14 (TS): Improved Food Security and Livelihood for Rural Communities, through Advanced Land Use and Management Practices (Conservation Farming)	FAO	800,000	800,000	-	0%	800,000	268,817
ZIM-07/A15 (TS): Hurungwe and Makoni Agricultural Recovery Project	GOAL	746,487	746,487	-	0%	746,487	-
ZIM-07/A16 (TS): Homestead food production to improve household food and nutrition security	HKI	500,000	500,000	-	0%	500,000	-

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PROJECT CODE: Sector/Activity Values in US\$	Appealing Agency	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
AGRICULTURE (Continued)							
ZIM-07/A17 (TS): Dula herbal and nutritional garden	HelpAge International	18,000	18,000	-	0%	18,000	-
ZIM-07/A18 (TS): Matopo and Kumbudzi Herbal and Nutritional Gardens.	HelpAge International	38,000	38,000	-	0%	38,000	-
ZIM-07/A19 (TS): Livelihoods Support	HelpAge International	886,126	886,126	-	0%	886,126	-
ZIM-07/A20 (TS): Food and Livelihood Security for Disadvantaged Communities Through Conservation Farming.	HoH	429,238	429,238	-	0%	429,238	-
ZIM-07/A21 (TS): Small Livestock Support Pilot Project	LHH	104,250	104,250	-	0%	104,250	-
ZIM-07/A22 (TS): Support for Agriculture Inputs for Smallholder farmers in communal lands	NEST	38,000	38,000	-	0%	38,000	-
ZIM-07/A23 (TS): Towards Sustainable Livelihoods in the fight against HIV and AIDS	FOSENET	58,000	58,000	-	0%	58,000	-
ZIM-07/A24 (TS): Access to agriculture and food security for Insiza poor, vulnerable rural communities	RUDAC	420,000	420,000	-	0%	420,000	-
ZIM-07/A25 (TS): Access to agriculture and food security for Umzingwane poor, vulnerable rural communities	RUDAC	420,000	420,000	-	0%	420,000	-
ZIM-07/A26 (TS): Livelihoods support for vulnerable groups in Binga and Nyaminyami districts.	SC - UK	2,400,000	2,400,000	716,332	30%	1,683,668	-
ZIM-07/A27 (TS): Market linkages for Smallholder Farmers	SAFIRE	569,640	569,640	-	0%	569,640	-
ZIM-07/A28 (TS): Emergency Agricultural Recovery Programme	WVI	1,500,000	1,500,000	1,644,265	110%	(144,265)	-
ZIM-07/A29 (TS): Conservation farming in drought prone areas	WVI	400,000	400,000	416,667	104%	(16,667)	-
ZIM-07/A30 (TS) (NEW): Support to Goat Production of Vulnerable Food Insecure Households in the Marginal Rainfall Areas of Zimbabwe	FAO	-	300,000	-	0%	300,000	-
ZIM-07/FAO: Awaiting allocation to specific projects	FAO	-	-	-	0%	-	-
Subtotal for AGRICULTURE		53,472,305	53,772,305	3,936,379	7%	49,835,926	268,817

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PROJECT CODE: Sector/Activity	Appealing Agency	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
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Values in US\$

COORDINATION AND SUPPORT SERVICES

ZIM-07/CSS01 (ER/TS): Coordination of Humanitarian Support in Rural Zimbabwe	NANGO	80,000	80,000	-	0%	80,000	-
ZIM-07/CSS02 (ER/TS): Strengthening WES, nutrition, education and protection (child protection) cluster coordination	UNICEF	268,000	268,000	-	0%	268,000	-
ZIM-07/CSS03 (ER/TS): Facilitation and coordination humanitarian assistance to populations affected by disasters and emergencies; advocacy for the protection of vulnerable populations; and information management	OCHA	2,618,242	2,618,242	2,415,571	92%	202,671	-
Subtotal for COORDINATION AND SUPPORT SERVICES		2,966,242	2,966,242	2,415,571	81%	550,671	-

ECONOMIC RECOVERY AND INFRASTRUCTURE

ZIM-07/ER/I01 (TS): Turning solid waste into assets	ILO	1,100,000	1,100,000	-	0%	1,100,000	-
ZIM-07/ER/I02 (TS): Restoration of Livelihoods of MVP in Urban and Rural Communities	IOM	3,150,000	3,150,000	-	0%	3,150,000	-
ZIM-07/ER/I03 (TS): Community Peace Building and Conflict Transformation Project.	UNDP	600,000	600,000	-	0%	600,000	-
ZIM-07/ER/I04 (TS): Livelihood Recovery for Informal Traders	UNDP	500,000	500,000	-	0%	500,000	-
ZIM-07/ER/I05 (TS): Rehabilitation of small-scale irrigation schemes in Manicaland and Midlands	UNDP	300,000	300,000	-	0%	300,000	-
ZIM-07/ER/I06 (TS): Supporting security of tenure for the vulnerable groups in Hopley	UN-HABITAT	260,000	260,000	-	0%	260,000	-
ZIM-07/ER/I07 (TS): Livelihoods Recovery Program for "Murambatsvina" affected furniture making artisans	UNIDO	700,000	700,000	-	0%	700,000	-
ZIM-07/ER/I08 (TS): Vocational Training and Micro Enterprise Development for HIV/AIDS affected Households.	WVI	200,000	200,000	-	0%	200,000	-
Subtotal for ECONOMIC RECOVERY AND INFRASTRUCTURE		6,810,000	6,810,000	-	0%	6,810,000	-

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PROJECT CODE: Sector/Activity Values in US\$	Appealing Agency	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
EDUCATION							
ZIM-07/E01 (TS): Parenting Education	FOST	263,250	263,250	-	0%	263,250	-
ZIM-07/E02 (TS): Life skills and Vocational training for OVC and Youths in Farm Communities	FOST	225,625	225,625	-	0%	225,625	-
ZIM-07/E03 (ER/TS): Empowerment Program for OVC especially girls on Education, Child Abuse and HIV/AIDS	GCN	500,000	500,000	-	0%	500,000	-
ZIM-07/E04 (ER/TS): Enhancing quality early childhood development for community initiated centers	IPA	91,124	91,124	-	0%	91,124	-
ZIM-07/E05 (TS): Education Assistance to OVCs	LGDA	363,561	363,561	-	0%	363,561	-
ZIM-07/E06 (ER/TS): Equity and Quality Education: Keep All OVC, especially Girls in school	UNICEF	1,083,375	1,083,375	-	0%	1,083,375	-
ZIM-07/E07 (ER/TS): Parenting Education	UNICEF	382,666	382,666	-	0%	382,666	-
ZIM-07/E08 (ER) (NEW): Emergency Preparedness for Schools	UNICEF	-	1,000,000	-	0%	1,000,000	-
ZIM-07/E09 (TS) (NEW): Secondary Teacher Training Environmental Education Programme (ST2EEP)	UNICEF	-	182,500	-	0%	182,500	-
Subtotal for EDUCATION		2,909,601	4,092,101	-	0%	4,092,101	-

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PROJECT CODE: Sector/Activity Values in US\$	Appealing Agency	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
FOOD							
ZIM-07/F01 (ER): Targeted Supplementary Feeding	ADRA	1,400,000	1,400,000	-	0%	1,400,000	-
ZIM-07/F02 (ER): Extension of a Feeding Programme for vulnerable HIV/AIDS-patients under ARV-treatment	HELP	482,000	482,000	691,964	144%	(209,964)	-
ZIM-07/F03 (ER): Fighting Malnutrition: Restoring Healthy Lives	MACO	272,640	272,640	-	0%	272,640	-
ZIM-07/F04 (ER): Child Supplementary Feeding Project of children of school going age	NPA	2,775,000	2,775,000	1,214,058	44%	1,560,942	-
ZIM-07/F05 (ER): Humanitarian Assistance for Urban Populations	OXFAM UK	1,200,000	1,200,000	-	0%	1,200,000	-
ZIM-07/F06 (ER/T S): Home Based Care Supplementary feeding and sustainable agricultural support	SRHBC	500,000	500,000	-	0%	500,000	-
ZIM-07/F07 (ER/T S): Buhera mitigation and livelihood project	ZFFHC	250,000	250,000	-	0%	250,000	-
ZIM-07/F08 (ER): Food support for vulnerable groups	WFP	55,942,972	72,234,566	70,132,147	97%	2,102,419	-
Subtotal for FOOD		62,822,612	79,114,206	72,038,169	91%	7,076,037	-

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ZIMBABWE

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HEALTH							
ZIM-07/H01 (TS): Support to Adolescent Reproductive Health in Harare Peri-Urban	Africare	180,000	180,000	-	0%	180,000	-
ZIM-07/H02 (ER/TS): Support and care for chronically ill	FOST	806,250	806,250	-	0%	806,250	-
ZIM-07/H03 (ER/TS): Medical outreach programme	HELP	498,000	498,000	-	0%	498,000	-
ZIM-07/H04 (ER): Addressing Community and Environmental Health Needs of populations affected by operation Murambatsvina/Restore order	IOM	660,000	660,000	-	0%	660,000	-
ZIM-07/H05 (ER/TS): Integrated Community Home Based Care Project	OXFAM UK	700,000	700,000	-	0%	700,000	-
ZIM-07/H06 (TS): Child health in Kwekwe District	PLAN Zimbabwe	400,000	400,000	-	0%	400,000	-
ZIM-07/H07 (ER/TS): Improved Health for most vulnerable children and mothers in Binga and Nyaminyami districts	SC - UK	2,500,000	2,500,000	-	0%	2,500,000	-
ZIM-07/H08 (ER): Malaria Control in Vulnerable Groups through ITN Promotion	UNICEF	1,218,300	1,218,300	993,988	82%	224,312	-
ZIM-07/H09 (ER/TS): Improving child survival by strengthening neonatal health care	UNICEF	390,600	390,600	-	0%	390,600	-
ZIM-07/H10 (TS): Community home based care and counselling for people living with HIV and AIDS including children	UNICEF	450,000	450,000	-	0%	450,000	-
ZIM-07/H11 (ER/TS): Reaching the vulnerable children and women of child bearing age with immunization to prevent EPI target disease outbreaks	UNICEF	2,503,135	2,503,135	6,025,737	241%	(3,522,602)	-
ZIM-07/H12 (TS): Prevention of Mother to Child transmission of HIV and Paediatric HIV/AIDS Care	UNICEF	380,000	380,000	197,368	52%	182,632	-
ZIM-07/H13 (TS): Promotion of child health and care practices for children under five in the communities.	UNICEF	370,000	370,000	197,369	53%	172,631	-
ZIM-07/H14 (ER): Emergency Obstetric and Neonatal Care	UNFPA	630,000	630,000	-	0%	630,000	-
ZIM-07/H15 (ER/TS): Health Information and Surveillance System	WHO	1,637,638	1,637,638	-	0%	1,637,638	-
ZIM-07/H16 (ER/TS): Procurement of vital drugs and medical supplies.	WHO	957,650	957,650	-	0%	957,650	-

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HEALTH (Continued)							
ZIM-07/H17 (ER): Malaria Control in malaria epidemic prone districts	WHO	1,900,000	1,900,000	-	0%	1,900,000	-
ZIM-07/H18 (TS): Strengthening routine immunization services	WHO	1,095,600	1,095,600	-	0%	1,095,600	-
ZIM-07/H19 (TS): Strengthen EPR in the health sector	WHO	1,833,124	1,833,124	-	0%	1,833,124	-
ZIM-07/H20 (ER/TS): Building/strengthening health sector partnerships (stakeholders)	WHO	340,000	340,000	-	0%	340,000	-
ZIM-07/H21 (ER/TS): Reducing morbidity and mortality of under fives during the Humanitarian crisis	WHO	250,000	250,000	-	0%	250,000	-
ZIM-07/H22 (ER/TS): Supplementary feeding for HBC and OVC	FOST	2,120,621	2,120,621	-	0%	2,120,621	-
ZIM-07/H23 (ER/TS): Community Nutrition Support in Hurungwe and Makoni Districts	GOAL	620,321	620,321	-	0%	620,321	-
ZIM-07/H24 (ER/TS): Provision of practical approach to balanced nutritious meals to vulnerable children in prevention or treatment of malnutrition	Linkage Trust	240,000	240,000	-	0%	240,000	-
ZIM-07/H25 (TS): Nutrition care and support to People Living with HIV/AIDS	UNICEF	245,000	245,000	-	0%	245,000	-
ZIM-07/H26 (ER/TS): Zimbabwe Food and Nutrition Surveillance System	UNICEF	189,000	189,000	-	0%	189,000	-
ZIM-07/H27 (ER/TS): Prevention and control of micronutrient deficiencies in the context of HIV and declining food insecurity	UNICEF	200,000	200,000	-	0%	200,000	-
ZIM-07/H28 (ER/TS): Hospital and Community Based Management of Malnutrition	UNICEF	435,000	435,000	-	0%	435,000	-
ZIM-07/H29 (ER/TS): Integrated Nutrition support for PLWHA	WVI	800,000	800,000	-	0%	800,000	-
ZIM-07/H30 (ER) (NEW): Support the provision of adequate supplies of IV Fluids	WHO	-	5,228,112	-	0%	5,228,112	-
Subtotal for HEALTH		24,550,239	29,778,351	7,414,462	25%	22,363,889	-

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MULTI-SECTOR							
ZIM-07/MS01 (ER/TS): Reintegration Assistance to Returnees: Revolving Livestock Scheme	IOM	5,300,000	5,300,000	200,000	4%	5,100,000	-
ZIM-07/MS02 (ER): Humanitarian Assistance to Returned Migrants and Mobile Populations at the South Africa-Zimbabwe border (Beitbridge)	IOM	3,678,655	3,678,655	1,000,000	27%	2,678,655	-
ZIM-07/MS03 (ER/TS): Reintegration Assistance to Returnees: Micro-finance	IOM	1,271,863	1,271,863	-	0%	1,271,863	-
ZIM-07/MS04 (TS): Responding to HIV and AIDS in the Informal Cross-border Trade Sector in Zimbabwe	IOM	1,000,000	1,000,000	-	0%	1,000,000	-
ZIM-07/MS05 (ER): Emergency Assistance to Mobile and Vulnerable Populations in Zimbabwe, Relief, Reintegration, and Community Health	IOM	10,500,000	10,500,000	1,704,775	16%	8,795,225	-
ZIM-07/MS06 (ER/TS): Humanitarian Assistance to Returned Migrants and Mobile Populations at the Botswana-Zimbabwe border (Plumtree)	IOM	1,954,832	1,954,832	1,000,000	51%	954,832	-
ZIM-07/MS07 (ER/TS): The NGO Joint Initiative Project for Urban Zimbabwe (JI)	MC	9,000,000	9,000,000	5,217,475	58%	3,782,525	-
ZIM-07/MS08 (ER/TS) (REVISED): Integrated Protracted Relief Programme - Masvingo, Gutu, Zvishavane and Mvuma districts	OXFAM UK	2,200,000	1,543,324	-	0%	1,543,324	-
ZIM-07/MS09 (ER/TS): Local Settlement Programme for Refugees in Zimbabwe	UNHCR	1,510,000	1,510,000	1,303,190	86%	206,810	-
ZIM-07/MS10 (ER/TS): Watsan and food security	ACF	-	519,970	519,970	100%	-	-
ZIM-07/MS11 (TS): Protracted Relief Programme	NGO Consortium	-	11,725,994	11,725,994	100%	-	-
ZIM-07/MS12 (ER) (NEW): Mobile And Electronic Registration (E-Registration)	IOM	-	337,890	-	0%	337,890	-
ZIM-07/MS13 (ER/TS) (NEW): Integrated Protracted Relief Programme - Chiredzi District	OXFAM UK	-	1,194,939	-	0%	1,194,939	-
ZIM-07/MS14 (ER/TS) (NEW): Empowerment of MVPs OVCs, and PLWA (Family Life Development)	CGMT	-	970,471	-	0%	970,471	-
Subtotal for MULTI-SECTOR		36,415,350	50,507,938	22,671,404	45%	27,836,534	-

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PROTECTION/HUMAN RIGHTS/RULE OF LAW							
ZIM-07/P/HR/RL01 (TS): Provision of Psychosocial Support to OVC made Vulnerable by HIV/AIDS	Childline - Zimbabwe	38,700	38,700	-	0%	38,700	-
ZIM-07/P/HR/RL02 (TS): All Count	Danhiko Project	23,000	23,000	-	0%	23,000	-
ZIM-07/P/HR/RL03 (ER): Protecting and promoting sexual and reproductive health and rights among migrants, displaced and mobile populations in Zimbabwe	IOM	600,000	600,000	-	0%	600,000	-
ZIM-07/P/HR/RL04 (TS): Strengthening Community Response for Orphans and Vulnerable Children	MC	420,000	420,000	-	0%	420,000	-
ZIM-07/P/HR/RL05 (TS): Child Protection for the Disabled Children programme	NCDPZ	150,000	150,000	-	0%	150,000	-
ZIM-07/P/HR/RL06 (ER/TS): Protection of Children Who Are Moving Illegally Across the Zimbabwe-Mozambique Border	SC - UK	234,186	234,186	-	0%	234,186	-
ZIM-07/P/HR/RL07 (ER/TS): Building Local capacities to address vulnerability of children in Urban communities affected by Operation Murambatsvina.	SC - UK	678,760	678,760	-	0%	678,760	-
ZIM-07/P/HR/RL08 (ER/TS): Promotion Of The Rights to Care and Protection of Children with Disabilities in Urban Areas	SC - UK	1,540,000	1,540,000	-	0%	1,540,000	-
ZIM-07/P/HR/RL09 (ER/TS): Prevention of Sexual and Gender Based Violence	UNICEF	2,025,000	2,025,000	2,149,050	106%	(124,050)	-
ZIM-07/P/HR/RL10 (ER/TS): Improving the Conditions for Children in Child Labour Environments	UNICEF	750,000	750,000	-	0%	750,000	-
ZIM-07/P/HR/RL11 (ER): Increasing Coping Capacity of Children Affected by Internal Displacements.	UNICEF	800,000	800,000	-	0%	800,000	-
ZIM-07/P/HR/RL12 (ER/TS): Prevention of family separation and reunification of unaccompanied children outside of a family environment	UNICEF	615,000	615,000	-	0%	615,000	-
ZIM-07/P/HR/RL13 (TS): Community Integration of Children under Residential Care	ZNCWC	65,169	65,169	-	0%	65,169	-
ZIM-07/P/HR/RL14 (ER): Prevention of sexual and gender-based violence for people affected by Operation Murambatsvina	UNFPA	-	150,000	150,000	100%	-	-
Subtotal for PROTECTION/HUMAN RIGHTS/RULE OF LAW		7,939,815	8,089,815	2,299,050	28%	5,790,765	-

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SECTOR NOT YET SPECIFIED

ZIM-07/IOM: to be allocated to specific sector/projects	IOM	-	-	347,000	0%	(347,000)	-
ZIM-07/UNICEF: Awaiting allocation to specific sector/projects	UNICEF	-	-	62,253	0%	(62,253)	-
Subtotal for SECTOR NOT YET SPECIFIED		-	-	409,253	0%	(409,253)	-

SECURITY

ZIM-07/S01 (ER/TS): Agency Common Shared Security Services	UNDSS	50,260	50,260	-	0%	50,260	-
Subtotal for SECURITY		50,260	50,260	-	0%	50,260	-

SHELTER AND NON-FOOD ITEMS

ZIM-07/S/NF01 (ER): Emergency Provision of Temporary Shelter to Destitute Households Affected by Operation Murambatsvina/Restore Order	IOM	2,835,000	2,835,000	2,200,321	78%	634,679	-
ZIM-07/S/NF02 (TS): Transitional Shelter, Livelihood Provision and Promotion for Mobile and Vulnerable Populations	IOM	4,095,000	4,095,000	1,394,737	34%	2,700,263	-
ZIM-07/S/NF03 (TS): Community Initiative for Secure Tenure	UN-HABITAT	200,000	200,000	-	0%	200,000	-
ZIM-07/S/NF04 (TS): Strengthening the capacity of community based initiatives in housing delivery	UN-HABITAT	72,000	72,000	-	0%	72,000	-
ZIM-07/S/NF05 (ER) (NEW): Hatcliffe Shelter Provision	GOAL	-	443,259	-	0%	443,259	-
Subtotal for SHELTER AND NON-FOOD ITEMS		7,202,000	7,645,259	3,595,058	47%	4,050,201	-

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WATER AND SANITATION							
ZIM-07/WS01 (TS): Rural Water Supply Project V / Zimbabwe	GAA	1,600,076	1,600,076	2,978,945	186%	(1,378,869)	-
ZIM-07/WS02 (TS): Rehabilitation of boreholes and bush pumps	HELP	424,775	424,775	297,009	70%	127,766	-
ZIM-07/WS03 (TS): Water and Community Health	MC	1,015,409	1,015,409	-	0%	1,015,409	-
ZIM-07/WS04 (TS): Livelihoods Recovery, Health and Hygiene, Water and Sanitation project targeting OVCs in selected districts of Zimbabwe	Mvuramanzi Trust	1,037,030	1,037,030	-	0%	1,037,030	-
ZIM-07/WS05 (TS): Water Point Rehabilitation / Repair Project / Zimbabwe	PA (formerly ITDG)	1,710,339	-	-	0%	-	-
ZIM-07/WS06 (ER) (REVISED): Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in urban and rural areas of Zimbabwe.	UNICEF	1,400,000	1,000,000	1,000,000	100%	-	-
ZIM-07/WS07 (TS): Improving Water and Sanitation and Hygiene (WASH) for Woman Farmers in Marondera/Wedza District prioritizing those infected and affected by HIV/AIDS	WLZ	150,000	150,000	-	0%	150,000	-
ZIM-07/WS08 (ER): Emergency Water and Sanitation Programme	WVI	2,000,000	-	-	0%	-	-
ZIM-07/WS09A (ER): Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in urban and rural areas of Zimbabwe.	UNICEF	-	1,400,000	290,420	21%	1,109,580	-
ZIM-07/WS09B(ER): Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in urban and rural areas of Zimbabwe.	PA (formerly ITDG)	-	1,710,339	370,000	22%	1,340,339	-
ZIM-07/WS09C(ER): Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in urban and rural areas of Zimbabwe.	WVI	-	2,000,000	2,155,238	108%	(155,238)	-
ZIM-07/WS10 (ER): Water and sanitation for people affected by Operation Murambatsvina	UNICEF	-	150,000	150,000	100%	-	-
Subtotal for WATER AND SANITATION		9,337,629	10,487,629	7,241,612	69%	3,246,017	-
Grand Total		214,476,053	253,314,106	122,020,958	48%	131,293,148	268,817

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

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

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

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

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NEW AND REVISED PROJECTS

AGRICULTURE

Appealing Agency	FOOD AND AGRICULTURE ORGANIZATION (FAO)
Project Title	Support to Goat Production of Vulnerable Food-insecure households in the Marginal Rainfall Areas of Zimbabwe.
Project Code	ZIM-07/A30 (TS) (New)
Sector	Agriculture – Small Livestock
Objective	Objective Support livelihood and improve household food security of women in marginal rainfall areas of Zimbabwe.
Beneficiaries	1,000 women.
Implementing Partners	Matopos Research Station (through Matopos Desert Margins Programme); Ministry of Women, Gender and Community Development; Division of Livestock Production and Veterinary Services.
Project Duration	July – December 2007
Total Project Budget	\$300,000
Funds Requested	\$300,000

Summary

Women constitute over 52% of the population in Zimbabwe. In modern Zimbabwe, 86% of women live in rural areas and are dependent on agriculture for their livelihood, and their participation in the economy is confined largely to agricultural production for domestic consumption. Cropping in the marginal rainfall areas has consistently failed, leaving livestock as the only feasible alternative where there is no irrigation. Thus the recurrent droughts in Zimbabwe have had a big negative impact on women as more households face steep drops in crop production due to drought, especially in the marginal rainfall areas of Matabeleland, Masvingo, and some parts of Manicaland provinces.

The FAO will work and collaborate with Matopos Desert Margins Program and the Ministry of Women, Gender and Community Development in implementing a “give a goat programme” to alleviate and empower women in attaining household food security. Funds will be used to support the production of goats amongst poor rural women in the marginal rainfall areas. Goats are a reliable source of food, with their milk and meat offering improved human nutrition, and are a source of income for household food security. Once acquired, demand for labour is low. Goats can be raised with low inputs, and are more tolerant to drought.

Main Activities

- One thousand women selected from two districts in the Matabeleland province receive and raise goats provided by the project; Training manuals are developed and training conducted to benefit 1,000 women throughout the life of the project.

Expected Outcome

- Improved dietary practices among households participating in the project are achieved from the sale and consumption of goat products.
- Alleviate and empower women in attaining household food security.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	25,000
Operational costs	245,000
Administrative costs	30,000
Total	300,000

EDUCATION

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Emergency Preparedness for Schools
Project Code	ZIM-07/E08 (ER) (<i>New</i>)
Sector	Education
Objectives	To produce and distribute at least two Teachers' Emergency Preparedness manuals to every school in Zimbabwe (16,000 copies); To train 16,000 teachers on emergency preparedness.
Beneficiaries	8,000 schools
Implementing Partners	Ministry of Education, Sport and Culture (MoESC); Civil Protection Unit.
Project Duration	July – December 2007
Total Project Budget	\$1,000,000
Funds requested	\$1,000,000

Summary

The project aims at enhancing emergency preparedness and disaster management at all schools through the production and distribution of Teachers Emergency Preparedness manuals and the training of teachers on disaster preparedness and management.

Main activities

- Editing of the teachers emergency preparedness manual.
- Printing of manuals.
- Training of teachers on emergency preparedness.

Expected outcome

- Teachers and all school children are better prepared to prevent and mitigate natural and human induced emergencies in the education sector;
- Improved awareness of disaster risks and readiness for emergencies at all schools in Zimbabwe.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	20,000
Operational costs	940,000
Administrative costs	40,000
Total	1,000,000

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Secondary Teacher Training Environmental Education Programme (ST ² EEP)
Project Code	ZIM-07/E09 (TS) (<i>New</i>)
Sector	Education
Objective	To equip OVC with life skills in environmental management and enhanced livelihood options through in-service training of teachers in thirty schools (or more schools if necessary).
Beneficiaries	16,500 persons including 15,000 in-school youths (7,500 Boys and 7,500 Girls) and 1,500 in-service secondary school teachers.
Implementing Partners	Ministry of Higher and Tertiary Education (MoHTE), MoESC, Ministry of Environment and Tourism (MoET) and the Flemish Office for Development Cooperation and Technical Assistance (VVOB ³⁰).
Project Duration	January 2007-December 2008
Total Project Budget	\$365,000
Funds Requested for 2007	\$182,500

Summary

The project aims to support OVC through the provision of training opportunities in environmental management. Capacity development for a large number of in-service secondary school teachers and local communities in environmental awareness and environmental management will strengthen the sustainability of the project's outcomes.

Main activities

- Train in-service secondary teachers in environmental education with a focus on life skills in environmental management for enhanced livelihood options;
- Provide relevant supportive learning materials to the schools;
- Support environmental club activities in 30 secondary schools.

Expected outcomes

- 1,500 in-service secondary school teachers implement environmental education with a focus on environmental management skills in their teaching;
- 15,000 secondary school children in 30 schools are aware of environmental education, have environmental management skills, and enhanced livelihood options.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	--
Operational costs	331,000
Administrative costs	34,000
Total	365,000

³⁰ Vlaamse Vereniging voor Ontwikkelingssamenwerking en technische Bijstand

HEALTH

Project Title	Addressing Community and Environmental Health Needs of those affected by forced migration and other hard to reach populations
Project Code	ZIM-07/H04 (ER)
Sector	Health
Objective	Improve health outcomes, and decrease disease specific morbidity and mortality rates.
Beneficiaries	TOTAL: 40,000 Children: 40% Women: 30% Other group: PLWHA
Implementing Partners	Help Age, ZCDT
Project Duration	July 2007 – December 2007
Total Project Budget	\$660,000
Funds Requested	\$660,000

Summary

The programme will provide community based health services to beneficiaries of 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 affected populations with access 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 and its implementing partners will work in joint collaboration) to:

- Improve access to clean water and sanitation and promote health and hygiene education;
- Continue supporting the already established network of community health volunteers that implement the surveillance system, refer cases in need of assistance, disseminate health information within the communities, and treat minor illnesses at the community level;
- Continue to provide services through the two outreach mobile clinics and increase coverage with the implementation of a third mobile clinic;
- Procure and distribute emergency health kits through a network of community health volunteers;
- Implement a disease surveillance database and early warning systems for hard to reach populations, and implement a nationwide environmental and health survey within Internally Displaced Person (IDP) settings and hard to reach populations.

Expected Outcome

Mortality and morbidity rates among the affected population reduced by 30% after six months of programme implementation

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	150,000
Office costs	60,000
Operational costs	450,000
Total	660,000

Appealing Agency	WORLD HEALTH ORGANIZATION (WHO)
Project Title	Support the provision of adequate supplies of IV fluids.
Project Code	ZIM-07/H30 (ER) (New)
Sector	Health
Objectives	To support provision of national requirements of IV fluid for a period of six months (June to December 2007).
Beneficiaries	All patients in need of IV fluids
Implementing Partners	MoHCW
Project Duration	June-December 2007
Funds Required	\$5,228,112

Summary

Since 2006 there has been a severe shortage of IV fluids in the country. Datlabs was the only company with the capacity to supply large volume parenteral (LVP) fluids nationally. However, last year, Datlabs shut down its plant to refurbish it to be in line with required quality standards. There has not been any commitment from the company as to when operations will resume.

There is currently no company within the country capable of supplying adequate quantities of IV fluids. Foreign currency to import supplies is in short supply, whilst needs are gradually increasing. The appeal for support is intended to provide supplies for an initial six months period (June to December 2007).

Main Activities

- Purchase IV fluids for a national supply for six months;
- Distribute IV fluids to health institutions.

Expected Outcome

- Health institutions are stocked with a supply for the period from June to December, 2007.

Financial Summary			
LARGE VOLUME PARENTERAL CONSUMPTION PER MONTH			
	No/Month	Unit Cost \$	Total Cost Per Month in \$
Normal Saline	48,164	5	240,820
Ringers Lactate	46,503	5	232,515
Dextrose 5%	31,230	5	156,150
½ DD one Litre	29,921	5	149,605
Maintalyte	15,377	6	92,262
TOTAL/MONTH			871,352
FUNDS REQUESTED FOR SIX MONTHS' SUPPLY			5,228,112

MULTI-SECTOR

Appealing Agency	INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)
Project Title	e-Registration of irregular migrants and other mobile population groups.
Project Code	ZIM-07/MS12 (ER) <i>(New)</i>
Sector	Multi-Sector
Objective	To support effective delivery of emergency and humanitarian assistance to the target population groups, the planning of potential recovery and reintegration actions in support of the vulnerable households and communities
Beneficiaries	100,000 persons including 600 unaccompanied children, 20,000 women and more than 300 victims of rape, assault and trafficking.
Project Duration	January 2007 – December 2007
Total Project Budget	\$337,890
Funds Requested	\$337,890

Summary

Since May 2006, the Beitbridge Reception and Support Centre at the border with South Africa has registered and provided humanitarian assistance and safe migration advice to more than 160,000 irregular Zimbabwean migrants. The current data system does not enable the accurate collection of statistical data or patterns of return. In an effort to collect reliable data on returned migrants, an e-registration system should be implemented. The introduction of the e-registration system, which would record biometric data from each person registered, would profile and identify the migration pattern and frequency of migrants passing through the Centre to better plan immediate service delivery and, in the longer-term, to develop reintegration programmes for target populations within Zimbabwe.

Project activities

- Assess information technology (IT) infrastructure needs at the Beitbridge Reception and Support Centre, and procure equipment and application tools;
- Adapt the e-Registration kits to suit project requirements in Beitbridge;
- Develop and modify user interface tools, and any other data capture and entry forms that might be required for further processing of the registered migrant groups;
- Conduct training for key staff who will operate and handle the e-Registration kits at the Centre.

Expected outcomes

- Increased understanding of irregular migrant profiles and migration patterns;
- Strengthened capacity for delivering humanitarian assistance to an increased caseload of returned migrants;
- Improved planning and targeting of reintegration and livelihood assistance.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	187,200
Operational costs	134,600
Administrative costs	16,090
Total	337,890

ZIMBABWE

Appealing Agency	OXFAM GB
Project Title	Integrated Protracted Relief Programme - Masvingo, Gutu, Zvishavane and Mvuma districts
Project Code	ZIM-07/MS08 (ER/TS) (<i>Revised</i>)
Sector	Multi-sector
Objective	To protect the health, livelihood and food security of 11,000 vulnerable households in Midlands and Masvingo Provinces with special focus on HIV/AIDS and gender equity.
Beneficiaries	11,000 households including 4,500 women and children, plus: 1,100 chronically poor households; 2,750 transitory Poor households; 1,650 economically at Risk households; 200 better off households; 800 chronically ill households.
Implementing Partners	International Crops Research Institute for the Semi-Arid Tropics (ICRISAT), International Maize and Wheat Improvement Centre (CYMMIT ³¹), Agricultural Research and Extension (AREX), International Centre for Research in Agroforestry (ICRAF), FAO and Pump Aid.
Project Duration	August 2007-March 2008
Total Project Budget	\$1,543,324
Funds Requested	\$1,543,324

Summary

The project will support the CAP's overall strategic priorities and sector objectives by working to protect the livelihoods of vulnerable communities in order to strengthen ability to resist hazards and shocks. By strengthening grass root institutional capacity, community participation and empowerment will be increased, and in order to better mitigate the effects of HIV/AIDS, it will be brought as a central theme of the project's focus. Finally, through taking an integrated livelihood approach, communities will be better able to deal with the multi dimensional calamities affecting rural people in Midlands and Masvingo provinces.

Main activities

- Distributions of agricultural inputs, seed multiplication, income and assets building through livestock fairs, Conservation Agric, nutrition gardens;
- Rehabilitation of water points, Construction of latrines to vulnerable communities and households and strengthening water user committees;
- Mitigation of HIV/AIDS issue by integrating livelihood, food security and public health actions around HIV/AIDS.

Expected outcome

- Increased ability of 11,000 households within 17 wards in Chirumanzu, Zvishavane, Masvingo and Gutu districts to protect and build livelihoods, and to meet essential food and public health needs with enhanced coping capacity to resist hazards and shocks.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	462,997
Operational costs	925,995
Administrative costs	154,332
Total	1,543,324

³¹ Centro Internacional de Mejoramiento de Maíz y Trigo

Appealing Agency	OXFAM GB
Project Title	Integrated Protracted Relief Programme - Chiredzi District
Project Code	ZIM-07/MS13 (ER/TS) <i>(New)</i>
Sector	Multi Sector
Objective	To improve food security and public health, and enhance the economic and social quality of life for 6,500 poor and very poor households, in six wards of Chiredzi district- Masvingo Province by the end of 2010.
Beneficiaries	6,500 households (approximately 30,000 individuals and target group include women, HIV infected, youth and children).
Implementing Partners	Lead trust, AREX, ICRAF, ICRISAT and River of Life.
Project Duration	36 months, start up date subject to approval of project from EU.
Total Project Budget	\$2,720,000
Funds Requested for 2007	\$1,194,939

Summary

The project supports the CAP's overall strategic priorities and sector objectives by enhancing community ownership and management of their own development in targeted wards, and by reducing community vulnerability of the most vulnerable households during the critical lean season period. The project will also seek to enhance community resilience to shocks through agriculture actions, to improve access to basic services like wat-san, and to mitigate the effects of HIV/AIDS.

Main activities

- Training of community development committees (CDCs) on HIV/AIDS and Participatory Rural Appraisal (PRA) tools;
- Food aid through food vouchers distribution;
- Distribution of agricultural inputs, vouchers for drought power, seed multiplication, gardening, livestock fairs;
- Rehabilitation of bore holes and deep wells and public health promotion;
- Training and support for home based care services and assist OVC.

Expected outcome

- Improved food security of 6,500 households within six wards of Chiredzi district with improved access to wat-san and agriculture inputs leading to enhanced resilience and community coping capacities, particularly for people living with HIV/AIDS.

FINANCIAL SUMMARY (only one year budget)	
Budget Items	\$
Staff costs	214,740
Operational costs	904,799
Administrative costs	75,400
Total	1,194,939

Appealing Agency	CHOSEN GENERATION MINISTRIES TRUST (CGMT)
Project Title	Empowerment of MVPs, OVC, and PLWHA (Family Life Development).
Project Code	ZIM-07/MS14 (ER/TS) (New)
Sector	Multi-sector
Objective	To provide healthcare, shelter and enhance livelihoods.
Beneficiaries	Disaggregate Total 8,100. 26% Orphans 45% Widows 29% MVPs (Kambuzuma and Chitungwiza)
Implementing Partners	SAFAIDS and NAC AGRIBANK.
Project Duration	August 2007-August 2012
Total Project Budget	\$2,508,521
Funds Requested for 2007	\$970,471

Summary

The project intends to provide shelter to MVPs through the erection of permanent housing structures (two bed roomed houses). The most common causes of MVP displacement is due to Operation Murambatsvina, divorce, being widowed, and also due to community rejection due to HIV/AIDS stigmatisation. A second objective, via health service providers (qualified doctors) at centres in Chitungwiza and Kambuzuma. is to improve the health of OVCs and widows infected with HIV/AIDS.

The project will provide beneficiaries with skills to empower them economically through various project training sessions in, for example, poultry and mushroom farming. It also intends to educate and advocate for the rights and responsibilities of children, adults and OVC to develop and shape better family values to lessen the impact of HIV/AIDS and its opportunistic infections. This will be done in liaison with organisations like Justice for Children, experienced facilitators from abroad and other stakeholders like Southern Africa HIV and AIDS Information Dissemination Service (SAFAIDS).

Main Activities

- Coordination of transitional shelter provision in close consultation with beneficiaries, CBOs, and local authorities;
- Provision of livelihood promotion programmes focusing on personal empowerment through poultry and mushroom farming;
- Establish health offices in the community centre where doctors will diagnose and administer health services in conjunction with other stakeholders.

Expected Outcomes

- Improved transitional accommodation to 2,349 MVPs (29% of the total 8,100 beneficiaries);
- Increased family ties, and better health and employment creation for the target groups (2,106 orphans and 3,645 widows);
- Improved qualitative performance in poultry and mushroom farming and income generating activities;
- Better access to markets, with improved food and economic security of households.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	134,400
Operational Costs	798,734
Administrative costs	37,337
Total	970,471

SHELTER AND NON-FOOD ITEMS

Appealing Agency	GOAL
Project Title	Hatcliffe Shelter Provision
Project Code	ZIM-07/S/NF05 (ER) (New)
Sector	Shelter and Non Food Items
Objective	To guarantee the shelter rights of vulnerable or homeless families adversely affected by Operation Murambatsvina in Hatcliffe, Harare, Zimbabwe.
Beneficiaries	450 persons including 75 women, 325 children and disabled.
Implementing Partner	The Redemptorists Catholic Community
Project Duration	August 2007-December 2007
Total Project Budget	\$443,259
Funds Requested	\$443,259

Summary

The project contributes to the overall strategic priority through a direct response to the affects of Operation Murambatsvina through the provision of permanent structures enabling permanent tenure of land to be secured for those targeted by the 2005 evictions. This is important since any resident that can show they have constructed a permanent home on their plot will be granted permanent tenure of their land on expiry of temporary leases in 2009.

By encouraging community efforts to improve their access to basic services through collaborating with on-going lobby work (led by the IOM and Dialogue on Shelter for the Homeless) the project contributes to the objective of 'Enhanced capacity of communities and community based organisations to address their shelter and tenure needs'.

Main Activities

- Obtain full confirmation of policy regarding land tenure for residents of Hatcliffe;
- Recruit and train staff;
- Prepare construction designs and obtain Government approvals;
- Mobilise community, set up and train identified housing committees;
- Identify beneficiaries;
- Depending on the implementation approach, either a) refresher skills training for a team of up to 35 male and female community construction workers; manage the overall construction process; regular supervision of on site activities and technical assistance provided by GOAL, or b) manage tendering process for construction of shelters;.
- Regular supervision of on site activities.

Expected Outcome

- 75 vulnerable households freed from the threat of eviction and living in basic, good quality houses;
- Increased number of Hatcliffe residents working with other organisations to improve basic services in the area.

FINANCIAL SUMMARY	
Budget Items	\$
Staff costs	135,782
Operational costs	285,318
Administrative costs	22,159
Total	443,259

WATER AND SANITATION

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Provision of emergency safe water supply, sanitation and hygiene education to targeted vulnerable populations in urban and peri-urban areas of Zimbabwe.
Project Code	ZIM-07/WS06 (ER) (<i>Revised</i>)
Sector	Wat-san
Objectives	<ul style="list-style-type: none"> To improve access to safe and reliable water supply, sanitation and hygiene and mitigate suffering and loss of lives amongst the vulnerable populations Epworth Local Board and Bulawayo City; To control the occurrence and spread of epidemics of water, sanitation and hygiene related diseases and mitigate the effects thereof amongst vulnerable populations of Bulawayo City and Epworth.
Beneficiaries	35,000 households (15,000 in Bulawayo and 20,000 in Epworth, Harare).
Implementing Partners	World Vision International, Practical Action, Epworth Local Board, Bulawayo and Harare Urban Councils and Government.
Project Duration	January-December 2007
Funds Requested	\$1,000,000

Summary

Thousands of populations in urban and peri-urban areas were rendered highly vulnerable due to an acute lack of access to safe water supply and basic sanitation services because of the Governments OM/ORO launched in May 2005. Despite efforts by humanitarian organisations there a substantial gap remains in wat-san assistance in Bulawayo and Epworth, Harare.

Rapid assessments by humanitarian organisations and status reports from Bulawayo City Council have indicated the water supply situation in Bulawayo has reached critical levels with fear of an imminent catastrophe if urgent actions are not instituted. The city's supply dams are 28% full (Bulawayo City Council Reports, 2007), far short of the required 80%. Levels are expected to further reduce posing a serious threat to the health and well being of approximately 1,000,000 city residents.

In late 2006, 91 cases of cholera and eleven resulting deaths (case fatality rate [CFR]: 12%) were reported in the City of Harare.³² In early 2007, Harare was affected by another cholera outbreak with 26 cases reported, of which, three of four cases reported in Epworth were terminal (CFR: 75%). Limited access to safe and adequate water supply and basic sanitation, compounded by poor hygiene practices, has been identified as the major risk factors in these outbreaks. The situation is expected to deteriorate given the continued absence with serious consequences in terms of morbidity/mortality.

Main Activities

- Coordinate water, environment and sanitation (WES) actions and update and dissemination of the existing 3W analysis;
- Drill and equip ten new boreholes in Bulawayo; Flash, repair, and equip 50 boreholes in Bulawayo;
- Construct 800 household ecological sanitation facilities in both Bulawayo and Epworth;
- Promote health and hygiene education and provide training of hygiene promoters.

Expected Outcomes

- Reduced morbidity/mortality due to wat-san-related diseases;
- Improvement in health and well being of the targeted populations;
- Improved access to adequate water and safe sanitation facilities of the targeted populations;
- Improved health and hygiene behaviour and practices amongst target communities.

FINANCIAL SUMMARY	
Budget Items	\$
Staff and office costs	275,200
Operational and indirect costs	724,800
Total	1,000,000

³² MoHCW Weekly Epidemiological Reports

ANNEX I.

ADDITIONAL FUNDING TABLES

Table IV: Consolidated Appeal for Zimbabwe 2007

Total Funding per Donor (to projects listed in the Appeal) (carry over not included)
as of 10 July 2007
<http://www.reliefweb.int/fts>

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

DONOR	Funding	% of Grand Total	Uncommitted Pledges
Values in US\$			
European Commission (ECHO)	27,665,620	22.7 %	-
Carry-over (donors not specified)	25,668,357	21.0 %	-
United States	23,187,697	19.0 %	-
United Kingdom	18,547,312	15.2 %	-
Sweden	6,713,082	5.5 %	-
Germany	3,267,876	2.7 %	-
Ireland	3,224,775	2.6 %	-
Netherlands	2,780,319	2.3 %	-
Norway	2,599,689	2.1 %	-
Central Emergency Response Fund (CERF)	2,000,000	1.6 %	-
Japan	1,990,430	1.6 %	-
Australia	1,469,314	1.2 %	-
Allocations of unearmarked funds by UN agencies	1,453,190	1.2 %	-
Canada	1,267,242	1.0 %	-
Italy	127,384	0.1 %	-
South Africa	35,872	0.0 %	-
Austria	22,799	0.0 %	-
Spain	0	0.0 %	268,817
Grand Total	122,020,958	100.0 %	268,817

NOTE: "Funding" means Contributions + Commitments

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 10 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ZIMBABWE

Table V: Zimbabwe 2007
 Total Humanitarian Assistance per Donor (Appeal plus other*)(carry over not included)
 as of 10 July 2007
<http://www.reliefweb.int/fts>

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

DONOR	Funding	% of Grand Total	Uncommitted Pledges
Values in US\$			
United States	99,667,797	48.9 %	-
European Commission (ECHO)	28,199,518	13.8 %	6,214,411
Carry-over (donors not specified)	25,668,357	12.6 %	-
United Kingdom	18,547,312	9.1 %	-
Sweden	6,713,082	3.3 %	-
Netherlands	4,296,546	2.1 %	-
Germany	3,561,002	1.7 %	-
Ireland	3,224,775	1.6 %	-
Australia	3,160,981	1.6 %	-
Norway	3,016,689	1.5 %	-
Japan	2,080,430	1.0 %	-
Central Emergency Response Fund (CERF)	2,000,000	1.0 %	-
Canada	1,827,990	0.9 %	-
Allocations of unearmarked funds by UN	1,453,190	0.7 %	-
Italy	127,384	0.1 %	-
Switzerland	83,115	0.0 %	-
South Africa	35,872	0.0 %	-
Austria	22,799	0.0 %	-
Spain	0	0.0 %	268,817
Grand Total	203,686,839	100.0 %	6,483,228

NOTE: "Funding" means Contributions + Commitments

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 10 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ZIMBABWE

Table VI: Other Humanitarian Funding to Zimbabwe 2007

List of commitments/contributions and pledges to projects not listed in the Appeal
as of 10 July 2007
<http://www.reliefweb.int/fts>

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

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CHANNEL	Description	Funding	Uncommitted Pledges
Values in US\$			
Australia			
NGOs	To improve access of Zimbabweans to independent sources of information (Ref: 250/5/1/1)	416,667	-
NGOs	To support civil society organisations promoting democracy, media freedom and human rights (Ref: 240/5/1/1)	441,667	-
UK-DFID	Through the DFID protracted relief programme to help stabilise food security and assist households in need (Ref: 240/5/1/1)	833,333	-
Subtotal for Australia		1,691,667	-
Canada			
CARE	Shelter, water and sanitation, household items and protection assistance to socially vulnerable affected by drought (M-012578)	280,374	-
OXFAM	Water and sanitation, shelter and household items and protection assistance to socially vulnerable affected by drought (M-012577)	280,374	-
Subtotal for Canada		560,748	-
European Commission Humanitarian Aid Office			
HELP	Agricultural Inputs and Micro Irrigation Support for Vulnerable Farming Households, Zimbabwe [ECHO/ZWE/BUD/2007/01003]	533,898	-
UN Agencies, NGOs and Red Cross	ECHO Zimbabwe programmes (ECHO/ZWE/BUD/2007/01000-uncommitted balance of orig pledge of Euro 8 mn)	-	3,565,404
UN Agencies, NGOs and Red Cross	Food aid and livelihood recovery support for vulnerable people in crises [ECHO/-FA/BUD/2007/01000-uncommitted balance of orig pledge of Euro 10 mn]	-	2,649,007
Subtotal for European Commission Humanitarian Aid Office		533,898	6,214,411
Germany			
JOIN	Medical support (VN05-321.50 ZWE 01/07)	293,126	-
Subtotal for Germany		293,126	-
Japan			
JJA	Project for irrigation scheme for Silobela Old Peoples Home Farm (electric pumps, water pipes and rubber hoses for rehabilitating three boreholes)	90,000	-
Subtotal for Japan		90,000	-
Netherlands			
EuronAid	Relief programme; school feeding, improvement of food security (16287 (DMV0099307)	1,516,227	-
Subtotal for Netherlands		1,516,227	-
Norway			
Norway RC	Food distribution and agricultural input to people living with HIV/AIDS and other vulnerable groups in Zimbabwe (SAF1050572)	417,000	-
Subtotal for Norway		417,000	-

The list of projects and the figures for their funding requirements in this document are a snapshot as of 10 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ZIMBABWE

Table VI: Other Humanitarian Funding to Zimbabwe 2007

List of commitments/contributions and pledges to projects not listed in the Appeal
as of 10 July 2007
<http://www.reliefweb.int/fts>

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

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CHANNEL	Description	Funding	Uncommitted Pledges
Values in US\$			
Switzerland			
SDC/SHA	Contribution for milk powder	76,066	-
TCA	Swiss Dairy Products	7,049	-
Subtotal for Switzerland		83,115	-
United States of America			
C-SAFE	Food aid	43,536,200	-
C-SAFE	Food aid	32,943,900	-
Subtotal for United States of America		76,480,100	-
Grand Total		81,665,881	6,214,411

NOTE: "Funding" means Contributions + Commitments

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 10 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

**ANNEX II.
ACRONYMS AND ABBREVIATIONS**

3Ws	Who is doing What Where
AIDS	Acquired Immunodeficiency Syndrome
AREX	Agricultural Research and Extension
ART	Antiretroviral Treatment
ARV	Antiretrovirus
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CBO	Community-Based Organisation
CDC	Community Development Committee
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
CFSAM	Crop and Food Supply Assessment Mission
CGET	Chosen Generation Empowerment Trust
CHAP	Common Humanitarian Action Plan
CHH	Child-Headed Households
C-SAFE	Consortium for Southern African Famine Emergency
CSO	Central Statistics Office
CYMMIT	<i>Centro Internacional de Mejoramiento de Maíz y Trigo</i>
DPT3	Diphtheria - Pertussis - Tetanus
e-Registration	Mobile and Electronic Registration
ECD	Early Childhood Development
ECHO	European Commission Humanitarian Aid Office
EPI	Extended Programme of Immunisation
ER	Early Recovery
FAO	Food and Agriculture Organization
FTS	Financial Tracking Service
GBV	Gender-Based Violence
H/A	Height/Age
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IBT	Improved Biomass energy Technology
ICRAF	International Centre for Research in Agroforestry
ICRISAT	International Crops Research Institute for the Semi-Arid Tropics
ICVA	International Council of Voluntary Agencies
IDP	Internally Displaced Person
IEC	Information, Education, Communication
IMF	International Monetary Fund
IOM	International Organization for Migration
ISAL	Internal Savings and Lending
IT	Information Technology
IV	Intravenous
JI	Joint Initiative
LVP	Large Volume Parenteral
MDC	Movement for Democratic change
MoESC	Ministry of Education, Sport and Culture
MoET	Ministry of Environment and Tourism
MoHCW	Ministry of Health and Child Welfare
MoHTE	Ministry of Higher and Tertiary Education
MoU	Memorandum of Understanding
MPSLSW	Ministry of Public Services, Labour and Social Welfare
MT	Metric Tonne
MVP	Mobile and Vulnerable Population
MYR	Mid-Year Review

ZIMBABWE

NANGO	National Association of NGOs
NFI	Non-Food Item
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OM/ORO	Operation Murambatsvina/Operation Restore Order
OVC	Orphans and Vulnerable Children
PASS	Poverty Assessment Survey Study
PCG	Primary Care Giver
PEP	Post Exposure Prophylaxis
PLWHA	people living with HIV/AIDS
PRA	Participatory Rural Appraisal
RSD	Refugee Status Determination
SAFAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SC	Save the Children
SCHR	Steering Committee for Humanitarian Response
SGBV	Sexual and Gender-Based Violence
SIDA	Swedish International Development Cooperation Agency
ST2EEP	Secondary Teacher Training Environmental Education Programme
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TEP	Temporary Employment Permit
TS	Transitional Shelter
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VGf	Vulnerable Group Feeding
W/A	Weight/Age
W/H	Weight/Height
Wat-san	Water and Sanitation
WES	Water, Environment And Sanitation
WFP	World Food Programme
WHO	World Health Organization
ZBC	Zimbabwe Broadcasting Corporation
ZCDT	Zimbabwe Community Development Trust
ZDHS	Zimbabwe Demographic Health Survey
ZimVAC	Zimbabwe Vulnerability Assessment Committee
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

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 2007 will help us improve the CAP in time for 2008. 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. 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?

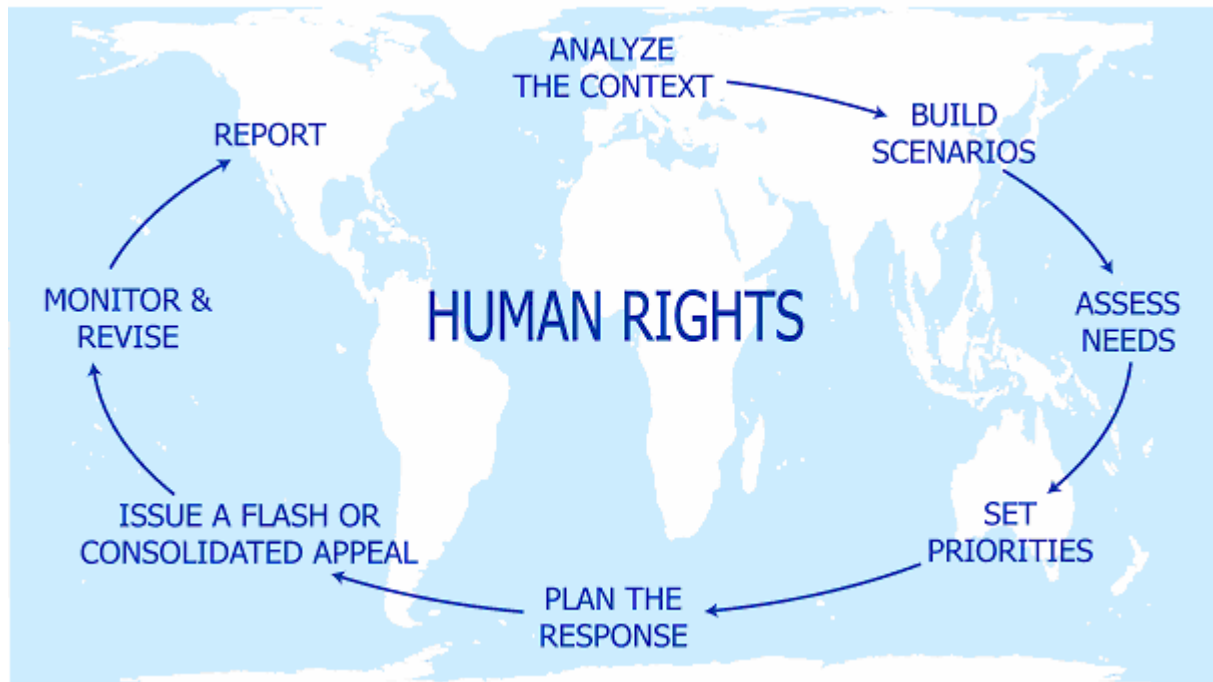
Please make any additional comments on another sheet or by email.

Name:

Title & Organisation:

Email Address:

CAP - Aid agencies working together to:



<http://www.humanitarianappeal.net>

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