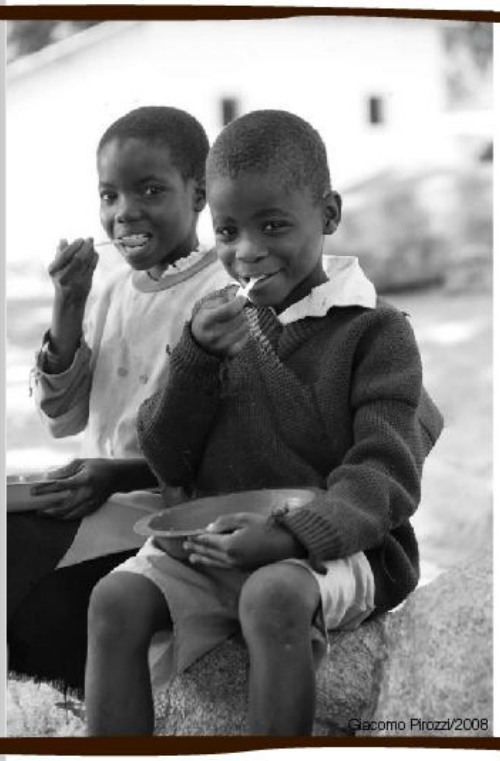
Zimbabwe

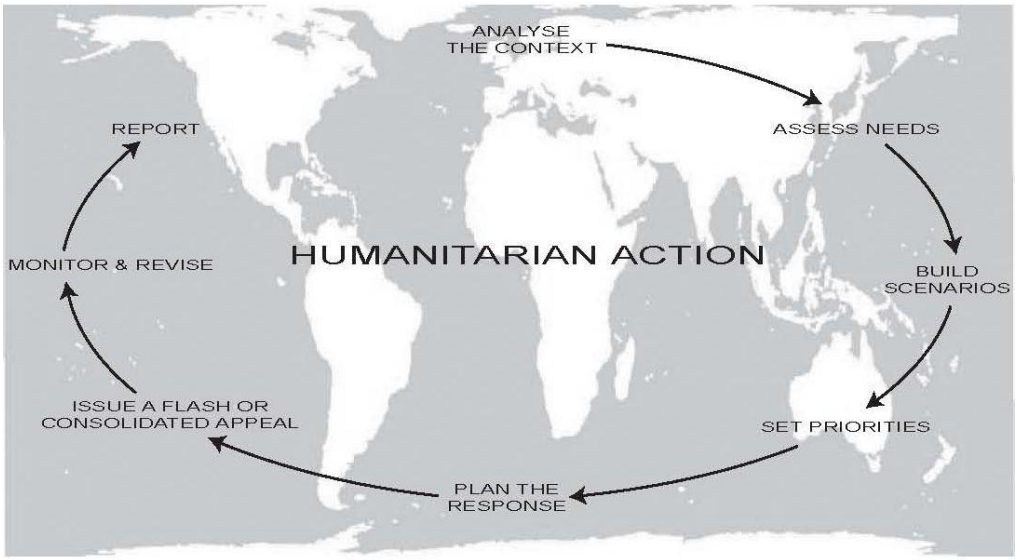


Giacomo Pirozzi/2008

2009 Consolidated Appeal

UNITED NATIONS

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



http://www.humanitarianappeal.net

SAMPLE OF ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS

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

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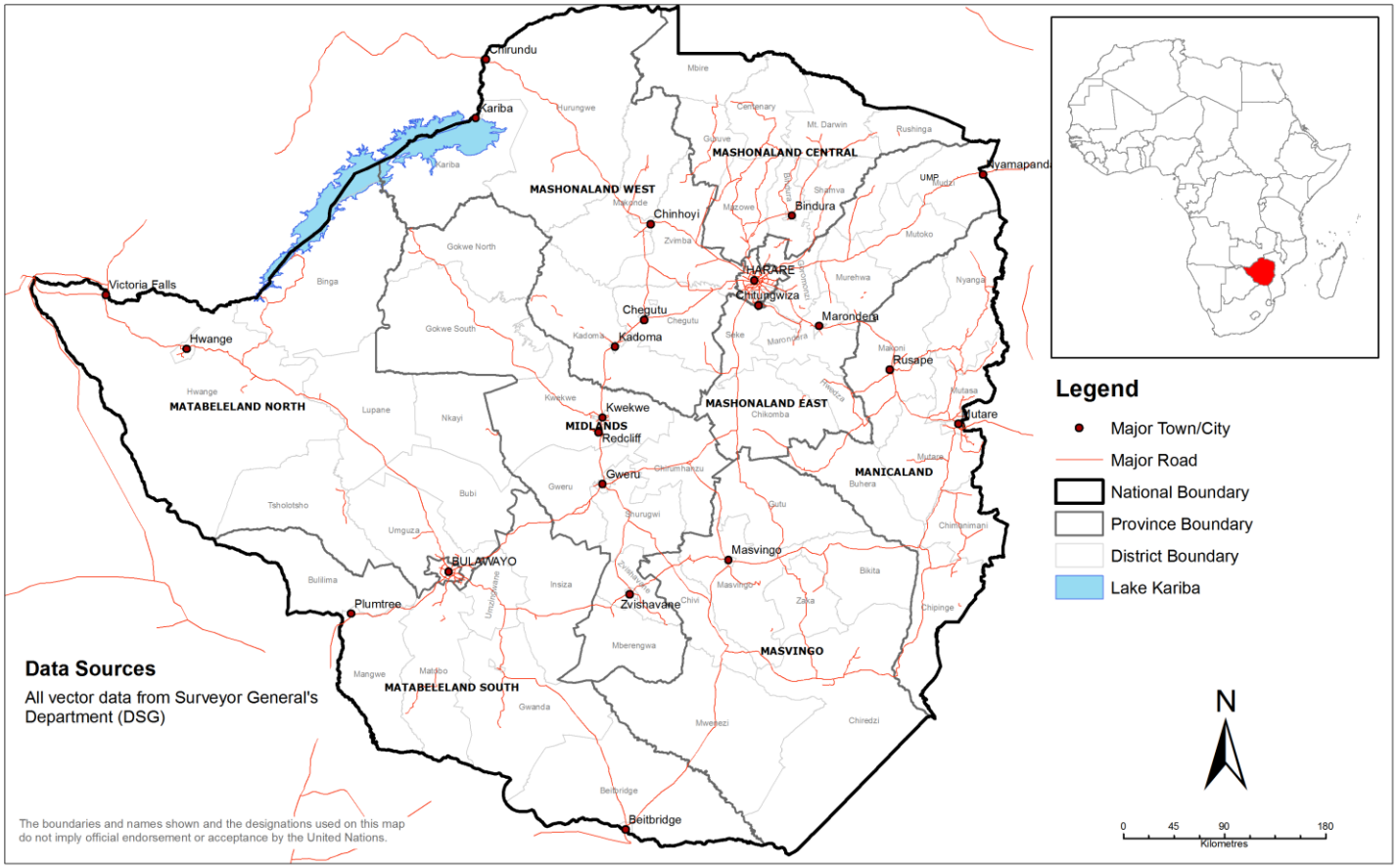
Please note that appeals are revised regularly. The latest version of this document is available on http://www.humanitarianappeal.net

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

UN Office for the Coordination of Humanitarian Affairs

ZIMBABWE OVERVIEW MAP

October 2008



1. EXECUTIVE SUMMARY

The alarming degradation of Zimbabwe's economy and rise in social vulnerability continued in 2008. A protracted election period, from March through August, essentially put the country on hold for six months, during which election violence and government restrictions halted most humanitarian field activities. Half a year of critical humanitarian service delivery in support of food security, clean water, health, and education services was lost, and the impact of this is likely to continue into 2009. The chances are good that further deterioration of the humanitarian situation can be averted if, following the initial political agreement reached between the ruling Zimbabwe African National Union – Population Front (ZANU-PF) and the Movement for Democratic Change in September, a government of unity can be created. The main challenge now is to deal with the increasingly urgent humanitarian needs of millions of vulnerable Zimbabweans.

A third consecutive failed agricultural season has further increased dependence on food, as well as non-food, assistance; 5.1 million Zimbabweans are projected to depend on food aid by the first quarter of 2009. Action is urgently required to save household agricultural production in 2009, and mitigate the impacts of the failed season in 2008. The infrastructure for delivering basic social services is seriously affected, resulting in unprecedented levels of disease incidence and prevalence throughout the country. The education sector is equally affected. High vulnerability levels, coupled with one of the world's highest HIV infection rates of 15.6%, deepen the population's vulnerability. World record hyperinflation and a collapsing banking system pose major challenges to humanitarian operations, with most agencies affected by the lack of cash and inability to access foreign currency.

Humanitarian agencies are committed to supporting the Government to mitigate the impact of a multidimensional crisis affecting rural and urban areas, with priority geographic areas in 2009 likely to include Manicaland, Mashonaland Central, Masvingo, Matabeleland North and South, and Midlands. This will require a combination of well-targeted emergency response and early recovery activities as the foundation for a successful long-term recovery in Zimbabwe. In support of effective response, the cluster approach was adopted in March 2008 covering five priority sectors; agriculture, emergency telecommunications, health, nutrition, and water, sanitation and hygiene. Early recovery, education and protection working groups are expected to be formalised into clusters in 2009. HIV focal points for each cluster will ensure mainstreaming of HIV in emergency preparations and management.

The Consolidated Appeal Process (CAP) 2009 predominantly targets emergency response. It also includes support for communities requiring emergency early recovery programmes to strengthen coping mechanisms and sustainable livelihoods. The following priorities to guide strategic planning in 2009 have been identified:

- save and prevent the loss of lives;
- assist displaced populations, restore livelihoods and prevent depletion of productive assets;
- establish a broad partnership among the humanitarian community and engage with all stakeholders, including the Government.

Although the 2008 CAP was 75% funded, support to development sectors and activities in Zimbabwe has traditionally been poor. Consequently, the 2008 CAP was either under-funded or needs in critical areas were downplayed due to their developmental nature. Considering that the CAP remains one of the few funding frameworks for donor engagement in Zimbabwe, and despite the prevailing political uncertainty, it will require more donor support to essential sectors that were critically under-funded in 2008, including emergency agriculture and education, health, water and sanitation, assistance to victims of politically motivated violence, and sustainable return and reconciliation in affected communities. Any delay in addressing these needs will only result in a greater humanitarian caseload.

Comment [RS1]: This is unclear – what are they trying to say ?

The CAP 2009 may be revised as soon as conditions are favourable to a greater response. Humanitarian response planning for Zimbabwe is done in coordination with multiple stakeholder efforts around stabilisation and recovery. To that end, the 2009 CAP appeals to all stakeholders in Zimbabwe to support humanitarian assistance, including unhindered humanitarian access to vulnerable people. Regional support is also required to stabilise the current trends of large-scale migration from Zimbabwe to neighbouring countries; such stabilisation will ultimately be to their benefit.

To achieve these priorities a total of 35 appealing agencies, including UN agencies, inter-governmental organisations, international and national NGOs, and community and faith-based organisations, are requesting an amount US$[1]550 million to implement programmes and projects as part of the CAP 2009.

Some basic facts about Zimbabwe

	Most recent data	*Previously*
Population	12.2 million people (Central Statistical Office Population Projection 2008)	13.2 million (UNFPA 2000)
Under-five mortality	82 p/1,000 (Zimbabwe Demographic Health Survey (ZDHS) 2005/6)	105 p/1,000 (UNICEF)
Maternal mortality	555/100,000 (ZDHS 2005/6)	
Life expectancy	41.7 years (UNDP Human Development Report [HDR] Indices A Statistical Update 2008)	43 years (World Bank; World Development Indicators)
Prevalence of under-nourishment in total population	47% (Human Development Report 2007/08)	45%
Gross national income per capita	$340 (World Bank Key Development Data & Statistics 2005)	$450
Percentage of population living on less than $1 per day	56.1% (UNDP Human Development Report (HDR) 2007/08)	36% (UNDP HDR 2002)
Proportion of population without sustainable access to an improved drinking water source	40% (Zimbabwe Government & UNICEF 2006)	20% (World Bank World Development Indicators)
IDPs (number and percent of population)	Figure not known	Figure not known
Refugees • In-country	5,054 (UNHCR Zimbabwe 2008)	4,127 (UNHCR Statistical Online Population Database)
• Abroad	12,782 (UNHCR Statistical Online Population Database)	109 (UNHCR Statistical Online Population Database)
ECHO Vulnerability and Crisis Index score (V/C)	3/3 (most severe rank)	-
2006 UNDP Human Development Index score	HDI score of 0.513: 151st out of 177/medium human development (2007/2008 HDR)	HDI score of 0.551: 128th of 173/medium human development (2002 HDR)
HIV prevalence among adults (15-49 years)	15.6% (Ministry of Health and Child Welfare, 2007)	-

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

Table I: Consolidated Appeal for Zimbabwe 2009

Summary of Requirements - by cluster/sector

as of 12 November 2008

http://www.reliefweb.int/fts

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

Cluster/Sector	Original Requirements (US$)
AGRICULTURE	58,633,789
COORDINATION	9,179,467
EARLY RECOVERY / LIVELIHOODS	11,678,328
EDUCATION	29,665,400
FOOD	319,620,314
HEALTH	45,432,226
MULTI-SECTOR	30,935,735
NUTRITION	10,277,040
PROTECTION	12,326,038
WATER, SANITATION AND HYGIENE	21,931,780
Grand Total	**549,680,117**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: Consolidated Appeal for Zimbabwe 2009

Summary of Requirements - by Appealing Organisation

as of 12 November 2008

http://www.reliefweb.int/fts

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

Appealing Organisation	Original Requirements (US$)
ACF	1,662,000
ADRA Zimbabwe	288,632
Africare	1,060,000
CRS	2,055,700
DAPP	2,275,000
DT	250,000
FAO	48,286,500
FCTZ	192,060
GOAL	3,618,732
HELP	3,065,256
HFRC	86,400
HKI	500,000
IOM	37,018,387
Linkage Trust	327,000
Mercy Corps	1,520,000
NPA	1,600,000
OCHA	2,406,116
OCHA (ERF)	6,500,000
OXFAM GB	5,250,000
PA (formerly ITDG)	470,000
Plan	446,000
PSI	594,780
SAT	250,000
SC - Norway	316,000
SC - UK	8,539,734
SNV	263,000
UNAIDS	450,000
UNDP	4,632,500
UNDSS	273,351
UNFPA	4,959,400
UN-HABITAT	2,555,000
UNHCR	7,366,364
UNICEF	79,267,750
WFP	315,973,971
WHO	3,094,039
WVI	2,006,445
ZAN	260,000
Grand Total	**549,680,117**

2. 2008 IN REVIEW

2.1 ACHIEVEMENTS AND CHALLENGES

Based on the below strategic priorities of the 2008 CAP, the humanitarian community in Zimbabwe achieved the following results:

Strategic Objectives for 2008	Evaluation
1. Provide timely and adequate assistance to vulnerable populations in order to mitigate the impact of and reduce food insecurity, erosion of livelihoods and declined access to basic social services	Provision of basic food assistance to vulnerable groups was largely successful, reaching a total of 4.1 million people through various programmes despite access restrictions. In addition, over 300,000 people have been assisted with food aid through targeted programmes such as Home-Based Care (HBC), School-Based Feeding, and support to Mobile and Vulnerable Populations (MVPs). Livelihood support in the form of provision of seeds and fertiliser has also been provided to vulnerable people. However, preparedness for the agricultural season was compromised by the prolonged election period and the lack of capacity to purchase the required amount of seeds and fertilisers. The provision of health services like antiretroviral (ARV), tuberculosis (TB) treatment as well as medication and care for other chronic conditions was severely inhibited among all communities, though particularly affecting the displaced and mobile populations during the months when NGO activities in the field were suspended. Many programmes were not in a position to extend services to new clients because of the restrictions on activities involving mobilisation of populations. Over four million people in urban, peri-urban, and rural areas were reached with water and sanitation interventions, but the needs remain high, considering the general collapse of infrastructure as a result of a serious lack in proper maintenance, and water treatment chemicals. However, in 2008 cholera outbreaks hit the country before the rainy season and with unprecedented spatial distribution. The Water, Sanitation and Hygiene (WASH) and Health Clusters provided timely and concerted assistance to affected areas, but also raised serious concerns about the high risks of cholera spreading, considering the very poor access to clean water and decent sanitation. In education, some interventions took place such as emergency repair of classrooms in schools affected by floods earlier in 2008 and supply of school text books. However, more than 90% of the 56 schools affected by the floods are yet to be repaired and children continue to learn in the open. The education sector was seriously hit by a lack of teachers, and by wages rendered worthless by the economic crisis. In 2008 the Inter-Agency Standing Committee (IASC) Country Team endorsed the roll-out of the cluster approach for five clusters (Agriculture, Emergency Telecommunications, Health, Nutrition, and WASH) as part of the humanitarian reform agenda. Coordination efforts in these clusters have been noticeably strengthened.
2. Enhance preparedness for and timely response to acute disease outbreaks and other sudden emergencies	Response to acute disease outbreaks has been timely and effective with 100% of cholera and diarrhoea outbreaks in various cities and towns and 16 rural areas being put under control. There was better preparedness and coordination by clusters as evidenced by the response to the health hazards resulting from floods in Chipinge, Muzarabani and Masvingo, and from cholera outbreaks in Chitungwiza and other areas caused by the breakdown in water and sanitation infrastructure.

Strategic Objectives for 2008	Evaluation
3. Provide protection for the most vulnerable, including efforts to address gender-based violence (SGBV)	A major protection concern for the year has been politically motivated violence and resulting deaths, displacements, and violations of rights to life and property committed by state and non-state actors. This was related to the prolonged election period and political tensions. In response, over 10,000 victims of politically motivated violence (VPVs) have been assisted with food, non-food items (NFIs) and psycho-social support. In addition over 1,200 people displaced by the violence have been assisted to voluntarily return to their home areas. There was a noted improvement in monitoring and responding to the needs of the affected population, as well as an improved information sharing and advocacy throughout the year. The return process of displaced people in Ruwa has been recognised as an example of best practice to follow up, as well as the complete assistance to displaced people sheltered in other safe houses. Government commitments in this regard, and the agreement of 15 September, constitute the basis for sustainable reintegration and reconciliation in affected communities. Information on SGBV has been systematically collated and awareness creation trainings and workshops given to various communities.
4. Mainstream and address cross-cutting issues such as HIV and AIDS, age and gender in all humanitarian actions	In 2008, several training workshops were held for cluster/sector leads and partners to emphasise the need for mainstreaming of HIV/AIDS in all humanitarian programming, and many agencies included activities to address the issue. In addition, each cluster/sector appointed a focal point for better coordination and exchange of best practices and lessons learned through regular meetings. Of further importance was the inclusion of prevention and management of gender-based violence (GBV) in assistance provided to MVPs and other vulnerable groups using IASC guidelines for GBV actions in humanitarian settings.
5. Link humanitarian actions to transitional support including efforts to strengthen local coping mechanisms	Despite the very low funding response, a significant number of livelihood support interventions were implemented in 2008. These included interventions focused on community recovery and women's economic empowerment, provision of pump materials and repair of boreholes in Bulawayo and other urban areas, conservation farming in dry areas to improve yields as well as restocking of livestock to improve household assets, awareness campaigns for disaster risk reduction in flood prone areas, and improving community capacities through trainings. However, there is an urgent need to strengthen the linkage and coordination between humanitarian response and recovery planning efforts. Local communities also require attention, to improve both coping mechanisms of communities and coordination efforts by local authorities.

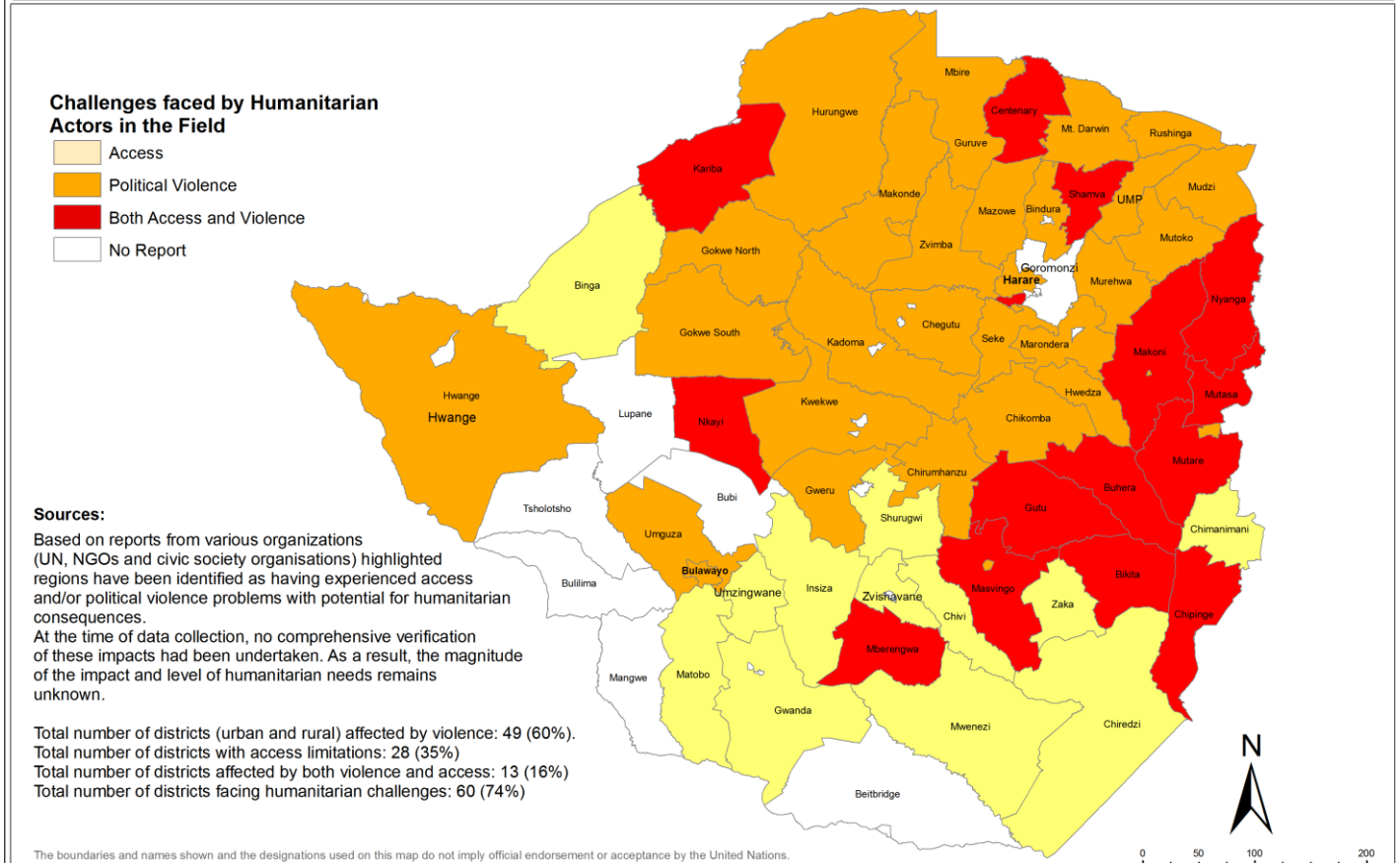
Restricted humanitarian access

Humanitarian access was severely constrained due to the prolonged election period and the Government decision to suspend all field activities of NGOs from 4 June to 30 August 2008. The impact of this long period of absence from the field has had a detrimental impact on the food security situation in 2008, and hindered the collection of first hand information on the real needs of communities and gaps in the humanitarian response. It has also severely limited the scope and timeliness of the planned response for 2008.

UN Office for the Coordination of Humanitarian Affairs

ZIMBABWE HUMANITARIAN CHALLENGES EXPERIENCED DURING 2008 ELECTION PERIOD

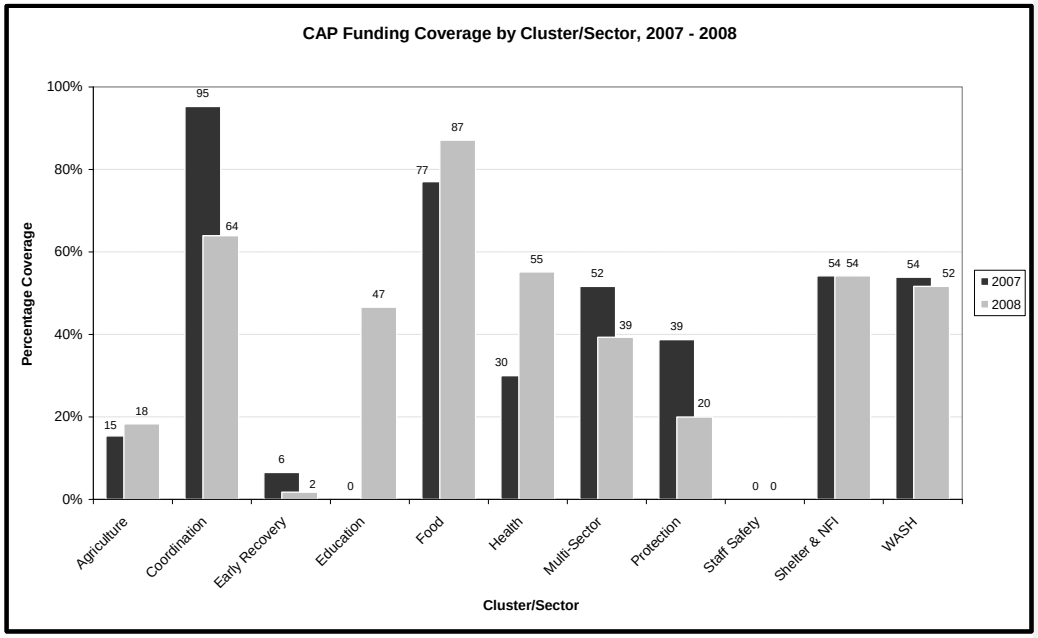
June 2008



Financing of the 2008 CAP

The Mid-Year Review (MYR) saw a significant revision of funding requirements from $317 million to $502 million. Despite this increase in needs, as of 13 November 2008 the Zimbabwe CAP 2008 had received $374 million of the requested $502 million, standing at 75% funded. The coverage is high in comparison to the two previous Zimbabwe CAPs of 2006 and 2007 when donor contributions stood at 64% and 58% respectively.

Food aid continued to attract the major part of humanitarian funding for Zimbabwe. The last quarter of 2008 revealed a surge in needs in food, agriculture, water and sanitation, education and assistance to VPVs, which were captured in an update of the 2008 MYR, designed to address urgent requirements. The funding gap for the last quarter of 2008 amounted to about $128 million. Some of these needs will be carried over into the CAP 2009.



During the year, the Central Emergency Response Fund (CERF) was used to boost under-funded sectors of the CAP. A consolidated CERF grant of $6.7 million was used by requesting agencies to respond to increased needs as a result of the unprecedented increase in world fuel and food prices, as well as filling gaps in other sectors. Towards the end of 2008, the in-country Emergency Response Fund (ERF), managed by OCHA on behalf of the Humanitarian Coordinator, was reactivated to supplement other forms of funding, including multi-year funding mechanisms such as the Protracted Relief Programme, the Programme of Support for Orphans and Vulnerable Children (OVC) and the Expanded Support Programme for HIV and AIDS.

Lessons Learned

1. Continuous dialogue with Government at various levels

In 2008, there was a significant improvement in coordination between humanitarian agencies and the Government despite the ban on humanitarian assistance in the post-election period. This improvement in the operational environment was partly due to efforts to work closely with relevant local authorities and technical staff in line ministries, combined with regular dialogue with central Government. In 2009, increased coordination on planning and response between the humanitarian community, Government and other stakeholders is expected to be further improved. Furthermore, there will be a concerted effort to engage the Government to improve the environment for humanitarian assistance and ensure full access to vulnerable populations.

2. Cluster approach & Humanitarian Reform

The roll-out of five high priority clusters (Agriculture, Emergency Telecommunications, Health, Nutrition and WASH) in March 2008 led to more effective and efficient inter-cluster coordination in addressing humanitarian challenges, such as the timely response and solid preparedness to floods and disease outbreaks. There is room for strengthening joint assessments and monitoring and inter-cluster coordination. Cluster lead agencies have supported the implementation of the cluster approach through the appointment of cluster leads. Three sectors will likely transform into clusters in 2009; early recovery, education, and protection, but the MVP working group is not expected to do so.[2] To support coordination of cross-cutting issues, agencies have appointed HIV/AIDS, and gender focal points in each cluster with the specific responsibility to mainstream these issues into activities and objectives of each cluster.

3. Prioritisation and streamlining of emergency agricultural needs

Agriculture is one of the least funded sectors in the 2008 CAP. While it is obvious that early and adequate funding of emergency agriculture programmes would significantly alleviate the burden on many areas requiring food-related humanitarian assistance, funding remains poor. The cluster has therefore further prioritised and streamlined its activities for the 2009 CAP to highlight the need and urgency for agricultural interventions.

4. Regional linkages

Considering the regional impact of the humanitarian crisis in Zimbabwe, particularly cross-border migration patterns, stronger linkages were established in 2008 with regional offices of all organisations, in particular UNHCR, UNICEF, WFP and IOM. This will continue, with regard to humanitarian planning and operation support such as procurement and logistic support.

[2] Over 2008 the Protection Working Group changed its leadership set-up and the previously rotating chairmanship was replaced by a clearer structure consisting of four lead agencies.

3. THE 2009 COMMON HUMANITARIAN ACTION PLAN

3.1 THE CONTEXT AND HUMANITARIAN NEEDS ANALYSIS

3.1.1 Context

The following factors have contributed to the deterioration of the humanitarian situation in 2008:

Harvest failure and accelerated economic decline
After decades of economic growth and development throughout the 1980s and 1990s, Zimbabwe's economy has taken a dramatic turn for the worse. The most obvious indicator of the current decline is the staggering inflation rate, which rose from 11.2 million to 231 million percent from June and to July 2008 respectively, further eroding the population's purchasing power and exposing families to severe economic hardship. The decline in both formal and informal sector employment opportunities has had a negative impact on the average household income. At the close of 2008, only 6% of the population was formally employed, down from 30% in 2003 (United Nations Development Programme [UNDP] 2008, Poverty Assessment Study Survey 2003). Government policies have continued to harm the traditional informal livelihood strategies, such as street vending, exposing more people to increased vulnerability levels and negative coping mechanisms.

The large Zimbabwean diaspora provide remittances that help to strengthen coping strategies. Up to 50% of urban households rely on remittances to meet basic food needs and utility costs[3]. Importantly, in 2008 remittances from Zimbabweans in neighbouring countries – South Africa, Botswana, Zambia, Namibia and Mozambique – were in the form of food and essential household commodities, as well as cash.

The complex and unstable economy poses great challenges to the humanitarian agencies. The economic decline, combined with ad-hoc financial policies, creates significant operational challenges such as increased procurement prices for supplies, payment of duties for imports, payment of salaries, access to food for staff, fuel shortages, and the management of foreign exchange.

Zimbabwe's hyperinflation has not spared the agricultural sector, which remains the mainstay of the economy. It is the main source of livelihood for 70% of the population and accounts for between 15-20% of gross national product (GNP). The 2007 to 2008 agricultural season was characterised by heavy rains in the first part (October to December 2007) resulting in flooding and water-logging of crops, with a four-week dry spell in January 2008 causing considerable moisture stress in the second part of the season (January to March 2008).

This combination of adverse weather, lack of timely supply of inputs such as seeds and fertiliser, deteriorating infrastructure, unprofitable prices for most of the Government's Grain Marketing Board-controlled crops and further severe economic constraints have brought about hardship and food insecurity among large parts of the rural and urban populations. The sizeable decline in national agricultural production over the last seven to eight years is widely seen as the direct result of the structural change following the contested land reform of 2000.

Political polarisation of humanitarian assistance
During the protracted election period, and the accompanying politically motivated violence, the Government decision to suspend all humanitarian field activities for three months led to a heightened level of mistrust between it and some humanitarian stakeholders. The limited access to beneficiaries for nearly six months (partially government imposed, and partially self-imposed due to security) has gravely affected the welfare of the most vulnerable, even though the food distributions, which constitute the bulk of humanitarian assistance in Zimbabwe, were able to reach most beneficiaries just ahead of the suspension.

The situation eased somewhat following the lifting of the suspension of NGO field operations at the end of August 2008. Outstanding humanitarian concerns include localised access restrictions, and lack of proper needs assessments. On 15 September 2008, the main political parties – the ruling ZANU-PF and the Movement for Democratic Change (MDC) – signed an agreement brokered by South Africa under the auspices of the Southern Africa Development Community (SADC) and the African Union. Negotiations on forming a new government and implementing this agreement continue.

[3] Bracking & Sachikonye 2006

In the absence of a government of national unity able to implement the agreement, uncertainty remains high.

Reports of violations of human rights and forced displacements can be expected in such a context. Currently, the total number of displaced persons in the country is unknown. The displacement of people and loss of livelihoods can increase the exposure of family members, especially women, to adverse coping strategies including transactional or survival sex to secure food for their family, and to a heightened risk of HIV infection. In some cases, girls may be forced into early marriages, or child labour may become rampant as a direct consequence of dwindling livelihood resources.

The protection of the rights of children and young persons in Zimbabwe remains poor, and political polarisation may further compound the plight of OVCs, who may also suffer from GBV and other forms of child abuse. Protection will become a key factor as the current politicised and hyper-inflationary environment continues to impede severely the capacity of families to meet the basic needs of their children.

Natural disasters

Zimbabwe is prone to a number of different types of natural disaster, the occurrences of which have been on the rise in recent years. The most frequent disaster hazards are droughts, disease outbreaks and floods. During the rainy season, areas in the southeast and northwest are regularly affected by flooding, as was witnessed most recently in January 2008. Although occurring less frequently, droughts and dry spells result in the depletion of livestock, besides causing extensive crop failures. Areas mostly affected by erratic rainfall include Mashonaland West, Masvingo, Matabeleland North and South, and Midlands provinces. Occasionally there are some outbreaks of uncommon hazards such as anthrax and foot-and-mouth disease (FMD).

HIV/AIDS

In May 2002, the Government declared HIV a national emergency. This declaration paved the way for the use of generic drugs to address the HIV epidemic. The cumulative number of AIDS deaths since the start of the epidemic in Zimbabwe is now estimated at two million, and this figure is closely linked to the rapid rise in the number of OVC in the country. Currently, around one million of the country's 1.2 million orphans have lost one or both of their parents to AIDS. Despite the prevalence decline in Zimbabwe since 1997, due to a combination of deaths of affected persons and a decrease in HIV incidence through behavioural change, it continues to be one of the countries with the highest prevalence in the world.

The burden of the HIV pandemic remains great, with approximately 130,000 deaths from AIDS every year; an estimated 2,214 adults and 240 children die every week of AIDS. The HIV decline also means that the proportion of people at more advanced stages of the disease's progression has increased. Unconfirmed statistics estimate the current life expectancy in Zimbabwe to have dropped to 34 years for women and 37 years for men, in large part due to AIDS. Displacement and violence is likely to have increased susceptibility to HIV infection, and threatens to reverse many of the impressive gains Zimbabwe has made in reducing prevalence.

At the moment there are approximately 1.3 million people living with HIV (PLWHIV) in Zimbabwe;[4] approximately 133,000 of these people are children aged from 0 to 14 years old, and 60% are women. The number of children with HIV has increased from 2006 and reflects their survival due to access to cotrimoxazole and Anti-Retroviral Therapy (ART). The Government, with strong donor support, has been able to increase the number of PLWHIV accessing treatment from 4,000 in 2004 to 100,000 in 2007. However, in 2008 only 110,000 of the 480,000 people in need received ART. The growing demand for ART is not met and waiting lists of up to six months was reported in some districts.

The critical shortages of health workers and inadequate and erratic supply of ARV, compounded by the policy requiring ART to be initiated only by doctors, have contributed to the long waiting lines. In addition there is a growing concern that, due to high transport costs and the lack of a patient tracking system, patients may, for whatever reason, not be able to adhere in a consistent manner to their antiretroval therapy, which ultimately will result in them becoming drug resistant to all types of antiretrovirus drugs available in Zimbabwe. All key stakeholders agree that the provision of ARV treatment in Zimbabwe needs to be scaled up dramatically, but the continued attrition of doctors and nurses and the lack of funding have severely compromised the target of reaching 170,000 adults and 15,000 children by end 2008.

[4] Ministry of Health and Child Welfare [MoHCW] 2007

Major displacements in 2008 also created a situation of increased vulnerability to the risk of HIV infection and disruption of services like HBC and ART for PLWHIV. Population mobility places people at heightened risk of HIV infection and also reduces access to HIV/AIDS services. The steady out-flow of Zimbabweans to neighbouring countries over the past few years has made Zimbabweans the single largest group of non-nationals in some of the neighbouring countries, like South Africa. Prevalence rates in border towns, and transport corridors are considerably higher than the average in the country. Beitbridge is the highest with 25.6% prevalence, 10% above the national average.

Sharp decline of the provision of basic social services
Whilst in previous years neighbouring countries referred patients to Zimbabwe for special care, over the last five years the health service in Zimbabwe has significantly deteriorated and is marked by critical shortages of essential drugs and a significant brain drain of skilled and experienced personnel. Another challenge is that no comprehensive assessment has been undertaken since 2006 to determine the actual state of the health delivery system, thereby making it difficult to make accurate inferences on its true condition.

Similarly, the education sector has experienced a rapid decline leaving it at the brink of collapse. Infrastructure has gradually deteriorated, resulting in declining enrolment and pupil retention rates at the early child development level, low transition rates to secondary education, and a shortage of educational and teaching materials and equipment. The situation has been worsened by political violence surrounding the 2008 elections. Access to education became increasingly difficult during 2008, particularly for the OVC, and Zimbabwe's children are in danger of losing an entire school year if immediate emergency assistance is not provided.

Current estimates report that 20% of primary aged children are out of school. Drop-out rates are on the rise and entry into schools is delayed as children experienced post electoral dislocation of communities and worsening poverty levels. In the third term of 2008, many public schools closed down while private schools significantly increased school fees. About 49% of the country's teachers have not been attending lessons in 2008 as current monthly salaries average less than $4, forcing them to seek other sources of income to supplement their wages. Teacher flight and attrition has further had an enormous impact on the quality of education services.

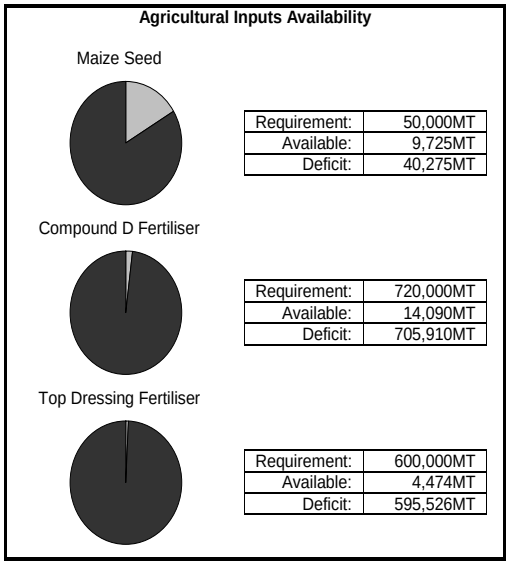
The number of people with access to safe water supply and basic sanitation continues to decline due to reduced institutional and community capacity, cyclical droughts, and the impact of AIDS. Due to intermittent water shortages, a large number of households are resorting to unsafe sources when the main supply is unavailable, a recent phenomenon that is becoming increasingly common. Sewage systems in most urban areas have broken down due to age, excessive load, and poor operation and maintenance. This has resulted in major leakages in high-density residential areas and large volumes of raw sewage being discharged into natural water courses, which ultimately feed into major urban water supply sources.

Bulawayo, a city with 1.5 million people, started water rationing in the last quarter of 2008 due to lack of water treatment chemicals. The recent cholera outbreaks that hit the country are clear indicators of the urgent need for an integrated emergency response to increase availability and access to safe drinking water. The situation will likely worsen in 2009 as financial constraints make it difficult for city authorities to purchase water treatment chemicals and repair broken pumping machinery. In addition to this, fuel shortages and the lack of available spare parts have resulted in decreased maintenance of current water systems, which will have a negative, long-term effect. This overall situation is exacerbated by frequent electricity power cuts, which reduce pumping capacity and time.

3.1.2 Humanitarian Needs Analysis

Food Insecurity
The critical food security situation in Zimbabwe is complex. It is a result of a number of factors including the land redistribution programme, adverse weather conditions, inadequate access to key agricultural inputs, poor planning, and the impact of the AIDS epidemic.

Agricultural production in 2007/2008 hit an all-time low for the majority of crops, exacerbating the already frail food security situation of many vulnerable households. The situation was worsened by the delay in supplying inputs to farmers, which was only done between December 2007 and early January 2008. Given this background, prospects for the coming 2008/09 agricultural season are bleak, even if rainfall patterns are favourable, as the country is again failing to make the necessary inputs



available to farmers. An analysis of the national requirements against what the Government and NGOs will provide reveals that current stocks of inputs are 11,000 metric tonnes (MT) of maize seed against the national requirement of 50,000 MT, 16,000 MT of compound D fertiliser against a national requirement of 720,000 MT and 5,200 MT of top dressing fertiliser against a national requirement of 600,000 MT.

The Crop and Food Supply Assessment Mission (CFSAM) released in June 2008 estimated that the total domestic cereal availability for the 2008/2009 marketing year is 848,000 MT, about 40% below the 2007 domestic supply. With the total utilisation of cereals at about 2.1 million MT, including 1.9 million MT for direct human consumption for the projected population of 12.2 million people, the resulting cereal import requirement was estimated at 1.2 million MT, of which the maize deficit accounts for about one million MT.

Given the acute shortage of foreign currency, the dwindling export base and high prices of maize in the region and internationally, CFSAM estimates total commercial cereal imports to be around 850,000 MT, leaving an uncovered deficit of about 380,000 MT of maize for the later part of 2008 and early 2009. However, if the Government cannot import the planned amount, the deficit will significantly increase. The 2008 CFSAM reported further that 5.1 million Zimbabweans in urban and rural areas will need food assistance between January and March 2009. The same issues that led to poor production in 2008 are likely to again be factors in 2009 as no measures have been put in place to ensure availability and affordability of key agricultural inputs.

Disease Outbreaks

Cholera outbreaks have been a cause for concern in Zimbabwe since February 2008. Key areas that were affected in 2008 included Harare (Chikurubi, Chitungwiza, Dzivarasekwa, Highfields, Kuwadzana, Mabvuku, Waterfalls refugee camp, and Zengeza), Manicaland (Chipinge, Mutare urban/rural, Mutasa and Nyanga), Mashonaland Central (Bindura, Mazowe, Mbire, Mount Darwin, Muzarabani, Rushinga and Shamva), Mashonaland East (Epworth, Mudzi, Murewa, Mutoko and UMP), Mashonaland West (Chinhoyi, Kariba, and Makonde), and Masvingo (Gutu). These areas are all potential risk areas since cholera is a recurring trend. As of 6 October 2008 a cumulative total of 129 deaths were recorded, with the highest percentage in Mashonaland Central. In addition to the cholera outbreaks, reports have been received of an anthrax outbreak in Mashonaland West. Ten cases were reported in October 2008. It is important to note that the case fatality rate (CFR) has been very high, especially early in the outbreaks, suggesting that the warning system is insufficient and results in delayed response.

Acute/chronic malnutrition

The national assessment conducted in October 2007 found Global Acute Malnutrition (GAM) levels of 6%, well below the international emergency threshold of 10%. Five districts had GAM levels above the national threshold of 7% and subsequently benefited from the Ministry of Health and Child Welfare's (MoHCW) Supplementary Feeding Programme, (Chipinge, Gwanda, Lupane, Mbire, and Umguza) in the first half of 2008. The March 2008 round of data collection for the National Food and Nutrition Sentinel Site Surveillance assessment was postponed twice due to the elections. Findings from the July 2008 surveillance exercise showed unexpectedly low levels of malnutrition: wasting prevalence below 5% in all sentinel districts (children from Chipinge had the highest rate of wasting at 4.9%); oedema was found in 0.7% of the children sampled; GAM and Severe Acute Malnutrition (SAM) levels for children 6 to 59 months old came to 3.5% and 1.1% respectively; underweight prevalence for children 6 to 59 months old was 14.2% (children from Lupane had the highest rate of underweight at 17.3%); stunting prevalence for children 6 to 59 months stood at 26% (children from Chipinge had the highest level of stunting at 33%). The suspected reason for the relatively low levels of malnutrition is the large impact of regular remittances by the many Zimbabweans living abroad, as well as the widespread availability of nutritious vegetables.

3.2 SCENARIOS

Best Case Scenario
In the best case scenario, key assumptions are that the Inclusive Government would be in place and a functioning multi-party cabinet will be appointed. The economic situation will improve, unemployment rates decline and inflation will go down as the result of enhanced investor and donor confidence. Adequate agricultural inputs will be made available in 2008/2009, matched by good rainfall, which would mean higher agricultural productivity and reduced food insecurity. However, food insecurity is unlikely to decrease sharply under such a scenario in 2009. Hotspots areas of food insecurity are likely to remain numerous in the country, mainly affecting the most vulnerable groups, particularly women, orphans and the chronically ill. It is anticipated that a significant number of people will return to their communities and will need resettlement and reintegration into their communities.

Worst Case Scenario
The power sharing deal will fail, political impasse will continue, and thus the economic decline and hyperinflation will deepen leading to further increased food insecurity, the accelerated decline of basic social service delivery, and a continuous brain drain. Shortages and/or untimely deliveries of agricultural inputs and the possibility of extreme weather events (drought/floods) will lead to food shortages as it affects nearly 80-90% of agricultural production, which in view of the poor performing economy would cause a major humanitarian crisis. A total number of seven million people will need food assistance under this scenario. The burden of the AIDS pandemic on society and the economy will increase as PLWHIV will be unable to access proper nutrition, ART and health services making them fall ill. The number of new infections will increase as people resort to negative coping mechanisms. An outbreak of water-borne diseases as a result of the breakdown of water and sanitation systems could lead to up 200,000 diarrhoea cases. The humanitarian response will be constrained due to a limited and non-conducive operating space, as well as a lack of adequate funding as the international donor community distances itself from Zimbabwe.

Most Likely Scenario
The most likely scenario envisages a situation where the Government of unity is formalised and institutions fully resume their operations. However, uncertainty will remain as to the implementation of the agreement as political players are likely to remain cautious of each other, leading to various difficulties affecting the humanitarian actors and space. The prevailing severe economic crisis will not be reversed quickly and any stabilisation efforts are even likely to increase vulnerability levels of the poor at an early stage. Thus the stabilisation of the economy will require an accompanying humanitarian response to cushion adverse impacts on the poor. Inflation will remain; the breakdown in infrastructure and basic social services, and the rampant food insecurity will continue to affect large parts of the vulnerable population.

Particularly, the breakdown of the urban water supply infrastructure could lead to an incidence of up to 2,000 cholera and 100,000 diarrhoea cases. In the agriculture sector, low and untimely inputs combined with erratic rainfall is expected to result in a poor harvest, and depleted livestock, further aggravating food insecurity with the chronic malnutrition status estimated at around 30%. Over 5.1 million people will require immediate food assistance for the lean period of January to March 2009, while large food aid programmes are also foreseen for the latter part of the year as the 2009/2010 agricultural season of is not expected to show significant signs of recovery. It is also envisaged that there will be a sustained and increased movement of people across the borders of the country, while a further collapse will take place of the education sector resulting in an acceleration of student drop-out.

The planning scenario for 2009 is tabled against the following risks, which will vary according to the ability of an Inclusive Government to work together:

- continued inflation and economic meltdown;
- limited access to basic social services;
- erosion of livelihoods;
- unpredictable policy environment for humanitarian and social welfare issues;
- high levels of food insecurity;
- high levels of migration, brain drain, and internal displacement;
- likelihood of constrained humanitarian access.

3.3 STRATEGIC OBJECTIVES FOR HUMANITARIAN RESPONSE IN 2009

The humanitarian response in Zimbabwe aims to save and prevent the loss of lives, restore livelihoods and prevent depletion of productive assets. It recognises the uniqueness of the humanitarian situation in the country and aims at establishing a multi-faceted but focused response, tailored to the needs of the most vulnerable populations in Zimbabwe. Priority sectors in 2009 include food, agriculture, health, WASH, nutrition, education and early recovery.

The strategic priorities of the Zimbabwe Consolidated Appeal 2009 are to:

- save and prevent the loss of lives;
- assist displaced populations, restore livelihoods and prevent depletion of household productive assets;
- establish a broad partnership among the humanitarian community and engage with all stakeholders, including the Government.

Based on these priorities, the following overall objectives have been identified for the 2009 Consolidated Appeal:

- provide timely and adequate assistance to vulnerable populations to save lives, prevent erosion of livelihoods and build resilience;
- strengthen basic service delivery in the health and WASH sectors, prioritising recovery/transition interventions especially in the health, agriculture and education sectors;
- provide an integrated response package to assist PLWHIV, ensure new infections are minimised and HIV/AIDS programming is mainstreamed in all sector responses;
- advocate for enhanced respect for human rights and protection, and ensure protection needs of populations of concern are identified and addressed in an appropriate and effective manner, through a coherent and coordinated response;
- scale up vulnerability assessments and enhance coordination and synergy among the various humanitarian interventions.

The most vulnerable groups identified for assistance are:

- 5.1 million people affected by food insecurity during the peak hunger period January to March 2009;
- 1.3 million PLWHIV: approximately 133,000 are children 0 to14 years old, and 480,000 are in need of ART;[5]
- 1.2 million OVC, 100,000 child-headed households, and 130,000 children who will lose one or both parents in the coming year;
- people displaced internally for various reasons, including hundreds of thousands of MVPs and an estimated 36,000 VPVs;
- one million with limited or no access water and sanitation;
- returned migrants and 5,000 refugees.

The potential for displacement exists across the country, mainly due to the volatile political situation. Manicaland, Mashonaland (Central, East, and West), Masvingo and Midlands provinces will be particularly affected. However, minor improvements have been noted in the management of displacement as formally "marginalised" communities like the MVP settlements can again be included in some of the humanitarian response activities, including for food and non-food assistance. If the socio-economic and political context remains the same, or gradually improves, then assistance to all categories of vulnerable populations may be possible.

Geographical areas that are priority areas in terms of humanitarian needs and slated for relief activities in 2009 include:

- Manicaland (south);
- Mashonaland Central (Muzarabani);
- Masvingo;
- Matabeleland North and South;
- Midlands (south).

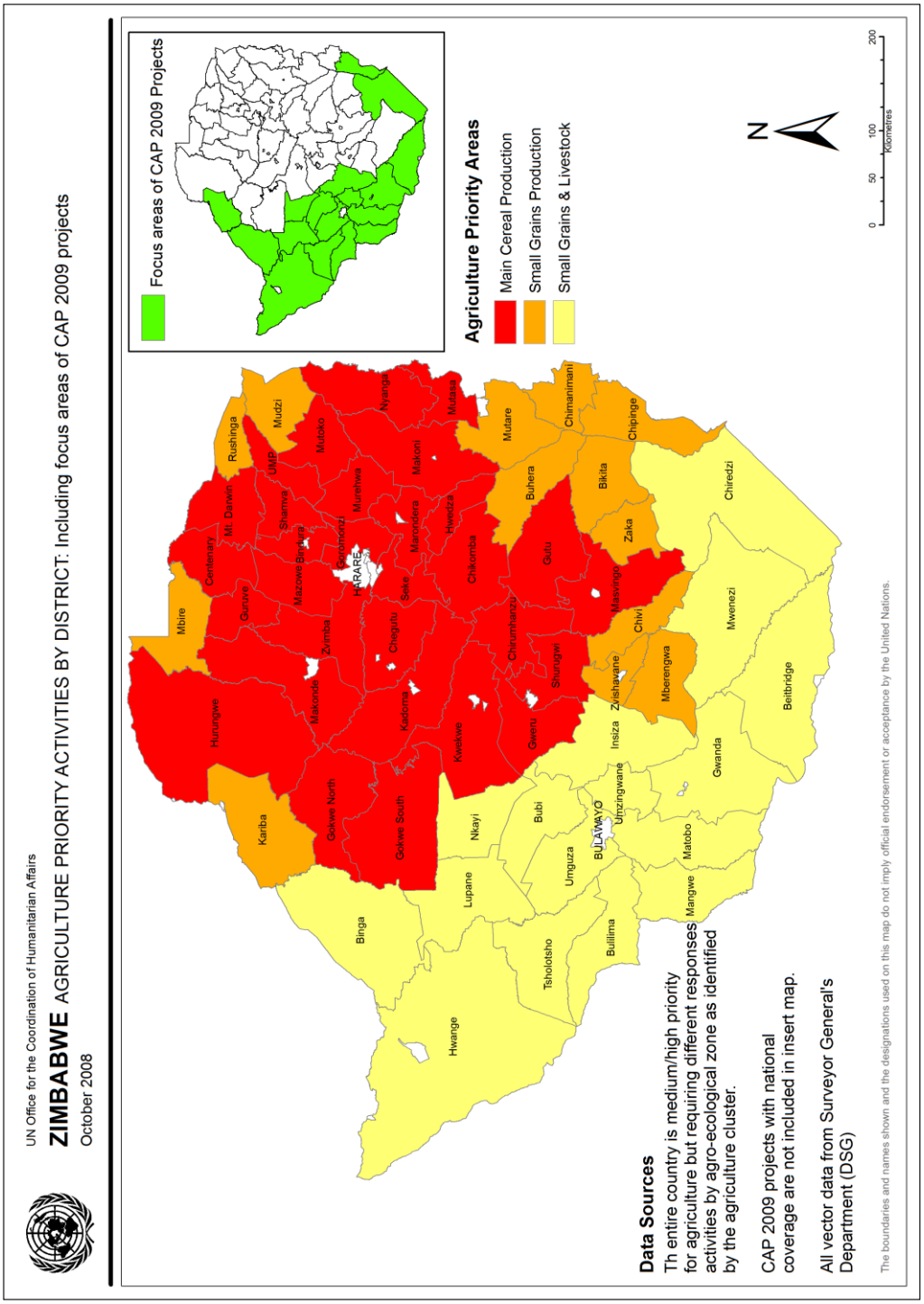
The CAP 2009 will be complementary to the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) for the period 2007 to 2011, the Zimbabwe National HIV/AIDS Strategic Framework 2006 to 2010, and other poverty reduction strategies.

[5] MoHCW, 2007

3.4 SECTOR RESPONSE PLANS

3.4.1 Technical Areas

3.4.1.A Agriculture



Cluster lead: Food and Agriculture Organization (FAO)

Priority Needs

Agriculture is the mainstay of the Zimbabwean economy, accounting for 15 to 20% of GNP and providing the main source of livelihood for 70% of the population. Once a maize-surplus producing country, since 2002 Zimbabwe has failed to produce enough cereals to meet its national requirements.

The current food security crisis in Zimbabwe is a chronic phenomenon. It is the result of a combination of factors: land redistribution programme, adverse weather conditions, low production of agricultural inputs, poor planning, controls on cereal trade, macroeconomic deterioration (hyperinflation, high levels of unemployment and poverty) and the AIDS epidemic. These factors affect most segments of the population, particularly households in communal areas, ex-farm workers and the urban poor.

Since the start of the Fast Track Land Reform Programme in 2000, the agricultural sector has shifted from developed technological systems, relatively efficient market mechanisms, and a high degree of control over inputs, irrigation and production, towards more basic subsistence farming methods that are highly dependent on weather patterns. This is compounded by under-utilisation of land by the beneficiaries of the land reform, and inadequate access to key agricultural inputs (including finance).

Agricultural production in 2007/08 hit an all-time low for most crops, exacerbating the already frail food security situation of many vulnerable households. Moreover, prospects for the coming 2008/2009 agricultural season are bleak, even if rainfall patterns are favourable, as the country is failing to make the necessary inputs available to farmers. Only 11,000 MT of maize seed is currently in stock against the national requirement of 50,000 MT. Current stocks of Compound D fertiliser in the country stand at 16,000 MT against a requirement of 720,000 MT. Stocks of Top Dressing fertiliser stand at 5,200 MT against a requirement of 600,000 MT. Fuel for tillage and finance are generally not available.

Availability of draught power has constantly been one of the limiting factors to increasing agricultural production. The availability of draught power enables cattle owners to till more land in a timely manner, and provides manure which improves soil fertility. Maintenance of healthy livestock is crucial in ensuring rural livelihoods in all agro-ecological regions, with dip tanks being the focal point of all cattle and small ruminant disease control strategies. Small ruminants (goats and sheep) and non-ruminants, particularly poultry, are important in the lives of people in the smallholder agriculture sector, especially the poorer families. Small livestock constitutes an important fallback asset in the event of droughts. However, recent disease outbreaks, displacement and disposal of livestock at rates below replenishment levels have eroded this important asset base for the rural poor. The introduction of conservation farming in some areas has helped protect food production in low-resource settings.

With AIDS prevalence rates currently at 15.6%, the disease puts a strain on household resources through continuous demand for decent food and medication while diverting labour towards caring for the sick. The death of adults has led to the creation of many child- or elderly-headed households who cannot adequately produce for themselves without external support. Nutrition gardens offer great potential for improving household food and nutrition security and alleviating micronutrient deficiencies. However, more support is required to expand garden activities at the household level and increase the diversity of vegetable crops grown.

In the light of the above context, humanitarian interventions in the agricultural sector should focus their efforts within the following priority areas:

- timely pre-positioning of agricultural inputs for the 2009/2010 season;
- support nutritional programmes, with emphasis on the 2009 winter season;
- support to the livestock sector.

Objectives

The overriding objective of all humanitarian actions in the agriculture sector is to improve households' food security with the aim of reducing reliance on outside food assistance. In coordination with other sectors of the CAP such as nutrition and food aid, the agriculture sector will aim to:

- increase production and productivity of smallholder farmers;
- improve soil, water and crop management practices;
- improve dietary and nutritional levels through crop diversification;
- strengthen the capacities of local communities to respond to the challenges posed by AIDS;
- assist vulnerable households to enhance and protect livestock assets; and

- monitor the development of the 2008/2009, 2009 and 2009/2010 cropping seasons, and their repercussion on food security to improve efficiency and effectiveness of agricultural relief programmes.

Activities

The following activities will be carried out by a wide range of stakeholders involved in the provision of assistance to the most vulnerable households in order to improve their food and livelihood security:

- provide timely agricultural inputs for the main season (seed and fertiliser – inputs to be with farmers at the beginning of November);
- promote appropriate and sustainable crop and soil management practices, such as conservation farming;
- promote crop diversification through the establishment of nutrition gardens for vulnerable households and refresher training on nutrition for HBC givers;
- conduct training and distribute awareness materials on mainstreaming of HIV/AIDS issues within the implementation of agricultural projects;
- enhance and protect asset holdings of vulnerable households by providing small livestock and training on livestock and also through preventing livestock diseases (such as FMD and New Castle disease [NCD]);
- collect, analyse and disseminate information on the food security situation, and on developments in the 2008/2009, 2009 and 2009/2010 cropping seasons, as early warning tools and to inform programming.

Indicators

- number of households assisted through agricultural projects;
- area planted, crop diversification, yields and production;
- number of training sessions on mainstreaming HIV/AIDS held and Information, Education, Communication (IEC) material produced and disseminated;
- number of orphan/elderly-headed households, presence of chronically-ill-households assisted with customised agricultural projects;
- number of livestock vaccinated against FMD, NCD and other trans-boundary animal diseases;
- reports produced summarising developments in the agricultural sector, implications for food security, and the impact of humanitarian projects.

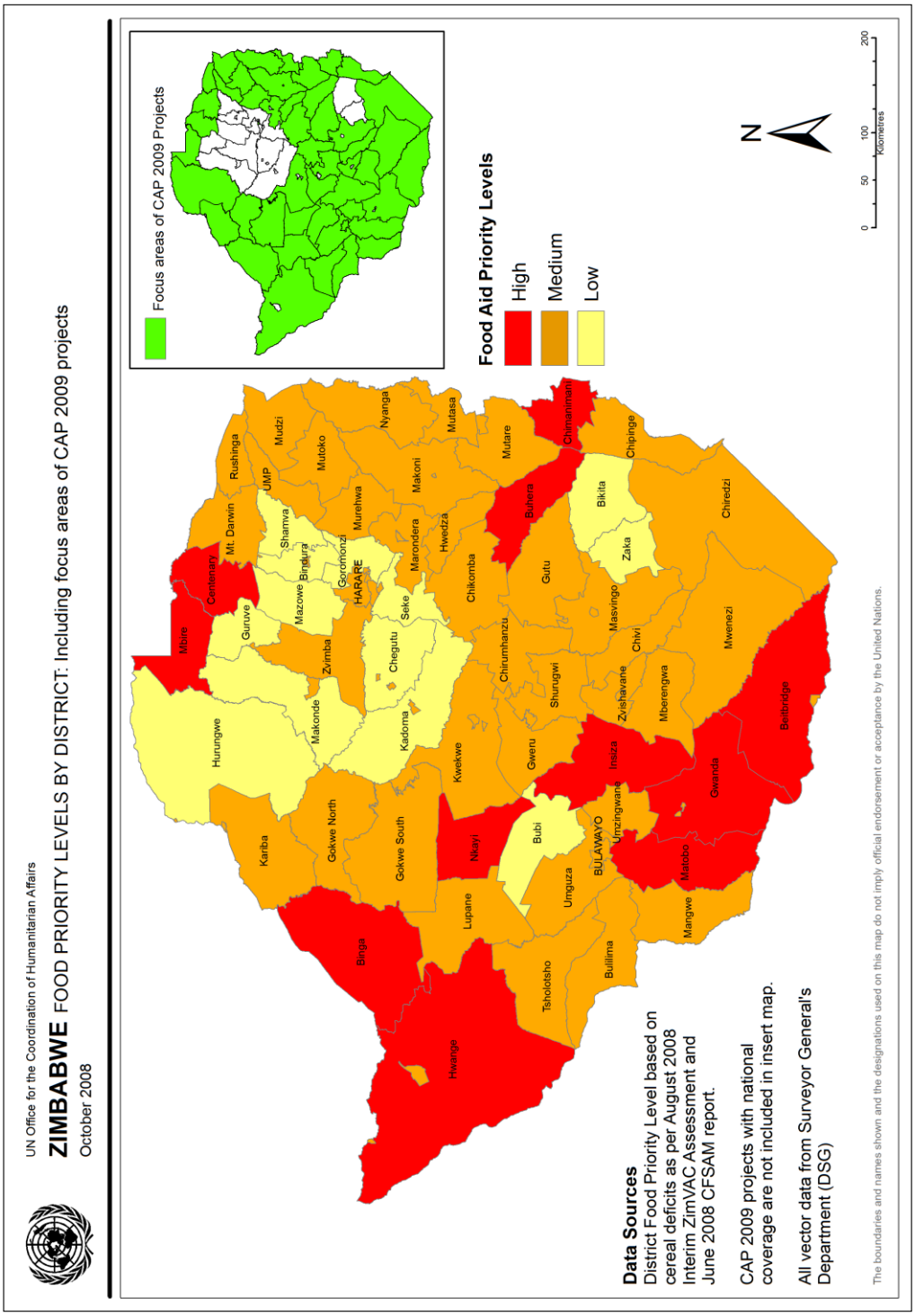
Monitoring and Evaluation

As in previous seasons, a partnership between Agricultural Technical Extension (AGRITEX), NGOs, research institutes and FAO will be created to monitor the progress and assess the impact of agricultural input assistance. A number of surveys will be conducted in districts where agricultural input assistance has been provided. In partnership with the Department of Veterinary and Field Services (DVFS), FAO will carry out regular monitoring field visits to assess livestock projects. The National Early Warning Unit, Famine Early Warning Systems Network, and FAO will continue monitoring the food security situation using the well-established sentinel site system.

Organisations

The agriculture cluster comprises all organisations within agricultural projects in the humanitarian framework, AGRITEX, DVFS, Meteorological Services Department, research institutes, donors, UN agencies and the private sector (seed houses, agri-service providers, providers of other inputs).

3.4.1.B Food


UN Office for the Coordination of Humanitarian Affairs
ZIMBABWE FOOD PRIORITY LEVELS BY DISTRICT: Including focus areas of CAP 2009 projects
October 2008
Focus areas of CAP 2009 Projects
Food Aid Priority Levels
High
Medium
Low
N
0
50
100
200
Kilometres
Data Sources
District Food Priority Level based on cereal deficits as per August 2008 Interim ZimVAC Assessment and June 2008 CFSAM report.
CAP 2009 projects with national coverage are not included in insert map.
All vector data from Surveyor General's Department (DSG)
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Binga
Bubi
Bulilima
Gwanda
Hwange
Insiza
Kariba
Lupane
Matobo
Mangwe
Nkayi
Tsholotsho
Umguza
Umzingwane
BULAWAYO
Beitbridge
Chipinge
Chiredzi
Chimanimani
Mutare
Mwenezi
Buhera
Bikita
Chivi
Gutu
Masvingo
Mberengwa
Zaka
Zvishavane
Chirumhanzi
Gweru
Kwekwe
Shurugwi
Chikomba
Hwedza
Makoni
Marondera
Murehwa
Mutasa
Nyanga
Goromonzi
HARARE
Seke
Chegutu
Kadoma
Makonde
Zvimba
Hurungwe
Mazowe
Shamva
Bindura
Mt. Darwin
Centenary
Guruve
Mbire
UMP
Mudzi
Mutoko
Rushinga
Gokwe North
Gokwe South

Sector lead: World Food Programme (WFP)

Priority Needs

Since 2001, Zimbabwe has faced recurring food shortages due to a combination of factors which include erratic weather, the AIDS epidemic and a series of economic crises precipitated by policy constraints. This combination of factors has deepened vulnerability to hunger and poverty and swollen the ranks of the food insecure. With both chronic and transitory dimensions, the resulting crisis requires a flexible yet predictable response that meets urgent needs while simultaneously helping to preserve the resilience of the population.

In the current consumption year Zimbabwe will face worsening food insecurity owing to agricultural production decline, prolonged economic deterioration and political uncertainty that will deepen food insecurity in Zimbabwe in the current food marketing year 2008/2009. The convergence of these factors will heavily impact national and sub-national availability of staple food, which in turn will negatively impact household access to food in both urban and rural areas. The effects of such availability and access constraints will be variable over time and in terms of areas affected, and will impact vulnerable, food insecure groups.

Preliminary indications of a poor agricultural year came through the Ministry of Agriculture's (MoA) Second Round Crop and Livestock Assessment that reported that the 2007/2008 summer season's harvest for maize and small grains might only cover about 28% of national requirements. This assessment indicated an urgent need to import maize to off-set the expected cereal deficit of 1,428,360 MT.

The above assessment was followed by the joint WFP/FAO CFSAM released 18 June 2008, which estimated that about two million people will be food insecure in the third quarter of this year. This figure is projected to increase to 3.8 million in the fourth quarter of 2008, and to about 5.1 million people in the first quarter of 2009. The performance of the Government-sponsored cereal-import programme will be a key undetermined factor of the season. It is acknowledged that the continued deterioration of the economy makes it increasingly difficult for the country to close the cereal gap without significant international assistance. Furthermore, delays have been experienced in the start-up of registration and distribution activities due to the NGO suspension.

The estimation of foreign assistance is based on the assumption that the Government can import 850,000 MT of food (as reported in the CFSAM), whereas as of October 2008 only an estimated 176,000 MT have been imported. Any reduction in the ability of Government to import foodstuffs will likely further affect the macro-level food security situation and increase the overall food aid need.

In addition, food security monitoring reports such as WFP Community and Household Surveillance (CHS) show that many households (in May 2008, harvest time) were employing a large number of negative coping strategies. These included asset depletion or reducing the number of meals a day in order to meet their household food gap, and were strategies that would normally only be applied at the height of the hunger season that usually falls between January and March 2008. WFP price monitoring shows that persistent price increases and significantly divergent pricing regimes across the country will significantly affect household access to basic food supplies. The high rate of inflation in Zimbabwe rapidly erodes the purchasing power of households, and hence their ability to access food. Inflation is being accelerated by the shortage of basic commodities and fuel, in addition to the rising production cost of basic commodities.

In response, the food aid sector has been consulting Government and donors to review CFSAM assessment findings and develop operational plans. With the revised plans the main food aid agencies (Consortium for Southern Africa Food Security Emergency [C-SAFE] and WFP) will aim to assist an estimated 3.8 million people up to December 2008 and increase to an estimated 5.1 million people for the first quarter of 2009, the peak hunger period.

Further confirming the poor prospects for the upcoming 2009 agricultural season, preliminary indications from food security assessments, seasonal forecasts and consultations suggest lower production levels in view of the lack of inputs such as seeds and fertiliser and below normal rainfall forecast in the major cereal producing regions of the country. These early warning indications suggest that food assistance programmes should be continued through 2009. The magnitude of food assistance from the first quarter of 2009 onward will be informed by upcoming assessments. Food assistance programming will be developed in collaboration with agencies, such as United Nations Children's Fund (UNICEF) for education and nutrition related matters, FAO for food security and

agriculture and other partner agencies. Potential synergies and strategic alliances will be developed to enhance food security and maximise the use of resources.

Objectives

- to improve the food consumption of highly vulnerable food-insecure households;
- to reduce asset depletion and increase the resilience of targeted, vulnerable (food insecure) groups to manage shocks;
- to safeguard health and nutrition and enhance quality of life for targeted, chronically ill people through nutrition support linked with health interventions.

Indicators

- changes in dietary diversity and intake of vulnerable households measured by food consumption score;
- changes in the coping strategies measured by the coping strategies index measuring the frequency and severity of household strategies for dealing with a shortfall in food supply;
- percentage of actual beneficiaries fed under the programme, by age and gender;
- percentage of actual tonnage distributed.

Activities

Health-Based Safety Net Activities:

- provision of a monthly, nutritionally-enhanced food ration to food insecure chronically ill people and their families as part of a comprehensive package of HBC support and/or ART, such as patients treated for TB or mothers enrolled in prevention of mother-to-child transmission.

Social-Based Safety Net Activities:

- provide a platform to target vulnerable food insecure people through support to highly vulnerable households, food-for-livelihoods, urban institutional feeding, feeding mobile and vulnerable groups and school-based programme for children in the most vulnerable rural and urban areas.

Emergency Vulnerable Group Feeding:

- provision of a temporary, seasonal food assistance programme that aims to provide a monthly free distribution in the most vulnerable areas for the duration of the anticipated food gap.

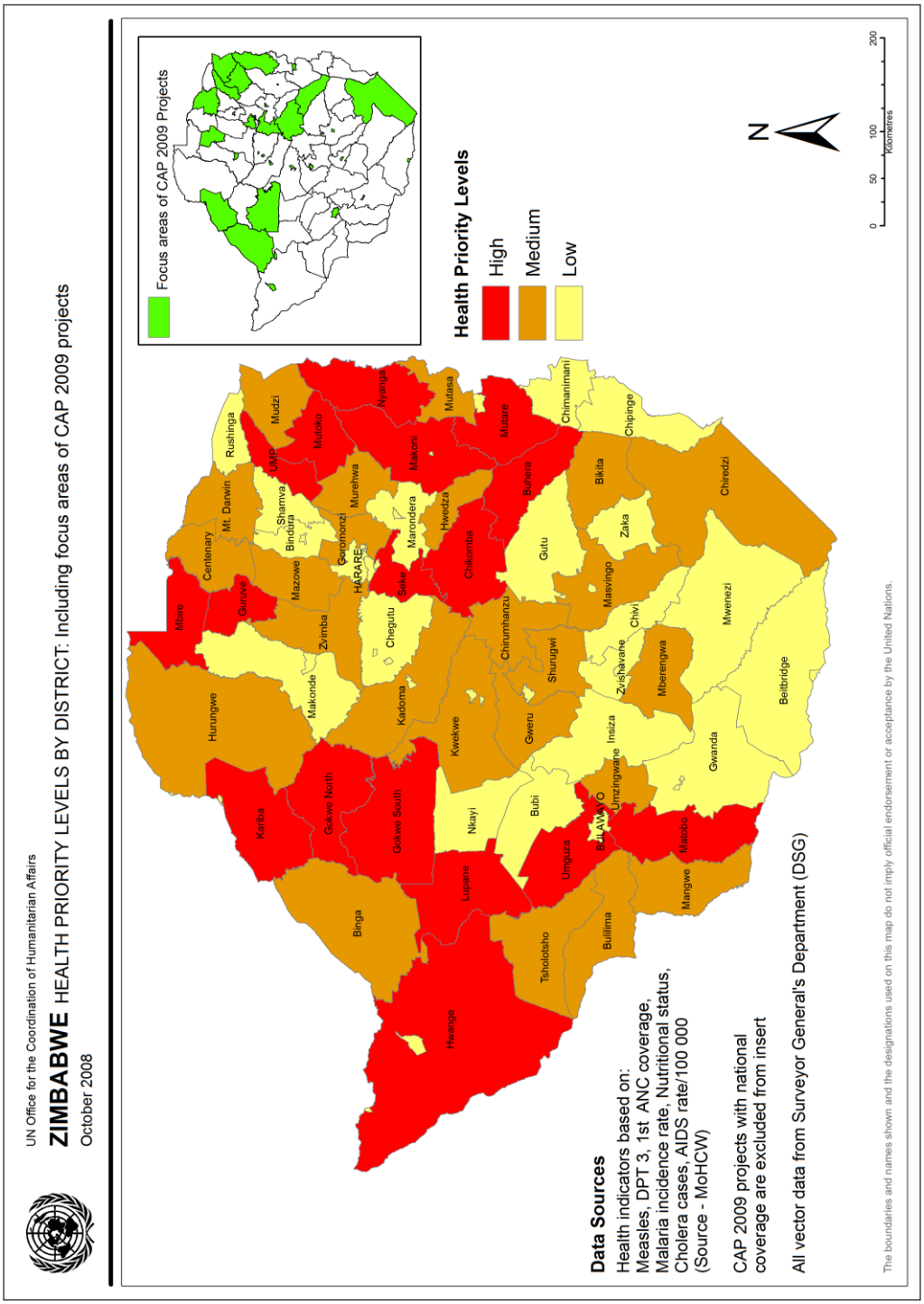
Monitoring

Monitoring is conducted in all stages of the interventions. Monitoring of food distribution verifies the efficiency and effectiveness of the process and post-distribution monitoring, assesses the adequacy of food aid targeting. WFP carries out CHS twice a year to monitor the effects of the food assistance interventions on beneficiaries and their livelihoods. In addition, an Inter-Agency Monitoring and Evaluation group meets regularly to conduct and review joint assessments, develop common systems as applicable and facilitate information exchange.

Organisations

WFP works through cooperating partners which include: Africare, Christian Care, Catholic Relief Services (CRS), CARE, Concern, Coordinating Committee of the Organisation for Voluntary Service (COSV), GOAL, Help Age Zimbabwe (HAZ), International Organization for Migration (IOM), International Federation of Red Cross and Red Crescent Societies, Mashambanzou Care Trust, Organization of Rural Associations for Progress, Oxfam-GB, Plan International (PI), Save the Children – UK (SC-UK), World Vision International (WVI), and Inter-country People's Aid (IPA). Other agencies in the CAP include Norwegian People's Aid (NRC) and Adventist Development and Relief Agency (ADRA).

3.4.1.C Health


UN Office for the Coordination of Humanitarian Affairs
ZIMBABWE HEALTH PRIORITY LEVELS BY DISTRICT: Including focus areas of CAP 2009 projects
October 2008
Focus areas of CAP 2009 Projects
Health Priority Levels
High
Medium
Low
N
0
50
100
200
Kilometres
Data Sources
Health indicators based on:
Measles, DPT 3, 1st ANC coverage,
Malaria incidence rate, Nutritional status,
Cholera cases, AIDS rate/100 000
(Source - MoHCW)
CAP 2009 projects with national
coverage are excluded from insert
All vector data from Surveyor General's Department (DSG)
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Rushinga
Mudzi
Mutoko
Nyanga
Mutasa
UMP
Mt. Darwin
Centenary
Sharmva
Bindura
Guruve
Mazowe
Mbire
Zvimba
Goromonzi
Mureriwa
HARARE
Makoni
Marondera
Hwedza
Mutare
Buhera
Chimanimani
Chipinge
Bikita
Chiredzi
Zaka
Gutu
Chikomba
Seke
Chegutu
Makonde
Hurungwe
Kadoma
Chirumhanzu
Shurugwi
Masvingo
Chivi
Zvishavane
Mberengwa
Mwenezi
Beitbridge
Kwekwe
Gweru
Insiza
Gwanda
Kariba
Gokwe North
Gokwe South
Nkayi
Bubi
Umzingwane
BULAWAYO
Matobo
Lupane
Umguza
Binga
Tsholotsho
Bulilima
Mangwe
Hwange

Cluster lead: World Health Organisation (WHO)

Priority Needs

Many health sector assessments have been carried out from 2002 to 2006 through field observation and primary data collection. The surveillance and early warning system, which is dependent on weekly epidemiological reporting, has been deeply affected by the challenges in the timeliness and completeness of data, which is only around 30% of what it should be. The country has been facing challenges in the production of national health profiles due to human and financial limitations. Although many efforts have been made by the Government and its partners, universal access to basic health services has been compromised due to deteriorating infrastructure material, human and financial resources. Reactivation of primary health care services should continue to be addressed as a matter of emergency.

Although HIV prevalence has dropped significantly among adults aged 15 to 49 years old from 24.6% to 15.6%, with an estimated incidence rate of 0.4% in 2007 the number of deaths attributable to AIDS still remains very high. With an estimated 1.3 million PLWHIV in the country, about 480,000 require ART but only 110,000 are receiving such a treatment, constituting an obvious treatment gap. TB remains one of the leading causes of morbidity and mortality with a notification rate of 434 out of 100,000. The case detection rate for sputum positive cases and treatment completion rates in 2007 stood at 42% and 66% against WHO standards of 70% and 85% respectively. There is a serious need to improve the diagnostic facilities.

It is estimated that half of the country's population lives in malaria prone areas. Transmission of malaria is unstable making all age groups at risk of malaria although children under five years and pregnant women are at greatest risk. Support for provision of drugs to 17 malaria-high burden districts, implementation of Indoor Residual Spraying and promotion of Insecticide Treated Nets use will be required for reduction of malaria morbidity and mortality. Similarly, acute respiratory infections accounted for 28% of all outpatient visits in 2006, which needs urgent attention.

The maternal mortality ratio remains high at 555 per 100,000 live births (2006). Emergency obstetric and neonatal care services are not easily available and accessible; interventions to improve maternal care including improvement of the skills of birth attendants, the referral system and emergency obstetric care need to be addressed.

The sentinel nutrition surveillance study conducted by UNICEF identified significant association between the incidence of diarrhoea, inappropriate management of diarrhoeal diseases both at home and by health workers, and poor maternal health conditions and severe malnutrition. The findings further corroborate the need to address essential child and maternal health services including appropriate management of diarrhoea; nutritional and mortality surveillance should be integrated into the routine health service system.

The country is faced with inadequate vital and essential medicines in all its health facilities due to the inability of local manufactures to produce these items due to lack of foreign currency. Although support was received from different partners through UNICEF procurement systems, in 2008 the gap was estimated at 70% of required needs.

Immunisation of children against vaccine preventable diseases is one of the vital programmes to prevent child mortality. The 2005/2006 Demographic Health Survey (DHS) reported a drop in the number of fully immunised children from 67% in 1999 to 53% in 2005/2006, attributed to inadequate human resources and transport. Support will be required for the procurement of vaccines, cold chain equipment, injection safety materials, liquid petroleum gas, and support in supplementary immunisation activities including child health days.

Cholera outbreaks, which used to occur in ten year cycles, have been occurring annually since 1998 affecting rural and urban areas equally. The breakdown of water, sewerage and sanitation infrastructure has been attributed as the main causes of recent outbreaks. In December 2007 and January 2008, and more recently in October 2008, a series of cholera and diarrhoea outbreaks were reported in Harare and three rural provinces (Mashonaland East, Central and West). Cholera outbreaks in Zimbabwe are characterised by relatively low morbidity, but high case fatality (greater than the WHO acceptable CFR of 1%) mainly due to late presentation of cases at health facilities and poor case management. Other known causes of health emergencies and disasters include malaria outbreaks, drought, floods and windstorms. Although WHO and the health cluster have been

supporting the early warning, surveillance and response systems in Zimbabwe, many gaps have been identified.

It is important to improve the response of the health sector to address the needs of particularly vulnerable groups such as MVPs, women, children under five years of age, and PLWHIV. Reactivation of primary health care services; re-establishing life saving emergency medical and surgical services at district and provincial hospitals; strengthening transport, communication and referral capacity; ensuring universal access essential and vital medicines; upgrading skills of existing staff; and implementing innovative staff recruitment and retention strategies should be addressed immediately.

Objectives

- to improve information management, coordination, monitoring and evaluation of health interventions, gaps and trends in disease occurrence;
- to strengthen timely and appropriate response to disasters and public health emergencies;
- to ensure universal access to basic health services by filling specific gaps;
- to reduce the burden imposed by the most prevalent diseases;
- to address the particular needs of specific vulnerable groups.

Activities

- compile the 2008 national Health Profile;
- integrate nutritional and mortality surveillance into the Integrated Disease Surveillance and Response;
- contribute to the improvement of coordination of health activities;
- strengthen communication between facilities, the referral system, and the early warning and surveillance systems;
- support implementation of disease outbreak response with focus in cholera and other diarrhoeal diseases;
- procure and distribute essential and vital drugs, vaccine, equipment and supplies;
- incorporate the management of survivors of sexual assault at district level;
- cater for basic health services for MVPs;
- improve basic health services, including diagnostic/laboratory services at district level;
- upgrade clinical skills of health workers;
- mainstream HIV/AIDS in all health interventions and support the continuum of prevention, care, treatment and support for PLWHIV;
- implement selected, high impact intervention in maternal and child health.

Indicators

- timeliness and completeness of epidemiological reports (target> 80%);
- proportion of alerts investigated within 72 hours (target 100%);
- outbreak CFR (target less than 1%);
- proportional mortality due to AIDS, malaria and TB;
- proportion of facilities with stock out of drugs for opportunistic infections/malaria;
- health service coverage for MVPs comparable to the rest of the population;
- number of survivors of sexual assault that received treatment according to protocol.

Monitoring and Evaluation

The various working groups of the health cluster will meet fortnightly, the health cluster and the Inter-Agency Coordination Committee meets monthly, produces and disseminates a Health Cluster Bulletin which reports progress on each of the projects supported by the CAP, and on the health situation in the country in general. Quarterly field visits will be made by a monitoring and evaluation working group headed by the cluster lead. Reports will be shared and discussed with relevant Government departments and the IASC.

Organisations

Participating organisations include: WHO, UNICEF, United Nations Population Fund (UNFPA), IOM, Médecins du Monde, IPA, SC-UK, HELP Germany, OXFAM GB, Farm Orphan Support Trust, PI, Christian Care Zimbabwe, Christian AIDS Initiatives Network Zimbabwe, Zimbabwe Association of Church-related Hospitals, National Microbiology Reference Laboratory, and WVI.

3.4.1.D Nutrition

Cluster lead: UNICEF

Co-lead: Helen Keller International

Priority Needs
Malnutrition in Zimbabwe continues to be a major challenge for child survival and development. At national level, 28.9% of children under five are chronically malnourished. More than 21 districts have stunting levels above 30%, Harare (32.8%) and Manicaland province (31.7%) being most affected. Chronic malnutrition is becoming a big concern exacerbated by increasing poverty and erosion of the economic system.

Underweight, which is a composite of chronic and acute malnutrition, has also increased to 17.4%. In other words, approximately one in five children lives with a low weight for their age. Twelve rural districts reported more than 20% underweight. Underweight is one of the nutrition indicators for the Millennium Development Goals, and owing to the high numbers of children there is a need to pay attention this issue.

Levels of acute malnutrition have been periodically fluctuating based on different factors, including recurrent outbreaks of water borne diseases and acute food shortage. GAM is characterised by both wasting and oedema, with about half of the wasted children having kwashiorkor. Five districts had a wasting prevalence above 7%, which is the cut-off recognised by the Government (October 2007).

Although a nutrition assessment conducted in seven sentinel districts in July 2008 showed a slight improvement in the nutritional status of the sampled children, diarrhoea incidence and early cessation of breastfeeding were identified as contributing factors to wasting. Low birth weight (about 10% of babies) which is linked to maternal nutrition was also associated with underweight and chronic malnutrition, indicating the need to pay attention to the nutritional status of women of reproductive age. The assessment also found that more than 50% of women sampled delivered at home, thereby missing an opportunity to be trained and counselled for infant feeding. The Baby Friendly Hospital Initiative needs to be scaled up to ensure that mothers are given appropriate infant feeding information which will impact positively on the nutrition status in early infancy.

Besides diarrhoeal diseases and food shortages, other contributing factors include drought and floods resulting in erosion of livelihoods. The HIV pandemic is having a serious impact on the nutrition situation and needs greater emphasis in humanitarian response to mitigate its effect on nutrition.

Given the reality of multiple underlying causes of malnutrition, the response must be multi-sectoral, with actions aiming to be preventive and community-based. Full community participation is essential to enhance sustainability and appropriate targeting of actions to the most vulnerable groups (including children under-five, PLWHIV, OVC, elderly, and the malnourished in institutions) in the areas with the highest rates of malnutrition.

The current state of deterioration in acute malnutrition is exacerbated by the fact that a high proportion of wasted children have kwashiorkor; this requires immediate action and continuous monitoring of the nutrition situation and strengthening of emergency preparedness and response.

Objectives
The goal of the nutrition sector for 2009 is to prevent and control the deterioration of malnutrition, particularly in those populations who are most vulnerable to acute and chronic malnutrition through:

- prevention of the deterioration of the nutrition situation and mitigation of the effects of malnutrition on morbidity and mortality among children and other vulnerable people;
- strengthening of emergency preparedness and response;
- strengthening of nutrition components in HIV-related activities and services.

In close coordination with other sectors of the CAP, such as agriculture and food, the Nutrition Cluster will aim to:

- enhance monitoring of the nutrition situation and conduct advocacy;
- strengthen emergency preparedness and response;
- coordinate the nutrition response to reach the most vulnerable;

- strengthen the capacities of households, communities and health institutions to prevent malnutrition, and to provide good quality care for malnourished children and other vulnerable groups;
- strengthen nutrition components in HIV related activities and services.

Activities

- support and strengthen the nutrition surveillance system for timely response;
- coordination of nutrition responses;
- support community and health facility-based treatment of SAM;
- in coordination with the food aid sector, conduct child SFP in areas with acute malnutrition;
- support prevention and management of malnutrition linked to HIV and child survival programmes;
- increase household knowledge, awareness and practices on aspects of good nutrition;
- support community and household social safety nets;
- support the training of communities and health workers on infant and child feeding in emergencies in the context of HIV;
- strengthen nutrition aspects of food security and livelihoods;
- provide nutrition support to institutions (specialised hospitals, schools, orphanages, elderly homes, etc) and among most vulnerable populations.

Indicators

- prevalence of GAM rate is maintained at less than 7%;
- 100% of therapeutic feeding sites are functional;
- recovery rate in SFP/Therapeutic Feeding Programme (TFP) is more than 75%;
- default rate in SFP/TFP is less than 15%;
- death rate in SFP/TFP is less than 10%.

Monitoring and Evaluation

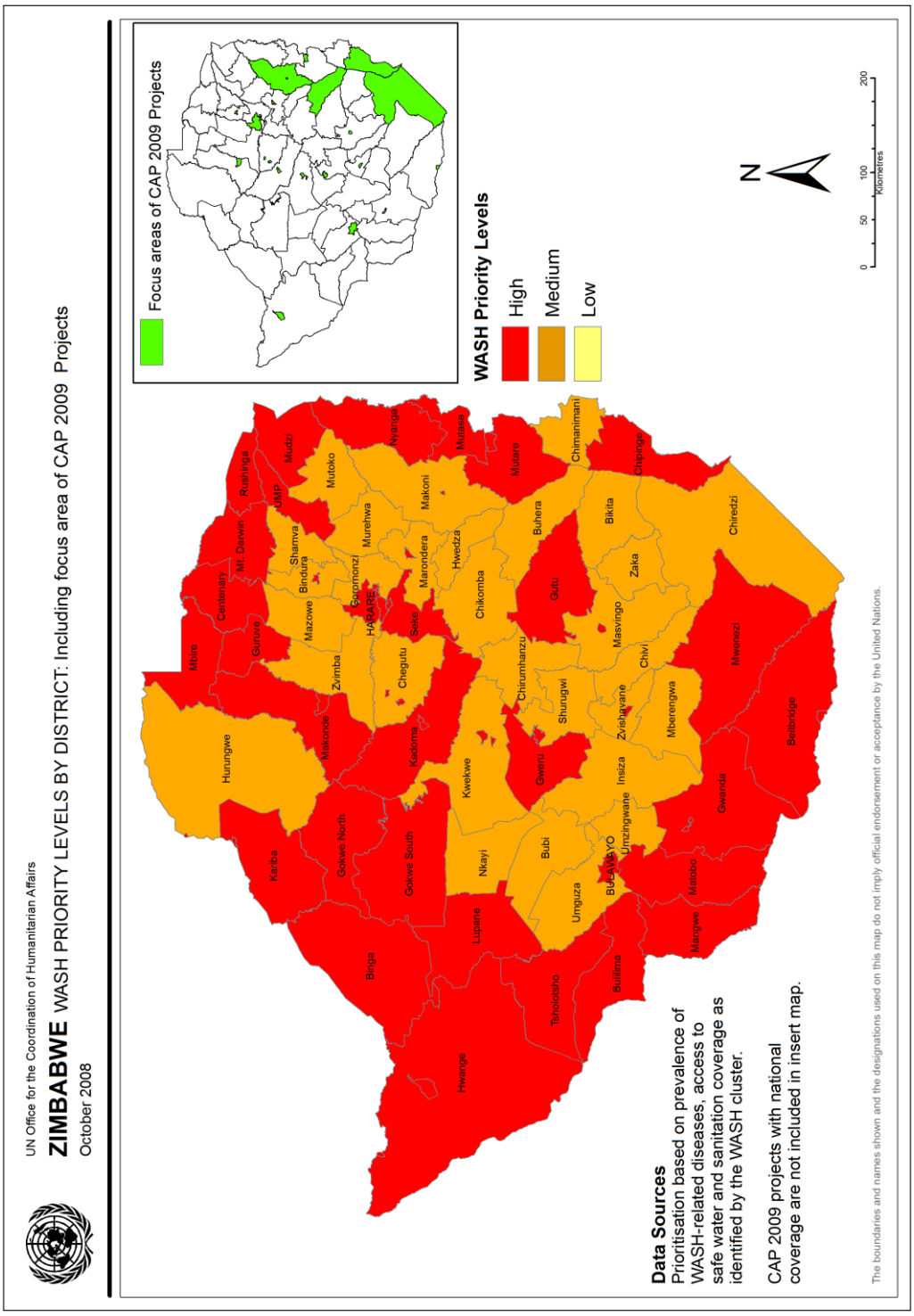
The Nutrition Cluster, chaired by UNICEF, with UN, NGO and donor representation, will be responsible for cluster coordination and monitoring with the goal of ensuring a coherent and comprehensive national nutrition response. This will be accomplished using two main methods:

- The first method will be holding monthly meetings with stakeholders to advocate and share information.
- The second method will be updating nutrition information through the mapping exercise of nutrition activities to facilitate identification of gaps and eliminate duplication in programming. The findings of this exercise will be disseminated and discussed through the Nutrition Cluster's monthly forum for more effective coordinated nutrition actions among all partners. The cluster will develop and use a continuous monitoring framework based on an agreed set of indicators in line with the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE) and other internationally recognised standards to monitor the nutrition situation, linking this to appropriate and relevant actions. Gathering of monitoring data will be facilitated through nutrition assessments and the mapping exercise.

Organisations

The nutrition sector response plan will be implemented through support of the MoHCW, the Food and Nutrition Council (FNC), UNICEF and implementing partners. The implementing partner activities will be coordinated through the nutrition cluster, which is chaired by UNICEF, and brings together UN agencies, donors and local and international NGOs working in nutrition and HIV and AIDS.

3.4.1.E WASH


UN Office for the Coordination of Humanitarian Affairs
ZIMBABWE WASH PRIORITY LEVELS BY DISTRICT: Including focus area of CAP 2009 Projects
October 2008
Focus areas of CAP 2009 Projects
WASH Priority Levels
High
Medium
Low
N
0
50
100
200
Kilometres
Data Sources
Prioritisation based on prevalence of WASH-related diseases, access to safe water and sanitation coverage as identified by the WASH cluster.
CAP 2009 projects with national coverage are not included in insert map.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Nyanga
Mudzi
Rushinga
UMP
Mutoko
Mutasa
Mutare
Chimanimani
Chipinge
Makoni
Mt. Darwin
Centenary
Shamva
Bindura
Murehwa
Buhera
Bikita
Chiredzi
Mbire
Guruve
Mazowe
Goromonzi
HARARE
Maronderа
Hwedza
Zaka
Chikomba
Gutu
Zvimba
Seke
Chegutu
Masvingo
Chivi
Chirumhanzu
Shurugwi
Mwenezi
Hurungwe
Makonde
Kadoma
Zvishavane
Mberengwa
Kwekwe
Gweru
Insiza
Beitbridge
Karoi
Gokwe North
Gokwe South
Nkayi
Bubi
Umzingwane
Gwanda
Binga
Lupane
Umguza
BULAWAYO
Matobo
Mangwe
Hwange
Tsholotsho
Bulilima

Cluster lead: UNICEF

Co-lead: OXFAM GB

Priority Needs

Access to safe water supply and basic sanitation in Zimbabwe continues to be eroded due to the general economic decline, reduced institutional and community capacity, cyclical droughts and the effects of HIV. In 2007 it was estimated that a third of the rural population did not have access to an improved drinking water source. At that time at least 24% (17,000) of communal water supply facilities were not functioning resulting in a daily shortage of supply of safe water for some 2.5 million people. Although the national figure for access to safe water in 2007 was reported to be 73%, 35% of those households reported switching to unsafe sources when the main supply was unavailable, something becoming increasingly common. The last DHS to be conducted (2006) revealed that only 30.5% of rural households used safe sanitary facilities in 2006 as opposed to 60% in 1999.

All evidence is that the decline continues. The recent Nutrition Sentinel Site Survey in seven districts reports only 63% of households having access to an improved water source. Five of those districts reported a reduction in access to water from October 2007, with three districts showing as much as a 20% difference. The incidence of diarrhoea among children was reported to have increased dramatically from 9% in 2007 to 19% in 2008. Furthermore, the decline in infrastructure, water systems and pumping capacity seriously affects the water supply in urban centres. Sewage systems in most urban areas have broken down due to age, excessive load, pump breakdowns and poor operation and maintenance. This has resulted in major leakages in residential areas and large volumes of raw sewage being discharged into natural watercourses, which ultimately feed into major urban water supply sources.

Recent field assessments carried out by Cluster members show an alarming deterioration of water supply in clinics and hospitals with virtually none having access to safe water and patients often having to supply their own. This applies equally to urban and rural health institutions.

Links between HIV, and water, sanitation and hygiene are multiple and in a country where one in seven Zimbabweans is affected by HIV there is a need to ensure mainstreaming of HIV in all WASH interventions. Ensuring safe sites for water distribution to decrease exposure to sexual violence and abuse will be ensured in planning and targeting of easy access water for households caring for bedridden family members ensured. Water collection and distribution activities will also be used to disseminate information and mobilise action around HIV.

Zimbabwe continues to experience increasing cholera and other waterborne epidemics, associated with shortages of safe drinking water supply, poor hygiene and sanitation. The national cholera outbreak report of 25 July 2008 from the MoHCW gave a cumulative annual figure of 991 cases overall in 20 districts with 120 deaths, a CFR of 12.1%, which is unacceptably high according to all normal thresholds. Despite constraints in reporting mechanisms within the MoHCW, some 52,868 cases of diarrhoea were reported for the year up to July 2008, with 123 deaths. Slightly over half of all cases were children under five.

The recent cholera outbreak in Chitungwiza (138 cases confirmed with 15 fatalities as of 6 October 2008) in August 2008 and outbreaks in Nyaminyami (Kariba district) and Chinoyi town from September to October 2008 are one of the most obvious indicators of the urgent need for an integrated emergency response to increase availability and access to safe drinking water. Zimbabwe faces the very real threat of increasing WASH-related disease outbreaks and widespread epidemics as a direct result of the absence of clean water, particularly in high density areas, further compounded by the lack of human resources, equipment and water treatment chemicals, and the dire state of existing water and sanitation infrastructure. For example Bulawayo is now rationing water, not as a result of insufficient supply, but due to the absence of water treatment chemicals. The WASH and health clusters coordinated an effective response in Chitungwiza. This ability to coordinate and respond needs to be further strengthened so that a joint response will be as effective in other areas outside greater Harare.

Priorities for 2009
- urban WASH (clean water supply through provision of chemicals and alternative water sources);
- WASH in health institutions;
- rehabilitation and repairing of water facilities in rural areas;
- provision of emergency sanitation facilities;
- water and sanitation in schools, particularly linking with school-based feeding.

Objectives
- prevention, response and control, in a timely and coordinated manner, of WASH-related disease epidemics;
- enhanced water and sanitation facilities and hygiene education for vulnerable populations, with a particular emphasis on those infected and affected by HIV;
- improved cluster information management and coordination for effective humanitarian response.

Estimated Beneficiaries
- urban WASH, three million;
- rural WASH, two million;
- health institutions, 500;
- schools, 250.

Activities
- coordination of humanitarian planning and response and information management;
- rapid assessment and response to WASH-related disease outbreaks and other natural and man-made disasters within 72 hours of notification;
- rehabilitation of water and sanitation systems in most vulnerable health facilities, based on national assessments;
- an urban water source programme in high density areas (cities, towns and growth points);
- support procurement of water treatment chemicals for urban areas;
- stock-piling and pre-positioning of WASH related items for effective response;
- rehabilitation/repair of water points in priority areas and rural wards with 30% or more non-functional water facilities;
- capacity development of NGOs, Government and district level authorities;
- implementation of hygiene education programmes for epidemic prevention, including messages on HIV, targeting 4.5 million vulnerable people;
- advocacy for appropriate WASH technologies;
- update of the WASH Atlas (3W).

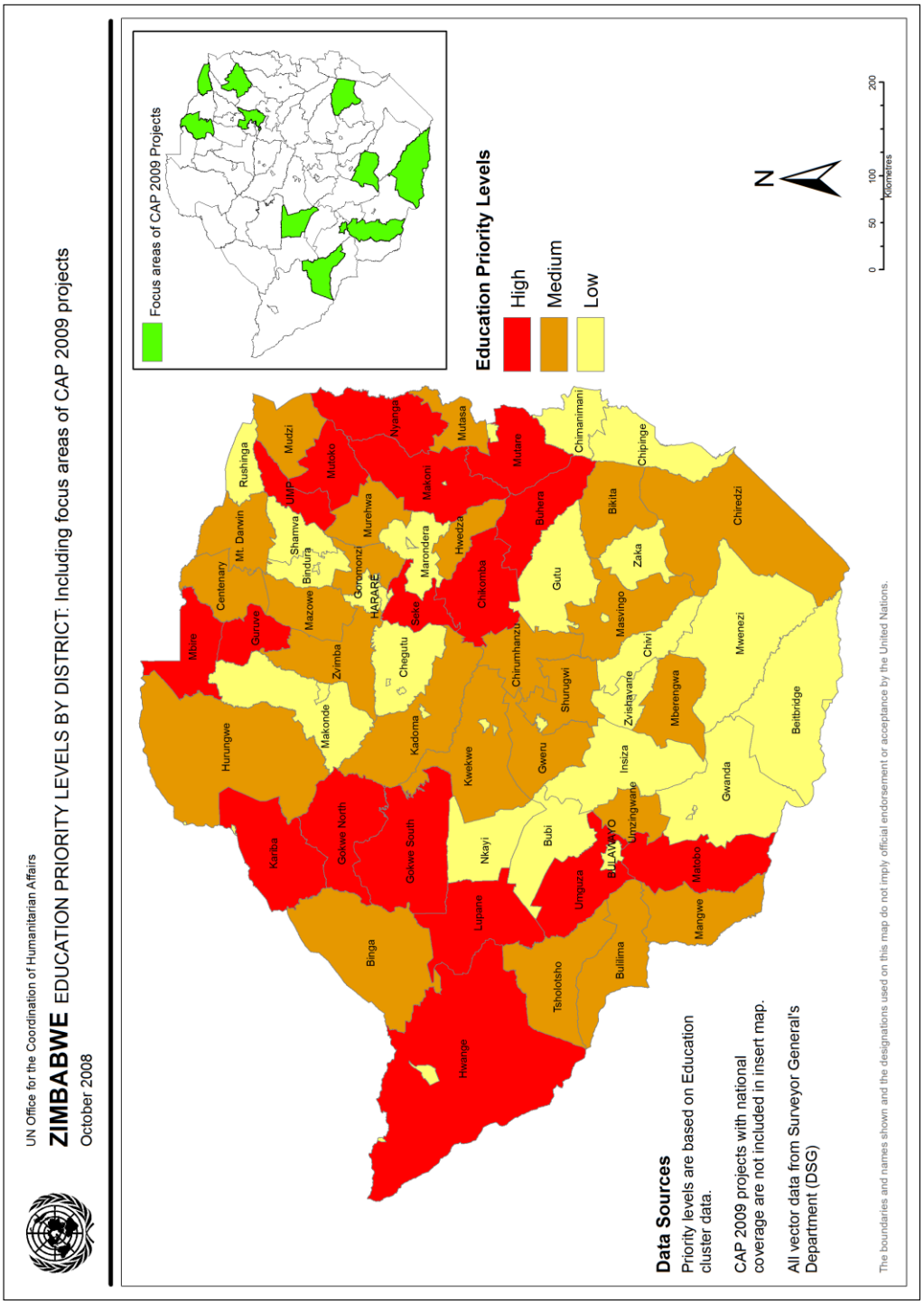
Indicators
- number of water and sanitation disease outbreaks and other emergencies responded to within 72 hours of notification;
- number of water and sanitation facilities installed or repaired (90% or target);
- number of critical health institutions identified in national assessment, with improved access to clean water and improved sanitation facilities;
- availability of updated data/information on WASH for urban and rural areas provided to all humanitarian actors on a timely basis;
- increase water provision at least 20% through provision of chemicals to major urban centres;
- number of people reached with hygiene campaigns and percentage of target population demonstrating good hygiene practices.

Monitoring
Coordination takes place through the WASH cluster, which brings together UN agencies, Government, international and local NGOs, and donors. The group is a forum for planning, monitoring and evaluation of WASH actions as well as sharing information and lessons learnt by different organisations in the implementation of water and sanitation actions. In addition, it is a platform for reviewing and testing water, environment, and sanitation technologies as well as standardising monitoring and evaluation tools and IEC materials. Monitoring and data collection is carried out by all cluster members who share their assessment reports amongst the cluster. Implementing organisations conduct base line assessments prior to, and at end of, projects. The WASH Atlas, which is due July 2009, will provide an indication of progress. Establishment of sub-national cluster groups at provincial level will further assist indicator monitoring.

Organisations

Project holders: *Action Contre la Faim*, Oxfam GB, UNICEF, WVI, Practical Action (PA), Population Service International, Linkage Trust, Dabane Trust, Mercy Corps (MC). Implementing partners: Christian Care, Mvuramanzi Trust, PA, IWSD, urban and rural local authorities, Africare, Zimbabwe Project Trust, Leveraging Economic Assistance for the Disadvantaged (LEAD) Trust, DACHICARE, Rural Unity Development Organisation (RUDO), Zimbabwe Ahead, Zimbabwe National Water Authority (ZINWA), and District Development Fund (DDF).

3.4.1.F Education



Cluster lead: UNICEF

Priority Needs

The education system in Zimbabwe continues to be profoundly affected by the country's political, social and economic challenges. The lack of teaching and learning materials, low teacher salaries, an ongoing brain drain, and fuel and food shortages has resulted in alarmingly low attendance by both teachers and students. The situation has been worsened by political violence surrounding Zimbabwe's March to June 2008 elections, which led to significant displacements and the suspension/limitation of humanitarian aid operations from March through August 2008. Access to basic quality education has become increasingly difficult for all children during the past year, particularly for OVCs. It is currently estimated that approximately 45% of children have partial attendance in schools. It has also been stated that no meaningful learning or teaching has taken place during the current school year since it is reported that 49% of the country's teachers were not attending lessons and district education officers were ill-equipped to run national exams. Zimbabwe's children are in danger of losing an entire school year if immediate emergency assistance is not provided.

While reinforcing advocacy at ministry level is required for sustainable development, humanitarian activities in the education sector need to facilitate the necessary conditions to improve the level of school enrolment and retention of teachers. The focus has to be on the education needs of 1.2 million OVC in both urban and rural areas, as well as strategies which help to mitigate the attrition within teachers' ranks.

Due to hyperinflation and rising costs, the procurement of teaching and learning materials by the Government and School Development Committees remains low in real terms as the unavailability of school supplies worsens. In certain areas, the pupil to textbook ratio deteriorated significantly from 2:1 (mathematics) in 2000 to 52:1 in 2008.[6] In addition to the urgent need for textbooks, there is a significant lack of other basic teaching materials such as syllabi, blackboards and chalk. The life skills component has been severely affected, decreasing the overall quality of education as it plays an essential role in educating students on abuse, HIV, children's rights and other key issues.

In certain areas classrooms, sanitary facilities and staff accommodation were severely damaged by the heavy rains and storms of the 2007/2008 rainy season. Though the February 2008 Flash Appeal[7] helped to repair damages in 7% of the known affected schools, it is becoming increasingly urgent to repair the remaining schools as many have not been refurbished since damages caused by the 2005/2006 rainy season.[8] Furthermore, due to an increasing number of displacements, thousands of children have been forced to move to schools or satellite schools which are already struggling to cope with lack of basic materials, poor or unsafe facilities and in some cases with no facilities at all.

The shortage of qualified teachers is becoming critical due to Zimbabwe's brain drain and poor salaries. Teacher salaries are currently so low that they are insufficient even to pay for transport to and from work. Furthermore, the violence faced by many teachers in rural areas during the election period contributed to the shortage of teachers, many of who have still not returned to school. It is estimated that in September 2008, only 51% of teachers reported to school on a daily basis.

The issue of increased food insecurity plays a major role in the diminishing attendance by both students and teachers in schools.[9] Reports indicate that the decreased student attendance during the last term year was mainly due to hunger as children and their families prioritise searching for food. Teachers experience the same challenge as the pursuit of food and basic commodities prevent them from going to school.

Objectives

Based on the above, five key education priority areas have been identified for 2009:

- to increase access to quality education to children and teachers in the most affected areas by economic, natural and/or manmade disasters by providing teaching and learning materials;
- to reinforce children's and teachers' capacity in life skills through psycho-social support, livelihoods skills and protection from abuse;

[6] Zimbabwe Teachers Association Rapid Assessment.

[7] [7] A regional Flash Appeal (the *Southern African Region Floods Preparedness and Response Plan 2008*) was launched to mitigate the consequences of the heavy rainfall and the resultant flooding: http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1655

[8] Based on Ministry of Education Sport and Culture request

[9] It is estimated that 5.1 million Zimbabweans will be food insecure by February 2009 (WFP/FAO)

- to repair infrastructure in schools affected by floods and to provide water and sanitation facilities in a core number of worst affected schools (in collaboration with the WASH Cluster);
- to reduce teachers' attrition through strategies that support and motivate teachers to remain within the profession, and develop mechanisms to address the brain drain within the worst affected districts;
- to improve access to food in vulnerable districts in order to increase school enrolment and teacher retention/attendance.[10]

Activities

- supply text books, stationery and other teaching and learning materials for 3,403 primary schools;
- procure and distribute recreational kits, school equipment and furniture for 3,331 schools;
- provide syllabi and training on syllabi use to 40,100 teachers;
- train 1,625 primary school teachers in life skills, with particular attention to HIV and AIDS, gender, GBV, nutrition, health and hygiene;
- emergency refurbishment of 74 schools (classrooms, WASH and teacher accommodation);
- emergency survey on teachers' retention and return from the diaspora;
- support 1,600 teachers to prevent further attrition;
- psycho-social support for 100 teachers;
- support to school-based feeding programme in 300 of most vulnerable schools, including advocacy for teachers' inclusion as beneficiaries;
- support livelihood projects for 57,195 children and staff in school communities.

Indicators

- enrolment rate in primary schools;
- number of schools refurbished (WASH, classrooms and teacher accommodation included);
- number of children assisted with textbooks and other teaching and learning material;
- number of teachers trained in life skills;
- number of children benefiting from a feeding programme;
- number of teachers benefiting from a feeding programme;
- number of teachers assisted with financial and/or non-financial support to prevent attrition;
- number of teachers trained in syllabi.

Monitoring and Evaluation

The Education Working Group, co-chaired by the Ministry of Education Sport and Culture and UNICEF, will be responsible for the coordination and monitoring of the activities with the goal of ensuring a coherent and comprehensive national education response.

Organisations

Participating organisations include: Africare, IOM, MC, PI, Save the Children – Norway (SC-N), SC-UK, Netherlands Development Organisation, United Nations Education Scientific and Cultural Organisation (UNESCO), UNICEF, Zimbabwe Teachers Association, Zimbabwe Teachers Progressive Union. Activities in education will be carried out in close coordination with complementary mechanisms such as the Programme of Support for OVC and the Basic Education Assistance Module, as well as WFP's School-Based Feeding Programme.

[10] In coordination with the Nutrition Cluster and WFP

3.4.2 Multi-Sector Programmes

3.4.2.A Cross-border Mobility and Irregular Migration

Sector lead: IOM

Priority Needs

The continued and accelerated economic decline over the past year continues to fuel the migration of Zimbabweans in search of opportunities in neighbouring countries. Lack of access to national identification documents (ID) such as birth registration and national ID has exacerbated Zimbabweans' already limited ability to obtain passports and visa. As a result many Zimbabweans travel abroad without proper travel documentation.

With approximately 68% of the country's population being constituted by youths, the most evident dimension of the migration phenomenon in Zimbabwe has been the irregular migration of youths to neighbouring countries, primarily to South Africa and Botswana. Due to the fact that they are undocumented, the majority of Zimbabwean migrant youths are apprehended and deported back to Zimbabwe by the South Africa and Botswana authorities. Youth are the most likely population to migrate in search of employment, yet the most unlikely to know the requirements for legal migration, nor to have the resources necessary for procuring the proper travel documentation.

Irregular migrants often face exploitation in the destination countries, in addition to the dangerous risks of violent assault, robbery, increased risks to disease, wild animals and even death during their journey. Furthermore, Botswana has also seen growing numbers of Zimbabweans travelling to the country either as a final destination, or as a gateway into South Africa.

Returned migrants are in great need of humanitarian assistance and in mid-2006, a Reception and Support Centre (RSC) was established by IOM at the Beitbridge border in cooperation with the Government and South African authorities. Since this time, the RSC has provided returned migrants with food (wet feeding and dry take-home packs), protection assistance, transportation, basic health care and temporary accommodation for vulnerable cases. From January to August 2008, over 84,656 returned migrants requested some form of assistance (73% of migrants deported from South Africa through the Beitbridge border post). In addition, over 1,800 unaccompanied minors were returned in the same period. In June 2008, a similar RSC was established, offering humanitarian assistance to migrants returned from Botswana. 85% of returned migrants from Botswana were assisted with humanitarian assistance.

During 2008, dialogue between the Government and South Africa was strengthened. A number of workshops were organised at the border area focused on the rights of migrants, SGBV knowledge and procedures, counter-trafficking, and other areas of protection. There remains a need to increase the cooperation amongst the Victim Friendly Units (VFUs) and police forces that interact with migrants on a daily basis as well as strengthen their knowledge of migrant rights. Furthermore, the increasing numbers of bandits, known locally as *omagumaguma*, who have been attracted to the banks of the Limpopo to prey upon migrants, is leading to a rising number of sexual and physical assaults. These protection concerns need to be addressed by the VFUs and other key stakeholders.

Other 2009 priorities for the sector include strengthening messages and programmes on safe migration and counter-trafficking, HIV, and prevention and response to SGBV with an additional focus on border communities. Given that this migration is taking place in the region with the highest overall HIV prevalence in the world, there are several serious challenges related to the health, well-being and life of migrating PLWHIV. There are also concerns around the need to take increased action to prevent the further transmission of HIV in the context of migration. Border towns like Beitbridge and Chiredzi show a considerably higher prevalence rate than the national average with 25.6% and 20.4% respectively compared to the national average of 15.6%.

In addition, lack of opportunities and access to information make youths a primary target for awareness-raising and income-generation activities; hence specific projects targeting youth groups (for example in-school and out-of school youth, as well as youth participating in national youth programmes) will be strengthened. In order to address the root causes of migration, there is also a need to further develop reintegration opportunities for returned migrants. Further needs include support to provide basic documentation such as national IDs, birth registration, and passports.

In order to decrease irregular migration and protect the rights of migrants, proposed activities include facilitating legal access to labour opportunities in neighbouring countries in an effort to stem the flow of irregular migration. In 2009, the practical implementation of a labour migration pilot project will be established with the aim of reducing irregular migration within major migrant sending areas (initially in Masvingo, Chiredzi and Beitbridge) by matching the farm labour needs in South Africa to skilled labour in Zimbabwe. Similar schemes will be discussed with the Government of Botswana to expand circular labour migration opportunities and protect the rights of migrants within other countries.

Objectives

- to address the humanitarian needs of returned Zimbabwean migrants (including unaccompanied minors) in Beitbridge and Plumtree;
- to ensure that potential migrants or returned migrants have knowledge on safe migration, HIV and GBV;
- to strengthen dialogue between key stakeholders in an effort to protect the rights of migrants;
- to provide a safe and temporary labour migration of Zimbabweans to Limpopo Province according to agreed standards;
- to provide reintegration opportunities for returned migrants in Zimbabwe.

Activities

- food, health screening and transportation offered to migrants provided through the two RSCs;
- appropriate assistance provided to unaccompanied minors (such as counselling and family reunification);
- training of stakeholders (immigration, police, other Government officials) on the rights and protection of migrants;
- protection assistance provided to migrants reporting incidents such as rape, assault etc.;
- public awareness campaign on safe migration, HIV/AIDS within border areas especially targeting youth nationwide to make informed migration choices;
- facilitate safe circular labour migration for Zimbabwean farm labourers to South Africa.

Indicators

- number of returned migrants (including unaccompanied minors) registering for assistance compared to the number of migrants returned (breakdown by sex);
- percentage target population with comprehensive and correct knowledge of safe migration practices, HIV and GBV;
- number of protection incidents reported and actions taken (categorised by type of abuse, sex/age);
- number of Zimbabwean migrant workers assisted to engaging in a circular migration project;
- number of returned migrants who benefit from reintegration activities.

Monitoring and Evaluation

Monitoring and Evaluation frameworks have been established for the various programmes such as the RSC and the campaign on safe migration. These include statistical reporting with indicators; regular surveys and database capturing information as outlined in the framework. Similar frameworks will be developed for new projects to ensure regular tracking of indicators.

Organisations

IOM (lead), WFP, SC-M, District Aids Action Committee, UN Country Team, UNICEF, UNFPA, Patsime Trust, and local immigration, police, labour and social services authorities in Limpopo Province, South Africa, Beitbridge and Plumtree, Zimbabwe and Francistown, Botswana.

3.4.2.B MVP

Sector lead: IOM

Priority Needs

Involuntary internal migrations continued in 2008. Apart from communities affected by the Fast Track Land Reform Programme in 2000 and Operation *Murambatsvina* in 2005, the end of 2007 and January 2008 were marked by flooding from the rains which affected primarily the northwest and southeast of the country. In addition, the harmonised national and local elections in March 2008 and the subsequent run-off elections in June 2008 saw an estimated 36,000 persons affected by political violence. Those affected had their homes and livestock destroyed, leaving them and their relatives in extremely vulnerable situations. The situation was further exacerbated by the Government-imposed ban on humanitarian actors on 4 June 2008, which was only lifted on 1 September 2008. This greatly impacted MVPs, including VPVs, as well as other vulnerable groups in the country, as little to no assistance was provided during this period. Despite these restrictions, more than 59,135 MVP households were assisted between January and October 2008.

The total numbers of MVPs are still unknown. However numbers from the Fast-track Land Reform Programme, estimated by UNDP, include a total of 200,000 farm workers and their families[11] displaced, with an additional 570,000[12] people reportedly displaced by Operation *Murambatsvina*.[13] The 2008 Southern Africa Preparedness and Response Plan estimated that a total of 75,848 people were affected by the floods in December 2007 and January 2008. Several isolated displacements have occurred for example as a result of *Chikorokoza Chapera* (a campaign to crack down on illegal gold and diamond mining) where the total number of displaced is unknown. Lastly an estimated 36,000 were displaced due to the March and June 2008 post-election violence.

Comprehensive assessments of the displacement situation in Zimbabwe are still required to establish the exact magnitude of the problem, both in ascertaining the exact number of people so affected, and in identifying existing needs and gaps in response. Furthermore, more capacity-building to national humanitarian agencies continues to be a requirement in emergencies. While short-term assistance such as temporary shelter, food, water and sanitation were provided to those affected by displacements in Zimbabwe, humanitarian actors faced difficulties in mobilising resources for transitional support aimed at helping these groups to recover their lost livelihoods and become less dependent on emergency assistance.

Based therefore on currently assessed needs and a gap analysis, the humanitarian response covers many of the same areas of concern in 2008 such as emergency food, distribution of NFIs, shelter, water, sanitation, basic health and livelihoods support, as well as HIV and GBV mainstreaming. In the case of VPVs whose shelter and NFIs needs have significantly increased, the response also included transport assistance to individuals and households who wished to return to their original homes or other areas of safety. Given the volatile situation in some parts of the country, some people have not been able to leave the locations of refuge and return home or have returned but are facing (re-) settlement problems, including in some areas threats against them.

Others have resettled, but the community continues to be affected by the impact of the post-election violence. This urgently calls for the implementation of peace-building and community stabilisation initiatives, as well as advocacy alongside the still required emergency assistance programme. In addition, overall protection assistance is required to continue providing immediate response to protection concerns but also to advocate for better visibility of MVPs. Lastly, the latest displacement has brought out about the additional need and importance for psycho-social support to people affected by any type of displacement.

Given recent agreements between political parties to establish an Inclusive Government, it is time to increase efforts for visibility of MVPs and advocate for their rights as a recognised group in the country. In addition, more advocacy is needed to secure land tenure for MVPs. This will also ensure that durable solutions are found to allow MVPs to return, locally integrate or resettle. More formal protection systems are also needed in MVP communities to ensure that incidents are reported and followed through by the appropriate stakeholders.

[11] Comprehensive Economic Recovery in Zimbabwe, UNDP, 2008

[12] Source: 2005 UN Special Envoy report

[13] UN Special Envoy Anna Tibaijuka, "Report of the Fact-Finding Mission to Zimbabwe to assess the Scope and Impact of Operation Murambatsvina by the UN Special Envoy on Human Settlement Issues in Zimbabwe". July 2005

The MVP working group is a key forum where humanitarian actors participate in information sharing and coordination of field activities and programme implementation strategies at national, provincial and district levels. Where necessary, MVP Working Group members participate in multi-sector needs assessments, including those led by the Government and coordinated by OCHA.

Objectives
The overall objective is to address the humanitarian needs of IDPs/MVPs in Zimbabwe.

Specifically:
- to ensure that identified MVP communities receive necessary emergency assistance (food, NFIs, shelter, health and actions aimed at improving response to and knowledge of HIV and GBV) and early recovery assistance to sustain their lives;
- to ensure gaps are identified and minimised through vulnerability assessments and proper coordination amongst humanitarian actors;
- to strengthen the capacity of national humanitarian agencies to respond and coordinate community responses to MVP needs in emergency settings;
- to ensure that protection referral systems are established within MVP communities;
- to promote and implement peace-building initiatives.

Activities
- identification, mapping, needs and vulnerability assessment and registration of displaced communities;
- provision of a comprehensive humanitarian assistance package, shelter, health, food security, WASH, livelihood interventions, including implementation of all cross-cutting issues (protection, HIV, GBV);
- implementation of capacity-building interventions aiming at community-based strategic and development planning exercises that will lead to humanitarian assistance exit strategies, improving the humanitarian response capacity for national humanitarian agencies;
- coordination of all agencies working with MVP communities through the MVP working group.

Indicators
- number of displaced households who have received emergency and early recovery assistance, increase in HIV and GBV knowledge within displaced communities;
- number of gaps are identified and addressed through a coordinated response;
- number of implementing partners meeting the standards as they relate to programme implementation, reporting, coordination and capacity building;
- number of specific protection cases reported;
- number and type of peace-building initiatives implemented.

Monitoring and Evaluation
A monitoring and evaluation framework has been established to track and measure all indicators. Tools have been designed to assess new caseloads, including registration forms and post-distribution household surveys. In addition, a monitoring tool to track the capacity building needs and the performance of implementing partners will be put in place. Community participation is ensured before any assistance takes place. In addition, all partners working on the programme will be using the common reporting framework to monitor progress of both outcome and output indicators.

Organisations
HAZ, Integrated Sustainable Livelihoods, Zimbabwe Community Development Trust, SC-UK, SC-N, LEAD Trust, Counselling Services Unit, Population Service International, Dialogue on Shelter, St. Gerards Catholic Church, PA, Zimbabwe Aids Prevention Services Organisation, Christian Care, Catholic Development Commission, CRS, Evangelical Fellowship of Zimbabwe, MC, COSV, WVI, Zimbabwe Red Cross Society, Department of Social Welfare, IOM, UNFPA, UNICEF, OCHA, United Nations High Commissioner for Refugees (UNHCR).

3.4.2.C Refugees

Sector lead: UNHCR

Priority Needs
Despite the challenging political and socio-economic situation in Zimbabwe, the country continues to receive a steady increase in the number of asylum seekers. At the end of August 2008, UNHCR had records of 5,054 persons of concern (4,245 refugees and 767 asylum-seekers), mainly from the Great Lakes area (notably from Democratic Republic of Congo (DRC), 3,417; Rwanda, 699; and Burundi, 652). The remaining persons of concern come mostly from Angola, Somalia, Sudan, Ethiopia, Eritrea and other African countries. The major part of the refugee population (3,297 persons) resides at the Tongogara refugee camp located in the Manicaland Province close to the Mozambican border. This camp is the designated official residence of all refugees although the Government has exercised some flexibility in not vigorously enforcing the encampment policy. Some 1,757 refugees reside in urban centres, mostly in Harare.

The deteriorating economic and social situation in the country has also affected the majority of refugees who were residing in urban centres, such that UNHCR continues to observe a steady increase in the number of people relocating to the camp. These increases are causing further strain on the camp's already limited shelter, water, sanitation, health and education facilities. This strain has been increased as well by the relocation of the reception centre from Harare to the camp. In the past few years, the camp's population was around 2,500 but now the figure is close to 3,500 inclusive of the reception centre's population. Further increases are expected. Against this background, UNHCR's priority needs for the refugees programme will focus on:

A. Protection of asylum seekers and refugees
Given that refugees in Zimbabwe are a vulnerable group who have been uprooted from their country of origin with nothing and have to start life afresh in a new country, protection of this group is a priority for UNHCR, in order to ensure that their basic human rights are respected. UNHCR will continue to build Government capacity for the reception asylum procedure, registration and protection of asylum seekers and refugees.

B. Assistance to asylum seekers and refugees
Given the fast deteriorating socio-economic situation in the country, and the lack of a local integration policy by the host Government, the group heavily depends on UNHCR for assistance in all forms. In order to protect and ensure they are not exposed to all forms of abuses that are associated with lack of access to basic food and social services, the group needs timely and adequate assistance from humanitarian actors.

Assistance given to refugees in the camp are in the form of food, NFIs, shelter, education, health, water, sanitation, community services and income generation activities. Urban-based refugees cater for their needs by themselves and UNHCR intervenes with material assistance only for urgent and extremely vulnerable individuals and for refugees facing protection problems.

The HIV prevalence in the camp is currently low compared to the national statistics. UNHCR will continue to scale up HIV activities (awareness, prevention, care and support) and advocate for an increased number of refugees to benefit from the national ART programme.

The camp is seeing an increased number of reported GBV cases. Efforts will continue to be made together with relevant partners to strengthen the prevention and response in this area. UNHCR and its partners will also endeavour to promote and encourage gender awareness and strengthen women's participation and decision-making in all relevant refugee committees.

In parallel, UNHCR will continue to explore appropriate durable solutions – voluntary repatriation, integration or resettlement – for refugees. Despite efforts by both the Government and UNHCR in providing information on conditions in their country of origin, Rwandan refugees have not expressed willingness to repatriate. The refugees still do not see the conditions back home conducive to allow for a safe and dignified return and this position is not likely to change in the immediate future. The situation in eastern DRC, from where the majority of refugees in Zimbabwe are from continues to be unstable, although UNHCR will facilitate voluntary repatriation for DRC refugees to areas that can be assessed as safe. The same goes for refugees originating from Burundi. Resettlement to third countries will be used as a durable solution and protection tool and as per strictly established criteria.

Given the gravity of the social and economic situation in Zimbabwe, local integration does not seem to be a viable durable solution at this point in time.

Objectives

- strengthen Refugees 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;
- provide timely and adequate assistance to camp based refugees, ensuring their basic needs are met and strengthening self-reliance projects in attempt to improve their overall protection and viability of their stay in the host country.

Activities

- 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, and their right to seek asylum and safeguard the principle of non-refoulement;
- ensure appropriate durable solutions are identified and refugees benefit from them;
- ensure that the programme meets the basic needs of refugees including food, shelter, water, sanitation, health, community services and education;
- promote social integration on all fronts, including family unity, with special emphasis on extremely vulnerable refugees, women, children and unaccompanied and separated children;
- promote equal representation of refugee women in leadership, access to registration and ID cards, prevention and response to GBV, and active involvement of refugee women in management of food and provision of sanitary materials;
- scaling up of HIV activities and ensuring access to treatment as appropriate.

Indicators

A number of asylum-seekers and refugees have access to asylum procedure and safe and dignified stay in Zimbabwe:

- number of refugees meet appropriate durable solutions;
- number of asylum seekers and refugees receive assistance, including income generation, meeting their basic needs and ensuring safe and dignified stay in the host country;
- number of refugees accessing HIV treatment from the national programme.

Monitoring and Evaluation

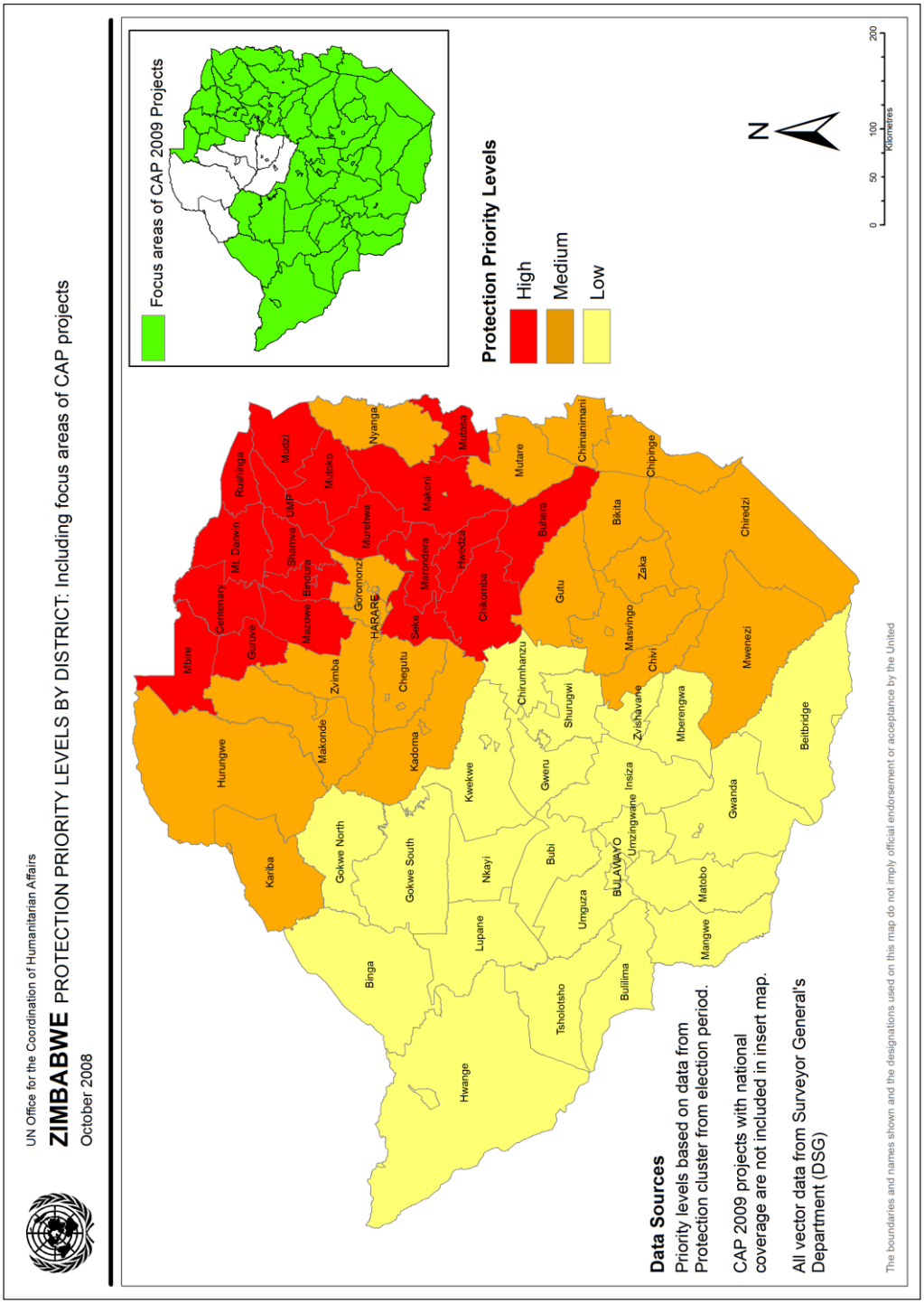
UNHCR has a well-established monitoring and evaluation mechanism that functions through the verification of financial and narrative reports from partners and field based staff, frequent field visits, regular meetings with the beneficiaries and partners as well as mid-term reviews and annual reports. In addition to established minimum sectoral standards for the delivery of assistance to refugees, performance and impact indicators are utilised in project implementation.

Organisations

Activities for refugees are coordinated by UNHCR, with Christian Care and the Department of Social Welfare as implementing partners. Operational partners are: Jesuit Refugee Service, Inter-Regional Meeting of the Bishops of Southern Africa, supported by IOM, UNDP, WFP, UNICEF, WHO, as well as Government bodies and donors.

3.4.3 Cross-Cutting Areas

3.4.3.A Protection



Sector leads: IOM; Save the Children Alliance; UNHCR; UNICEF

Priority Needs

Zimbabwe has been facing a deep political, social and economic crisis resulting in a wide-range of protection needs. The living conditions of millions of Zimbabweans have worsened as a result of the collapsing economy, hyperinflation, deteriorating infrastructure, lack of provision of basic services, large-scale unemployment, high levels of food security and poverty. The political impasse of the past decade has also led to a deteriorating human rights situation due to pervasive political violence in the country. Against this background, eight key protection needs have been highlighted as priorities for 2009:

- violations of the right to life and physical integrity;
- forced displacement;
- unlawful destruction of property and loss of livelihoods;
- violations of children's and young person's rights;
- lack of access to justice and culture of impunity;
- lack of access to and loss of identity documents and statelessness;
- GBV;
- humanitarian access challenges.

Incidents of politically motivated violence have been experienced in previous presidential, parliamentary and local elections. This phenomenon has been exacerbated over the past year in relation to the 2008 harmonised elections. Zimbabweans living in rural and urban areas, townships and farms have been subjected to rights violations including evictions, intimidation, beatings, forced confessions, abductions, torture and killings, which have been carried out by various state and non-state actors.

A significant number of Zimbabweans are in a situation of forced displacement. The total number of IDPs in the country is unknown (see MVP sector response plan for background figures).[14] It has been difficult to assess recent needs and provide assistance to MVPs because of the more recent political violence coupled with the lack of humanitarian access. Large numbers of Zimbabweans have also left the country in recent years and some continue to reside as refugees and asylum-seekers abroad. When IDPs and refugees decide to return, they will need to be assisted to achieve peaceful and sustainable reintegration.

Moreover, the destruction of property and loss of livelihood has been widespread as a result of evictions from homes and farms, destruction of the informal vending sector, or forced displacements associated with political violence. Protection concerns in relation to the displaced include: lack of security of tenure; overly strict building regulations; high levels of GBV and domestic violence as a result of overcrowding; disrupted access to education and medical services as a result of continuous movement of displaced people; livelihood strategies which are undermined by the continued need for displaced people to keep moving.

The protection situation for children and young persons in Zimbabwe remains poor. It is estimated that a significant proportion of children in Zimbabwe do not have access to basic social services, including medical care and access to education. In addition, it is reported that there are 1.2 million OVC in Zimbabwe. High HIV prevalence rates and the impact of AIDS, fuel shortages, and a hyper-inflationary environment continue to severely impede the capacity of families to meet the basic needs of their children.

Repeated instances of large-scale forced displacement have dismantled family livelihoods, disrupted children's education, exposed children to violence, separated children from their families and forced children to engage in risky coping mechanisms. These include transactional sex, early marriage, child labour, and migration to neighbouring countries, all of which makes them more vulnerable to HIV and exposes them to abuse and exploitation.

Over the years, access to justice in Zimbabwe has been greatly undermined by the selective application of the law, the deterioration of the delivery of public services, including the courts, and a general culture of impunity within the legal system. Furthermore, national capacity to address human rights violations is weak, which makes responding to protection and human rights violations in the country difficult.

[14] IDPs have been referred to as MVPs in Zimbabwe and consist of various types of displacement in the country.

The collapse of basic social and public services has made it difficult for a significant number of Zimbabweans to obtain passports, birth, marriage and death certificates, as well as other IDs. Existing legislation has also made it difficult for people who may hold dual nationality to acquire Zimbabwean citizenship, requiring them to formally renounce their second citizenship to acquire or retain their Zimbabwean nationality. The non-, or inconsistent, issuance of such essential documents is as a result of the misinterpretation of relevant laws, the lack of effective access to administrative and judicial systems and the continuing decrease in the capacity of administrative authorities to perform their functions. Moreover, existing legislation rules out dual nationality, requiring anyone who wishes to acquire or retain their Zimbabwean citizenship to renounce formally any other nationality to which they may be entitled. Reports indicate that, as a result, a proportion of Zimbabwe's resident population is stateless or potentially so. This applies in particular to the descendants of migrant workers from neighbouring countries such as Mozambique, Malawi and Zambia.

As a result of both the socio-economic situation and the recent political violence, the risk of exposure to GBV in Zimbabwe is high. GBV, and in particular sexual violence, is a serious, life-threatening protection issue which primarily affects women and children. It is often associated with human smuggling and trafficking which is of growing concern. In Zimbabwe, public health and human rights systems that are essential for ensuring comprehensive prevention and response for survivors have been disrupted. Police, legal, health, education, and social services systems have significantly weakened. Although various referral mechanisms are in place, the extent to which these are being accessed is currently unknown.

Humanitarian access to vulnerable populations remains of serious concern in Zimbabwe.[15] Access to beneficiaries is a prerequisite for the planning, delivery and implementation of protection work. The protection sector is cognisant of the fact that the actual needs may be higher than currently projected due to a lack of information as a result of access limitations and the reluctance of the authorities to engage in protection response.

Objectives

- to advocate for enhanced respect for human rights and the rule of law with Government and civil society at all levels;
- to strengthen protection monitoring, reporting and response systems;
- to support the mainstreaming of protection, gender, age and diversity into other sectors;
- to engage in sensitisation and build the capacity of key stakeholders (Government as well as other agencies) to better address and respond to internal displacement and other protection concerns;
- to strengthen the protection (material, physical and legal) environment for the most vulnerable (women, children, stateless persons, trafficked persons and IDPs), and support community-based reconciliation.

Indicators

- advocacy strategy developed and disseminated;
- number of functional protection monitoring systems in place (baseline and other assessments, monitoring reports/tools, response plans) and the number of agencies who actively contribute;
- number of agencies that have mainstreamed protection, gender, age and diversity;
- number of trainings provided (stratified by type of training / number of stakeholders per training);
- number of stakeholders with protection systems in place including referral, prevention and response mechanisms.

Monitoring and Evaluation

The Protection Working Group (PWG) has designed a protection strategy (including an action plan) which will be used to regularly collect information and monitor progress. In addition the PWG will conduct a six month review against agreed timeframes.

Organisations

PWG (lead protection agencies and NGOs) will strengthen coordination mechanisms in line with UN Humanitarian Reform.

[15] As of 30 August 2008 the NGO ban, which had been in place since 4 June 2008, has been lifted and NGOs are free to return to work. Limitations remain for particular groups, namely trusts and Community based organizations and remains a cause for concern.

3.4.3.B Early Recovery / Livelihoods

Sector lead: UNDP

Priority Needs

The main triggers of the current humanitarian crisis in Zimbabwe include the continued deterioration of Zimbabwe's economic and political situation, the AIDS epidemic and recurrent natural hazards. The pre- and post election violence in March and June 2008 worsened an already dire situation. In addition to the victims of Operation *Murambatsvina* in 2005, the election period resulted in increased levels of GBV and increased numbers of MVPs. Household and communities' capacities to cope with the shocks (including cyclical droughts and floods) and stresses are negatively affected. The recent three months suspension of NGOs' operations has illustrated that community dependence on humanitarian assistance and poverty are very high in the country.

HIV continues to present a particular challenge to an overwhelming majority of the population, given the loss of productive adults and the stress that HBC has placed on households. All this weakens people's ability to both meet their immediate livelihood needs as well as to engage in early recovery activities.

National and local level governance capacity is low with many civil servants working for meagre salaries in dilapidating infrastructure. Provincial and district capacities for flood and drought disaster response and preparedness are at their all time low. Professionals in various sectors, for example, the medical, education, engineering and others, have left the country in search of better opportunities. The effects have been devastating with some schools closing down due to shortage of teachers, and hospitals running without a requisite complement of nurses and doctors. The private sector is facing severe problems of retaining/recruiting skilled and semi-skilled workers, posing a big challenge for a quick recovery process in Zimbabwe.

The continued disruptions of the informal sector have had negative effects particularly on women who dominate this sector. Most of these women are either HIV affected, widowed and hence head of households, or are taking care of a large number of orphans. Women's coping capacity has also been compromised as many activities that they would have normally undertaken, such as operating booths on flea markets, are compromised as many markets are yet to resume their full capacity. Alternative livelihood sources need to be supported in order to assist traders – both women and men – to build back their lives better.

The disruptions in the informal and agricultural sectors have affected men as well. The decline in agriculture production has led to limited opportunities for seasonal work. Due to all this around 94% of Zimbabweans are unemployed in an environment of 231,000,000% hyperinflation. In particular, youths are now resorting to illicit activities and crimes. Many youths had joined the now dysfunctional informal sector as more and more industries closed down and the rural agriculture sector was affected by lack of agriculture inputs, extension services, poor irrigation, poor links to formal and informal markets and huge transport problems.

Dramatic decreases in both formal and informal sector employment opportunities have had a severe impact on household incomes. Concurrently, fiscal constraints at central level have negatively affected the quality of service delivery as well as the physical infrastructure of the country. The latter is true in regards to both rural and urban communities, and in areas ranging from small-scale irrigation schemes to shelter.

Social capital in both rural and urban areas has been put under severe stress given daily survival imperatives, with a concurrent deterioration of traditional safety nets and coping mechanisms, especially amongst MVPs and other vulnerable groups. Many of these trends could be countered by putting in appropriate macro-economic policies. However, for now even in the best scenario, over 5.1 million people will require support for livelihoods recovery.

Objectives

The overarching goal of the sector is to restore the capacity of the national institutions and communities to recover from crisis, build back better and prevent relapses. Specifically, the sector response seeks to:

- augment/complement on-going emergency assistance operations in Zimbabwe through measures that foster the self-reliance of the affected population and meet the most critical needs to rebuild livelihoods;

- promote spontaneous recovery initiatives by the affected population and mitigate the rebuilding of risk through, for example, supporting the Government to develop and implement recovery plans, and supporting self help efforts by communities;
- establish the foundations for longer-term recovery.

Activities
- reintegration of MVPs and spontaneous returnees facilitated;
- household and community livelihoods restoration and emergency employment initiated;
- rehabilitation and provision of basic social services and infrastructure;
- local level governance capacity building to assume coordination for recovery enhanced;
- preparedness and response capacity for flood and drought disasters improved;
- gender equality and women's empowerment in urban and rural communities enhanced;
- effective HIV, environment and human rights issues integrated in early recovery.

Indicators
- percentage of people reached with productive infrastructure rehabilitation and skills training in communal and urban areas;
- number of youths and women in secure employment;
- percentage of real income generated by households;
- number of displaced people and spontaneous returnees reintegrated;
- number of local level authorities leading early recovery coordination;
- percentage reduction in the number of people affected by floods/drought in 2009 (baseline 2008).

Monitoring and Evaluation
Each project will develop its own monitoring and evaluation framework with detailed process, intermediate and final impact indicators. Going forward, if the sector response plans and the projects do not achieve the intended results, dependence on humanitarian assistance will likely remain high amongst the target groups. Over time, efforts to link relief and early recovery support actions could then become increasingly difficult to implement, as the erosion of physical, natural, financial, human and social capital continues. It is believed that this trend will continue, unless stronger efforts are made to assist communities to move back onto the path of sustainable recovery and development.

Organisations
Other partner organisation: Christian Care, National Aids Council, National Aids Network, IOM, Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Human Settlements Programme (UN-HABITAT), UNHCR.

3.4.4 Coordination and Support Services

Sector lead: OCHA

Priority Needs

One of the three strategic priorities for 2009 as identified by participants at the CAP Workshop is the establishment of a broad partnership amongst the humanitarian partners and engaging with all stakeholders, including the Government, to come up with a common understanding of needs, priorities and humanitarian principles. The humanitarian situation is expected to continue to worsen throughout 2009 under the envisaged most likely scenario of continued political stalemate and economic meltdown. It is, therefore, imperative that humanitarian coordination is stepped up to cater for the growing needs of the vulnerable population.

In 2008, one of the main priorities of OCHA was to ensure collective adoption and implementation of the four pillars of humanitarian reform (cluster approach; CERF/ERF; strengthening of the Humanitarian Coordinator [HC] system and partnership). Most of the pillars have indeed been strengthened over 2008. The ERF has been reactivated and agencies have been requested to send in proposals for emergency response activities that are in line with the ERF Charter.

In 2009, OCHA will continue to support the humanitarian community by further strengthening the coordination mechanisms (including actively supporting each cluster); facilitate the full activation of the cluster approach; facilitate joint needs assessments; promote emergency preparedness and response and linkages to earl recovery; and ensure transparency and accountability in humanitarian response. OCHA will ensure a broader sharing of information and use of information products (e.g. situation reports, maps and "who does what where" matrices) among partners. OCHA will also strive to lead in the activation of more clusters and strengthening of coordination in Working Groups (e.g. Protection).

In addition, OCHA will continue to focus on improving the relationship between the Government and the humanitarian community at large, through transparent dialogue, joint assessments and two-way sharing of information. Given the deteriorating humanitarian situation and the potential of a further worsening in 2009, including risks of resumption of politically motivated violence, disease outbreaks, and other natural and manmade calamities, OCHA, working in support of the HC and the IASC, will have a major role to play in ensuring a coordinated humanitarian response.

OCHA, as it has been doing in 2008, will enhance and facilitate interactions between the Government and NGOs on issues relating to humanitarian access, operational difficulties that arise due to the Reserve Bank of Zimbabwe's monetary regulations, and registration and Temporary Employment Permits, with the aim of improving the operational space for the humanitarian community through the building of trust and transparency.

The need for common humanitarian planning and coordination became more apparent in 2008 as the humanitarian situation in several sectors deteriorated. In 2009, OCHA will continue to explore synergies with other humanitarian stakeholders, including the cluster leads, to facilitate a transparent consultation process to ensure a coordinated response is given to the needs of the most vulnerable. Tools and mechanisms such as the CERF, CAP, flash appeals and the Zimbabwe ERF will be employed to ensure this strategic priority.

Humanitarian coordination mechanisms will be strengthened through regular consultations with the Government, NGOs, UN agencies, churches and donors. Monthly humanitarian situation reports will continue to be published (or with more frequency should the situation demand so). Financial tracking is an important element of an IASC framework that will guide regular monitoring and evaluation of the overall progress in funding and implementing humanitarian activities. To that end, the financial tracking of humanitarian contributions to Zimbabwe will be reinforced, in collaboration with OCHA's Financial Tracking Service in Geneva, to enable it to better capture parallel funding outside the CAP. OCHA will also increase its capacity to monitor humanitarian assistance at field level, through a more active support to field coordination.

Objectives

- facilitate and support a strengthened humanitarian coordination mechanism aimed at improving the humanitarian space for the humanitarian community (IASC meetings; donor consultations; HC/NGO consultations; trilateral meetings of UN agencies, NGOs, and Government);

- support and strengthen the development of a functioning and funded humanitarian reform system including a properly functioning cluster system;
- in collaboration with the National Association of NGOs (NANGO) and the heads of international NGOs, promote and facilitate greater engagement and coordination among all NGOs, ensuring their participation in coordination mechanisms, the CAP, and meetings between Government and the humanitarian community;
- strengthen appeals processes, analysis and resource mobilisation; increase participation, understanding and awareness by all stakeholders in the CAP, flash appeals and other IASC processes to include advocating for adequate funding from donors;
- improve situation analysis through reporting and advocacy;
- improve the systematic humanitarian monitoring and reporting in Zimbabwe.

Activities

- All key stakeholders will be provided with updated CERF/ERF guidelines; facilitate the convening of IASC and ERF Advisory Board meetings; support the HC/IASC/ERF Advisory Board to identify and prioritise emergency/under-funded projects for CERF/ERF funding; review and finalise with recipient agencies projects to be recommended/approved by the HC; monitor progress in the implementation of CERF/ERF projects; and prepare lessons learned.
- Information on the humanitarian reform and Global Humanitarian Platform; support the establishment of additional clusters; and build a common understanding on the cluster approach.
- Activities will also include participation in NGO meetings; consult and ensure regular bilateral meetings with NGOs; on request from NGOs consult and negotiate with the Government on NGO issues of concern; and, advocate and ensure transparency and information sharing.
- IASC, donors will hold monthly support and ad-hoc meetings of the, NGOs and other key stakeholders; facilitate contingency planning; and ensure the implementation of IASC decisions.
- produce and disseminate situation and analysis reports, maps and who does what where matrices; manage the OCHA Zimbabwe website and develop an IASC Monitoring and Evaluation Framework, as well as support information management efforts in all clusters.
- conduct joint inter-agency needs assessments with partners; facilitate CAP planning including the 2009 MYR; support clusters and working groups in the development of the 2010 CAP sector plans and project.
- produce quarterly humanitarian reports including a detailed geographical coverage, gaps analysis and 3W mapping.
- advocate for the funding of the CAP and other funding as required; publish highlights of CAP projects and activities; disseminate updated Financial Tracking Service information; and ensure donor involvement.

Indicators

- number of consultations and meetings between the Government, UN, donors and NGOs, as part of the humanitarian coordination mechanism, including qualitative feedback from humanitarian partners on effectiveness of consultations;
- percentage of relevant clusters that are fully functional;
- percentage of relevant NGOs actively participating in the CAP and in regular coordination meetings;
- percentage of funding against requirements for 2008 CAP;
- information projects produced.

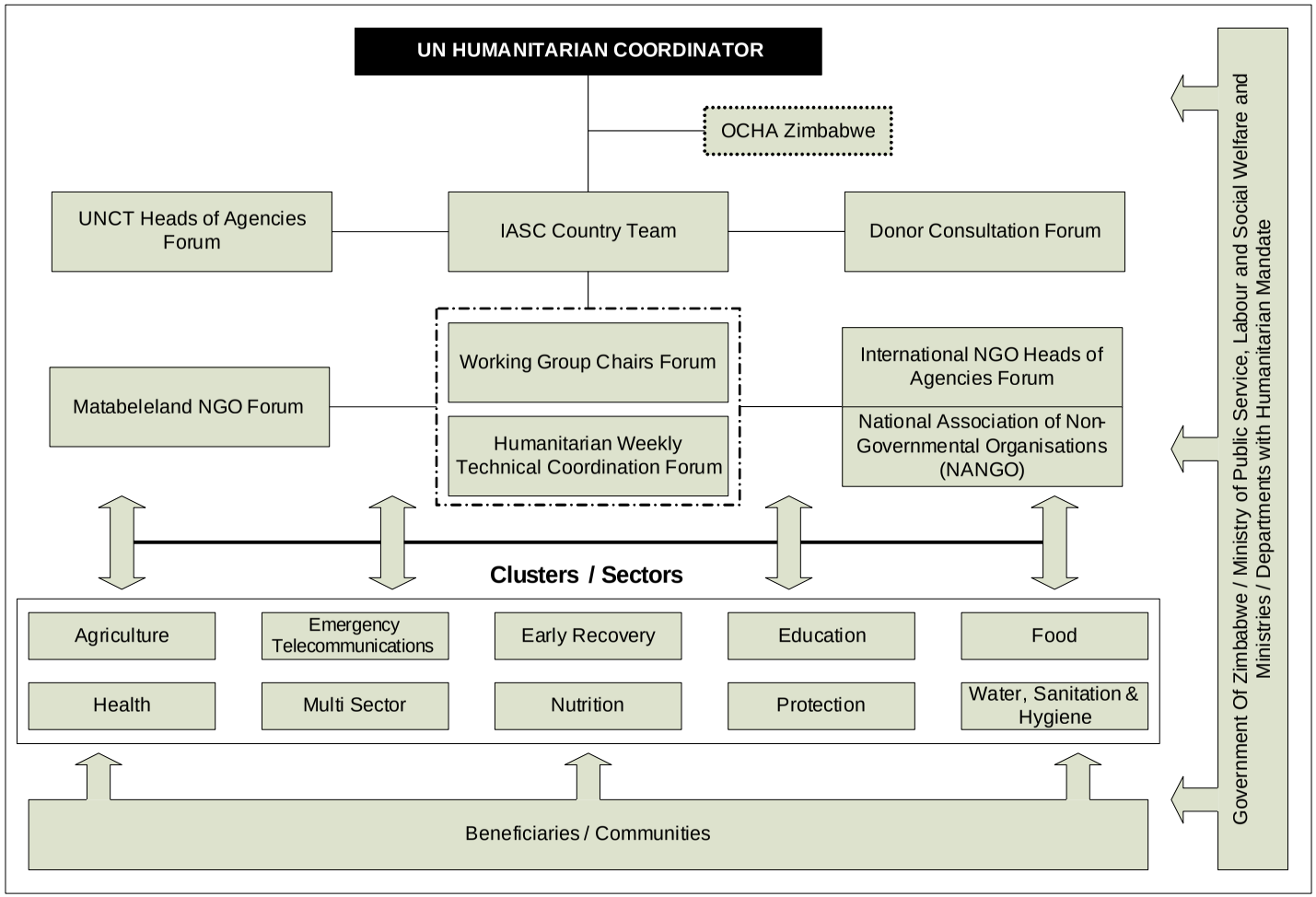
Monitoring and Evaluation

Coordination and support services will be monitored in collaboration with IASC members, NGOs and Government partners. Furthermore, OCHA will monitor the impact of coordination tools in ensuring that there is adequate coverage and that gaps in the humanitarian response are addressed. The goal of this effort will be to prevent duplication of assistance or gaps.

Organisations

Participants in the humanitarian coordination mechanisms include IASC members, Local Non-Governmental Organisation (LNGOs) and INGOs, Government counterparts, NANGO, donors, and faith-based and civil society organisations.

Humanitarian Coordination Structures in Zimbabwe



4. CRITERIA FOR SELECTION AND PRIORITISATION OF PROJECTS

4.1 SELECTION

The following project selection criteria were agreed upon and used as guidance for the systematic vetting of the projects submitted through the on-line project submission system to the peer review committee of each sector:

1. Does the intervention address identified needs?
2. Does the project contribute to attaining identified sector objectives?
3. Is the project feasible within the given time frame?
4. Will the project bring about an observable/verifiable impact during the time frame?
5. Does the organisation have the capacity to implement the action?

All clusters undertook the selection process and each cluster rejected or sent back for editing several projects found not to be in line with the agreed selection criteria. Preliminary feedback highlights that additional selection criteria might need to be considered for the next project selection exercises, in particular the requirement for agencies to be actively involved in cluster coordination.

4.2 PRIORITISATION

The IASC CT reviewed and adopted the following project prioritisation criteria to guide the cluster members in identifying the priority of vetted projects in line with the sector objectives:

1. Does the project remedy (three points), mitigate (two points) or avert (one point) direct and imminent harm or threats to affected people within 12 months? *(maximum three points);*
2. Does the project enhance local capacity (beneficiaries, communities, local authorities) to remedy, mitigate or avert direct and imminent harm or threats (one point) or strengthen the operational capacity (NGOs, UN) of other projects to do so (one point)? *(maximum two points);*
3. Does the project target the most vulnerable addressing the greatest needs? *(maximum two points);*
4. Does the project enhance sustainability (one point), local ownership (one point) and partnership (one point)? *(maximum three points);*
5. Does the project, where appropriate, include gender aspects (one point) and a component preventing or reducing the impact of GBV (one point)? *(maximum two points);*
6. Does the project require funding early in the year because of time-bound factors such as the planting season, the rainy season or the school year? Will it be impossible to implement the project if funding is received too late in the year (two points)? *(maximum two points).*

The sector peer review committees rated the selected projects in line with their adherence to the above criteria. The scoring system used was the following:

HIGH PRIORITY: 11 to 14 points
MEDIUM PRIORITY: up to ten points

To facilitate the rating of projects the cluster peer review committees used the table below. Selected and prioritised projects were submitted to the IASC CT, which conducted a desk review and unanimously endorsed the proposed file of projects without further changes.

CLUSTER / SECTOR										
Project #	**Project title**	**Agency**	Remedy (3p), mitigate (2p) avert (1p) **[Max 3pts]**	Enhance local capacity (1p) or strengthen operational capacity of other projects to do so (1p) **[Max 2pts]**	Target most vulnerable addressing greatest needs (2p) **[Max 2pts]**	Enhance sustainability (1p) local ownership (1p) partnership (1p) **[Max 3pts]**	Include gender aspects (1 p) and prevention or reduction of impact of GBV (1 p) **[Max 2pts]**	Funding required early in the year because of time-bound factors (2p) **[Max 2pts]**	**Sum points**	**Priority**
ZIM-09/A01	Improving food security	FAO	2	2	2	2	2	2	12	**HIGH**

5. STRATEGIC MONITORING PLAN

Members of the IASC and their partners will monitor progress and refine objectives and indicators for the identified goals on a regular basis throughout 2009. The HC and the IASC, supported by OCHA, will furthermore undertake a MYR of the CAP 2009 around May/June 2009. Changes will be incorporated in the MYR or through periodic reviews should the exigencies demand so. OCHA-Zimbabwe will support the IASC CT and sector leads with monitoring through the consistent collection and analyses of information.

Each cluster or working group will further implement sector-specific monitoring mechanisms and if needed revise the sector objectives in the priority area identified. Continuous inter-cluster/sector collaborative monitoring on thematic and operational issues will bolster the overall monitoring plan by agencies or specific clusters/ sector working groups.

OCHA will distribute all relevant and available information, including financial data, to NGO partners, Government, donors, UN agencies and other humanitarian stakeholders. OCHA will also update on a quarterly basis an aggregated 3W database on humanitarian activities in close coordination with sector lead 3W focal points. In addition, the IASC CT seeks to strengthen the monitoring of funding levels, actual implementation of projects, and challenges encountered.

On the basis of progress achieved and further evolution of the humanitarian context, the IASC will adjust the Common Humanitarian Action Plan as necessary.

Adherence to SPHERE standards will be systematically monitored and will be a key ingredient of monitoring and evaluation.

CAP Objectives	Indicators	Monitoring Methodology
1. Provide timely and adequate assistance to vulnerable populations in order to save lives, prevent erosion of livelihoods and build resilience.	• Number of vulnerable people reached with emergency and livelihood assistance • Number of food insecure people in December 2009 compared to December 2008 • Percentage of people reached with productive infrastructure rehabilitation and skills training in communal and urban areas. • Level of malnutrition in traditionally food insecure districts in December 2009 compared to 2008 • Number of youths and women in secure employment. • Percentage reduction in the number of people affected by floods/drought in 2009 compared to the baseline in 2008 • Response time following sudden-onset and new emergencies • Adherence to SPHERE standards • Number of displaced households who have received emergency and early recovery assistance within displaced communities • Number of implementing partners meeting the standards as they relate to programme implementation, reporting, coordination and capacity building	• Monitoring and evaluation data, field reports and individual assessments from UN agencies and NGOs; • Government data • Zimbabwe Vulnerability Assessment Committee (ZimVAC) • CFSAM • C-SAFE assessment • Livelihood surveys • Nutritional surveillance data • Working group and cluster updates

CAP Objectives	Indicators	Monitoring Methodology
2. Improve the delivery of basic services in health, and water and sanitation sectors, while supporting recovery / transition interventions, especially in health, agriculture and education sectors.	• Percentage change in access to basic social services among households targeted for assistance • Number of households assisted through agricultural/livelihood projects with an early recovery component • Number of water and sanitation related disease outbreaks responded to within 72 hours by WASH Cluster • Change in health service coverage for mobile & vulnerable populations comparable to the rest of the population in 2009 (Baseline: 2008) • Percentage of MVP households that show reduction in negative coping strategies used as response to food insecurity (by sex of household head, by ward and by type of household) • Number and type of services provided	• Monitoring and evaluation by the humanitarian community: UN and NGOs • Government data • Monitoring by OCHA Field Office • Working group and cluster updates
3. Provide integrated humanitarian package to assist PLWHIV, reduce new infections as well as factoring HIV/AIDS programming in all sector responses.	• Extent of food and nutrition components in HIV/AIDS related response activities and services • Percentage reduction in HIV/AIDS prevalence rate in 2009 • Percentage of multi-sector projects that take account of HIV/AIDS issues	• Monitoring and evaluation data by the UN and NGOs • Government data • C-SAFE assessment • Nutritional surveillance (UNICEF supported)
4. Support advocacy for enhanced respect for human rights and ensure protection needs of the most vulnerable groups such as children; women and the elderly are identified and addressed effectively.	• Number of vulnerable people reached with adequate assistance in the area of protection • Percentage reduction in the number of VPVs • Number of protection incidents reported and actions taken (categorised by type of abuse, sex/age) • Number of border stakeholders trained on the rights and protection of migrants	• Monitoring and evaluation data from the UN and NGOs • Monitoring by civic originations, and human right activists
5. Scale up vulnerability assessments, humanitarian monitoring and evaluation in support to enhanced coordination and partnerships between UN, donors, INGOs and LNGOs, Government and Civil Society Organisations. Ensure synergy among various humanitarian and recovery interventions.	• Number of multi-sectoral vulnerability assessments conducted • Change in the level of coordination in humanitarian response • Number of gaps are identified and addressed through a coordinated approach	• Monitoring and evaluation by the humanitarian community: UN and NGOs • Monitoring by OCHA Field Office • Working group and cluster updates

6. SUMMARY: STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
1. Provide timely and adequate assistance to vulnerable populations in order to save lives, prevent erosion of livelihoods and build resilience to food insecurity.	• Number of vulnerable people reached with emergency and livelihood assistance • Number of food insecure people in December 2009 compared to December 2008 • Percentage of people reached with productive infrastructure rehabilitation and skills training in communal and urban areas • Level of malnutrition in traditionally food insecure districts in December 2009 compared to 2008 • Number of youths and women in secure employment • Percentage reduction in the number of people affected by floods/drought in 2009 compared to the baseline in 2008 • Response time following sudden-onset and new emergencies	Agriculture	• Increase production and productivity of smallholder farmers • Improve soil, water and crop management practices • Improve dietary and nutritional levels through crop diversification • Assist vulnerable households to enhance and protect livestock assets • Monitor the developments of the 2008/09, 2009 and 2009/10 cropping seasons and their repercussion for food security to improve efficiency and effectiveness of the agricultural relief programmes.	• Food security for rural households (ZIM-08/AG/21279) • Livelihoods support for vulnerable groups (ZIM-08/AG/20552). • Sweet potato multiplication project (ZIM-08/AG/21744) • Agricultural inputs and extension support to smallholder farmers (ZIM-08/AG/21274) / (ZIM-08/AG/21306) • Irrigation scheme rehabilitation (ZIM-08/AG/20852) • Nutrition and dietary diversity (ZIM-08/AG/21319) • Livestock re-stocking (ZIM-08/AG/20696) • Control of ND and avian influenza (ZIM-08/AG/21383) • Disease control (ZIM-08/AG/21331) • Information systems for agriculture and food security (ZIM-08/AG/21314)
		Food	• To improve the food consumption of highly vulnerable food-insecure households • To reduce asset depletion and increase resilience of target, vulnerable groups to manage shocks • To safeguard health and nutrition and enhance quality of life for targeted, chronically ill people through nutrition support linked with health interventions	• Food support for vulnerable groups (ZIM-08/FO/21720) / (ZIM-08/FO/21895) • School-based food aid support project (ZIM-08/FO/21076) / (ZIM-08/FO/22070)
		Nutrition	• Prevent deterioration of the nutrition situation and mitigate effect of malnutrition on morbidity and mortality among children and other vulnerable people • Strengthen emergency preparedness and response	• Nutrition education for improved food security (ZIM-08/AG/21324) • Emergency nutrition coordination (ZIM-08/NU/21647) • Protecting/supporting optimal infant and young child feeding (ZIM-08/NU/21540) • Supporting community management of acute malnutrition (ZIM-08/NU/20782) • Integrated facility of acute malnutrition (ZIM-08/NU/21827)

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
	• Adherence to SPHERE standards	Health	• To strengthen timely and appropriate response to disasters and public health emergencies • To ensure universal access to basic health services by filling specific gaps • To reduce burden of most prevalent diseases • To address particular needs of specific vulnerable groups	• Provision of essential medicines (ZIM-08/HE/21181) • Disease surveillance and health information management (ZIM-08/HE/21864) • Improved health for most vulnerable children and mothers (ZIM-08/HE/20554) • Primary health care support to MoHCW, (ZIM-08/HE/21170) • Community and environmental health • Responses for MVPS (ZIM-08/HE/21721) • HIV/AIDS /GBV (ZIM-08/PR/20634) • Immunisation of children and women (ZIM-08/HE/21700) / (ZIM-08/HE/21582) / (ZIM-08/HE/21190) • Community-based HIV/AIDS care and support (ZIM-08/HE /21168) • Management of cholera, diarrhoeal diseases and emerging infectious diseases (ZIM-08/HE/20937) • Promoting life-saving minimum initial service package on sexual and reproductive health within mobile and vulnerable settings (ZIM-08/HE/20714)
		Early Recovery	• Augment/complement on-going emergency assistance operations in Zimbabwe through measures that foster the self-reliance of the affected population and meet the most critical needs to rebuild livelihoods • Promote spontaneous recovery initiatives by the affected population and mitigate the rebuilding of risk through for example supporting Government to develop and implement recovery plans, supporting self help efforts by communities • Establish the foundations for longer-term recovery	• Economic recovery scheme (ZIM-08/SU/21862) • Improved policy frameworks regarding cooperative housing (ZIM-08/SU/21893) • Effectiveness in early recovery responses (ZIM-08/SU/21872) • Supporting community based livelihoods and local governance recovery in worst affected districts (ZIM-08/SU/21889) • Flood response and preparedness (ZIM-08/SU/21882) • Reintegration of returnees and productive investment of remittances (ZIM-08/SU/21867)

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
		Coordination	• Facilitate and support strengthened humanitarian coordination aimed at improving humanitarian space for the humanitarian community • Support/strengthen development of a functioning and funded humanitarian reform system including a properly functioning cluster system • Promote and facilitate greater engagement and coordination among national and international NGOs • Strengthen appeals processes, analysis and resource mobilisation • Improve situation analysis through reporting and advocacy	• ERF in Zimbabwe (ZIM-08/CO/21844)
		WASH	• Prevention, response and control, in a timely and coordinated manner, of WASH-related disease epidemics • Strategic provision of emergency water and sanitation in affected communities, particularly in urban wards • Rehabilitation of water and sanitation in critical health institutions	• Preparedness/response to WASH-related epidemics (ZIM-08/WA/20868) • Emergency safe WASH supply and hygiene promotion (ZIM-08/WA/20548) • Bulawayo emergency water and sanitation project (ZIM-08/WA/21193)
		Education	• In coordination with Nutrition cluster and WFP, improve access to food in vulnerable district in order to increase school enrolment and teacher retention/attendance • Reinforce school children and teachers capacity in life skills through psychosocial support, livelihoods skills and protection from abuse	• School-based feeding in Goromonzi and Chitungwiza (ZIM-08/ED/20798)

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
		Multi-sector	• To ensure that identified MVP communities receive necessary emergency (food, NFIs, shelter, health and HIV/AIDS and GBV) and early recovery assistance to sustain their lives • Provide timely and adequate assistance to camp based refugees, ensuring their basic needs are met and strengthening self-reliance projects in attempt to improve their overall protection and viability of their stay in the host country • To address the humanitarian needs of returned Zimbabwean migrants (including unaccompanied minors) in Beitbridge and Plumtree • To provide reintegration opportunities for returned migrants in Zimbabwe	• Comprehensive approach to emergence assistance of MVPs (ZIM-08/MU/21904) • Transitional shelter in MVP communities (ZIM-08/MU/21905) • Emergency psycho-social protection support to VPV children (ZIM-08/MU/22114)

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
1. Improve the delivery of basic services in health, clean water and sanitation, education sectors, as well as ensure linkages with early recovery interventions.	• Percentage change in access to basic social services among households targeted for assistance • Number of households assisted through agricultural projects with Early recovery component • Number of water and sanitation related disease outbreaks in 2008 compared to 2009 • Change in health service coverage for mobile & vulnerable populations comparable to the rest of the population in 2009 (Baseline: 2008)	Education	• Increase access to quality education to children and teachers in most affected areas by natural, economic and/or human made disaster by providing teaching and learning materials • Repair infrastructures of schools affected by floods and provide water and sanitation facilities in core number of worst affected schools (in collaboration with WASH Cluster) • Reduce teacher attrition through strategies that help to support and motivate teachers to remain within the profession and develop mechanisms to address the brain drain within affected areas	• National emergency research on teacher attrition in schools (ZIM-08/ED/21931) • Equity and quality education for OVC in school (ZIM-08/ED/21723) • Creating a violence free teaching and learning environment (ZIM-08/ED/22067) • Supporting children's right to education (ZIM-08/ED/20630) • Strengthening capacity of schools to cope (ZIM-08/ED/22066) • Improved access to quality education and incentives for teachers' retention (ZIM-08/ED/20636)
		WASH	• Enhanced water and sanitation facilities and hygiene education for vulnerable populations, with a particular emphasis on those infected and affected by HIV and AIDS • Repair and rehabilitate water and sanitation infrastructure in most critical health institutions and schools • Improved sector information management and coordination for effective humanitarian response	• Reducing the incidence of severe diarrhoea, and cholera in vulnerable rural families (ZIM-08/WA/21694) • Prevention and treatment of water-borne diseases (ZIM-08/WA21268) • Provision of safe WASH to vulnerable peri-urban areas (ZIM-08/WA/21682) • Hygiene promotion and home-based water treatment for diarrhoea prevention (ZIM-08/WA/21708) • Hygiene and rural water supply rehabilitation programme in Gwanda (ZIM-08/WA/21685)
		Health	• To ensure universal access to basic health services by filling specific gaps • To reduce burden of most prevalent diseases • To improve information management, coordination, monitoring and evaluation of health interventions, gaps and trends in disease occurrence:	

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
2. Provide an integrated humanitarian package to assist PLWHIV, reduce new infections as well as factoring HIV/AIDS programming in all sector responses.	• Extent of food and nutrition components in HIV/AIDS related response activities and services • Percentage reduction in HIV/AIDS prevalence rate in 2009 • Percentage of multi-sector projects that take account of HIV/AIDS issues	Nutrition	• Strengthen nutrition components in HIV/AIDS related activities and services	• Improved nutritional knowledge and practices in Buhera and Zvishavane districts (ZIM-08/NU/21072) • Nutrition care and support for PLWHIV (ZIM-08/NU/21683)
		Health	• To address particular needs of specific vulnerable groups	
		Food	• To safeguard health and nutrition and enhance quality of life for targeted, chronically ill people through nutrition support linked with health interventions	
		WASH	• Enhanced water and sanitation facilities and hygiene education for vulnerable populations, with a particular emphasis on those infected and affected by HIV and AIDS	
		Agriculture	• Strengthen the capacities of local communities to respond to the challenges posed by HIV&AIDS	
		Multi-sector	• To ensure that identified MVP communities receive necessary emergency (food, NFIs, shelter, health and HIV/AIDS and GBV) and early recovery assistance to sustain their lives • To ensure that potential migrants or returned migrants have knowledge on safe migration, HIV and GBV	• Safe journey information campaign (ZIM-08/MU/20763) • Response to HIV/AIDS and GBV needs of cross-border mobile populations (ZIM-08/PR/20701)

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
4. Support advocacy for enhanced respect for human rights and ensure protection needs of the most vulnerable groups such as children; women and the elderly are identified and addressed effectively.	• Number of vulnerable people reached with adequate assistance in the area of protection • Percentage reduction in number of VPVs • Change in the return and reintegration of MVPs • Number of protection incidents reported and actions taken (categorised by type of abuse, sex/age) • Number of border stakeholders trained on the rights and protection of migrants	Protection	• To advocate for enhanced respect for human rights and the rule of law with Government and civil society at all levels • To support the mainstreaming of protection, gender, age and diversity into other sectors • To engage in sensitisation and build the capacity of key stakeholders (Government as well as other agencies) to better address and respond to internal displacement and other protection concerns • To strengthen the protection (material, physical and legal) environment for the most vulnerable (women, children, stateless persons, trafficked persons and IDPs), and support community-based reconciliation	• Addressing protection needs of the most vulnerable MVP communities (ZIM-08/MU/20761) • Safe journey information campaigns (ZIM-08/MU/20763) • Facilitating temporary and safe labour migration for Zimbabweans (ZIM-08/MU/20888) • Protection assistance for displaced Zimbabweans and returnees (ZIM-08/PR/20749) • Protecting and promoting sexual and reproductive health rights in MVP communities (ZIM-08/PR/20641) • Capacity building of NGOs on abuse and exploitation (ZIM-08/PR/20650) • Prevention and protection from the risk of human trafficking (ZIM-08/PR/21910) • Peace-building and reconciliation (ZIM-08/PR/21024) • Promoting rights to care and protection of children with disabilities in urban Zimbabwe (ZIM-08/PR/20633) • Promoting young people's rights, through leadership and skills training (ZIM-08/PR/20638) • Promoting the right to identification and travel documents (ZIM-08/PR/21913) • Community reconciliation support project (ZIM-08/PR/20746)

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
		Multi-sector	• To ensure that identified MVP communities receive necessary emergency (food, NFIs, shelter, health and HIV/AIDS and GBV) and early recovery assistance to sustain their lives • To ensure that potential migrants or returned migrants have knowledge on safe migration, HIV and GBV • Strengthen 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 • To strengthen dialogue between key stakeholders in an effort to protect the rights of migrants • To provide a safe and temporary labour migration of Zimbabweans to the Limpopo Province according to agreed standards • To ensure that protection referral systems are established within MVP communities • To promote and implement peace-building initiatives	• The Beitbridge and Plumtree RSCs for returned migrants (ZIM-08/MU/21914) • Transitional shelter and community stabilisation in MVP communities (ZIM-08/MU/21905)
		Early Recovery	• Establish the foundations for longer-term recover	

STRATEGIC FRAMEWORK FOR HUMANITARIAN RESPONSE				
Strategic Priority	**Key Indicators**	**Corresponding Response Plan Objectives**		**Example Associated Projects**
5. Scale up vulnerability assessments, humanitarian monitoring and evaluation in support to enhanced coordination and partnerships between UN, Donors, National and International NGOs, Government and Civil Society Organisations. Ensure synergy among various humanitarian and recovery interventions.	• Number of multi-sectoral vulnerability assessments conducted • Change in the level of coordination in humanitarian response	Health	• To improve information management, coordination, monitoring and evaluation of health interventions, gaps and trends in disease occurrence • To strengthen timely and appropriate response to disasters and public health emergencies • To address particular needs of specific vulnerable groups	
		Nutrition	• Strengthen emergency preparedness and response	• Zimbabwe nutrition surveillance (ZIM-08/NU/21384)
		WASH	• Improved sector information management and coordination for effective humanitarian response	
		Agriculture	• Monitor the developments of the 2008/09, 2009 and 2009/10 cropping seasons and their repercussions for food security to improve efficiency and effectiveness of the agricultural relief programmes	
		Multi-sector	• To ensure gaps are identified and minimised through vulnerability assessments and proper coordination amongst humanitarian actors • To strengthen the capacity of national humanitarian agencies to respond and coordinate community responses to MVP needs in emergency settings	
		Protection	• To strengthen protection monitoring, reporting and response systems	
				• Facilitation and coordination of humanitarian assistance to populations affected by disasters and emergencies; advocacy for the protection of vulnerable populations; and information management (ZIM-08/CO/21920)

ANNEX I. Organisation of the United Nations GBV2008 NEEDS ASSESSMENTS & STRATEGIES

Month/year	Name of assessment	sector								
		Food	*Health*	*Nutrition*	*WASH*	*Education*	*Agriculture*	*Early Recovery*	*Protection*	*Multi-Sectoral*
Pre 2008	Community reassessment in sample MVP settings (multi-sector)									X
Monthly	Agriculture/food security monitoring (FAO)	X					X			
Monthly	Food security monitoring (WFP/C-SAFE)	X								
October 2007	Public health baseline in five districts (Oxfam GB)		X		X					
November 2007	Child-focused urban assessment (Harare, Bulawayo, Mutare) (SC-UK)									child
February 2008	Inter-agency floods assessment (Muzarabani-Chipinge									X
February 2008	Post-planting survey (FAO/NGOs)						X			
February – March 2008, September 2008	Sexual and reproductive health needs assessment of MVPs (IOM/ UNFPA)									X
March 2008	National maternal and neo-natal health road map		X							
March 2008	Crop and livestock assessment (MoA)						X			
March 2008	HIV/AIDS baseline (Oxfam GB)									X
March – October 2008	Database on homes destroyed								X	X
April 2008	2nd round CSFAM (MoA/FAO/WFP)	X					X			
April – May 2008	Rapid MVP assessment (CADEC)									X
May – August 2008	Mapping community home-based care (CHBC)		X							
July 2008	Nutrition Sentinel Site Surveillance (FNC/UNICEF)			X	X					
July 2008	Baseline assessment of GBV among cross-border migrants (South Africa/Zimbabwe border)								X	X
July 2008	Post-harvest survey (FAO/NGOs)						X			
July 2008	Interim ZimVAC (NFC)									X
July 2008 (drafted)	MOHCW National Health Strategy		X							
Sept –October 2008	Urban Household Economy Approach, (HEA)									X
October 2008	Urban Public health baseline		X							
October 2008 (drafted)	Zimbabwe Cholera Strategy		X		X					
October 2008	Country Cooperative Strategy (WHO)		X							

ANNEX II. Table III. List of Projects – (Grouped by Cluster/Sector)

Table III: Consolidated Appeal for Zimbabwe 2009
List of Projects (grouped by cluster/sector)
as of 12 November 2008
http://www.reliefweb.int/fts

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

Project Code	Appealing Organisation	Project Title	Original Requirements (US$)
AGRICULTURE			
ZIM-09/A/20552/109	SC - UK	Livelihoods support for vulnerable groups in Binga, Hwange and Nyaminyami districts.	633,334
ZIM-09/A/20696/5146	CRS	Asset re-building through Small-Livestock Re-Stocking	872,000
ZIM-09/A/20696/5589	Africare	Asset re-building through Small-Livestock Re-Stocking	330,000
ZIM-09/A/20696/8502	WVI	Asset re-building through Small-Livestock Re-Stocking	65,945
ZIM-09/A/20852/5162	Mercy Corps	Irrigation Scheme Rehabilitation in Chipinge and Chiredzi	325,000
ZIM-09/A/21274/123	FAO	Provision of basic agricultural inputs and extension support to smallholder farmers	36,500,000
ZIM-09/A/21274/5661	DAPP	Provision of basic agricultural inputs and extension support to smallholder farmers	1,365,000
ZIM-09/A/21274/6602	FCTZ	Provision of basic agricultural inputs and extension support to smallholder farmers	192,060
ZIM-09/A/21274/7790	GOAL	Provision of basic agricultural inputs and extension support to smallholder farmers	1,418,594
ZIM-09/A/21274/8246	HELP	Provision of basic agricultural inputs and extension support to smallholder farmers	2,200,000
ZIM-09/A/21274/8348	SAT	Provision of basic agricultural inputs and extension support to smallholder farmers	250,000
ZIM-09/A/21279/123	FAO	Improved food security for rural households through Conservation Agriculture	1,284,000
ZIM-09/A/21279/5146	CRS	Improved food security for rural households through Conservation Agriculture	980,000
ZIM-09/A/21306/123	FAO	Production of essential seed for smallholder farmers	775,000
ZIM-09/A/21314/123	FAO	Coordination of information systems around agriculture and food security	1,000,000
ZIM-09/A/21319/123	FAO	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	5,000,000
ZIM-09/A/21319/5146	CRS	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	203,700
ZIM-09/A/21319/5186	ACF	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	350,000
ZIM-09/A/21319/5661	DAPP	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	910,000
ZIM-09/A/21319/8346	HFRC	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	86,400
ZIM-09/A/21331/123	FAO	Emergency control of epidemic foot-and-mouth disease (FMD) in Zimbabwe	1,787,500
ZIM-09/A/21383/123	FAO	Improving the welfare of rural households in Zimbabwe by controlling Newcastle disease through vaccinations, coupled with avian influenza (AI) awareness and surveillance	940,000
ZIM-09/A/21744/5589	Africare	Sweet Potato Multiplication Project	300,000
ZIM-09/A/21744/8246	HELP	Sweet Potato Multiplication Project	865,256
Subtotal for AGRICULTURE			**58,633,789**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. 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 2009

List of Projects (grouped by cluster/sector)

as of 12 November 2008

http://www.reliefweb.int/fts

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

Project Code	Appealing Organisation	Project Title	Original Requirements (US$)
COORDINATION			
ZIM-09/CSS/21920/119	OCHA	Facilitation and coordination of humanitarian assistance to populations affected by disasters and emergencies; advocacy for the protection of vulnerable populations; and information management	2,406,116
ZIM-09/S/23517/5139	UNDSS	Staff security support to humanitarian operations in Zimbabwe	273,351
ZIM-09/SNYS/21844/8487	OCHA (ERF)	Emergency Response Fund (ERF) in Zimbabwe	6,500,000
Subtotal for COORDINATION			**9,179,467**
EARLY RECOVERY / LIVELIHOODS			
ZIM-09/ER/21862/298	IOM	Early recovery community initiatives through Zimbabwe Diaspora Engagement Dollar-for-Dollar Economic Recovery Scheme	1,690,694
ZIM-09/ER/21867/298	IOM	Local early economic recovery initiatives through reintegration of returnees and productive investment of remittances	2,090,134
ZIM-09/ER/21876/776	UNDP	Strengthening Coordination for Early Recovery	412,500
ZIM-09/ER/21882/7039	UN-HABITAT	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	1,950,000
ZIM-09/ER/21882/776	UNDP	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	830,000
ZIM-09/ER/21889/7039	UN-HABITAT	Supporting community based livelihoods and local governance recovery in the 5 worse affected districts:Chipinge, Gwanda, Mberengwa, Muzarabani, and Tsholotsho	165,000
ZIM-09/ER/21889/776	UNDP	Supporting community based livelihoods and local governance recovery in the 5 worse affected districts:Chipinge, Gwanda, Mberengwa, Muzarabani, and Tsholotsho	3,390,000
ZIM-09/ER/21893/7039	UN-HABITAT	Strengthened dialogue and enhanced technical capacity to lobby for improved policy frameworks regarding cooperative housing in Harare, Bulawayo, Mutare, Gweru, Victoria Falls and Kariba	440,000
ZIM-09/P-HR-RL/21872/5109	UNAIDS	Strengthening Uniformed forces, Civil Protection Unit (CPU) and AIDS Service organisations'(ASO) effectiveness in Early reovery responses	450,000
ZIM-09/P-HR-RL/21872/8848	ZAN	Strengthening Uniformed forces, Civil Protection Unit (CPU) and AIDS Service organisations'(ASO) effectiveness in Early reovery responses	260,000
Subtotal for EARLY RECOVERY / LIVELIHOODS			**11,678,328**

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Table III: Consolidated Appeal for Zimbabwe 2009

List of Projects (grouped by cluster/sector)

as of 12 November 2008

http://www.reliefweb.int/fts

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

Project Code	Appealing Organisation	Project Title	Original Requirements (US$)
EDUCATION			
ZIM-09/E/20630/109	SC - UK	Supporting Children's Right to Education in Bulawayo urban area	920,000
ZIM-09/E/20636/109	SC - UK	Supporting Children's Right to Education in Mobile and Vulnerable Communities Through Improved Access to Quality Education and Incentives for Teachers' Retention	1,958,400
ZIM-09/E/21723/124	UNICEF	Equity and Quality Education, Keep OVC in school.	25,000,000
ZIM-09/E/21931/298	IOM	National Emergency Research on Teacher Attrition in Schools	263,000
ZIM-09/E/21931/8857	SNV	National Emergency Research on Teacher Attrition in Schools	263,000
ZIM-09/E/22066/5836	SC - Norway	Strengthening capacity of schools to cope with challenge of untrained teachers	220,000
ZIM-09/E/22067/5524	Plan	Creating a violence free teaching and Learning environment in Mutoko and KweKwe districts	196,000
ZIM-09/F/20798/5162	Mercy Corps	School Feeding in Goromonzi and Chitungwiza	845,000
Subtotal for EDUCATION			**29,665,400**
FOOD			
ZIM-09/A/21895/8830	ADRA Zimbabwe	Food relief and sustainable nutrition for Epworth Community	288,632
ZIM-09/F/21076/7790	GOAL	School based Food Aid Support Project	1,757,711
ZIM-09/F/22070/5125	NPA	Child Supplementary Feeding Project of Children of School going age	1,600,000
ZIM-09/F/23505/561	WFP	Food Support for Vulnerable Groups	315,973,971
Subtotal for FOOD			**319,620,314**

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Table III: Consolidated Appeal for Zimbabwe 2009

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

Project Code	Appealing Organisation	Project Title	Original Requirements (US$)
HEALTH			
ZIM-09/H/20554/109	SC - UK	Improved health for the most vulnerable children and mothers in Binga and Nyaminyami	2,100,000
ZIM-09/H/20634/1171	UNFPA	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	1,230,500
ZIM-09/H/20634/124	UNICEF	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	615,250
ZIM-09/H/20634/298	IOM	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	497,550
ZIM-09/H/20714/1171	UNFPA	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	300,000
ZIM-09/H/20714/298	IOM	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	500,000
ZIM-09/H/20714/5589	Africare	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	110,000
ZIM-09/H/20937/122	WHO	Strengthen response and management of cholera, other diarrhoeal disease and emerging infectious diseases	929,999
ZIM-09/H/21168/124	UNICEF	Community Based HIV/AIDS Care (CHBC) and Support	950,000
ZIM-09/H/21170/7790	GOAL	Programme of primary health care (PHC) support to Ministry of Health and Child Welfare, Nyanga District	442,427
ZIM-09/H/21181/124	UNICEF	Provision of Vital and Essential Medicines and Medical Supplies	19,500,000
ZIM-09/H/21190/124	UNICEF	Reaching disadvantaged women and children with Paediatric HIV Prevention and Treatment Services	1,484,000
ZIM-09/H/21192/124	UNICEF	Infectious Disease Prevention and Control in Children	2,279,000
ZIM-09/H/21582/1171	UNFPA	Reaching women and new born babies with emergency obstetric and neonatal care services in communities and institutions	1,712,000
ZIM-09/H/21582/124	UNICEF	Reaching women and new born babies with emergency obstetric and neonatal care services in communities and institutions	2,300,500
ZIM-09/H/21700/124	UNICEF	Reaching the vulnerable children and women of child bearing age with immunization to prevent EPI target disease outbreaks	7,029,000
ZIM-09/H/21721/298	IOM	Consolidating Emergency Community and Environmental Health Responses for Mobile and Vulnerable Populations	1,900,000
ZIM-09/H/21864/122	WHO	Health Cluster Coordination, disease surveillance and Health Information management in the health sector	1,552,000
Subtotal for HEALTH			**45,432,226**

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Table III: Consolidated Appeal for Zimbabwe 2009

List of Projects (grouped by cluster/sector)

as of 12 November 2008

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

Project Code	Appealing Organisation	Project Title	Original Requirements (US$)
MULTI-SECTOR			
ZIM-09/MS/21904/298	IOM	Comprehensive Approach to Humanitarian Emergency Assistance, Early Recovery, Food Security, Income Augmentation and Peaceful Reintegration of MVPs and VPVs	10,000,000
ZIM-09/MS/21905/298	IOM	Transitional, Community Stabilization and Peace-building Initiatives in MVP communities	10,400,000
ZIM-09/MS/21914/298	IOM	Humanitarian Assistance to Returned Migrants and Mobile Populations at the South Africa-Zimbabwe Border (Beitbridge) and Botswana-Zimbabwe Border (Plumtree)	5,197,041
ZIM-09/MS/22261/120	UNHCR	Local Settlement Programme for Refugees in Zimbabwe	2,439,226
ZIM-09/P-HR-RL/20761/298	IOM	Addressing protection needs of the most vulnerable groups in MVP communities through community based protection systems.	893,751
ZIM-09/P-HR-RL/20763/298	IOM	CROSS BORDER MOBILITY, IRREGULAR MIGRATION AND HIV AND AIDS: SAFE JOURNEY INFORMATION CAMPAIGN	545,000
ZIM-09/P-HR-RL/20888/298	IOM	Facilitating Temporary and Safe Labour Migration for Zimbabweans	960,717
ZIM-09/P-HR-RL/22114/109	SC - UK	Emergency psychosocial and protection support to children affected by violence and displacement in urban areas of Zimbabwe	500,000
Subtotal for MULTI-SECTOR			**30,935,735**

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List of Projects (grouped by cluster/sector)

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

Project Code	Appealing Organisation	Project Title	Original Requirements (US$)
NUTRITION			
ZIM-09/CSS/21647/124	UNICEF	Emergency Nutrition Coordination	650,000
ZIM-09/H/20782/8502	WVI	Improving adoption of apropriate feeding practices of children and pregnant women to support Community Management of Acute Malnutrition (CMAM) initiatives	320,000
ZIM-09/H/21072/5589	Africare	Improved nutritional knowledge and practises among HBC and highly vulnerable groups in Buhera and Zvishavane districts	320,000
ZIM-09/H/21324/123	FAO	Improving the food and nutrition security of urban and rural households in Zimbabwe through nutrition education and training.	1,000,000
ZIM-09/H/21384/124	UNICEF	Zimbabwe Nutrition Surveillance	500,000
ZIM-09/H/21384/298	IOM	Zimbabwe Nutrition Surveillance	200,000
ZIM-09/H/21540/124	UNICEF	Protecting and supporting optimal infant and young child feeding (IYCF) for children under the age of two years in emergency situations	1,260,000
ZIM-09/H/21683/7975	Linkage Trust	Nutrition Care and Support for People Living with HIV/AIDS (PLWHA) and their families	72,000
ZIM-09/H/21827/109	SC - UK	Integrated Facility and Community Based Management of Acute Malnutrition.	536,000
ZIM-09/H/21827/122	WHO	Integrated Facility and Community Based Management of Acute Malnutrition.	612,040
ZIM-09/H/21827/124	UNICEF	Integrated Facility and Community Based Management of Acute Malnutrition.	3,000,000
ZIM-09/H/21827/5186	ACF	Integrated Facility and Community Based Management of Acute Malnutrition.	550,000
ZIM-09/H/21827/5524	Plan	Integrated Facility and Community Based Management of Acute Malnutrition.	250,000
ZIM-09/H/21827/7154	HKI	Integrated Facility and Community Based Management of Acute Malnutrition.	500,000
ZIM-09/H/21827/8502	WVI	Integrated Facility and Community Based Management of Acute Malnutrition.	507,000
Subtotal for NUTRITION			**10,277,040**

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List of Projects (grouped by cluster/sector)

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

Project Code	Appealing Organisation	Project Title	Original Requirements (US$)
PROTECTION			
ZIM-09/P-HR-RL/20633/109	SC - UK	Promotion of the Rights to Care and Protection of Children with Disabilities in Urban Areas of Zimbabwe	1,650,000
ZIM-09/P-HR-RL/20638/1171	UNFPA	Promoting Young people's rights, through leadership training and skill-building.	215,000
ZIM-09/P-HR-RL/20641/1171	UNFPA	Protecting and promoting sexual and reproductive health rights in 10 MVP communities	960,000
ZIM-09/P-HR-RL/20650/109	SC - UK	Building Capacity of NGOs to Ensure Their Humanitarian Responses Do Not Put Beneficiaries (Girls, Boys, Women, Men) at Risk of Harm, Including Sexual and Other Forms of Abuse and Exploitation	242,000
ZIM-09/P-HR-RL/20650/1171	UNFPA	Building Capacity of NGOs to Ensure Their Humanitarian Responses Do Not Put Beneficiaries (Girls, Boys, Women, Men) at Risk of Harm, Including Sexual and Other Forms of Abuse and Exploitation	395,900
ZIM-09/P-HR-RL/20701/1171	UNFPA	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	146,000
ZIM-09/P-HR-RL/20701/298	IOM	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	150,500
ZIM-09/P-HR-RL/20701/5836	SC - Norway	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	96,000
ZIM-09/P-HR-RL/20746/8502	WVI	Community Reconciliation Support Project	113,500
ZIM-09/P-HR-RL/20749/120	UNHCR	Protection, assistance and solutions for displaced Zimbabweans and returnees	4,927,138
ZIM-09/P-HR-RL/21024/124	UNICEF	Peace Building and Reconciliation: Provision of psychosocial and other essential supports for children affected by violence in 2008	1,700,000
ZIM-09/P-HR-RL/21910/298	IOM	Prevention and Protection of Youth and Children from the Risk and Realities of Human Trafficking in Zimbabwe	930,000
ZIM-09/P-HR-RL/21913/298	IOM	Promoting the Right to Identification and Travel Documents and Reducing Risks of Irregular Migration	800,000
Subtotal for PROTECTION			**12,326,038**

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

Project Code	Appealing Organisation	Project Title	Original Requirements (US$)
WATER, SANITATION AND HYGIENE			
ZIM-09/WS/20548/124	UNICEF	Emergency safe water supply, sanitation facilities and hygiene promotion to affected vulnerable populations in urban and rural areas of Zimbabwe.	9,000,000
ZIM-09/WS/20868/124	UNICEF	PREPARDENESS, MITIGATION AND RESPONSE TO WASH RELATED EPIDEMICS IN ZIMBABWE (DISASTER RISK REDUCTION)	4,000,000
ZIM-09/WS/20868/5120	OXFAM GB	PREPARDENESS, MITIGATION AND RESPONSE TO WASH RELATED EPIDEMICS IN ZIMBABWE (DISASTER RISK REDUCTION)	5,250,000
ZIM-09/WS/20868/5186	ACF	PREPARDENESS, MITIGATION AND RESPONSE TO WASH RELATED EPIDEMICS IN ZIMBABWE (DISASTER RISK REDUCTION)	762,000
ZIM-09/WS/21193/8502	WVI	Bulawayo Emergency Water and Sanitation Project	1,000,000
ZIM-09/WS/21268/5162	Mercy Corps	Prevention and treatment of water-borne diseases in Buhera, Chipinge and Chiredzi Districts	350,000
ZIM-09/WS/21682/6708	PA (formerly ITDG)	Provision of safe water and sanitation facilities and promotion of hygiene education in the vulnerable Peri Urban areas of Harare and Kadoma	470,000
ZIM-09/WS/21685/8818	DT	Hygiene & Rural Water Supply Rehabilitation Programme	250,000
ZIM-09/WS/21694/7975	Linkage Trust	Reducing the incidence of severe diarrhoea, and cholera in vulnerable rural families.	255,000
ZIM-09/WS/21708/6310	PSI	Hygiene Promotion and Home-Based Water Treatment for diarrhoea epidemic prevention and emergency response in Zimbabwe.	594,780
Subtotal for WATER, SANITATION AND HYGIENE			**21,931,780**
Grand Total			**549,680,117**

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ANNEX III. Table IV. List of Projects – (Grouped by Appealing Organisation)

Table IV: Consolidated Appeal for Zimbabwe 2009
List of Projects (grouped by appealing organisation)
as of 12 November 2008
http://www.reliefweb.int/fts

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

Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
ACF			
ZIM-09/A/21319/5186	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	350,000
ZIM-09/H/21827/5186	NUTRITION	Integrated Facility and Community Based Management of Acute Malnutrition.	550,000
ZIM-09/WS/20868/5186	WATER, SANITATION AND HYGIENE	PREPARDENESS, MITIGATION AND RESPONSE TO WASH RELATED EPIDEMICS IN ZIMBABWE (DISASTER RISK REDUCTION)	762,000
Subtotal for ACF			**1,662,000**
ADRA Zimbabwe			
ZIM-09/A/21895/8830	FOOD	Food relief and sustainable nutrition for Epworth Community	288,632
Subtotal for ADRA Zimbabwe			**288,632**
Africare			
ZIM-09/A/20696/5589	AGRICULTURE	Asset re-building through Small-Livestock Re-Stocking	330,000
ZIM-09/A/21744/5589	AGRICULTURE	Sweet Potato Multiplication Project	300,000
ZIM-09/H/20714/5589	HEALTH	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	110,000
ZIM-09/H/21072/5589	NUTRITION	Improved nutritional knowledge and practises among HBC and highly vulnerable groups in Buhera and Zvishavane districts	320,000
Subtotal for Africare			**1,060,000**
CRS			
ZIM-09/A/20696/5146	AGRICULTURE	Asset re-building through Small-Livestock Re-Stocking	872,000
ZIM-09/A/21279/5146	AGRICULTURE	Improved food security for rural households through Conservation Agriculture	980,000
ZIM-09/A/21319/5146	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	203,700
Subtotal for CRS			**2,055,700**
DAPP			
ZIM-09/A/21274/5661	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers	1,365,000
ZIM-09/A/21319/5661	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	910,000
Subtotal for DAPP			**2,275,000**

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Table IV: Consolidated Appeal for Zimbabwe 2009

List of Projects (grouped by appealing organisation)

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

Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
DT			
ZIM-09/WS/21685/8818	WATER, SANITATION AND HYGIENE	Hygiene & Rural Water Supply Rehabilitation Programme	250,000
Subtotal for DT			**250,000**
FAO			
ZIM-09/A/21274/123	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers	36,500,000
ZIM-09/A/21279/123	AGRICULTURE	Improved food security for rural households through Conservation Agriculture	1,284,000
ZIM-09/A/21306/123	AGRICULTURE	Production of essential seed for smallholder farmers	775,000
ZIM-09/A/21314/123	AGRICULTURE	Coordination of information systems around agriculture and food security	1,000,000
ZIM-09/A/21319/123	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	5,000,000
ZIM-09/A/21331/123	AGRICULTURE	Emergency control of epidemic foot-and-mouth disease (FMD) in Zimbabwe	1,787,500
ZIM-09/A/21383/123	AGRICULTURE	Improving the welfare of rural households in Zimbabwe by controlling Newcastle disease through vaccinations, coupled with avian influenza (AI) awareness and surveillance	940,000
ZIM-09/H/21324/123	NUTRITION	Improving the food and nutrition security of urban and rural households in Zimbabwe through nutrition education and training.	1,000,000
Subtotal for FAO			**48,286,500**
FCTZ			
ZIM-09/A/21274/6602	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers	192,060
Subtotal for FCTZ			**192,060**
GOAL			
ZIM-09/A/21274/7790	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers	1,418,594
ZIM-09/F/21076/7790	FOOD	School based Food Aid Support Project	1,757,711
ZIM-09/H/21170/7790	HEALTH	Programme of primary health care (PHC) support to Ministry of Health and Child Welfare, Nyanga District	442,427
Subtotal for GOAL			**3,618,732**

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Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
HELP			
ZIM-09/A/21274/8246	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers	2,200,000
ZIM-09/A/21744/8246	AGRICULTURE	Sweet Potato Multiplication Project	865,256
Subtotal for HELP			**3,065,256**
HFRC			
ZIM-09/A/21319/8346	AGRICULTURE	Improving nutrition and dietary diversity for vulnerable households though vegetable and garden-based activities	86,400
Subtotal for HFRC			**86,400**
HKI			
ZIM-09/H/21827/7154	NUTRITION	Integrated Facility and Community Based Management of Acute Malnutrition.	500,000
Subtotal for HKI			**500,000**

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Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
IOM			
ZIM-09/E/21931/298	EDUCATION	National Emergency Research on Teacher Attrition in Schools	263,000
ZIM-09/ER/21862/298	EARLY RECOVERY / LIVELIHOODS	Early recovery community initiatives through Zimbabwe Diaspora Engagement Dollar-for-Dollar Economic Recovery Scheme	1,690,694
ZIM-09/ER/21867/298	EARLY RECOVERY / LIVELIHOODS	Local early economic recovery initiatives through reintegration of returnees and productive investment of remittances	2,090,134
ZIM-09/H/20634/298	HEALTH	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	497,550
ZIM-09/H/20714/298	HEALTH	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	500,000
ZIM-09/H/21384/298	NUTRITION	Zimbabwe Nutrition Surveillance	200,000
ZIM-09/H/21721/298	HEALTH	Consolidating Emergency Community and Environmental Health Responses for Mobile and Vulnerable Populations	1,900,000
ZIM-09/MS/21904/298	MULTI-SECTOR	Comprehensive Approach to Humanitarian Emergency Assistance, Early Recovery, Food Security, Income Augmentation and Peaceful Reintegration of MVPs and VPVs	10,000,000
ZIM-09/MS/21905/298	MULTI-SECTOR	Transitional, Community Stabilization and Peace-building Initiatives in MVP communities	10,400,000
ZIM-09/MS/21914/298	MULTI-SECTOR	Humanitarian Assistance to Returned Migrants and Mobile Populations at the South Africa-Zimbabwe Border (Beitbridge) and Botswana-Zimbabwe Border (Plumtree)	5,197,041
ZIM-09/P-HR-RL/20701/298	PROTECTION	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	150,500
ZIM-09/P-HR-RL/20761/298	MULTI-SECTOR	Addressing protection needs of the most vulnerable groups in MVP communities through community based protection systems.	893,751
ZIM-09/P-HR-RL/20763/298	MULTI-SECTOR	CROSS BORDER MOBILITY, IRREGULAR MIGRATION AND HIV AND AIDS: SAFE JOURNEY INFORMATION CAMPAIGN	545,000
ZIM-09/P-HR-RL/20888/298	MULTI-SECTOR	Facilitating Temporary and Safe Labour Migration for Zimbabweans	960,717
ZIM-09/P-HR-RL/21910/298	PROTECTION	Prevention and Protection of Youth and Children from the Risk and Realities of Human Trafficking in Zimbabwe	930,000
ZIM-09/P-HR-RL/21913/298	PROTECTION	Promoting the Right to Identification and Travel Documents and Reducing Risks of Irregular Migration	800,000
Subtotal for IOM			**37,018,387**
Linkage Trust			
ZIM-09/H/21683/7975	NUTRITION	Nutrition Care and Support for People Living with HIV/AIDS (PLWHA) and their families	72,000
ZIM-09/WS/21694/7975	WATER, SANITATION AND HYGIENE	Reducing the incidence of severe diarrhoea, and cholera in vulnerable rural families.	255,000
Subtotal for Linkage Trust			**327,000**

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Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
Mercy Corps			
ZIM-09/A/20852/5162	AGRICULTURE	Irrigation Scheme Rehabilitation in Chipinge and Chiredzi	325,000
ZIM-09/F/20798/5162	EDUCATION	School Feeding in Goromonzi and Chitungwiza	845,000
ZIM-09/WS/21268/5162	WATER, SANITATION AND HYGIENE	Prevention and treatment of water-borne diseases in Buhera, Chipinge and Chiredzi Districts	350,000
Subtotal for Mercy Corps			**1,520,000**
NPA			
ZIM-09/F/22070/5125	FOOD	Child Supplementary Feeding Project of Children of School going age	1,600,000
Subtotal for NPA			**1,600,000**
OCHA			
ZIM-09/CSS/21920/119	COORDINATION	Facilitation and coordination of humanitarian assistance to populations affected by disasters and emergencies; advocacy for the protection of vulnerable populations; and information management	2,406,116
Subtotal for OCHA			**2,406,116**
OCHA (ERF)			
ZIM-09/SNYS/21844/8487	COORDINATION	Emergency Response Fund (ERF) in Zimbabwe	6,500,000
Subtotal for OCHA (ERF)			**6,500,000**
OXFAM GB			
ZIM-09/WS/20868/5120	WATER, SANITATION AND HYGIENE	PREPARDENESS, MITIGATION AND RESPONSE TO WASH RELATED EPIDEMICS IN ZIMBABWE (DISASTER RISK REDUCTION)	5,250,000
Subtotal for OXFAM GB			**5,250,000**
PA (formerly ITDG)			
ZIM-09/WS/21682/6708	WATER, SANITATION AND HYGIENE	Provision of safe water and sanitation facilities and promotion of hygiene education in the vulnerable Peri Urban areas of Harare and Kadoma	470,000
Subtotal for PA (formerly ITDG)			**470,000**

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Table IV: Consolidated Appeal for Zimbabwe 2009

List of Projects (grouped by appealing organisation)

as of 12 November 2008

http://www.reliefweb.int/fts

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

Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
Plan			
ZIM-09/E/22067/5524	EDUCATION	Creating a violence free teaching and Learning environment in Mutoko and KweKwe districts	196,000
ZIM-09/H/21827/5524	NUTRITION	Integrated Facility and Community Based Management of Acute Malnutrition.	250,000
Subtotal for Plan			**446,000**
PSI			
ZIM-09/WS/21708/6310	WATER, SANITATION AND HYGIENE	Hygiene Promotion and Home-Based Water Treatment for diarrhoea epidemic prevention and emergency response in Zimbabwe.	594,780
Subtotal for PSI			**594,780**
SAT			
ZIM-09/A/21274/8348	AGRICULTURE	Provision of basic agricultural inputs and extension support to smallholder farmers	250,000
Subtotal for SAT			**250,000**
SC - Norway			
ZIM-09/E/22066/5836	EDUCATION	Strengthening capacity of schools to cope with challenge of untrained teachers	220,000
ZIM-09/P-HR-RL/20701/5836	PROTECTION	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	96,000
Subtotal for SC - Norway			**316,000**

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Table IV: Consolidated Appeal for Zimbabwe 2009

List of Projects (grouped by appealing organisation)

as of 12 November 2008

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

Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
SC - UK			
ZIM-09/A/20552/109	AGRICULTURE	Livelihoods support for vulnerable groups in Binga, Hwange and Nyaminyami districts.	633,334
ZIM-09/E/20630/109	EDUCATION	Supporting Children's Right to Education in Bulawayo urban area	920,000
ZIM-09/E/20636/109	EDUCATION	Supporting Children's Right to Education in Mobile and Vulnerable Communities Through Improved Access to Quality Education and Incentives for Teachers' Retention	1,958,400
ZIM-09/H/20554/109	HEALTH	Improved health for the most vulnerable children and mothers in Binga and Nyaminyami	2,100,000
ZIM-09/H/21827/109	NUTRITION	Integrated Facility and Community Based Management of Acute Malnutrition.	536,000
ZIM-09/P-HR-RL/20633/109	PROTECTION	Promotion of the Rights to Care and Protection of Children with Disabilities in Urban Areas of Zimbabwe	1,650,000
ZIM-09/P-HR-RL/20650/109	PROTECTION	Building Capacity of NGOs to Ensure Their Humanitarian Responses Do Not Put Beneficiaries (Girls, Boys, Women, Men) at Risk of Harm, Including Sexual and Other Forms of Abuse and Exploitation	242,000
ZIM-09/P-HR-RL/22114/109	MULTI-SECTOR	Emergency psychosocial and protection support to children affected by violence and displacement in urban areas of Zimbabwe	500,000
Subtotal for SC - UK			**8,539,734**
SNV			
ZIM-09/E/21931/8857	EDUCATION	National Emergency Research on Teacher Attrition in Schools	263,000
Subtotal for SNV			**263,000**
UNAIDS			
ZIM-09/P-HR-RL/21872/5109	EARLY RECOVERY / LIVELIHOODS	Strengthening Uniformed forces, Civil Protection Unit (CPU) and AIDS Service organisations'(ASO) effectiveness in Early reovery responses	450,000
Subtotal for UNAIDS			**450,000**
UNDP			
ZIM-09/ER/21876/776	EARLY RECOVERY / LIVELIHOODS	Strengthening Coordination for Early Recovery	412,500
ZIM-09/ER/21882/776	EARLY RECOVERY / LIVELIHOODS	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	830,000
ZIM-09/ER/21889/776	EARLY RECOVERY / LIVELIHOODS	Supporting community based livelihoods and local governance recovery in the 5 worse affected districts:Chipinge, Gwanda, Mberengwa, Muzarabani, and Tsholotsho	3,390,000
Subtotal for UNDP			**4,632,500**

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Table IV: Consolidated Appeal for Zimbabwe 2009

List of Projects (grouped by appealing organisation)

as of 12 November 2008

http://www.reliefweb.int/fts

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

Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
UNDSS			
ZIM-09/S/23517/5139	COORDINATION	Staff security support to humanitarian operations in Zimbabwe	273,351
Subtotal for UNDSS			**273,351**
UNFPA			
ZIM-09/H/20634/1171	HEALTH	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	1,230,500
ZIM-09/H/20714/1171	HEALTH	Promoting life-saving Minimum Initial Service Package (MISP) on sexual and reproductive health within mobile and vulnerable settings in Zimbabwe	300,000
ZIM-09/H/21582/1171	HEALTH	Reaching women and new born babies with emergency obstetric and neonatal care services in communities and institutions	1,712,000
ZIM-09/P-HR-RL/20638/1171	PROTECTION	Promoting Young people's rights, through leadership training and skill-building.	215,000
ZIM-09/P-HR-RL/20641/1171	PROTECTION	Protecting and promoting sexual and reproductive health rights in 10 MVP communities	960,000
ZIM-09/P-HR-RL/20650/1171	PROTECTION	Building Capacity of NGOs to Ensure Their Humanitarian Responses Do Not Put Beneficiaries (Girls, Boys, Women, Men) at Risk of Harm, Including Sexual and Other Forms of Abuse and Exploitation	395,900
ZIM-09/P-HR-RL/20701/1171	PROTECTION	Response to HIV/AIDS and GBV needs of cross border mobile populations at the South Africa / Zimbabwe border	146,000
Subtotal for UNFPA			**4,959,400**
UN-HABITAT			
ZIM-09/ER/21882/7039	EARLY RECOVERY / LIVELIHOODS	Flood response and preparedness in Muzarabani, Chipinge, Chikwarakwara and Shashe districts	1,950,000
ZIM-09/ER/21889/7039	EARLY RECOVERY / LIVELIHOODS	Supporting community based livelihoods and local governance recovery in the 5 worse affected districts:Chipinge, Gwanda, Mberengwa, Muzarabani, and Tsholotsho	165,000
ZIM-09/ER/21893/7039	EARLY RECOVERY / LIVELIHOODS	Strengthened dialogue and enhanced technical capacity to lobby for improved policy frameworks regarding cooperative housing in Harare, Bulawayo, Mutare, Gweru, Victoria Falls and Kariba	440,000
Subtotal for UN-HABITAT			**2,555,000**
UNHCR			
ZIM-09/MS/22261/120	MULTI-SECTOR	Local Settlement Programme for Refugees in Zimbabwe	2,439,226
ZIM-09/P-HR-RL/20749/120	PROTECTION	Protection, assistance and solutions for displaced Zimbabweans and returnees	4,927,138
Subtotal for UNHCR			**7,366,364**

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Table IV: Consolidated Appeal for Zimbabwe 2009

List of Projects (grouped by appealing organisation)

as of 12 November 2008

http://www.reliefweb.int/fts

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

Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
UNICEF			
ZIM-09/CSS/21647/124	NUTRITION	Emergency Nutrition Coordination	650,000
ZIM-09/E/21723/124	EDUCATION	Equity and Quality Education, Keep OVC in school.	25,000,000
ZIM-09/H/20634/124	HEALTH	Prevention and management of sexual and gender based violence, HIV and AIDS and provision of reproductive health services for young people, MVPs and SGBV survivors in Zimbabwe	615,250
ZIM-09/H/21168/124	HEALTH	Community Based HIV/AIDS Care (CHBC) and Support	950,000
ZIM-09/H/21181/124	HEALTH	Provision of Vital and Essential Medicines and Medical Supplies	19,500,000
ZIM-09/H/21190/124	HEALTH	Reaching disadvantaged women and children with Paediatric HIV Prevention and Treatment Services	1,484,000
ZIM-09/H/21192/124	HEALTH	Infectious Disease Prevention and Control in Children	2,279,000
ZIM-09/H/21384/124	NUTRITION	Zimbabwe Nutrition Surveillance	500,000
ZIM-09/H/21540/124	NUTRITION	Protecting and supporting optimal infant and young child feeding (IYCF) for children under the age of two years in emergency situations	1,260,000
ZIM-09/H/21582/124	HEALTH	Reaching women and new born babies with emergency obstetric and neonatal care services in communities and institutions	2,300,500
ZIM-09/H/21700/124	HEALTH	Reaching the vulnerable children and women of child bearing age with immunization to prevent EPI target disease outbreaks	7,029,000
ZIM-09/H/21827/124	NUTRITION	Integrated Facility and Community Based Management of Acute Malnutrition.	3,000,000
ZIM-09/P-HR-RL/21024/124	PROTECTION	Peace Building and Reconciliation: Provision of psychosocial and other essential supports for children affected by violence in 2008	1,700,000
ZIM-09/WS/20548/124	WATER, SANITATION AND HYGIENE	Emergency safe water supply, sanitation facilities and hygiene promotion to affected vulnerable populations in urban and rural areas of Zimbabwe.	9,000,000
ZIM-09/WS/20868/124	WATER, SANITATION AND HYGIENE	PREPARDENESS, MITIGATION AND RESPONSE TO WASH RELATED EPIDEMICS IN ZIMBABWE (DISASTER RISK REDUCTION)	4,000,000
Subtotal for UNICEF			**79,267,750**
WFP			
ZIM-09/F/23505/561	FOOD	Food Support for Vulnerable Groups	315,973,971
Subtotal for WFP			**315,973,971**
WHO			
ZIM-09/H/20937/122	HEALTH	Strengthen response and management of cholera, other diarrhoeal disease and emerging infectious diseases	929,999
ZIM-09/H/21827/122	NUTRITION	Integrated Facility and Community Based Management of Acute Malnutrition.	612,040
ZIM-09/H/21864/122	HEALTH	Health Cluster Coordination, disease surveillance and Health Information management in the health sector	1,552,000
Subtotal for WHO			**3,094,039**

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Table IV: Consolidated Appeal for Zimbabwe 2009

List of Projects (grouped by appealing organisation)

as of 12 November 2008

http://www.reliefweb.int/fts

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

Project Code	Cluster/Sector	Project Title	Original Requirements (US$)
WVI			
ZIM-09/A/20696/8502	AGRICULTURE	Asset re-building through Small-Livestock Re-Stocking	65,945
ZIM-09/H/20782/8502	NUTRITION	Improving adoption of appropriate feeding practices of children and pregnant women to support Community Management of Acute Malnutrition (CMAM) initiatives	320,000
ZIM-09/H/21827/8502	NUTRITION	Integrated Facility and Community Based Management of Acute Malnutrition.	507,000
ZIM-09/P-HR-RL/20746/8502	PROTECTION	Community Reconciliation Support Project	113,500
ZIM-09/WS/21193/8502	WATER, SANITATION AND HYGIENE	Bulawayo Emergency Water and Sanitation Project	1,000,000
Subtotal for WVI			**2,006,445**
ZAN			
ZIM-09/P-HR-RL/21872/8848	EARLY RECOVERY / LIVELIHOODS	Strengthening Uniformed forces, Civil Protection Unit (CPU) and AIDS Service organisations'(ASO) effectiveness in Early reovery responses	260,000
Subtotal for ZAN			**260,000**
Grand Total			**549,680,117**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX IV. Table V. Summary of Requirements – (grouped by IASC Standard Sector)

Table V: Consolidated Appeal for Zimbabwe 2009
Summary of Requirements – (grouped by IASC Standard Sector)
as of 12 November 2008
http://www.reliefweb.int/fts

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

Sector Name	Original Requirements (US$)
AGRICULTURE	58,922,421
COORDINATION AND SUPPORT SERVICES	3,056,116
ECONOMIC RECOVERY AND INFRASTRUCTURE	10,968,328
EDUCATION	28,820,400
FOOD	320,176,682
HEALTH	55,059,266
MULTI-SECTOR	28,036,267
PROTECTION/HUMAN RIGHTS/RULE OF LAW	15,935,506
SAFETY AND SECURITY OF STAFF AND OPERATIONS	273,351
SECTOR NOT YET SPECIFIED	6,500,000
WATER AND SANITATION	21,931,780
Grand Total	**549,680,117**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

International Federation of Red Cross and Red Crescent Societies

ZIMBABWE APPEAL TOTAL FOR 2009 - 2010: CHF 4,646,104.49

National society context and priorities
The humanitarian situation in Zimbabwe has deteriorated with a combination of social, economic and political factors creating a complex humanitarian situation and a highly vulnerable population. The shortages of basic food commodities and unpredictable rainfall patterns have threatened food security of millions of people. The situation has been made worse by the contraction of economic activity in all sectors, inefficient health delivery system, water supply shortages and poor sanitation facilities which are compounded by the high burden of social and medical care caused by the HIV and AIDS pandemic. The plan for 2009 - 2010 is thus centred mainly on disaster management and capacity building.

ZRCS programmes have been formulated with a focus on reducing the suffering of the most vulnerable communities through the implementation of community-based health and care, water and sanitation, disaster preparedness, food security and livelihoods projects. The demand for humanitarian services is on the increase following the social and economic crisis that Zimbabwe is undergoing. Through strengthening of ZRCS branches, a decentralisation strategy has been embarked upon to ensure that beneficiaries are more involved in implementation and community participation is enhanced. The aim is to reach approximately 44,000 households for water and sanitation services, 20,000 households for agriculture recovery, 25,000 households for livelihoods interventions, 50,000 people for disaster management and one million people with dissemination on the Fundamental Principles and Humanitarian Values. The Red Cross branches are the smallest but perhaps most important part of the structure within this voluntary, community-based, organisational structure of the ZRCS.

For the first time in its history, Zimbabwe conducted local government, parliamentary and presidential elections in one day, on 29 March 2008. A presidential run off was later held on 27 June 2008. Contingency planning in the pre and post election period was necessary to cater for incidents that might occur. During the pre and post-election period there were incidents of intimidation and displacement as a result of political violence. The ZRCS responded to some of the displacement cases. The political situation is still evolving as the main political parties are yet to come to a consensus regarding forming a new government. The impasse is likely to spill over into 2009.

Please refer to http://www.ifrc.org/docs/appeals/annual08/MAAZW001app.pdf for details on the 2008-2009 Appeal. The 2009 – 2010 appeal will be on the Federation website by mid November.

Priority programmes for Federation assistance in 2009 - 2010

Disaster Management

Profile of Target Beneficiaries
- 10,000 households (50,000 people) affected by natural and man-made disasters - Emergency relief stocks will be pre-positioned and managed throughout the country.
- 2,400 households (12,000 people) - Information will be disseminated by the end of this planning cycle in 2010 on disaster risk reduction strategies in identified disaster prone districts.

Expected Outcomes - Community-based disaster preparedness and Disaster risk reduction (DRR)
- Pre-positioning of emergency relief stocks to enable rapid and cost effective disaster response in the end of 2008 and 2009.
- Development of logistical capacity and implementation of warehousing and dispatch systems.
- Communities are continuously made aware of disaster hazards and have capacity to respond to emergencies in disaster prone areas through out the country.

- Vulnerability of communities in disaster prone areas reduced from impacts of disasters through timely information, capacity building and resilience to disaster risk.
- Diverse DRR projects are designed and implemented.

Activities:

- Pre-positioning of emergency stocks for 50,000 people nationwide in disaster prone provinces (including first aid stocks, tents, tarpaulins, water makers and mosquito nets) by 2010.
- Improving the central and regional warehousing systems by improved organisational management and a computer system to keep track of stocks.
- Assisting the development of community-based contingency plans.
- Registration and verification of beneficiaries, pre-positioning of Red Cross action teams and distribution of relief materials.
- Dissemination of DRR information by volunteers to local communities in all provinces.
- Vulnerability and Capacity Assessments (VCA) and baseline studies in Chipinge, Matobo, Mwenezi and Chimanimani districts in 2008.
- Development of national, provisional and community level early warning systems in the event of potential disasters.
- Training 4,000 households in the four identified disaster prone areas on disaster risk reduction strategies.

In the context of increased humanitarian needs in Zimbabwe and the changing operational plan, a decision was made to gear up disaster preparedness and response capacity in the long term. The NS has developed a contingency plan for cholera and a disaster management master plan is also being developed.

Food Security

The Zimbabwe Red Cross Society (ZRCS) with the support of the Federation launched an emergency food security and livelihoods appeal in August 2008 http://www.ifrc.org/docs/appeals/08/MDRZW003pa.pdf to cater for short to medium term needs (food aid) and longer term interventions (livelihoods. The emergency appeal is targeting 260,100 people mainly orphans and vulnerable children (OVC), home-based care (HBC) clients and their families for nine months across 25 districts in the country's ten administrative provinces. This was is in light of the general trends of food shortages and poor harvests for 2008, which are further compounded by rising food prices on the world market and reduced purchasing power. The deteriorating food insecurity situation is envisaged to affect the planning process even beyond 2009 and 2010, since this has become a structural long-term problem for the country.

HIV & AIDS

In 2009-2010, Zimbabwe Red Cross Society (ZRCS) will be in the final two years of implementing the five year integrated HIV and AIDS programme (2006-2010), which is part of the Southern Africa Regional HIV and AIDS programme http://www.ifrc.org/docs/appeals/annual06/MAA63003.pdf and a component of the International Federation of Red Cross and Red Crescent Societies (IFRC) Global Alliance on HIV. The IFRC is scaling-up its response to HIV and is committed to reducing vulnerability and increasing its impact by preventing further infections, expanding care, treatment and support and reducing stigma and discrimination. In order to achieve these three outputs, the capacity of ZRCS is to be further strengthened to enable effective service delivery to be expanded and to reach out to the most affected communities. The programme is targeting five million people with prevention activities, 34,000 people living with HIV and 110,000 orphans and vulnerable children (OVC).

Water and Sanitation

Water and sanitation (WatSan) activities in Mount Darwin district are funded under the European Commission – African, Caribbean and Pacific (EU/ACP) 2006 – 2010 water initiative and are therefore not included in this plan. The initiative seeks to address the water and sanitation deficiencies in line with meeting the Millennium Development Goals and Federation Global Agenda 2. The programme is being implemented for three years in Zimbabwe (2006 – 2009). At the end of the programme, ZRCS would like to have provided safe drinking water to more than 100,000 people in Mt Darwin, including home-based care clients (HBC) clients and orphaned and vulnerable children (OVC). The WatSan activities in this plan should be seen as a continuation of the all ready ongoing activities beyond 2009. To date over 30,000 people have benefited from the project through provision of safe water and sanitation facilities and health and hygiene education.

The WatSan programme is also targeting 44,000 vulnerable households in rural communities with limited access to clean water supply and sanitation facilities. The water and sanitation activities will be integrated in the food security and livelihoods and home-based care programmes in seven provinces namely; Manicaland, Mashonaland East and West, Matebeleland North and South, Masvingo and Midlands. The plan is to gear this project up while phasing out the on-going European Union African, Caribbean and Pacific (EU/ACP) water and sanitation project in Mt Darwin, which is scheduled to end by mid 2009.

Organisational Development
In response to the deepening humanitarian needs in Zimbabwe, ZRCS has increased efforts on institutional capacity building and resource mobilization, good corporate governance and management systems. The volunteer management system is being reviewed and the gaps addressed to align the ZRCS with the characteristics of a well functioning NS. ZRCS has 130 staff members and over 30,000 volunteers in 551 branches throughout all the provinces. Through a human resource review, they will be trained in relevant areas to enhance their skills and performance. The decentralisation process provides a good opportunity for staff and volunteer development as training will be more localised and responsive to the needs of the communities being served. The process also aims to facilitate local resource mobilisation and development of partnerships.

A resource mobilisation unit was recently established in the national society. The goal of the unit is to ensure that revenue generating projects are making a profit, thus meeting valid social needs and strengthening the national society. ZRCS has received in-kind support of an organisational development delegate and construction of branch offices is underway and the bulk of the material has been procured and is at the construction sites.

Promotion of Fundamental Principles and Humanitarian:
The ZRCS is operating in a politically sensitive environment, thus dissemination activities need to be strengthened in order to increase visibility and space for the NS to manoeuvre in. With technical support from the IFRC, the ZRCS will continue strengthening the dissemination of information on the Red Cross Movement Fundamental Principles and Humanitarian Values and the International Humanitarian Law (IHL). This will be done in close coordination with the ICRC.

Profile of target beneficiaries
- One million people countrywide.
- 90 percent of all beneficiaries in the integrated HIV and AIDS programme in 27 project areas.

Expected outcome - Coordination and Promotion of Fundamental Principles and Humanitarian Values
- Enhanced cooperation that is mutually beneficial for ZRCS and all its stakeholders.
- Increased quality and volume of long term partnerships in Federation support of ZRCS emergency and developmental programming

Planned Activities:
- Quarterly strategic coordination meetings involving ZRCS and all Movement partners.
- Federation attends all meetings with the United Nations Inter Agency Standing Committee (IASC) and other coordination forums.
- Development of a Cooperation Agreement Strategy (CAS)
- Increased involvement of PNS in supporting long term ZRCS programmes
- Federation assisting ZRCS in operational activities and coordinating activities
- Federation giving technical support to ZRCS and monitoring programme implementation
- Training 75 staff members on the dissemination of Fundamental Principles and Humanitarian Values.
- Cooperation alliances for long term programmes
- Training 3,200 volunteers as key disseminators of the IHL, Fundamental Principles and Humanitarian Values through organised training workshops for all provincial council members in the country's eight provinces.
- ZRCS humanitarian action is neutral, independent and the NS is neither used in nor perceived as being part of a wider political agenda, while promoting the International Humanitarian Law (IHL) and spreading knowledge of the Movement's Fundamental Principles and Humanitarian Values.

With technical support from the Federation, ZRCS continues to strengthen the dissemination of information on the Red Cross Movement Fundamental Principles and Humanitarian Values. ZRCS is operating in a political sensitive environment thus dissemination activities need to be strengthened in order to increase visibility and credibility of the NS.

Promoting Gender Equity and Diversity

ZRCS is gender sensitive in the implementation of its community-based programmes. Efforts have been made to ensure that all information for both planning and reporting is gender aggregated when planning and reporting, in order to ensure equity between men and women and gender sensitivity in programme development. Equal participation of men and women must be ensured so that interventions are suitable and address gender disparities in programme development. An example of this is the HBC programme where about ten percent of care facilitators are male and plans are underway to increase male involvement to at least 50 percent. Efforts have been made to ensure gender aggregation, in order to ensure equity between men and women and gender sensitivity.

Participatory hygiene and sanitation transformation (PHAST) approaches in WatSan activities provide appropriate technology choices that ensure equal participation of men and women. The provision of water sources and sanitation facilities enables women and girls to focus on other life skills activities, including increasing school attendance of the girl child.

Most agriculture activities in rural communities are managed by women. ZRCS will continue to train women and household members to manage and monitor their own activities. This will promote community participation and ownership. The integrated approach to programmes will ensure that beneficiaries are made aware of gender issues.

Quality, Accountability and Learning

The ZRCS established a monitoring and evaluation (M&E) unit at national level, focused on capacitating staff and volunteers in effective programme monitoring. This will help in the production of quality, impact-based reports through the development of indicators, M&E plans, and development of databases and mapping of strategies to meaningfully involve beneficiaries. The M&E system is the premise for continuous performance tracking and strategy review. This is in line with the IFRC's development of a performance accountability framework.

Research will be conducted annually in line with results and lessons learnt in order to support interventions and explore new approaches. All programmes will have a beneficiary baseline done and this will be accompanied by a needs assessment and implementation planning. Mid term reviews will be conducted both internally and as per donor request. End of phase reviews and impact evaluation will also be carried out for every intervention.

ANNEX VI. DONOR RESPONSE TO 2008 APPEAL

Table I: Consolidated Appeal for Zimbabwe 2008
Requirements, Commitments/Contributions and Pledges - by Sector
as of 12 November 2008
http://www.reliefweb.int/fts

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

Sector Value in US$	Original Requirements A	Revised Requirements B	Funding C	% Covered C/B	Unmet Requirements B-C	Uncommitted Pledges D
AGRICULTURE	45,895,669	53,696,792	9,808,245	18%	43,888,547	-
COORDINATION	2,481,427	3,248,569	2,076,346	64%	1,172,223	395,858
EDUCATION	5,001,000	5,001,000	2,330,000	47%	2,671,000	-
FOOD	173,386,083	329,925,062	301,155,460	91%	28,769,602	-
HEALTH	20,844,430	29,816,343	18,783,634	63%	11,032,709	-
MULTI-SECTOR	43,078,620	51,988,414	21,874,261	42%	30,114,153	2,655,521
NUTRITION	4,188,400	4,360,400	613,009	14%	3,747,391	-
PROTECTION	6,489,420	6,489,420	1,295,120	20%	5,194,300	-
SECTOR NOT YET SPECIFIED	-	3,000,000	7,991,029	266%	(4,991,029)	-
SUSTAINABLE LIVELIHOODS AT COMMUNITY LEVEL	5,482,000	5,482,000	95,000	2%	5,387,000	-
WATER AND SANITATION	9,714,129	9,341,477	8,382,374	90%	959,103	-
Grand Total	**316,561,178**	**502,349,477**	**374,404,478**	**75%**	**127,944,999**	**3,051,379**

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 12 November 2008. 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 2008

Requirements, Commitments/Contributions and Pledges - by Appealing Organisation

as of 12 November 2008

http://www.reliefweb.int/fts

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

Appealing Organisation Values in US$	Original Requirements A	Revised Requirements B	Funding C	% Covered C/B	Unmet Requirements B-C	Uncommitted Pledges D
AAI-Z	140,000	140,000	10,000	7%	130,000	-
ACF	957,571	1,842,571	848,734	46%	993,837	-
ADRA	1,570,000	1,570,000	-	0%	1,570,000	-
Africare	1,030,000	1,512,000	85,800	6%	1,426,200	-
AIAS	-	300,000	-	0%	300,000	-
APOC	149,700	149,700	-	0%	149,700	-
ASAP	52,200	52,200	-	0%	52,200	-
CARE	553,900	553,900	-	0%	553,900	-
Christian Care	770,000	420,000	197,300	47%	222,700	-
CIAT	74,930	74,930	-	0%	74,930	-
CONCERN	330,000	330,000	-	0%	330,000	-
CRS	631,200	631,200	-	0%	631,200	-
C-SAFE	-	99,536,900	99,536,900	100%	-	-
CTDT	200,000	200,000	-	0%	200,000	-
DAPP	1,301,916	1,301,916	-	0%	1,301,916	-
EA	75,000	75,000	-	0%	75,000	-
FACHIG	45,000	45,000	-	0%	45,000	-
FAO	38,092,000	38,092,000	8,118,161	21%	29,973,839	-
FCTZ	600,000	600,000	-	0%	600,000	-
GOAL	-	800,141	372,401	47%	427,740	-
HELP	-	4,068,705	1,864,307	46%	2,204,398	-
HFRC	45,300	45,300	-	0%	45,300	-
HKI	500,000	500,000	-	0%	500,000	-
IOM	42,944,750	44,973,584	13,035,425	29%	31,938,159	-
IWSD	3,200,000	2,300,000	-	0%	2,300,000	-
JAG	-	100,000	-	0%	100,000	-
LDS	2,000,000	2,000,000	-	0%	2,000,000	-
Linkage Trust	305,000	305,000	5,000	2%	300,000	-
Mercy Corps	8,445,109	4,974,429	2,010,013	40%	2,964,416	-
MWANA PROJECT	207,000	207,000	-	0%	207,000	-
NGO Consortium	-	12,478,460	12,478,460	100%	-	-
NPA	1,600,000	1,600,000	494,071	31%	1,105,929	-
OCHA	2,481,427	2,481,427	859,362	35%	1,622,065	395,858
OCHA (ERF)	-	3,000,000	760,980	25%	2,239,020	-
OXFAM GB	802,399	802,399	4,367,896	100%	(3,565,497)	-
Plan	250,000	250,000	-	0%	250,000	-
PSDC	114,750	229,500	-	0%	229,500	-
SAFIRE	215,723	215,723	-	0%	215,723	-
SAT	250,000	900,000	-	0%	900,000	-
SC - Norway	438,300	438,300	132,000	30%	306,300	-

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. 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 2008

Requirements, Commitments/Contributions and Pledges - by Appealing Organisation

as of 12 November 2008

http://www.reliefweb.int/fts

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

Appealing Organisation Values in US$	Original Requirements A	Revised Requirements B	Funding C	% Covered C/B	Unmet Requirements B-C	Uncommitted Pledges D
SC - UK	6,155,120	6,155,120	781,400	13%	5,373,720	-
The J.F. Kapnek Trust	200,000	200,000	-	0%	200,000	-
UMC	240,000	240,000	70,000	29%	170,000	-
UNFPA	2,709,540	2,709,540	300,199	11%	2,409,341	-
UN-HABITAT	2,195,000	2,195,000	95,000	4%	2,100,000	-
UNHCR	2,109,370	2,159,371	321,352	15%	1,838,019	2,655,521
UNICEF	15,741,310	28,745,168	24,893,330	87%	3,851,838	-
WFP	168,009,083	225,449,814	201,491,830	89%	23,957,984	-
WHO	8,828,580	4,062,179	1,274,557	31%	2,787,622	-
ZFDT	-	336,000	-	0%	336,000	-
GRAND TOTAL	**316,561,178**	**502,349,477**	**374,404,478**	**75%**	**127,944,999**	**3,051,379**

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 12 November 2008. 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 2008

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

as of 12 November 2008

http://www.reliefweb.int/fts

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

Donor Values in US$	**Funding**	**% of Grand Total**	**Uncommitted Pledges**
United States	210,111,055	56.1 %	2,600,000
United Kingdom	43,431,967	11.6 %	295,858
Carry-over (donors not specified)	24,260,694	6.5 %	-
European Commission (ECHO)	21,390,402	5.7 %	-
Netherlands	15,995,736	4.3 %	-
Australia	14,802,555	4.0 %	-
Canada	7,805,225	2.1 %	-
Sweden	7,542,737	2.0 %	-
Central Emergency Response Fund (CERF)	6,681,109	1.8 %	-
Japan	5,500,000	1.5 %	-
Ireland	4,334,650	1.2 %	-
Norway	3,398,204	0.9 %	-
Germany	1,864,307	0.5 %	-
Switzerland	1,837,413	0.5 %	-
Allocations of unearmarked funds by UN agencies	1,163,107	0.3 %	-
Italy	1,005,183	0.3 %	155,521
Private (individuals & organisations)	905,120	0.2 %	-
Spain	889,525	0.2 %	-
Venezuela	750,000	0.2 %	-
Korea, Republic of	400,000	0.1 %	-
Czech Republic	263,574	0.1 %	-
Greece	71,915	0.0 %	-
Grand Total	**374,404,478**	**100.0 %**	**3,051,379**

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 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Other Humanitarian Funding to Zimbabwe 2008

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal

as of 12 November 2008

http://www.reliefweb.int/fts

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

Appealing Organisation Values in US$	Description	Funding	Uncommitted Pledges
Canada			
CARE	Humanitarian assistance (M-012750)	407,747	-
WV	Humanitarian assistance (M-012827)	204,499	-
Subtotal for Canada		**612,246**	**-**
Denmark			
CARITAS	Reduce the number of people affected by the hunger crisis (46.H.7-8-117.)	573,109	-
Danchurchaid	Emergency Food Aid (46.H.7-1-154.)	935,435	-
Danchurchaid	Extraordinary Danish contribution to emergency assistance and rehabilitation in Zimbabwe (46.H.7-2-149.c.)	292,238	-
Danchurchaid	Improving food supply, nutrition condition and income options and to fight HIV/AIDS (46.H.7-2-151.c)	606,688	-
Danish RC	Food security for civilians (primarily) (46.H.7-1-167)	1,147,152	-
DRK, ICRC, IFRC (details not yet provided)	International Aid (46.H.7-1-164)	417,660	-
Subtotal for Denmark		**3,972,282**	**-**
European Commission Humanitarian Aid Office			
DWH	Rural Health Institution Water Supply and Inventory Project (RHWSIP)[ECHO/ZWE/BUD/2008/01004]	1,538,849	-
GOAL	Health, HIV/AIDS, nutrition, water and sanitation and hygiene (WASH) support to Makoni District of Manicaland Province (ECHO/ZWE/BUD/2008/01002)	1,019,952	-
HELP	Food Security Promotion for very food insecure farming households in Zimbabwe (ECHO/-FA/BUD/2008/01071)	2,282,750	-
UN Agencies, NGOs and Red Cross	Food aid, short-term food-security support, nutritional support and short-term livelihood support for vulnerable populations in humanitarian crises. (ECHO/-FA/BUD/2008/01000-uncommitted balance of orig pledge of Euro 15 mn)	-	3,839,578
UN Agencies, NGOs and Red Cross	Humanitarian aid for vulnerable populations in Zimbabwe [ECHO/ZWE/BUD/2008/01000-uncommitted balance of orig pledge of Euro 10 mn]	-	12,528,964
UN Agencies, NGOs and Red Cross	Relief assistance for people affected by the enduring humanitarian crisis in Zimbabwe	-	14,641,288
WV UK	Gwanda Community-based Nutrition Care (CBNC) Project [ECHO/ZWE/BUD/2008/01003]	493,278	-
Subtotal for European Commission Humanitarian Aid Office		**5,334,829**	**31,009,830**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Other Humanitarian Funding to Zimbabwe 2008

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal

as of 12 November 2008

http://www.reliefweb.int/fts

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

Appealing Organisation Values in US$	Description	Funding	Uncommitted Pledges
Germany			
Bilateral (to affected government)	Medical help for injured people (VN05 321.50 ZWE 03/08)	22,586	-
Bilateral (to affected government)	Providing food items (VN05 321.50 ZWE 04/08)	7,776	-
Bilateral (to affected government)	Relif aid for violence victims, NFIs, food items and medical help (VN05 321.50 ZWE 02/08)	46,729	-
Diakonie Emergency Aid	Improvement of food security and availability of drinking water by promotion of irrigated and sustainable agriculture in Southern and South-Eastern Zimbabwe (BMZ-No.: 2008.1900.3)	585,652	-
DWH	Agricultural transitional aid and drinking water projekt (BMZ-No.: 2008.1878.1)	1,698,671	-
German RC	Urgent food relief in form of high nutricious food supplements (VN 05 321.50ZWE 08/08)	509,195	-
HELP	Assure adequate basic medical care for citizens of Harare (VN 05 321.50ZWE 10/08)	513,580	-
ICRC	Assistance and Protection activities (VN05 321.50 ZWE 06/08)	622,084	-
Lutherischer Weltbund Deutsches Nationalkomitee	Supply with food, hygiene articles and medicaments (VN05 321.50 ZWE 07/08)	20,163	-
Misereor	Cover alimentary deficit (VN 05 321.50ZWE 11/08)	377,232	-
MSF	Facing of wells, enhanced access to qualitative high-grade facilities (VN05 321.50 ZWE 09/08)	351,391	-
Subtotal for Germany		**4,755,059**	**-**
Italy			
Bilateral (to affected government)	To assist affected population (AID 9095/01/5)	1,464,129	-
Italian Agency for Food Aid (AGEA)	To assist affected population (Food)	1,577,287	-
Subtotal for Italy		**3,041,416**	**-**
Luxembourg			
CARITAS	Assistance to vulnerable people and children	147,929	-
Subtotal for Luxembourg		**147,929**	**-**
Norway			
NCA	ZWE 1083297/Joint assessment mission	10,634	-
UN Agencies, NGOs and Red Cross	Emergency relief in Zimbabwe (94/08)	-	7,462,687
Subtotal for Norway		**10,634**	**7,462,687**
Sweden			
ICRC	Humanitarian support through ICRC	309,623	-
RC/Sweden	Humanitarian support to people affected by crisis	3,239,515	-
SRSA	Logistics support to WFP´s project Protracted Relief and Recovery Operation in Mutare	49,594	-
Subtotal for Sweden		**3,598,732**	**-**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Other Humanitarian Funding to Zimbabwe 2008

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal
as of 12 November 2008
http://www.reliefweb.int/fts

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

Appealing Organisation Values in US$	Description	Funding	Uncommitted Pledges
Switzerland			
HEKS	Youth Empowerment and Transform	102,936	-
SACI	Swiss Dairy Products	32,274	-
SDC/SHA	SDC Program Office in Harare	306,220	-
Solidarmed	Antiretroviral Treatment Program	433,526	-
Stiftung Kasipiti	Swiss Dairy Products	88,596	-
Verein für Aufbauhilfe Tambanevana	Swiss Dairy Products	8,333	-
Subtotal for Switzerland		**971,885**	**-**
United States of America			
JRS	Refugee transit centre	20,000	-
USAID/Zimbabwe	Administrative Support	90,866	-
Various	Agriculture and Food Security; Protection; Humanitarian Coordination and Information Management	2,084,685	-
Various	Water, Sanitation, and Hygiene	562,623	-
Various	Water, Sanitation, and Hygiene; Emergency Relief Supplies	3,505,399	-
Subtotal for United States of America		**6,263,573**	**-**
Grand Total		**28,708,585**	**38,472,517**

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 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table V: Zimbabwe 2008

Total Humanitarian Assistance per Donor (Appeal plus other*)

as of 12 November 2008

http://www.reliefweb.int/fts

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

Donor Values in US$	**Funding**	**% of Grand Total**	**Uncommitted Pledges**
United States	216,374,628	53.7 %	2,600,000
United Kingdom	43,431,967	10.8 %	295,858
European Commission (ECHO)	26,725,231	6.6 %	31,009,830
Carry-over (donors not specified)	24,260,694	6.0 %	-
Netherlands	15,995,736	4.0 %	-
Australia	14,802,555	3.7 %	-
Sweden	11,141,469	2.8 %	-
Canada	8,417,471	2.1 %	-
Central Emergency Response Fund (CERF)	6,681,109	1.7 %	-
Germany	6,619,366	1.6 %	-
Japan	5,500,000	1.4 %	-
Ireland	4,334,650	1.1 %	-
Italy	4,046,599	1.0 %	155,521
Denmark	3,972,282	1.0 %	-
Norway	3,408,838	0.8 %	7,462,687
Switzerland	2,809,298	0.7 %	-
Allocations of unearmarked funds by UN agencies	1,163,107	0.3 %	-
Private (individuals & organisations)	905,120	0.2 %	-
Spain	889,525	0.2 %	-
Venezuela	750,000	0.2 %	-
Korea, Republic of	400,000	0.1 %	-
Czech Republic	263,574	0.1 %	-
Luxembourg	147,929	0.0 %	-
Greece	71,915	0.0 %	-
Grand Total	**403,113,063**	**100 %**	**41,523,896**

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

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table VI: Consolidated Appeal for Zimbabwe 2008

Requirements, Commitments/Contributions and Pledges - by IASC Standard Sector

as of 12 November 2008

http://www.reliefweb.int/fts

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

Sector Value in US$	Original Requirements A	Revised Requirements B	Funding C	% Covered C/B	Unmet Requirements B-C	Uncommitted Pledges D
AGRICULTURE	45,895,669	53,696,792	9,808,245	18%	43,888,547	-
COORDINATION AND SUPPORT SERVICES	2,481,427	3,248,569	2,076,346	64%	1,172,223	395,858
ECONOMIC RECOVERY AND INFRASTRUCTURE	5,482,000	5,482,000	95,000	2%	5,387,000	-
EDUCATION	5,001,000	5,001,000	2,330,000	47%	2,671,000	-
FOOD	173,386,083	329,925,062	301,155,460	91%	28,769,602	-
HEALTH	25,032,830	34,176,743	19,396,643	57%	14,780,100	-
MULTI-SECTOR	43,078,620	51,988,414	21,874,261	42%	30,114,153	2,655,521
PROTECTION/HUMAN RIGHTS/RULE OF LAW	6,489,420	6,489,420	1,295,120	20%	5,194,300	-
SECTOR NOT YET SPECIFIED	-	3,000,000	7,991,029	266%	(4,991,029)	-
WATER AND SANITATION	9,714,129	9,341,477	8,382,374	90%	959,103	-
GRAND TOTAL	**316,561,178**	**502,349,477**	**374,404,478**	**75%**	**127,944,999**	**3,051,379**

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 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX VII. ACRONYMS AND ABBREVIATIONS

AGRITEX	Agricultural Technical and Extension
ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Antiretrovirus
AU	African Union
CAP	Consolidated Appeals Process
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
CFSAM	Crop and Food Supply Assessment Mission
CHBC	Mapping Community Home-Based Care
CHS	Community and Household Surveillance
COSV	Coordinating Committee of the Organisation for Voluntary Service
CRS	Catholic Relief Services
C-SAFE	Consortium for Southern Africa Food Security Emergency
DDF	District Development Fund
DHS	Demographic Health Survey
DRC	Democratic Republic of Congo
DVFS	Department of Veterinary and Field Services
ERF	Emergency Response Fund
FAO	Food and Agriculture Organization
FMD	foot-and-mouth Disease
FNC	Food and Nutrition Council
FTS	Financial Tracking Service
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GNP	Gross National Product
HAZ	Help Age Zimbabwe
HBC	Home-Based Care
HC	Humanitarian Coordinator
HDR	Human Development Report
HEA	Household Economy Approach
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IEC	Information, Education, Communication
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IPA	Inter-country People's Aid
LEAD Trust	Leveraging Economic Assistance for the Disadvantaged Trust
LNGO	Local Non-Governmental Organisation
MC	Mercy Corps
MDC	Movement for Democratic Change
MoA	Ministry of Agriculture
MoHCW	Ministry of Health and Child Welfare
MT	Metric Tonnes
MVP	Mobile and Vulnerable Population
MYR	Mid-Year Review
NANGO	National Association of Non-Governmental Organisations
NCD	New Castle Disease
NFI	Non-Food Item
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OVC	Orphans and Vulnerable Children

PA	Practical Action
PI	Plan International
PLWHIV	People Living With HIV
PWG	Protection Working Group
RSC	Reception and Support Centre
RSD	Refugees Status Determination
RUDO	Rural Unity Development Organisation
SADC	Southern Africa Development Community
SAM	Severe Acute Malnutrition
SC-N	Save the Children – Norway
SC-UK	Save the Children – United Kingdom
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender-Based Violence
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TB	Tuberculosis
TFP	Therapeutic Feeding Programme
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Education Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VFU	Victim Friendly Unit
VPV	Victim of Political Violence
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WVI	World Vision International
ZANU-PF	Zimbabwe African National Union – Population Front
ZDHS	Zimbabwe Demographic Health Survey
ZimVAC	Zimbabwe Vulnerability Assessment Committee
ZINWA	Zimbabwe National Water Authority
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

Consolidated Appeal Process (CAP)

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

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

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

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

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

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

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

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

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

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