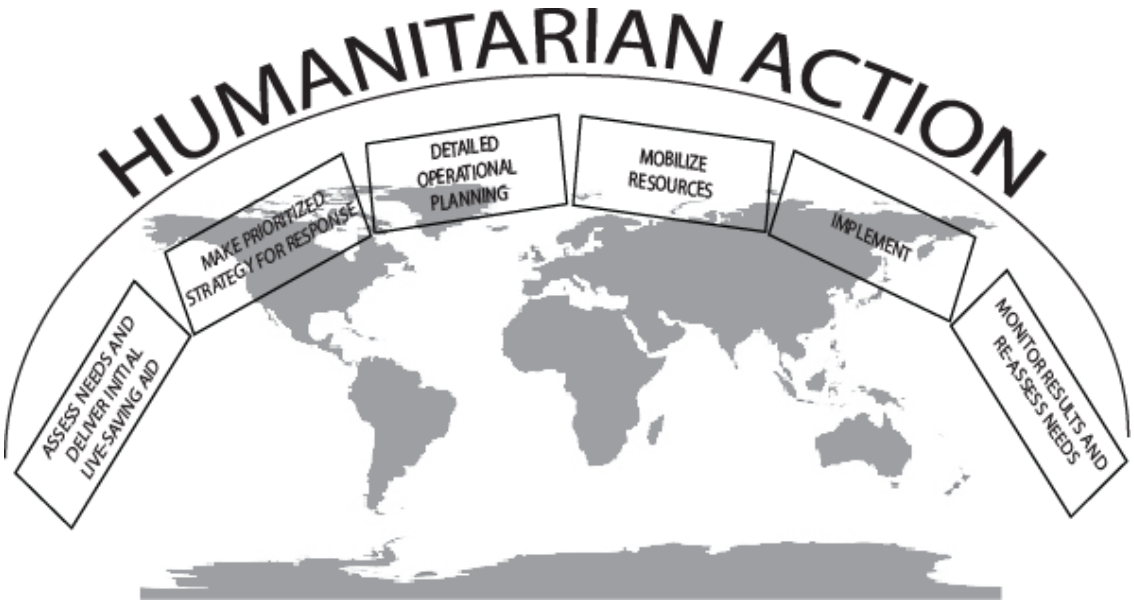
Zimbabwe

2011

Consolidated Appeal

Mid-Year Review

UNITED NATIONS



SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

ACF	GOAL	MACCA	TEARFUND
ACTED	GIZ	Malteser	Terre des Hommes
ADRA	Handicap International	Medair	UNAIDS
Afghanaid	HELP	Mercy Corps	UNDP
AVSI	HelpAge International	MERLIN	UNDSS
CARE	Humedica	NPA	UNESCO
CARITAS	IMC	NRC	UNFPA
CONCERN	INTERSOS	OCHA	UN-HABITAT
COOPI	IOM	OHCHR	UNHCR
CRS	IRC	OXFAM	UNICEF
CWS	IRIN	Première Urgence	WFP
DRC	Islamic Relief Worldwide	Save the Children	WHO
FAO	LWF	Solidarités	World Vision International

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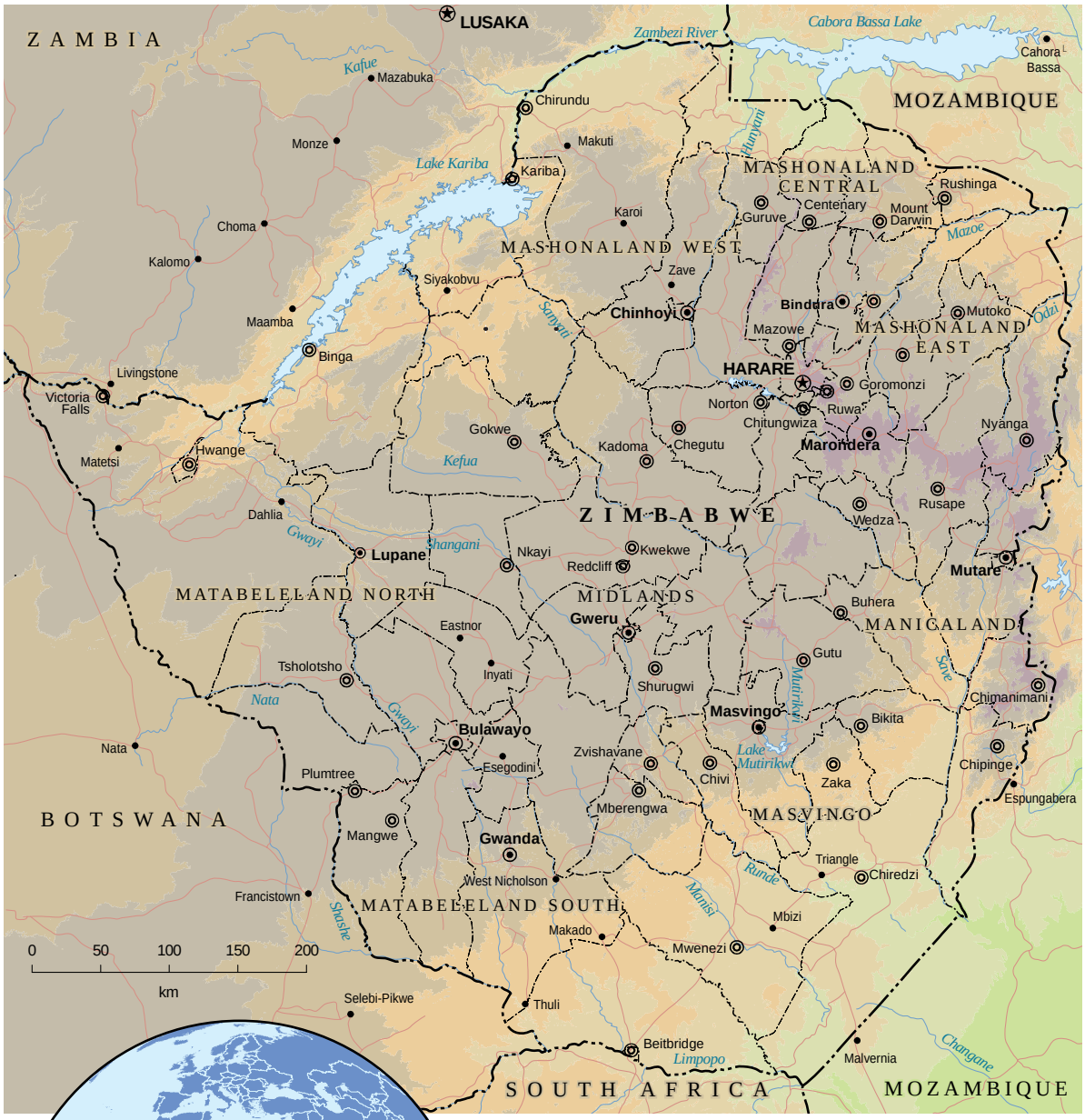
Please note that appeals are revised regularly. The latest version of this document is available on http://www.humanitarianappeal.net.

Full project details can be viewed, downloaded and printed from http://fts.unocha.org/.

ZIMBABWE - Reference Map

OCHA



Legend

- National capital
- First administrative level capital
- Second administrative level capital
- Populated place
- International boundary
- First administrative level boundary
- Second administrative level boundary

Elevation (meters)

- 5,000 and above
- 4,000 - 5,000
- 3,000 - 4,000
- 2,500 - 3,000
- 2,000 - 2,500
- 1,500 - 2,000
- 1,000 - 1,500
- 800 - 1,000
- 600 - 800
- 400 - 600
- 200 - 400
- 0 - 200
- Below sea level

Map data sources: CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, UN OCHA.

1. EXECUTIVE SUMMARY

The humanitarian situation in Zimbabwe continues to be stable, but elements of fragility remain cause for concern in key sectors such as food security, health and nutrition, and water, sanitation and hygiene. A crop and livestock assessment report estimates that food production has slightly increased compared to the 2009/2010 season, with increases due to increased acreage planted and timely agricultural inputs and extension support provided by all humanitarian stakeholders. However, food security remains a pressing issue with achievements at risk from a protracted dry spell which affected six out of ten provinces this year. Rates for chronic and acute childhood malnutrition still stand at 35% and 2.4% respectively. One-third of rural Zimbabweans still drink from unprotected water sources, and while the scale of cholera has significantly reduced compared to past years, localised outbreaks continue due to the poor state of the health and water, sanitation and hygiene sectors.

Politically, the country remains stable; however, decisions regarding agreement on a new roadmap toward elections will influence the future course of the political situation. The country's economy continues to make progress with the continued use of multiple currencies, but challenges remain in attracting large-scale investment to push the country out of generalised humanitarian need to recovery and development. The Consolidated Appeal (CAP) therefore continues to lay a strong emphasis on recovery, taking into account priority areas outlined in the Joint Recovery Opportunity Framework and recommendations from other government policy documents in place.

Key priorities for the remainder of 2011 will be improving food security levels; addressing the needs of asylum seekers, migrants and other vulnerable groups that need protection; prevention of and rapid response to disease outbreaks; and response to natural disasters. All these activities will be undertaken while ensuring that humanitarian and government priorities remain complementary in all areas of intervention.

2011 Mid-Year Review for Zimbabwe
Key parameters

Duration	12 months (Jan-Dec 2011)
Key milestones in 2011	Planting: October 2011 Constitutional referendum and elections: 2nd half 2011
Target beneficiaries	• WASH: 9 million people • Health: 8 million • Agriculture: 6.2 million • Nutrition: 4.95 million women and children • Education: 3.2 million pupils, over 600,000 teachers and other groups • Protection: 2.14 million • 1.68 million food-insecure • Multi-sector: 1.3 million refugees and migrants • LICI: 76,000
Funding requested	**Funding requested per beneficiary**
$488 million	$54

The achievements of the new "programme based approach" adopted this year were reviewed, and found to be generally positive, particularly the approach's flexibility and improved coordination environment. The approach's alignment with government priorities has enabled humanitarian partners to respond adequately to the changing needs of the country, and enabled programmes that would ensure a strong foundation for recovery to be implemented while at the same time addressing the immediate and emerging humanitarian needs. It has also proved a very useful tool for not only strategic planning but also enabled easy monitoring of outcomes against set programmed objectives and activities. Although a mission from the Good Humanitarian Donorship gave a positive assessment of the approach, challenges remain in securing the additional capacity required to support the cluster coordinators in managing the process, and how to report funding to programmes and activities in the absence of agency-specific projects.

Following analysis of the most recent needs assessments, the Mid-Year Review identified minor increases in requirements for most clusters. The main increase is accounted for by an increase in requirements for the Agriculture Cluster due primarily to availability of better data. Requirements for the Food and Water, Sanitation and Hygiene Clusters were also increased due to projected increases in areas of coverage and more identified needs respectively. Revised requirements amount to US$488,582,358, an increase of $73,306,618 (18%) over original requirements.[1] Partners have indicated that $141,824,362 in funding has been received, leaving unmet requirements of $346,757,996 and the CAP 29% funded.

[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@un.org), which will display its requirements and funding on the current appeals page.

Basic humanitarian and development indicators for Zimbabwe

			Most recent data	Previous data or pre-crisis baseline data (2000, unless otherwise noted)
Population movements	**Population**		12.3 million people (CSO Population Projection 2010)	11.7 million people (UNFPA SWP 2000)
	IDPs		No official statistics	
	Refugees	**In-country**	4,645 (UNHCR 2010)	4,958 (UNHCR 2010)
		Abroad	12,782 (UNHCR)[2]	12,782 (UNHCR)
Economic status	**GNI per capita (PPP)**		$360 (WB Zimbabwe Country Profile 2005)	$210 (WB Zimbabwe Country Profile)
	Percentage of population living on less than $1/day		No data from 2010 HDR 56.1% (2007/2008 UNDP HDR)	36% (2000 UNDP HDR)
Health	**Cumulative mortality rate**		20/1,000 (DHS 2006)	17.2/1,000 (CSO, 2002 cited in DHS 2006)
	Infant mortality rate		63/1,000 (DHS 2006)	58/1,000 (WHO Core Health Indicators)
	Maternal mortality		725/100,000 live births (Zimbabwe Maternal Mortality study 2007)[3]	555/100,000 (DHS, 2006)
	Under-five mortality		94/1,000 (MIMS survey, 2009)	65/1,000 (DHS 1999)
	Life expectancy at birth		44/43 years (WHO 2008)	44/46 years (WHO Core Health Indicators)
	Measles vaccination rate		95% (NID campaign 2010)	92% (NID campaign 2009)
	Number of cholera cases / cholera case fatality rate		789 / 2.5% (MoHCW Weekly Disease Surveillance System 2010)	68,153 / 3.9% (MoHCW Weekly Disease Surveillance System 2009)
Food Security	**Global Hunger Index**		GHI 20.9: alarming level: 58th out of 84 countries	GHI 18.6: serious level (1990, using data from 1988 – 1992)
Nutrition	**Chronic malnutrition (stunting)**		34% (NNS 2010)	26% (DHS 2000)
	Global acute malnutrition (GAM)		2.4% (NNS) 2010)	2.4% (MIMS 2009)
	Percentage children receiving minimal acceptable diet		8% (NNS 2010)	N/A
WASH	**Proportion of population with sustainable access to an improved drinking water source**		68% rural (NNS 2010)	40-50% rural (Zimbabwe CSO 2008 estimates)
	Proportion of population with access to safe sanitation		50% rural (NNS 2010)	25-30% rural (Zimbabwe CSO 2008 estimates)
Other vulnerability indices	**ECHO Vulnerability and Crisis Index score**		3/3: most severe level (2009 GNA)	3/3: most severe level (2008-2009 GNA)
	Human Development Index		0.140: 169 out of 169 ranked countries / low human development (2010)	0.555: 130th out of 174 countries (2000)
	HIV prevalence among adults (15-49 years)		13.7% (NAC 2009)	15.6% (MoHCW 2007)

[2] This figure reflects only people recognized by a government after a national status determination procedure. This figure does not reflect refugees recognized pursuant to UNHCR mandate status determination, nor pending or appealed claims of asylum-seekers. Moreover, a person does not become a refugee because s/he has been recognized, but rather is recognized because s/he is a refugee. This figure may not, therefore, reflect the total number of refugees from Zimbabwe.

[3] The two figures for maternal mortality are from different surveys which used different methodologies, so trend analysis is not possible. However, the 2007 figure does confirm that maternal mortality is still high. The 2010 Zimbabwe DHS (currently underway) will allow for trend analysis with the 2005/2006 figure.

Table I: Requirements and funding (grouped by cluster)

as of 30 June 2011
http://fts.unocha.org

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

Cluster	Original requirements ($) A	Revised requirements ($) B	Funding ($) C	Unmet requirements ($) D=B-C	% Covered E=C/B	*Uncommitted pledges ($) F*
AGRICULTURE	25,297,088	80,603,794	10,988,311	69,615,483	14%	-
COORDINATION AND SUPPORT SERVICES	4,285,778	4,463,486	1,540,859	2,922,627	35%	*500,000*
EDUCATION[4]	32,360,000	32,360,000	2,377,054	29,982,946	7%	-
FOOD	158,630,642	167,694,962	93,834,359	73,860,603	56%	-
HEALTH	28,342,152	28,342,152	5,483,914	22,858,238	19%	-
LIVELIHOODS, INSTITUTIONAL CAPACITY BUILDING & INFRASTRUCTURE	31,083,076	31,083,076	1,061,322	30,021,754	3%	-
MULTI-SECTOR	26,419,504	26,419,504	1,633,704	24,785,800	6%	-
NUTRITION	13,912,500	14,219,963	1,998,322	12,221,641	14%	-
PROTECTION	41,845,000	41,845,000	4,054,984	37,790,016	10%	-
WATER,SANITA-TION AND HYGIENE	53,100,000	61,550,421	17,403,759	44,146,662	28%	-
CLUSTER NOT YET SPECIFIED	-	-	1,447,774	n/a	n/a	-
Grand Total	**415,275,740**	**488,582,358**	**141,824,362**	**346,757,996**	**29%**	***500,000***

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

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (**fts.unocha.org**).

[4] The overall education sector in Zimbabwe is primarily funded through the collaboration of donors and partners through the Education Transition Fund (ETF), which is aligned closely with the Ministry of Education, Sport, Arts and Culture's (MoESAC) planning objectives and therefore the broader sector-wide needs of education in Zimbabwe. It is within this framework that the ongoing humanitarian education requirements for the CAP are conceived. To date the Education Cluster has not yet determined how much of the funding that the ETF has received will be used for, and should be counted as contributions to, programmes in the CAP, but this funding is likely to be significant and will as a result alter the Cluster's current funding percentage. This will be reviewed and corrected as soon as possible after the MYR launch.

Table II: Appeal funding to date per organization

as of 30 June 2011
http://fts.unocha.org

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

Appealing organization	Original requirements ($) A	Revised requirements ($) B	Funding ($) C	*Uncommitted pledges ($) F*
ADRA Denmark	-	-	394,218	-
ADRA Zimbabwe	-	-	569,000	-
CSU	-	-	25,000	-
ERF (OCHA)	-	-	1,447,774	-
FAO	-	-	9,239,300	-
GOAL	-	-	647,576	-
IMC	-	-	643,188	-
IOM	-	-	4,556,178	-
IRC	-	-	1,854,793	-
Johanniter Unfallhilfe e.V.	-	-	307,278	-
MEDAIR	-	-	1,871,386	-
Mercy Corps	-	-	999,251	-
NRC	-	-	435,500	-
OCHA	-	-	1,540,859	*500,000*
PRIZE	-	-	22,630,000	-
PSI	-	-	1,098,415	-
Solidarités-France	-	-	361,385	-
UNDP	-	-	400,000	-
UNFPA	-	-	897,231	-
UNHCR	-	-	1,597,582	-
UNICEF	-	-	17,739,579	-
WFP	-	-	72,101,580	-
WHO	-	-	467,289	-
Estimated requirements (not organization-specific in current method)	415,275,740	488,582,358	-	-
Grand Total	**415,275,740**	**488,582,358**	**141,824,362**	***500,000***

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

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (**fts.unocha.org**).

2. CHANGES IN THE CONTEXT, HUMANITARIAN NEEDS, AND RESPONSE

2.1 CONTEXT

No significant political and economic changes occurred in the first half of 2011. The Inclusive Government of Zimbabwe continues, despite budgetary constraints to implement its Short-Term Economic Recovery Plan II while awaiting official launch of the Medium-Term Plan. The constitutional reform process that is supposed to lead to a referendum and subsequent general election in accordance with the Global Political Agreement is on track. Large-scale foreign investment that could be instrumental in reviving the economy and rehabilitating severely degraded social services infrastructure has not been forthcoming, however. The need to support recovery interventions that address the underlying causes of the humanitarian emergency therefore remain. Key areas for advocacy with donors which have yielded some results include support to the education transition fund and ongoing discussions on support to the health transition fund.

2.2 SUMMARY OF RESPONSE TO DATE

The support given to agricultural inputs at the beginning of the 2010/2011 agriculture season led to achievement of most of the targets by the time of the Mid-Year Review (MYR). Several input assistance schemes were implemented, including the Government Crop Input Scheme supporting 440,000 households; donor funded input schemes implemented by humanitarian organisations supporting 550,000 households; and the Presidential Well-wishers Agricultural Inputs Scheme supporting 560,000 households. Similarly, the food aid needs were largely met by the end of the peak lean season of January to March.

However, a dry spell has severely affected six out of ten provinces which benefitted from inputs and extension support, but recorded minimal harvest. This has increased vulnerabilities especially among people living with HIV/AIDS, female- and child-headed households and additional people requiring food assistance, and will put pressure on the World Food Programme (WFP) and other food pipelines. Humanitarian partners are monitoring the situation closely to accommodate any elevated rates of acute malnutrition. A sudden deterioration in the food security or health situation in these areas could lead to elevated prevalence of chronic and acute malnutrition, which currently stand nationally at 35% and 2.4% respectively.

Funding constraints, especially for early recovery, resulted in low levels of achievements for restoration of livelihoods and infrastructure. Gains made in the education sector, especially under the Basic Education Assistance Module (BEAM), are at risk unless pledged funds are disbursed quickly. Under the multi-sector programmes, the large-scale movement of migrants to Zimbabwe that was anticipated early this year did not take place due to a decision by the Republic of South Africa to extend the period for special dispensation to Zimbabwe nationals living in South Africa to 31 July 2011.

Coordination and support services targets are being met, although low levels of funding towards the Emergency Response Fund (ERF) over the last six months have been a problem. The Health and Water, Sanitation and Hygiene (WASH) Cluster partners managed to adequately respond to disease outbreaks, especially rapid response to cholera, typhoid and malaria which have been largely contained through the Health and WASH Emergency Response Units (HERU/WERU). The case fatality rate (CFR) for cholera remains alarming at 3.9%. Zimbabwe is one of the gender marker pilot countries. Analysis of the gender markers indicates that the programmes improved their gender marker points by 33% over the last six months at programme formulation level.

Due to deterioration in Zimbabwe's health and WASH infrastructure, Zimbabwe continues to be faced with disease outbreaks. While the malaria outbreak in parts of the country, which exceeded epidemic levels and spread quickly partly due to lack of anti-malarial drugs at the national level, was declared over by end of May 2011, cholera remains an ever-present threat in some areas.

2.3 UPDATED NEEDS ANALYSIS

The Second Round Crop and Livestock Assessment (conducted in April 2011) estimates national cereal production for the 2010/2011 season to be 1,607,700 metric tonnes (MT) against an estimated national requirement of 1,717,800 MT. While this is about 9% higher than last season's production, there is still a significant deficit requiring support from humanitarian partners. The Government estimates that due to the impact of the dry spell earlier this year, areas in six out of the country's ten provinces will require food aid. The lean period is likely to start earlier than usual in these areas and therefore adequate and timely food security strategies will be needed.

The South African Government recently announced that as of the beginning of August 2011, it will begin to deport Zimbabweans that have not succeeded in regularizing their stay in South Africa. It is thus expected that Zimbabwe will receive large numbers (estimated at upwards of 15,000 per month, mostly men) of returned migrants from then onwards. Secondly there are also indications that before then, the South African authorities will begin to deport those Zimbabwean migrants who either have no documentation at all, or who have expired asylum seeker permits, or whose asylum requests have been turned down.

At the end of April, South Africa decided that it would no longer accept asylum claims from third-country nationals that used Zimbabwe (and other neighbouring states) as transit countries, unless they could positively identify themselves (preferably with a passport or other official documentation) and provide justification why they could not seek asylum in other countries. This has resulted in South Africa refusing entry and asylum applications to several hundred asylum seekers from the Great Lakes/Horn of Africa region. A large number of those affected by this development are currently in Zimbabwe and the government and humanitarian actors have so far responded to the humanitarian needs of 7,200 people who reportedly arrived within the first quarter of this year.

This number is increasing every day as migrants arrive at the main entry point between Zimbabwe and South Africa in Beitbridge. Those who request asylum in Zimbabwe are transported to Tongogara Refugee Camp (TRC) in Chipinge (south-eastern Zimbabwe) for processing. There is thus an increased priority need to supply information to such migrants, as well as to provide humanitarian assistance to them (medical assistance, food and transport to Tongogara) in addition to addressing the protection needs of existing vulnerable groups including internally displaced people (IDPs) and refugees, with special attention being paid to women and girls who are potentially vulnerable to sexual violence and abuse.

Participants at the MYR workshop agreed that most of the core elements, potential triggers and target populations identified in the most likely scenario of the Zimbabwe CAP 2011 remain the same. The strategic priorities and the programme based approach were also considered relevant to the context and retained. However, minor elements relating to the context were reviewed after taking into account the recent events and assessments.

One of the main elements from the MYR workshop related to availability of transitional funding mechanisms in some sectors as well as continued lack of development funding that would ensure quick transition of the country from humanitarian to full recovery. Emphasis was also placed on possible impact of the dry spell which the country experienced early this year, the need to produce accurate figures on IDPs and the likely impact in Zimbabwe of South Africa's implementation of its new asylum and migration policies.

The MYR workshop also highlighted the need for continued dialogue and consultations on the 2012 CAP process. The participants noted that CAP remains the main strategic planning and resource mobilisation tool for the country and therefore it would be premature to discontinue the CAP in 2012 without having an alternative tool to perform this dual role. It was therefore agreed that the country should have a CAP in 2012, but preparations on assessments to be done and analysis be conducted before the next CAP workshop to inform the discussions.

2.4 ANALYSIS OF FUNDING TO DATE

The programme based approach differs from the standard CAP model in that it did not express requirements in the form of agency-based projects. Only high priority programmes, involving multiple partners, were created and costed. This new approach provides flexibility in reporting donor funding to the 2011 CAP programmes and donors have expressed interest in the approach. The approach has also been accompanied by continuous dialogue among donors in country, cluster coordinators, cluster members and OCHA. Donors have, for example, provided a breakdown of funds that they have committed to disburse to individual cluster members which contribute to achieve the objectives of the CAP's programmes. The approach has also enabled better understanding of other funds that are currently being received by cluster members that go towards meeting humanitarian activities and highlighted the need to improve financial reporting.

The process has its own challenges when it is compared with traditional reporting mechanisms. Without agency-specific projects and requirements, it is difficult for the Financial Tracking Service (FTS) to track funding against expressed requirements. Funding cannot be committed to projects but must instead be committed either to identified activities or as loosely earmarked funding. Cluster leads in Zimbabwe then communicate against which specific activity this funding goes against, using the programme approach's standard operating procedures for assigning financial contributions. 'Projects' in the Zimbabwe CAP are thus created by cluster leads or OCHA Zimbabwe only when funding is received for activities within the programmes. This process takes time and requires additional human resources.

Despite this new approach and the apparent donor support for it, the Zimbabwe CAP has been largely underfunded for the better part of this year, with percentage levels only now reaching the same level as mid-year 2010. However, the lack of projects along with difficulties in easily ascertaining who is doing what where makes it difficult to conduct a meaningful analysis of the funding received against requirements other than cluster-based. Additionally, some Clusters – notably Economic Livelihoods, Institutional Capacity-Building and Infrastructure (LICI), the activities of which have been identified as priority over the past several years – report that many of their partners report consistent low levels of funding, continue to be underfunded and report that their partners are having trouble.

Funding vs. original requirements (by cluster)

Cluster	Original requirements	Funding received	Unmet requirements	% funded
AGRICULTURE	25,297,088	10,988,311	14,308,777	43%
COORDINATION AND SUPPORT SERVICES	4,285,778	1,540,859	2,744,919	36%
EDUCATION	32,360,000	2,377,054	29,982,946	7%
FOOD	158,630,642	93,834,359	64,796,283	59%
HEALTH	28,342,152	5,483,914	22,858,238	19%
LICI	31,083,076	1,061,322	30,021,754	3%
MULTI-SECTOR	26,419,504	1,633,704	24,785,800	6%
NUTRITION	13,912,500	1,998,322	11,914,178	14%
PROTECTION	41,845,000	4,054,984	37,790,016	10%
WASH	53,100,000	17,127,923	35,972,077	32%
CLUSTER NOT YET SPECIFIED	-	1,447,774	-1,447,774	-
Totals	**415,275,740**	**141,548,526**	**273,727,214**	**34%**

Source: donor and agency reports to FTS as of 30 June 2011

Another, perhaps more meaningful, assessment of the programme approach success comes from analysing how much funding to humanitarian activities overall is being reported against programmes in the CAP. This is because of the stated objective that the programme approach encompasses a much wider range of activities, and allows much more flexible reporting (in both dollar terms, and as a percentage of CAP funding). As can be seen from the table below, an average of 26% of total humanitarian funding every year since 2006 has gone 'outside' the CAP.

Total humanitarian funding to Zimbabwe CAPs since 2006

	Total humanitarian funding (CAP + other)	Of which funding outside CAP	Funding outside CAP as % of CAP funding	Funding outside CAP as % of total humanitarian funding
2006	375,728,869	102,297,481	37%	27%
2007	337,039,293	107,856,104	47%	32%
2008	472,065,255	71,596,692	18%	15%
2009	642,143,183	185,781,560	41%	29%
2010	320,157,253	91,178,815	40%	28%
Totals	**2,147,133,853**	**558,710,652**	**35%**	**26%**

Source: Zimbabwe 2010 CAP (page 15); donor and agency reports to FTS as of 30 June 2011

This year, the figures for funding outside the CAP are much lower. As of the MYR, funding outside the Zimbabwe CAP as a percentage of total humanitarian funding received is 13%. This is a significant drop compared to previous years, and a clear sign that the way clusters previously formulated their CAP response plans omitted the plans, actions and eventual funding of many key humanitarian implementers.[5]

[5] Although this is a positive indicator, it should be noted that reviewing humanitarian funding 'outside' CAPs, and including relevant contributions against existing or new projects, is a process done for all CAPs at MYR and the end of the year.

3. PROGRESS TOWARDS ACHIEVING STRATEGIC OBJECTIVES AND SECTORAL TARGETS

3.1 STRATEGIC OBJECTIVES

Key indicators	Target	Achieved as of mid-year
1	**Support restoration of sustainable livelihoods through integration of humanitarian response into recovery and development action with a focus on building capacities at national and local level to coordinate, implement and monitor recovery interventions.**	
Number of households assisted with agricultural and other livelihood programmes.	• 1,200,000 households (minimum).	• The 2010/2011 agricultural season had a number of agricultural input support schemes. • A total of 1,552,640 smallholder households benefitted from combined input schemes. • The Presidential Well-wishers Agricultural Inputs Scheme supported 560,000 households. • Government Crop Input Scheme supported 443,640 households. • Donor-funded input schemes implemented by humanitarian organisations supporting 550,000 households. Plans for the 2011/12 season are currently under discussion.
Percentage of LICI cluster programmes with focus on infrastructure rehabilitation and skills training funded and implemented.	• 100%	• 3%
Percentage of IDPs and returned migrants assisted with livelihood activities.	• 160,000 returnees	• 80% of returned migrants who registered were assisted with livelihood activities.
2	**Save and prevent loss of life through near- to medium-term recovery interventions to vulnerable groups, incorporating disaster risk reduction frameworks.**	
Percentage of food-insecure people assisted.	• 100% (of 1.7 million food-insecure people).	• 95% (1,612,383 food-insecure people assisted).
Levels of acute malnutrition rates and stunting rates.	• Stunting <34% • Global acute malnutrition (GAM) <2.4%	• Indications are that rates of both chronic and acute malnutrition remained stable over the past six months.
Levels of excess morbidity and mortality rates related to preventable disease outbreaks.	• CFR (cholera) <1% • Crude mortality rate <20/1,000	• CFR (cholera) 3.9% • CMR 0.017/1000
3	**Support the population in acute distress through the delivery of quality essential basic services.**	
Number of people reached with select education, health and nutrition interventions.	• 3,272,756 students, and 101,402 teachers and school administrators. • 4,980,253 people reached with primary health care (PHC)	• 1,750,450 students and 49,890 teachers • 1,992,101 people reached with PHC
Number of people with availability to safe water and sanitation services.	• Estimated 7.5 million men, women and children benefit from WASH interventions.	• two million reached with safe water • two million reached with hygiene and sanitation promotion
Number of IDPs assisted with emergency and ER interventions.	• Assisted IDPs	• 543 IDPs assisted in one district

3.2 CLUSTER RESPONSE PLANS

3.2.1 AGRICULTURE

Cluster lead agency	**FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS**
Cluster members	NGOs, AGRITEX, DVS, FEWSNET, farmers' unions, FAO
Number of programmes	4
Cluster objectives	• Provide humanitarian input assistance to vulnerable small-holder farmers to improve food security. • Increase crop productivity and commercialisation in the smallholder farming sector through increased agricultural intensification such as conservation agriculture, contract farming, cash crop production and improved market linkages. • Increase livestock productivity through improved livestock production systems, strengthened livestock marketing systems, and the provision of healthcare aimed at reducing livestock mortality. • Strengthen coordination mechanisms and early warning systems to mitigate the impact of unexpected crises on an affected population.
Beneficiaries	1.24 million small-holder households (apx. 6.2 million people)
Funds requested	Original: $25,297,088 Revised: $80,603,794
Funding to date	$10,988,311 (14% of requirements)
Contact information	Constance Oka – constance.oka@fao.org

Note: the 2011 CAP Agriculture Response Plan (page 27) signalled a likely mid-year increase in agriculture beneficiaries and funding request, following seasonal assessments in the first half of 2011:
"The number of beneficiaries indicated represents an estimate of the minimum number of beneficiaries (based on a best-case scenario) in need of assistance through either free or subsidised inputs for the 2011/12 season. This number and the corresponding budget will be revised later, when the projected food insecurity data will be available (June and July 2011). **Therefore, a likely increase in the number of beneficiaries to be assisted and the budget should not be taken as a sign of a worsening situation**."

Disaggregated number of affected population and beneficiaries

Category	Households (as of launch of 2011 CAP)	Revised no. of households as of MYR	Beneficiaries		
			Female	Male	Total
Livestock support	540,000	540,000	1,350,000	1,350,000	**2,700,000**
Input support vulnerable households	100,000	500,000	1,250,000	1,250,000	**2,500,000**
Improved crop productivity	100,000	200,000	500,000	500,000	**1,000,000**
Totals	**740,000**	**1,240,000**	**3,100,000**	**3,100,000**	**6,200,000**

Narrative

The Second Round Crop and Livestock Assessment (conducted in April 2011) estimates national cereal production for the 2010/2011 season to be 1,607,700 MT against an estimated national requirement of 1,717,800 MT. Maize production increased by 9% in 2010/2011 compared to the previous season. The 2010/2011 maize production is estimated at 1,451,629 MT compared to the 2009/2010 production estimate of about 1,327,572 MT. Area planted for the 2010/2011 season is 2,096,035 hectares (Ha) with an average yield of 0.69 MT/Ha. The increase in maize production is mainly attributed to more hectares put under the crop and better yields in the high potential maize-producing areas.

Water for livestock was generally available in most districts at the time of the assessment. However, there are some areas especially in the southern districts (Masvingo, Midlands and Matabeleland South) that may experience inadequate supplies before the next rainy season. The grazing ranges from poor to fair in communal areas to good in other farming sectors. The condition of livestock ranges from fair to good depending on grazing pressure.

Food security remains a pressing issue with achievements at risk from a protracted dry spell which affected six out of ten provinces early this year. However, as indicated during the elaboration of the

original 2011 CAP (see *Note* above), the bulk of the increase in the request for funding is due to a mismatch in the CAP cycle and the agriculture season, with the result that funds pledged for the 2011/12 season will be counted in the CAP 2011, while funds for the 2010/11 season were counted in the CAP 2010.

During the 2010/2011 agricultural season, several input assistance schemes were successfully implemented, including the Government Crop Input Scheme supporting 440,000 households; donor-funded input schemes implemented by humanitarian organisations supporting 550,000 households; and the Presidential Well-wishers Agricultural Inputs Scheme supporting 560,000 households. Approximately 1,550,000 households benefitted from these input schemes.

Categorisation of small-holder famers

Categorisation of farmer groups	Percentage of smallholder households	Smallholder households	Number of Males	Number of Females
A: Poor households with no access to land and or labour	7%	107,408	250,777	279,260
B1: Poor households with access to land and labour to gain food security through cereal production and/or improved garden or livestock production	21%	322,223	773,335	837,779
B2: Emerging small-holder farmers able to increase productivity, to achieve food and income security through increased cereal production and/or sale of agricultural (including livestock and garden) produce and improve livelihood through sale of agricultural produce	58%	889,949	2,135,878	2,313,867
C: Farmers with the potential to enter into private sector market linkage arrangements and produce surplus.	14%	214,815	510,556	558,519
Totals	**100%**	**1,534,395**	**3,670,546**	**3,989,425**

Note: this table is a categorisation of the population of rural households in Zimbabwe, not a table of households in need. Households to be assisted will be a portion of this total.

The assistance provided by the humanitarian community comprised the provision of key agriculture inputs such as seed and fertiliser as well as the provision of training and extension support on new technologies such as conservation agriculture. The thrust of the humanitarian input assistance was in support of re-establishing the agriculture input supply market chain which had collapsed as a result of years of poor macro economic conditions. The improving macro-economic situation provided an opportunity for humanitarian actors to move away from direct input distribution in favour of market-based means of input delivery. Approximately 67% of households supported by humanitarian organisations received aid through open or closed vouchers which were redeemed at local agro-dealer outlets, with the value of the vouchers ranging from $60-90.

Programs for the 2011/12 season will have the overall objective of increasing production and productivity of smallholder agriculture in Zimbabwe to improve food security at the household and national level. Input programs will be implemented using market structures such as agro-dealers contributing to the strengthening of agriculture input markets, improving input availability and farmers' access to key agriculture inputs. Market linkage and contract growing programs should be supported to increase farmers' income and strengthen rural economies. Input programs should use either subsidised vouchers (subsidy levels would vary depending on farmer's poverty status) or market based approaches (e.g. contract production). The above would, in combination with extension and support for output markets, enhance all interventions and provide the basis for a solid recovery of the agriculture sector.

The additional requirements appealed for are primarily a result of the increased needs arising from increased beneficiary numbers for the basic inputs programme and crop productivity and commercialisation programme. Furthermore, the costing of these programmes has gone up due to the increased costs and changes in some of the items included in the packages. The planning that led

to increased requirements is also informed by the first and second crop and livestock assessment reports conducted in February and April this year.

Livestock production and animal health programmes remain key priorities, especially the provision of extension support aiming at improving management and reducing animal mortality and the creation of market linkages. Financial resources are required for the expansion of vaccination campaigns for foot-and-mouth, anthrax, rabies and Newcastle diseases.

The increasing attention that humanitarian players are giving to agriculture is demanding an even stronger and more effective coordination structure. Continuous monitoring of the agricultural sector, with technical assessments (e.g. effectiveness of interventions, pilot projects, etc) are key components of the coordination. The current framework (Agriculture Coordination Working Group and its related sub-working groups) are good fora for technical debates, information dissemination and advocacy. Such structures need however to be strengthened. There are opportunities to support the Ministry of Agriculture Mechanisation and Irrigation Development to co-chair Working Groups and eventually develop coordination mechanisms at district and provincial levels. Stronger linkages with other sectors such as nutrition and WASH need to be developed.

Table: mid-year monitoring vs. objectives

Outcomes	Output Indicators	Indicator with corresponding target	Achieved as of mid-year
Objective 1. Provide humanitarian input assistance to vulnerable small-holder farmers to improve food security.			
1.1 Targeted farmers record increased cereal production and increased food security.	• Number of households assisted through agricultural projects.	• At least 500,000 households receive agriculture input assistance	• The main field 2011/12 agricultural season is expected to be from September to November 2011. At least 500,000 beneficiary households are planned to receive agriculture input support. The final number of households targeted for the 2011/12 season will only be known after the start of the season; preliminary indications will be available in December 2011.
Objective 2. Increase crop productivity and commercialisation in the smallholder farming sector through increased agricultural intensification such as conservation agriculture, contract farming, cash crop production and improved market linkages.			
2.1. Appropriate and diversified crop production systems. 2.2. Improved crop diversification, productivity and linkages in the household farming system. 2.3. Improved farm income and nutrition. 2.4. Improved extension support to farmers.	• Number of households assisted with improved crop production models. • Crop production models to increase smallholder farmer productivity developed and implemented. • Smallholder farmers linked with output markets and private sector companies for contract farming arrangements. • Training programmes developed for both extension officers and farmers.	• 200,000 rural households receive agricultural support to increase productivity and generate surplus for sale.	• Targeted households to achieve this objective are B2 and C households as listed in the table above. These households will be assisted through market linkage arrangements such as access to credit and contract farming arrangements. Actual figures will be known in December 2011
Objective 3. Increase livestock productivity through improved livestock production systems, strengthened livestock marketing systems, and the provision of healthcare aimed at reducing livestock mortality.			
3.1. Appropriate small stock production models produced. 3.2. Increased productivity through reduced kid/chick/bunny mortality through provision of veterinary equipment and implementation of appropriate veterinary management /husbandry programs. 3.3. Improved marketing linkages (possibility of linking with abattoirs) and development of market linkages with the private sector. 3.4. Production of small stock meat recipe booklets for nutrition.	• 540,000 households will benefit from the livestock production programme. • Develop small stock production models. • Implement selected production models. • Implement a comprehensive animal health care program in ten selected districts. • Procure veterinary care drugs/equipment and implement a general veterinary care program. • Produce and distribute extension materials.	• 540,000 households will benefit from the livestock interventions.	• Inception workshops to identify appropriate livestock models with stakeholders have been carried out in all the provinces. • Vaccination programmes not yet started. All categories of smallholder farming households (B1, B2, and C) will benefit from the vaccination programmes.

Outcomes	Output Indicators	Indicator with corresponding target	Achieved as of mid-year
Objective 4. Strengthen coordination mechanisms and early warning systems to mitigate the impact of unexpected crises on an affected population.			
4.1. An effective institutional coordination framework has been developed and strengthened amongst all stakeholders undertaking agriculture and food security interventions in Zimbabwe.	• Expansion of the Agriculture and Food Security Monitoring System (AFSMS) to all districts in the country. • National assessments carried out to evaluate the agriculture situation in the country (e.g. national crop assessments, post planting and post harvest). • Information sharing and dissemination to all stakeholders. • Monthly coordination.	• Approximately 150 organisations and institutions to benefit through strengthened sector coordination and availability of information.	• First and second Round Crop Assessments were conducted in February 2011 and April 2011 respectively. • Fieldwork for the Zimbabwe Vulnerability Assessment Committee (ZimVAC) is currently underway. • The AFSMS collects data on a monthly basis from 50 districts. • Monthly coordination meetings held.

3.2.2 FOOD

Cluster lead agency	**WORLD FOOD PROGRAMME**
Cluster members	Africare, CARE, Christian Care, Concern, CRS, Goal, HAZ, HELP Germany, IOM, MCT, ORAP, Oxfam, PI, PRIZE (CRS, CARE and ACDI), RMT, SC, WFP, WVI
Number of programmes	1
Cluster objectives	• Protect lives and livelihoods, and enhance self-reliance in vulnerable households in response to seasonal food shortages. • Safeguard food access and consumption of highly vulnerable food-insecure households, and support the recovery of livelihoods and access to basic services. • Improve the well-being of chronically ill adults to achieve greater capacity for productive recovery. • Increase government and community capacity to manage and implement hunger reduction policies and approaches.
Beneficiaries	1.68 million people
Funds requested	Original: $158,630,642 Revised at mid-year: $167,694,962
Funding to date	$ 93,834,359 (56% of requirements)
Contact information	Liljana Jovceva – liljana.jovceva@wfp.org

Disaggregated number of affected population and beneficiaries

Category	Affected population			Target beneficiaries		
	Female	Male	Total	Female	Male	Total
Food-insecure (rural)	676,000	624,000	1,300,000	676,000	624,000	1,300,000
Food-insecure (urban)	197,600	182,400	380,000	197,600	182,400	380,000
Totals	**873,600**	**806,400**	**1,680,000**	**873,600**	**806,400**	**1,680,000**

Narrative

Following the unprecedented dry spell that hit the country in February and March 2011, crop yields are likely to reduce in the most affected provinces of Manicaland, Masvingo, Matebeleland and pockets of Midlands and Mashonaland districts. Final projections on food security will be established once the ZimVAC Rural Livelihoods Assessment due in July 2011, as well as the ZimVAC Urban Assessment due in June 2011 is concluded. WFP conducted a Food Security Triangulation exercise cross-examining preliminary crop production, livelihoods and market data. This is a contingency-planning mechanism for the Seasonal Targeted Assistance programme before the 2011 ZimVAC Rural Livelihoods Assessment. WFP is braced for quick expansion should there be need.

WFP is offering a smart-mix of delivery mechanisms ranging from cash transfers, electronic vouchers, Food-for-Assets, Cash-for-Assets, and local purchase. The local purchase initiative – linked to the beginning of the marketing season after the harvest (and usually starts in June-July) – aims to provide agricultural market support by purchasing produce from farmers which in turn supplement the required food commodities. Regarding food-for-assets and cash-for-assets, WFP, PRIZE and partners are looking to develop with the Government a productive asset creation action plan.

Whilst other partners in the Food Cluster (PRIZE and Christian Care) are reported as fully funded[6], WFP faces resource constraints and ration cuts implemented in April 2011 are still in effect. The cereal ration was cut from 10 kg to 5 kg per person per month and pulses from 1.8 kg to 1 kg per person per month for all orphans and vulnerable children (OVC) and Highly Vulnerable Households Safety Net take-home rations.

[6] However, without published organization-specific requirements reflecting each organization's part in the cluster plan, such information is only anecdotal.

Table: mid-year monitoring vs. objectives

Outcomes	Outputs	Indicator with corresponding target	Achieved as of mid-year
Objective 1. Protect lives and livelihoods, and enhance self-reliance in vulnerable households in response to seasonal food shortages.			
Improved food consumption over assistance period for targeted populations.	Food and NFIs including cash and/or voucher distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions.	• Food consumption score exceeds 35.[7] • Number of women, men, girls and boys receiving food and NFIs, by category and as percentage of planned (Target: 100%). • Percentage of tonnage distributed (Target: 100%). • Percentage of NFIs distributed (Target: all non-food items distributed as planned).	• 78% of beneficiary households had acceptable consumption (i.e. Food Consumption Score above 35).
Objective 2. Safeguard food access and consumption of highly vulnerable food-insecure households, and support the recovery of livelihoods and access to basic services.			
Adequate food consumption over assistance period for targeted communities and households.	Food and NFIs including cash and/or voucher distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions.	• Food consumption score exceeds 35.	• 78% of beneficiary households had acceptable consumption (i.e. Food Consumption Score above 35).
Objective 3. Improve the well-being of chronically ill adults to achieve greater capacity for productive recovery.			
Improved nutritional recovery of patients suffering from TB, pre-anti-retroviral treatment (ART), preventing mother to child transmission and home based care patients.	Number of patients who started food assistance at body mass index <18.5 who have attained body mass index >18.5 in two consecutive measures after termination of assistance.	• Two consecutive readings of body mass index (BMI) >18.5.	• Data will be available in July.
Objective 4. Increase government and community capacity to manage and implement hunger reduction policies and approaches.			
Increased marketing opportunities at the national level with cost-efficient local purchase.	Food purchased locally.	• Food purchased locally[8] as percentage of food distributed in-country.	• Food-for-work and -asset programmes implemented.

[7] Household food consumption score measures the frequency with which different food groups are consumed in the seven days before the survey. A score of 35 or more indicates acceptable food consumption.
[8] Purchases of food originating in Zimbabwe

3.2.3 NUTRITION

Cluster lead agency	**UNITED NATIONS CHILDREN'S FUND**
Co-lead	**MINISTRY OF HEALTH AND CHILD WELFARE (NATIONAL NUTRITION DEPARTMENT)**
Cluster members	ACF, Action Aid, ADRA, Archiving Potential Crops Trust, BHASO, CARE, Clinton Foundation, Concern Worldwide, CPT, Environment Africa, FAO, FCTZ, FNC, Food and Nutrition Trust, French Embassy, Global Heritage, Goal, GRM, Hilfwerk Austria International, HKI, IMC, IOM, ISL, Kadoma City Council, Kapnek Trust, Linkage Trust, MoHCW, MoLSS, MRIIC, MSF Holland, New Zealand Aid, Nutrigain Trust, Organization for Public Health Interventions and Development Trust, PLAN Zimbabwe, SC, Shalom Children's Home, Tree Africa, UNICEF, University of Zimbabwe, USAID, WFP, WHO, WV, ZAPSO, ZOE, Zvitambo
Number of programmes	5
Cluster objectives	To stop further deterioration in under-nutrition and reduce nutrition-related morbidity and mortality through: • delivery of life-saving infant and young child feeding (IYCF) interventions • delivery of essential micronutrient and de-worming interventions • delivery of life-saving care for acute malnutrition • strengthened analysis, coordination, and oversight for delivery of essential nutrition interventions.
Beneficiaries	4.95 million children and women of reproductive age
Funds requested	Original: $13,912,500 Revised: $14,219,963
Funding to date	$1,998,322 (14% of requirements)
Contact information	Tobias Stillman – tstillman@unicef.org Ancikaria Chigumira – ancikaria@yahoo.com

Disaggregated number of affected population and beneficiaries

Category		Affected Population	Beneficiaries
Women of reproductive age		3,248,000	3,248,000
Children under five		1,706,000	1,706,000
Chronically malnourished		576,628	576,628
Acutely malnourished	**GAM**	71,652	43,000
	SAM	20,500	12,300

Narrative

The nutrition situation in Zimbabwe remains concerning. Rates of chronic malnutrition are on the rise, while rates of acute malnutrition appear relatively stable. A sudden deterioration in the food security or health situation could lead to elevated prevalence of acute malnutrition. Of particular concern at this time are reports of significant crop losses in Masvingo, Manicaland, Matebeleland South, and Midlands provinces – the lean season is likely to set in earlier than usual in these areas. While one Cluster partner is reporting increased admissions for acute malnutrition in parts of these provinces, these reports have not been validated.

The most effective response at this time is an adequate food security response. Nutrition Cluster partners are collaborating closely with the Health, Agriculture, and Food Assistance Clusters to monitor the situation, and ensure an appropriate response. Should rates of acute malnutrition rise, the cluster is prepared to respond accordingly. At this time, however, the Cluster proposes no significant changes in needs, objectives, targets, or programs. While funding is well below needs, Cluster work is progressing and has made a number of key achievements.

The Food and Nutrition Council (FNC) has circulated a draft of the National Food and Nutrition Security Policy for comment. This policy will serve as the foundation for coordination of cross-sector food and nutrition analysis and action moving forward. The policy should be endorsed by cabinet by the end of July. The Food and Nutrition Security Policy provides a framework for development of sector specific strategies and work plans, and an FNC strategy is being vetted and work is beginning on a three year nutrition strategy for the Ministry of Health and Child Welfare (MoHCW). Both will be costed and completed by the close of the year.

The Cluster has obtained Central Emergency Response Fund (CERF) funding to expand coverage of life-saving care for acute malnutrition. The funding will support work in 14 districts through four implementing partners (IOM, Goal, World Vision, and Plan International). For the first time in Zimbabwe, collaboration between UNICEF and WFP will enable delivery of a full treatment package – inpatient care, outpatient care, and supplementary feeding. The CERF project has served as a catalyst for other important progress in management of acute malnutrition as well, including: standardization of the management of acute malnutrition delivery package, including standardized costing and monitoring and evaluation; development of a Quick Reference Guide to improve and rationalize service delivery and prescribing practices; and development and dissemination of standardized admission, referral, and reporting forms.

The MoHCW has revitalised the IYCF Technical Working Group with assistance from UNICEF and the Cluster Coordinator. The working group is meeting regularly, and progressing well on several key IYCF program areas, including: development of improved messaging and materials; standardization of an IYCF delivery package (including standard costing and monitoring and evaluation); and, roll-out of counselling training for facility-based health personnel.

Progress on micronutrients and de-worming has been slower. The scheduled national micronutrient survey may take place this year, but it is unlikely we will see any results until early next year. There has been no progress with respect to point of use fortification or hammer mill fortification. Initial fortification targets are unlikely to be achieved before year's end, although the cluster does expect to make considerable progress over the next two quarters. The MoHCW has discontinued Child Health Days in favour of strengthening routine service delivery – the decision could have a dramatic impact on Vitamin A coverage. Cluster partners are engaged in intensive outreach efforts to ensure delivery of Vitamin A through routine health services. The Cluster will monitor the situation closely to assess whether coverage rates are maintained through the new approach.

Table: mid-year monitoring vs. objectives

Outcomes	Outputs	Indicators	Achieved as of mid-year
Objective 1. Delivery of life-saving IYCF interventions.			
1.1 Improved IYCF service delivery infrastructure.	**1.1.1** Government nurses, health centre staff, and VHF trained in infant feeding counselling and messaging. **1.1.2** Nutrition focal points from NGOs trained in IYCF. **1.1.3** Traditional birth attendants trained in infant feeding counselling and IYCF messaging.	**1.1.1.1** Percentage of health facilities in priority districts with at least one competent infant feeding counsellor - by type of facility.	• Cluster is developing a standardized training/costing package, with monitoring capability. • Trainer of Trainers for "nurse tutors" is scheduled for the weeks of 23 May (northern provinces) and 20 June (southern provinces). Counselling training will be rolled out to districts thereafter (UNICEF funded). • Adaptation and translation of training materials for community-based workers is underway.
		1.1.1.2 Percentage of NGOs implementing nutrition programs in priority districts with at least one trained IYCF provider.	• Save the Children, HKI, and ACF will attend above referenced ToTs, and support roll out in their program areas.
1.2 Increased demand for IYCF services.	**1.2.1** Locally adapted IYCF communication materials developed and disseminated. **1.2.2** Breastfeeding messaging delivered through road shows[9], local dramas, and mass media. **1.2.3** IYCF support groups established.	**1.2.1.1** Percentage of government health facilities (by type) and NGOs in priority districts using state of the art IYCF communication materials.	• IYCF training guide for facility-based staff adapted. • Seeking consultants to assist in development of messaging and adaptation of national IYCF materials prior to roll-out.
		1.2.1.2 Number of road shows or dramas conducted in each priority district.	***No Progress***
1.3 Improved IYCF social and policy environment.	**1.3.1** IYCF implementation guidelines finalized and disseminated. **1.3.2** Training and field visits for monitoring of the Code for the Marketing of Breast Milk Substitutes and baby friendly hospital initiative conducted in priority districts.	**1.3.1.1** See outputs.	***No Progress***

[9] Road shows are an approach developed by Zvitambo in collaboration with PSI in Zimbabwe. The approach has proven highly effective at changing attitudes regarding breastfeeding among men – a critical gate keeper in Zimbabwean society.

Outcomes	Outputs	Indicators	Achieved as of mid-year
Objective 2. Delivery of essential micronutrient and de-worming interventions.			
2.1 Improved micronutrient and de-worming service delivery infrastructure.	**2.1.1** Vitamin A supplements, multi-micronutrient powders, and fortifiers procured and delivered.[10] **2.1.2** At least one nation-wide vitamin A and de-worming campaign conducted.[11] **2.1.3** Local hammer-mill operators trained in fortification with multiple micronutrients in 12 pilot districts. **2.1.4** Sensitization training on maternal micronutrient supplementation provided to nurses within priority districts.[12]	**2.1.1.1** Percentage of health facilities in priority districts reporting adequate supplies of vitamin A and iron/folate supplements.	• No indication of supply problems at facility level at this time. • Child Health Days will not occur this year – there are viable concerns that coverage may be affected. • Fortification progressing more slowly than expected – assessments currently underway that will inform approach moving forward.
		2.1.1.2 Percentage of primary schools in priority districts participating in at least one de-worming campaign.	***Limited Progress*** • Government has circulated a draft report on the prevalence of worms. Once finalized, this study will serve as foundation for national level de-worming work. • IOM conducted de-wormed 6858 school aged children in Chipinge District. IOM plans to deworm an additional 5,687 children in Mutare District and 1,800 in Makoni District in coming quarter.
2.2 Increased demand for micronutrient and de-worming services.	**2.2.1** Micronutrient and de-worming communication materials developed and disseminated nationwide. **2.2.2** Materials regarding point of use fortification with Microfinance and Microenterprise Programme (MMP) support developed and disseminated in 12 pilot multi-micronutrient powders districts. **2.2.3** Cooking demonstrations using multi-micronutrient powders conducted in all wards of the 12 MMP pilot districts.	**2.2.1.1** Percentage of government health facilities in priority districts with state of the art micronutrient and de-worming communication materials.	***Limited Progress*** • Discussion continues, but unlikely to achieve target given progress to date.

[10] VAC for children under five are received free of charge from the Micronutrient Initiative – cluster partners are responsible for covering the cost of delivery once in country

[11] The government recently announced a cessation to their twice annual child health days. The nutrition cluster will look for alternative campaigns to deliver VAC, or conduct a VAC specific campaign.

[12] Iron and Folate are available within districts, but are not currently being provided to pregnant women

Outcomes	Outputs	Indicators	Achieved as of mid-year
2.3 Improved social and policy environment for delivery of micronutrient and de-worming interventions.	**2.3.1** Directive from the MoHCW approving piloting of point of use and Hammer-mill fortification in 12 districts secured. **2.3.2** Directive approving de-worming of all children between 1 and 12 years of age secured. **2.3.3** Guidelines for promoting point-of-use micronutrient fortification developed and disseminated.	**2.3.1.1** See outputs.	***Limited Progress*** • The fortification agenda is behind schedule – studies are underway, but we are unlikely to achieve targets. • Completion of the de-worming study is important progress in securing a policy directive with regard to de-worming – we are on track to achieve this output.
Objective 3. Delivery of life-saving care for acute malnutrition.			
3.1 Improved community management of acute malnutrition (CMAM) service delivery infrastructure.	**3.1.1** Therapeutic supplies and equipment procured and delivered to CMAM competent health facilities nationwide. **3.1.2** Fortified supplementary foods procured and delivered to CMAM competent facilities in priority districts. **3.1.3** CMAM training provided to district personnel nationwide, with particular focus on priority districts. **3.1.4** Providers in select facilities trained in early diagnoses of HIV/AIDS, treatment of HIV associated malnutrition, and IYCF counselling and messaging. **3.1.5** CMAM database developed and HIS officers in priority districts trained in CMAM monitoring and reporting. **3.1.6** Internet or SMS secured for priority districts to facilitate timely CMAM reporting.	**3.1.1.1** Percentage of eligible health facilities nationwide and in priority districts delivering CMAM services. 100 – 150 new sites to be established in 2011 (depending on fund availability).	***Limited Progress*** • Secured CERF funding for 14 Districts –. At least 80 facilities are in process of establishing capacity to provide CMAM services using supported by CERF and other resources. This is expected to bring the number of facilities providing CMAM services from 620 at the beginning of the year to at least 700 by end June 2011. Coverage of those who need the treatment nationally will increase, though difficult to ascertain the numbers of children treated by mid-year, as data has not available nationally. Achieving national targets may be difficult if funding doesn't improve.
		3.1.1.2 Percentage of functioning CMAM facilities with adequate supplies of *ready-to-use therapeutic food* and equipment.	***Limited Progress*** • The late 2010 / early 2011 stock out has been resolved – supplies available in-country to last through the end of the year (at current rates of malnutrition). • Development of a quick guide/protocol (drafted in the second quarter) on CMAM would further contribute to rational use of supplies. • Currently conducting an equipment inventory in 14 CERF Districts. Expect to meet equipment needs nationwide by close of year. Funding to meet national needs not secured. • Supplies of corn-soya blend Plus for supplementary for treatment of moderate and acute malnutrition still not guaranteed in most districts – an area of WFP concern.

Outcomes	Outputs	Indicators	Achieved as of mid-year
		3.1.1.3 Percentage of CMAM providers nationwide and in priority districts trained in IYCF and early diagnoses of HIV and AIDS.	• Limited number of districts and NGOs benefited from IYCF/CMAM training at beginning of year. Due to budget constraints, IYCF was not included in CERF budget. • UNICEF has secured funding to pilot the integration of nutrition (CMAM and IYCF) and HIV over three years. The effort will kick off in 8 - 10 districts in the next quarter.
3.2 Increased demand for CMAM services.	**3.2.1** Village health workers (VHWs) and community volunteers in priority districts trained in rapid assessment of malnutrition. **3.2.2** CMAM related communication materials developed and disseminated nationwide.	**3.2.1.1** Percentage of priority districts with at least 50% of VHWs trained in rapid nutrition assessment.	***Limited Progress*** • VHW training included in 14 CERF districts, no dedicated funding in other districts at this point in time.
		3.2.1.2 Percentage CMAM competent facilities nationwide and in priority districts with CMAM communication materials.	• Nutrition sector has developed a CMAM Quick Reference Guide, Facility Guide, Posters, and standardized admissions and reporting forms. Products will be printed and distributed within the next.
3.3. Improved social and policy environment for delivery of CMAM services.	**3.3.1** Emergency supplementary feeding and CMAM guidelines updated and disseminated. **3.3.2** Essential nutrition supplies mainstreamed into NatPharm and the national essential drugs delivery system.	**3.3.1.1.** See Outputs.	***3.3.1.1 Limited Progress*** • Supplementary feeding has been included in the Quick Reference Guide alluded to above – this will provide definitive government endorsed guidance for targeted supplementary feeding in Zimbabwe. • No progress to date on nutrition supplies.
Objective 4. Strengthened analysis, coordination, and oversight for delivery of essential nutrition interventions.			
4.1 Strengthened coordination and oversight for delivery of nutrition interventions.	**4.1.1** Sector-wide investment case with clearly articulated accountability framework developed and adopted. **4.1.2** Database for monitoring strategy implementation developed and updated quarterly, Nutrition Atlas prepared for distribution by close of 2011, and district nutrition profiles developed and disseminated. **4.1.3** Computers, printers, and transportation procured and delivered to Nutrition Officers in priority districts. **4.1.4** Monitoring and supervision training provided to District and Provincial nutrition officers from priority districts. **4.1.5** Technical assistance provided to large-scale food, agriculture, and social protection projects to mainstream nutrition.	**4.1.1.1** Sector-wide investment case and accountability framework in place.	• Strategy development process is currently in design phase. We expect to complete the development process by the end of the year.
		4.1.1.2 **Percentage** registered nutrition stakeholders providing at-least one report consistent with the sector accountability framework guidelines (by close of year).	***No Progress*** • Awaiting strategy to roll out accountability mechanisms. May not occur until early next year.
		4.1.1.3 Nutrition Atlas released, and district nutrition profiles developed for 80% of priority districts.	• Atlas currently under development – scheduled for release in the third quarter.
		4.1.1.4 Nutrition mainstreamed into the Protracted Relief Program (PRP) and Program of Support.	• HKI IYCF training has reached all PRP partners.

Outcomes	Outputs	Indicators	Achieved as of mid-year
	4.1.6 Cluster and technical working group meetings regularly held.		
4.2 Strengthened cross sector food and nutrition security analysis and emergency response.	**4.2.1** **Food and Nutrition Security Analysis Unit (**FNSAU) established. **4.2.2** FNSAU strategic advisory group, including high level representation from government, donors, UN agencies, and NGOs, established and functioning. **4.2.3** Nutrition regularly represented in ZimVAC meetings. **4.2.4** Emergency food and nutrition management teams established in priority districts and their respective provinces. **4.2.5** At least one FNSAU analysis and planning workshop conducted. **4.2.6** A new nutrition surveillance system, standardized survey instruments, and quality criteria for nutrition assessments developed and rolled out. **4.2.7** National food and nutrition policy developed and endorsed.	**4.2.1.1** A functioning FNSAU with a senior advisor and analyst.	***Limited Progress*** • The national FNC has just completed a draft three-year strategy – this strategy is a pre-requisite to finalizing plans with regard to the senior advisory.
		4.2.1.2 A functioning FNSAU SAG, with high level representation from Government, UN, donors, and INGOs.	• ToR complete, agreement reached within government and high level UN agencies – expect first meeting by early in the fourth quarter.
		4.2.1.3 A re-invigorated ZimVAC that includes active participation from key nutrition stakeholders.	• Consultant in place and working with ZimVAC to move this process forward.
		4.2.1.4 Functioning emergency food and nutrition management teams in 24 priority districts and their respective provinces.	• Government Resources Management currently supporting Food and Nutrition Management Team capacity building assessment. The assessment will serve as foundation for capacity building efforts moving forward.
		4.2.1.5 Number of bi-annual nutrition surveillance reports finalized and disseminated.	• Progress on nutrition surveillance is contingent upon progress on the indicators outlined above. Given current pace, don't expect to achieve this objective within the current year.

3.2.4 HEALTH

Cluster lead agency	**WORLD HEALTH ORGANIZATION**
Cluster members	ACF, ADRA, Africare, Action Aid, CARE Zimbabwe, CDC, CRS, CWW DAPP, EGPAF, Merlin, GOAL, Humedica, IMC, IOM, IRC, MSF (Belgium, Holland and Spain), MDM, PI, Sysmed, UNFPA, UNICEF, WHO, WVI, ZRCS, and other partners
Number of programmes	3
Cluster objectives	• To reduce morbidity and mortality of mothers and their new-borns through strengthening service provision and referral system for reproductive health. • To increase availability of vital drugs for vulnerable children, women and men at clinic level in Zimbabwe by strengthening the district drug management systems, including the supply chain mechanism, supporting the rationalization and strengthening the drug management systems including capacitating health staff and improving communication within the supply chain mechanism by the end of 2011. • To contribute to reducing the excess morbidity and mortality caused by communicable disease outbreaks and other public health emergencies.
Beneficiaries	Estimated eight million men, women and children
Funds requested	Original: $28,342,152 Revised: $28,342,152
Funding to date	$5,483,914 (19% of requirements)
Contact information	Dr Lincoln Charimari – charimaril@zw.afro.who.int

Disaggregated number of affected population and beneficiaries

Category	Affected population			Beneficiaries		
	Male	Female	Total	Male	Female	Total
Emergency Reproductive Health						
Newborns	-	-	-	183,000	198,300	381,300
Expected pregnancies including teenagers pregnancies	-	5,289,000	5,289,000	-	405,900	405,900
Sub-total		*5,289,000*	*5,289,000*	*183,000*	*604,200*	*787,200*
Availability of Vital and Emergency Medicines						
Children	1,538,970	1,667,219	3,206,189	1,077,279	1,167,053	2,244,332
Adults	1,307,106	1,478,496	2,785,601	914,974	1,034,947	1,949,921
Sub-total	*2,846,076*	*3,145,714*	*5,991,790*	*1,992,253*	*2,202,000*	*4,194,253*
Early Warning and Response to Outbreaks and Other Public Health Emergencies[13]						
Children	587,473	642,483	1,229,956	587,473	642,483	1,229,956
Adults	845,388	924,550	1,769,938	845,388	924,550	1,769,938
IDPs	49,449	45,216	94,665	49,449	45,216	94,665
Sub-total	*1,482,310*	*1,612,249*	*3,094,559*	*1,482,310*	*1,612,249*	*3,094,559*
Grand totals	**4,328,386**	**10,046,963**	**14,375,349**	**3,657,563**	**4,418,449**	**8,076,012**

Narrative

The cholera outbreak that started in September, 2010 has persisted in Manicaland (five districts) and Masvingo (two districts) Provinces, and has currently moved to two districts in Mashonaland West and one district in Mashonaland East Provinces. The outbreak has not spread to other regions of the country. However from January 2011 to 20 May 2011, the CFR is as high as 4% in the affected areas (Masvingo, Manicaland, Mashonaland West and Mashonaland East Provinces). Cumulative cases for 2010 were 1022 with 22 deaths (CFR 2.1%). Cumulative cases from January to May 2011 stand at 936 and 40 deaths (CFR 4.0%). There has been a significant rise in the number of cases from week 17 of 2011.

A review of the Health Cluster data collection tool is currently under way and its roll-out in May 2011 will provide the Cluster with a more focussed overview of the activities and gaps, in line with the required CAP interventions. Six Rapid Response Teams (RRTs) for Chipinge, Chimanimani and Nyanga in Manicaland Province; and Mangwe, Gwanda and Hwange in Matebeleland North and South Provinces were trained since the beginning of the year. The total number trained was about 60

[13] Response to outbreaks and other public health emergencies covers the whole country as per the needs, the affected population and areas concerned.

health staff. RRT guidelines, training modules, typhoid guidelines and information, education and communication materials were printed through funding support from the European Commission Directorate for Humanitarian Aid and Civil Protection (ECHO).

The CERF under-funded window granted $897,231 to support life-saving interventions for emergency reproductive health activities. These interventions are supporting six districts of Chipinge, Mutasa, Tsholotsho, Guruve, Mbire and Hurungwe with emergency reproductive health supplies, rehabilitation of maternity waiting homes, repairs of emergency ambulances and social mobilisation in communities around safe motherhood initiatives. In total 30 health facilities are currently receiving support for the refurbishment of maternity waiting homes, rehabilitation of ambulances and provision of emergency obstetric and neonatal care (EmONC) supplies. In addition, social mobilization activities are conducted within the communities to encourage institutional deliveries.

Mutare District in Manicaland Province has been supported in the establishment of an EmONC programme. Reproductive health kits for clinical deliveries, caesarean sections, blood transfusions, suturing and manual vacuum aspirations have been distributed to the EmONC centres, as well as beds, screens, drip stands and other furnishings. Renovations were done to maternity wards at 11 facilities and to maternity waiting homes at five facilities. On-job training on the use of the partogram has resulted in increased use for monitoring labour at the rural health clinics. Through sensitization sessions conducted at each of the 19 supported health facilities for village leaders, VHWs and traditional birth attendants on the importance of facility delivery by skilled attendants, an increase in proportion of facility deliveries was seen from 65% (Jul-Sep 2010) to 77% (Mar-Apr 2011). The referral network has been strengthened by the provision of a new ambulance for the District and by installing high frequency radio stations at eight facilities as well as in the ambulance.

Fifty nurses in Nyanga, Mutasa and Mutare Districts were trained in Drugs Management Systems. Following the training, joint supportive supervision visits were conducted with the District Pharmacists to each of the 50 facilities. Gaps in stock were mostly related to the shortages in anti-malarials at national level. Stock record keeping and storage management were adequate. Mutare and Chimanimani districts, the two main cholera outbreak areas in Manicaland province were supported with logistics, transport, sourcing of supplies and health education sessions in the communities as well as setting up coordination and stakeholder meetings.

Epidemic thresholds were exceeded in the incidence of malaria in Burma Valley (Mutare District) and in Nyanga. Support was rendered with assessments, fuel for indoor residual spraying campaigns, and health education sessions. The outbreaks were compounded by the shortage of anti-malarial drugs at national level. All outbreaks were declared over by early May 2011.

There is an apparent dearth of funding for humanitarian health support currently in Zimbabwe, with only 19% of required funds being realised. This is likely to impact on the achievements of this Cluster against its set targets. Discussion regarding the introduction of pooled funding to support the Health Transition Fund (HTF) is ongoing. Some actors involved in humanitarian response have raised concerns regarding the lack of involvement to date with Central Statistical Offices (CSOs) in the development of the HTF.

Currently the Health Cluster is undertaking a review of their monitoring tool, to enable better gap analysis, in line with the CAP indicators. Timeliness and completeness of routine data is a challenge which needs to be addressed further. In Hurungwe and Makoni districts communication systems are not functional, which makes reporting emergencies and need for referral a challenge. Mobile telephone network coverage is also poor. In Makoni, mobile environmental health technicians are used to transfer information and request of referral services when needed, and although in most clinics a room is set aside for use as maternity waiting homes (MWHs) they are not fully functional or equipped.

Table: mid-year monitoring vs. objectives

Outcomes	Output indicators	Achieved as of mid-year
Objective 1. Reduce the morbidity and mortality of mothers and their newborns, through strengthening service provision and referral system for reproductive health		
Improved access to quality antenatal care (ANC), delivery care and post natal care	• 120 VHWs trained per district in safe motherhood, referral of pregnant women	• 720 VHWs trained: Masvingo 141; Bikita 47; Hurungwe 131; Makoni 280; Nyanga 121.
	• 80% of primary care nurses (PCNs) and clinical staff trained in ANC, delivery and PNC in supported districts	• 100% of PCNs in Masvingo districts were trained in ANC, delivery and PNC.
	• 100% supported clinics have basic diagnostic kits	• 28.5% of clinics have basic diagnostic kits in Masvingo. Hurungwe 40%, Makoni 70%. • 100% of facilities in Masvingo Bikita, Makoni, Hurungwe and Nyanga promote EBF.
	• 80% of clinical staff trained in provision of FP	• NTR
	• 100% of facilities promoting exclusive breastfeeding	• NTR
	• 100% of facilities with an improved data collection system and timely reporting for reproductive health services	• Data collection system: Bikita: 100% and Masvingo 100%, Makoni 80%, Hurungwe 60%.
Improved access to quality EmONC	• 80% of PCNs or relevant clinic staff trained in EmONC	• 100% of PCNs in Masvingo District trained in EmONC. • 30 nurses trained in Manicaland.
	• 80% of supported facilities in four provinces have basic equipment, supplies and commodities to provide services with no stock outs	• 19 facilities in Mutare District supplied with equipment and supplies.
	• Emergency referral system including transport and communications are serviced, repaired or replaced at rural and district level	• Two vehicles for emergency referral system services (one each in Bikita and Masvingo). • 18 cell phones distributed (ten to Bikita and eight to Masvingo Districts) to improve on communication. • One new ambulance procured for Sakubva Hospital and one old ambulance repaired for Marange Rural Hospital. • Eight HF radios installed in Mutare District. • 15 EHTs in Bikita and four in Masvingo District mobilised and supported with fuel and serve as strategic communication focal point persons.
	• 50% of supported clinics have functioning and equipped MWH	• Masvingo 70%: of supported clinics have functioning MWH; 5 MWHs were renovated in Manicaland. 4% facilities in Hurungwe have functioning MWH.
	• 100% of facilities holding regular maternal death audits	• NTR
	• 100% of facilities with an improved data collection system and timely reporting for reproductive health services.	• Data collection system; Masvingo 100% and Bikita 100%, Makoni 80%, Hurungwe 60%.
Improved access to quality adolescent sexual and reproductive health services	• 80% of facilities have supply of youth friendly information, education and communication materials.	• 100% facilities in Hurungwe and Makoni have youth friendly IEC materials supplied by MOH and CW. Youth friendly centre in Magunje.
	• 100% of facilities with an improved data collection system and timely reporting for reproductive health services.	• Data collection system: Makoni 80%, Hurungwe 60% reporting reproductive health services.

Outcomes	Output indicators	Achieved as of mid-year
	• 80% of facilities have established formal links to trained and functioning peer educators. • 80% of health facilities have youth friendly spaces with trained staff providing adolescent reproductive and sexual health services. • 100% of facilities with youth friendly corners providing youth friendly services for family planning, HIV and sexually-transmitted infection prevention and counselling.	• NTR
Implementation of Minimum Initial Service Package for reproductive health in event of a sudden onset emergency	• 100% of clinics/hospitals in affected areas have clean delivery kits.	• 100% of the supported clinics in both Bikita and Masvingo have been supplied with clean delivery kits and this translates to 62.5% and 28.5% district coverage respectively. • 90% facilities in Hurungwe and Makoni have kits. • Mutare District received kits for 50 deliveries. • 19 health facilities in Mutare and Marange received supplies.
	• Outreach services provision to people affected by emergencies in hard-to-reach areas.	• NTR
	• Number of health facilities with supplies for universal precautions.	• 24 health facilities in Bikita and 42 health facilities in Masvingo have supplies for Universal precautions.
	• 100% of clinics in affected areas have provision for emergency referral including transport and communications.	• 100% clinics in Bikita and Masvingo have transport and communication provisions for referral patients. Both districts are being supported with fuel for transportation of referral patients from any health facility in the district and the DHE is supported with air time on monthly basis.
	• 100% of people accessing medical treatment following sexual assault receiving appropriate health care and support.	• In Mutare District 13 health facilities were sensitized on sexual assault and the referral pathway.
	• Joint meetings between health and protection cluster to ensure coordinated response to potential for sexual violence.	
	• Ongoing planning with the MoHCW to integrate the emergency service provision into the PHC.	• NTR

Outcomes	Output indicators	Achieved as of mid-year
Objective 2. To increase the availability of vital drugs for vulnerable children, women and men at clinic level in Zimbabwe by strengthening the district drug management systems, including the supply chain mechanism, supporting the rationalization and strengthening the drug management systems including capacitating health staff and improving communication within the supply chain mechanism by the end of 2011.		
Health professionals at district and clinic levels possess the necessary skills in stock management and reporting of drug information as per the MoHCW guidelines.	• Number of relevant staff trained in stock management and reporting.	• 31 nurses were trained in stock management and reporting in Bikita District and 40 nurses in Masvingo District. 75 staff trained in Midlands Province. • 100% of facilities in Hurungwe and Makoni reporting drug stocks monthly, but 0% stock books. • 50 nurses from Nyanga, Mutasa and Mutare Districts trained in DMS. • District pharmacist supervises all facilities in Nyanga, Mutasa and Mutare (63% for Midlands).
	• Timeliness and completeness of stock reporting from health facility to district.	• All health facilities in both Masvingo and Bikita Districts are supported to attend monthly nurses and statistics meetings during which stock reporting is done and completeness validated. Stock cards and stock books are available at all health facilities in Masvingo and Bikita Districts.
	• Number of support supervision visits conducted by the district pharmacist to the health facilities.	• 4 support and supervision visits were done in Bikita and Masvingo Districts by the pharmacist to the supported clinics in the two districts. The pharmacists in the districts are being supported monthly to supervise the clinics (Midlands had 144 visits).
	• Number of health facilities with updated stock book.	• 27 supported clinics, 15 in Bikita and 12 in Masvingo Districts have updated stock books. 78 health facilities have updated stock books in Midlands Province. • A laptop was purchased for each of the 16 selected districts for reporting through internet.
	• Number of health facilities reporting no stock out on selected essential drugs.	• 200 health facilities reporting no stock outs in Midlands Province. • 85% facilities in Hurungwe reporting stockouts of SP. • No stock out in 25 facilities in Hurungwe, and no stock outs in 38 facilities in Makoni. • Zero facilities out of 32 in Nyanga and Mutasa had stock outs. • 3 out of 13 facilities in Mutare had no stock out of selected 13 essential drugs excluding Coartem.
In the clinics and hospitals of the targeted districts, the drug's prescription is rational and its use is appropriate as per the MoHCW guidelines.	• Number of health professionals trained in drugs' use and prescription.	• 71 nurses trained in drug use and prescription, (31 in Bikita and 40 in Masvingo districts). In Nyanga, Mutasa and Mutare, 50 nurses trained in DMS, included rational drug use and prescription.
	• Number of health facilities with at least one health staff trained on drugs' use and prescription.	• 50 facilities have one nurse trained on DMS. • 175 health staff trained in the Midlands Province.
	• Percentage of rational prescription at health facility by health professionals.	• 32 health facilities have at least 1 health staff trained in drug use and prescription (15 health facilities in Bikita and17 health facilities in Masvingo Districts).

Outcomes	Output indicators	Achieved as of mid-year
The targeted districts are provided with information and communication technologies (ICT) equipment for the adequate functioning of the Drug Management Information System; the clinic and districts' pharmacies are refurbished.	• Number of districts equipped with appropriate ICT equipment.	• Four Merlin-supported districts in the Midlands Province were provided with a laptop and printer as backup.
	• Proportion of districts reporting relevant information on drug availability.	• NTR
	• Number of district pharmacies rehabilitated and equipped.	• One district pharmacy rehabilitated and equipped in Bikita District.
	• Number of clinic drug store rooms refurbished.	• Eight clinic drug store rooms were refurbished (three in Bikita and five in Masvingo District).
Objective 3. Contribute to reducing the excess morbidity and mortality caused by communicable disease outbreaks and other public health emergencies		
Strengthened Epidemic Prone Disease Surveillance System and capacity for rapidly responding to pubic health emergencies at provincial and district levels	• Percentage of alerts of public health emergencies assessed and responded to within 72 hours.	• 100% alerts assessed and responded to within 72 hours in Masvingo, Bikita, Mutare, Nyanga, Mutasa, Hurungwe and Makoni. • 100% Merlin-supported districts in the Midlands reporting 100% alerts within 72 hours.
	• CFR for public health emergencies including outbreaks do not exceed MoHCW/WHO standards.	• There is concern that the cholera cases and CFR for 2011 since the beginning of 2011 to 20 May 2011 is as high as 4% in the affected areas (Masvingo, Manicaland, Mashonaland West and Mashonaland East Provinces). • Cumulative cases for 2010 were 1,022 and 22 deaths (CFR 2.1), with cumulative cases since January to May, 2011 standing at 936 and 40 deaths (CFR 4.0%).
	• Proportion of sentinel sites submitting weekly disease surveillance data to district.	• 100% of all sentinel sites in Bikita and Chiredzi are submitted weekly decease surveillance data. • All the sites in both districts have been supported with airtime and cell phones to communicate the data on time. 87 out of 220 (40%) sentinel sites supported by Merlin submitting weekly surveillance data.
	• Number of completed T5s (disease surveillance forms) received from health facilities.	• 100% of facilities in Bikita, Chiredzi, Mutare, Nyanga, Mutasa submitting T5s, at monthly meetings during which data are validated for completeness.
	• Proportion of provinces with monthly emergency preparedness and response (EPR) and coordination meetings involving partners. • Proportion of district holding monthly coordination meetings with partners and stakeholders.	• Hurungwe, Makoni, Mutare, Nyanga and Mutasa hold coordination meetings during outbreaks.
Increased capacity from the community to provincial levels for emergency preparedness	• Percentage of District Health Executives with updated contingency plans.	• Hurungwe, Kariba, Makonde, Zvimba, Makoni, Mutasa, Nyanga, Mutare, Masvingo, Bikita and Chiredzi districts have updated EPR Plans.
	• Percentage of the selected districts with trained rapid response teams.	• RRT team members trained in Bikita, Chimanimani, Nyanga, Mutare, Mangwe, Hwange, Gwanda , Chiredzi and Masvingo (trained by MOHandCW/ WHO. This is 6 out of 16 (38%) priority districts selected for RRT training.
	• Number of vulnerability assessments conducted.	• NTR
	• Number of health staff trained on Disaster Risk Reduction (DRR).	• NTR
	• Number of community groups including VHWs, health committees and leaders trained on DRR.	• NTR

3.2.5 WATER, SANITATION AND HYGIENE

Cluster lead agencies	**UNITED NATIONS CHILDREN'S FUND, OXFAM GB**
Cluster members	ACF, CAFOD, CARE, CPT, DAPP, FCTZ, FRC, Goal, IRC, IMC, IRC, ISL, IWSD, Medair, MeDRA, Mercy Corps, Mvuramanzi Trust, Oxfam, PENYA Trust, PSI, Thamaso Zimbabwe GAA, UNICEF, WV, ZimAHEAD, Zvitambo, ZRCS
Number of programmes	4
Cluster objectives	• Rapid and effective humanitarian response to the WASH needs of the affected population. • Arrest decline of and restore water, sanitation and hygiene promotion services for vulnerable men, women and children in urban settings. • Arrest decline of and restore water, sanitation and hygiene promotion services for vulnerable men, women and children in rural settings. • Improve sector information and knowledge management and coordination for an effective humanitarian/recovery response.
Beneficiaries	Estimated nine million men, women and children
Funds requested	Original: $53,100,000 Revised: $61,550,421
Funding to date	$17,403,759 (28% of requirements)
Contact information	Belete Woldeamanuel – bwoldeamanuel@unicef.org

Disaggregated number of affected population and beneficiaries

Category (based upon associated programme)	**Beneficiaries**		
Water, sanitation and hygiene services for people affected by emergencies	**Male**	**Female**	**Total**
Individuals	71,520	77,480	**149,000**
Sub-total	*71,520*	*77,480*	***149,000***
Emergency Urban WASH services			
Children	936,000	864,000	**1,800,000**
Adults	624,000	576,000	**1,200,000**
Sub-total	*1,560,000*	*1,440,000*	***3,000,000***
Rural WASH services			
Clean Water Supply	540,000	585,000	**1,125,000**
Appropriate Sanitation	144,000	156,000	**300,000**
Hygiene Promotion	2,160,000	2,340,000	**4,500,000**
Sub-total	2,844,000	3,081,000	***5,925,000***
Grand totals	**4,404,000**	**4,656,144**	**9,074,000**

Narrative

The 2011 CAP WASH program is progressing smoothly. Generally, the cholera situation in the country is improving. Ten out of the 62 districts (Bikita, Buhera, Chimanimani, Chegutu, Chipinge, Chiredzi, Kadoma, Murewa, Mutare and Mutasa) have reported cholera cases since the beginning of 2011. The number of districts affected at the same time in 2010 was 20. A total of 879 cumulative cases and 38 deaths were reported by 15 May 2011, giving a crude CFR of 4.3%. A total of 177 cases were found positive by laboratory confirmation. The majority of cases (689, or 78.4%) were reported from Manicaland Province, and three-quarters of those are from Chipinge. The hot areas for cholera at the moment are Chipinge and Chiredzi in the south-east of the country. A team has been sent to the area to study the situation.

Substantial improvements have been registered in urban WASH through the Emergency Rehabilitation and Risk Reduction program implemented through UNICEF and other partners. A total of 24 out of 30 towns have been assessed, rapid assessments have been conducted in 12 of the Zimbabwe National Water Authority's (ZINWA) 26 growth points. Emergency rehabilitation interventions in 20 towns/growth points are progressing well. Critical rehabilitation works have been done in three towns – Chegutu and Gaza (Chipinge), and rehabilitation of 56 high-yield boreholes in Bulawayo (Nyamandlovu) has been completed. Work is also ongoing in the five towns of Rusape, Chipinge, Bindura, Karoi and Shurugwi. Drilling and rehabilitation of 167 boreholes in various urban centres/growth points has been completed. Essential water treatment chemicals (Alum, HTH/Chlorine) are also being provided to 20 councils and ZINWA. On the whole an estimated

3,500,000 beneficiaries are being provided with improved water and sanitation services in at least 20 urban councils and critical rural small towns and growth points, through emergency rehabilitation interventions.

A new urgent Water Supply and Sanitation Rehabilitation Project prepared by the African Development Bank and to be financed under the Multi-Donor Trust Fund (Zim-Fund) is about to start. The project, when completed, will provide urgent support for further restoration and stabilization of water supply and sanitation services in six urban areas including Harare, Chitungwiza, Mutare, Masvingo, Kwekwe and Chegutu (serving an estimated population of 4.15 million). The total project cost is $29.651 million and will be implemented over 18 months.

WASH services to a large number of clinics and rural communities have been rehabilitated. Village-based WASH inventory formats have been developed by the National Coordination Unit with the support of the WASH knowledge and information management task force and preparations to conduct rural water inventory are under way. A WASH CAP 2011 data collection tool has been developed jointly by the WASH Cluster and OCHA and has been distributed to partners. This now provides a unified tool for monitoring and reporting progress.

A survey of clinics that have had their WASH systems improved has been done and the data are being analyzed for inclusion in the WASH Atlas for 2010/2011. The WASH Atlas is now expected to be finalized by the end of June 2011.

Table: mid-year monitoring vs. objectives

Outcomes	Outputs	Indicator with corresponding target	Achieved as of mid-year
Objective 1. Rapid and effective humanitarian response to the WASH needs of the affected population.			
• Reduced morbidity and mortality due to WASH related diseases in outbreaks and emergencies. • District civil protection units are able to respond to emergencies within 48 hours of alerts.	• Emergencies assessed within 48 hours of alerts. • Response with WASH services within 72 hours of emergency alert. • Institutional capacity building for EPR. • Contingency planning and disaster risk reduction. • Effective co-ordination with other stakeholders and local authorities during response.	• Disease caseload stabilized or reduced within one week of intervention in the affected area.	• Assessment is yet to be done.
		• Clinics with appropriate water and sanitation facilities, target 80%, 90% during WASH related epidemics.	• 100% during cholera and typhoid outbreaks.
		• Affected men, women and children provided with access to a minimum of 7.5 to 15 litres per capita per day safe water for drinking within 72 hours, 90% target.	• Over 90% provided with water within 72 hours.
Objective 2. Arrest decline of and restore water, sanitation and hygiene promotion services for vulnerable population in urban settings.			
• Improved quality of communal and household drinking water supplies as per SPHERE standards. • Maintenance or improvement of improved water and appropriate sanitation coverage. • Improved hygiene practices among children, women and men.	• Emergency rapid assessment of WASH infrastructure of at least 15 major towns/cities and growth points. • Emergency rehabilitation of water and sanitation infrastructure, provision of alternative water sources and hygiene promotion, in at least 20 towns, cities, growth points and institutions from supply to distribution. • Provision of essential water treatment chemicals to 20 towns and growth points. • Development of sustainable systems for the provision of supplies such as chemicals and household water treatment options. • Capacity strengthening of municipal technical and non technical staff. • Support urban councils in effective cost recovery including tariff study.	• Number of urban centres wherein sufficient water chemicals are available to ensure proper treatment of all water distributed. *Target 20 cities*.	• All 20 towns
		• Percentage of water treatment plant shut downs due to lack of chemicals in large urban centres. *Target 0%.*	• 0%
		• Number of cities, towns and growth points wherein water delivery to most vulnerable populations is increased by at least 20%. *Target 20 towns, cities and growth points*.	• Yet to be assessed
		• Number of municipal staff trained in operation and maintenance of water and sanitation infrastructure. *Target 50 people*.	• 430 operators trained
Objective 3. Arrest decline of and restore water, sanitation and hygiene promotion services for vulnerable men, women and children in rural areas.			
• Improved quality of communal and household drinking water supplies as per Sphere standards • Maintenance or improvement of improved water and appropriate sanitation coverage. • Reduction of visible open defecation. • Improved hygiene practices among children, women and men.	• Installation or rehabilitation of WASH facilities in priority institutions (clinics, schools, prisons etc) and rural wards with 30% or more non functional water facilities taking into accounts needs of people with disability and chronically ill. • Development of sustainable community based management systems including co operating with private sector for improving spares supply. • Participatory health and hygiene education targeting groups vulnerable to WASH related outbreaks and mainstreaming gender and HIV/AIDS.	• 60% rural health institutions have adequate WASH facilities.	• Assessment yet to be done
		• Percentage of rural wards having functional improved water supply source. *Target 50%.*	• Assessment yet to be done • Village based data collection formats developed and distributed to partners.
		• Percentage of men, women and children demonstrating proper hand washing with soap or ash at critical times.	• Assessment yet to be done

Outcomes	Outputs	Indicator with corresponding target	Achieved as of mid-year
Objective 4. Improve sector information and knowledge management and coordination for an effective humanitarian / recovery response.			
• Structured co-ordination, information management and monitoring and evaluation of WASH interventions.	• Support and capacity development of NGOs, National Action Committee structures from communal to national level. • Joint needs assessment for sector recovery. • WASH sector information/ knowledge mgt for humanitarian and transitional needs. • Performance related capacity development of government and partners for effective WASH humanitarian coordination. • Support trials of new technologies, approaches and strategies for humanitarian response.	• WASH humanitarian co-ordination capacity within the National Co-ordination Unit and National Aids Council. • Availability of updated data/information on WASH for urban and rural areas provided to all humanitarian actors on a timely basis.	• Is continuously improving. • 2009/10 WASH Atlases distributed to partners. • 2010/2011 WASH Atlases under finalization.

3.2.6 PROTECTION

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster members	ANPPCAN, CARITAS, CARE, CESVI, Childline, Christian Aid, Christian Care, CACLAZ, CSU, COSV, CRS, GAPWUZ, Goal, Family Support Trust, Forum for African Empowerment, Habakkuk Trust, HELP Germany, HelpAge, Helpline, Help Initiative, HT, Humanitarian Reform Project, HRDT, IMC, IOM, IRC, ISL, Island Hospice, LCEDT, MSF Belgium/Holland, MDM Zimbabwe, Mercy Corp, MeDRA, Miracle Missions, MTLC, Mussasa Project, NANGO, NHF, NRC, OXFAM Australia/GB, Pacesetters, PI, REPSSI, ROKPA Support, SC, SOS Children's Village, Southern Africa Dialogue, TAAF, Tearfund, Transparency International, UMCOR, UNFPA, UNICEF, VAC, WEG, WFP, WV, ZCDT, ZACRO, ZLHR, ZPP
Number of programmes	4
Cluster objectives	• Advocate for and work with authorities, communities and individuals to promote a protective environment and sustainable protection solutions with particular attention to IDPs and other individuals and groups with specific needs. • Strengthen and support the protection environment (material/livelihoods, physical and legal) environment especially for the most vulnerable (women, children, victims/survivors of gender-based violence (GBV) and/or trafficking, and IDPs), while supporting community-based and rights--based reconciliation as well as voluntary/sustainable solutions for displacement. • Engage key stakeholders (Government as well as other agencies) in sensitization and build their capacity to better assess and respond to internal displacement as well as the overall protection needs of women, men, girls and boys. • Support the mainstreaming of protection, gender, age, diversity and HIV/AIDs into other sectors while maintaining and coordinating a thematic focus on displacement, child protection, GBV and human right/rule of law.
Beneficiaries	2.14 million people
Funds requested	Original: $41,845,000 Revised: $41,845,000
Funding to date	$4,054,984 (10% of requirements)
Contact	Beat Schuler – schuler@unhcr.org

Disaggregated number of affected population and beneficiaries

Category	Affected Population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs	N/A	N/A	N/A	59,300	55,700	115,000
Children	3,000,000	3,000,000	6,000,000	9,600	9,400	19,000
GBV	6,360,000	5,980,000	12,340,000	1,412,520	587,480	2,000,000
Rights Holders	6,360,000	5,980,000	12,340,000	5,260	4,740	10,000
Totals	**N/A**	**N/A**	**N/A**	**1,486,680**	**657,320**	**2,144,000**

Narrative

The key overall priority for the Protection Cluster remains to ensure that the protection needs of the population of concern are effectively identified and addressed, through a coherent and coordinated response involving all relevant humanitarian partners. The main areas of concern remain the protection and assistance for IDPs, vulnerable children, survivors of violence including GBV, and strengthening of the rule of law and human rights, as reflected in the protection cluster/sub-cluster structure and the four thematic programmes.

There have been no significant changes in needs noted as the needs are clearly outlined in the four thematic programmes. However, the main challenge for the cluster remains funding, as many Protection Cluster partners remain underfunded and this has negatively impacted on the implementation of the four Cluster programmes. The Cluster discussed, reviewed and revalidated the Cluster response plan, Cluster programmes and the 2010-11 strategy in regular Cluster meetings in preparation for the CAP MYR workshop.

The most significant achievements include, but are not limited to, establishment of information sharing and contingency planning forum between the Protection Working Group in South Africa and the

Protection Cluster in Zimbabwe. Moreover, the Protection Cluster and the IDP sub-cluster have formally endorsed a humanitarian "Framework for Resettlement as a Durable Solution to Internal Displacement" for Zimbabwe. This provides guidance to humanitarians seeking to support durable solutions in a manner consistent with Universal Guiding Principles, the Inter-Agency Standing Committee (IASC) Framework for Durable Solutions and the Kampala Convention. Emphasis is placed on voluntariness, durability of land tenure and livelihoods opportunities, as well as comprehensive stakeholder engagement including with the authorities, the displaced, and the "new/host" communities, paying particular attention to the specific interests and needs of women, men, girls and boys. The Framework has been presented to the HCT for discussion.

After more than a year long consultative process of developing National Residential Care Standards including Agencies, NGOs and the Ministry of Labour and Social Services (MoLSS), a National Residential Care Standards Manual was launched on 28 January 2011. This manual will enhance protection of children in Residential Care facilities. Zimbabwe was invited to share experiences on best practices in child participation in the Constitution-making process at the "Child Participation: Together We Decide" conference in Egypt in January 2011. A Cluster partner, UNICEF and the Ministry of Constitutional and Parliamentary Affairs made a presentation at the conference. The Protection Cluster participated in the 2011 Universal Periodic Review process for Zimbabwe, which is currently underway.

The Protection Cluster has engaged the Organ for National Healing and Reconciliation (ONHRI) and others to seek ways in which humanitarians may support mitigation of violence, especially at the grassroots level, while remaining true to the core principles of neutrality, impartiality and humanity.

Table: mid-year monitoring vs. objectives

Outcomes	Outputs/Indicators	Achieved as of mid-year
Objective 1. Advocate for and work with authorities, communities and individuals to promote a protective environment and sustainable protection solutions with particular attention to IDPs and other individuals and groups with specific needs		
1.1 Strengthening of policy frameworks, contingency planning and advocacy efforts to better serve the needs of IDPs, children, survivors of violence including GBV and other victims of abuse/exploitation.	• Preparation of joint contingency plans if and as required.	• A humanitarian guidance Framework for Resettlement as a Durable Solution was presented to the HCT and awaits endorsement. • The Protection cluster has engaged ONHRI and others to seek ways in which humanitarians may support mitigation of violence, especially at the grassroots level, while remaining true to the core principles of neutrality, impartiality and humanity. • The Protection Cluster has provided and will continue to provide regular confidential updates to the Humanitarian Coordinator (HC) on increasing allegations of political violence as well as suggestions for advocacy concerning efforts to mitigate the same consistent with the core values of humanity, neutrality and impartiality. • Establishment of information sharing and contingency planning forum between the Protection Working Group in South Africa and The Protection Cluster in Zimbabwe.
	• Number of policy documents and advocacy initiatives prepared and/or undertaken.	• Protection Cluster support for the AU's Permanent Representatives Committee (PRC) Sub-Committee on Refugees, Returnees and IDPs mission to Zimbabwe focusing on the ratification of the AU/Kampala Convention on IDPs and the situation of Refugees and IDPs. • IOM facilitated consultation meetings on land access for IDPs in Zimbabwe international land and settlement experts, local academics, and land and agrarian specialists, and development partners. The consultation meetings explored critical issues affecting land access for IDPs possible solutions. The consultation meetings provided expert knowledge on how the dialogue on land access for IDPs could be framed. The discussions culminated in the *Framework for Dialogue on Land Access for IDPs Workshop* which was convened by IOM on the 14 March for IDP Sub Cluster members, donors and other development partners to further explore ideas on land access, challenges and opportunities for IDPs in Zimbabwe. • A referral guide for assistance of victims of trafficking was developed and distributed by IOM.
1.2 Improved information/data gathering and analysis concerning the numbers, status and protection needs of IDPs, children, survivors of violence including GBV, and other victims of abuse, exploitation and violation of rights, particularly through the completion of a nationwide IDP profiling exercise, as well as GBV prevention/response and child protective services mapping.	• Support provided for centralized GBV database.	• Cluster partners working with MoESAC to set up an administrative system for training teachers and pupils on child sexual abuse.
	• Number of confidential data collection systems at district level.	• NTR
	• Completion of nationwide quantitative IDP assessment with Government.	• No Progress on IDP assessment with government.
1.3 Strengthening of protection structures and coordination mechanisms (in particular for	• Number of active protection for a (including but not limited to sub-	• Two Active Sub-Clusters [I.D.P and GBV], and establishment of a Child Protection network where thematic issues are discussed in detail and with regular monthly

Outcomes	Outputs/Indicators	Achieved as of mid-year
IDPs, children, survivors of violence including GBV, and other victims of abuse, exploitation and violation of rights), with an emphasis on extension of such structures/mechanisms to rural areas.	clusters) with at least monthly regular meetings.	meetings.
	• Number of protection fora outside of Harare (including but not limited Child Protection Working Groups and GBV Committees).	• Establishment of a Matabeleland Protection Working Group.
Objective 2. Strengthen and support the protection environment (material, physical and legal) environment especially for the most vulnerable (women, children, victims/survivors of GBV and/or trafficking, and IDPs), while supporting community-based and rights-based reconciliation as well as voluntary/sustainable solutions for displacement		
2.1 Provision of emergency and interim material, legal/civil status, psycho-social and/or medical assistance for new displacements, those remaining in displacement and, as appropriate, returnees, with an emphasis on assisting the most vulnerable (especially children and survivors of violence/abuse) and including host communities.	• All new, accessible displacements within 72 hours, access permitting.	• Support of issuance of Civil Status Documentation for 300 IDPs
	• Provision of emergency support to 80% of new displacements, support for issuance of civil status documentation for at least 15,000 displaced people, and 100,000 people benefiting directly and indirectly from livelihoods and reconciliation support during displacement or in the context of durable solutions, with an emphasis on supporting the most vulnerable including women and children.	• Cluster partners facilitated advocacy efforts with provincial authorities in two provinces to allow for access to sensitive displacements. • 1,000 beneficiaries and host community members received hygiene NFI distribution targeting vulnerable group such as orphans, child headed families, the elderly, disabled, chronically ill and widows.
2.2 Advocacy concerning and provision of material, legal/civil status, livelihoods and peace/reconciliation assistance in support of durable solutions including voluntary resettlement/relocation, local integration and return, with an emphasis on recipient and host community participation.	• Assessment, through IDP Sub-Cluster, of 100% of request to support durable solutions and provision of material and other support to 100% of populations identified as engaged in implementing a durable solution.	• 100% of requests for durable solutions support have been assessed by the IDP Sub-Cluster. • 200 households in Mugondi resettlement area benefit from improved sanitation facilities. In addition, 115 of 150 planned latrines for residents of Darby and Knowle villages were completed. • Ten broiler-production groups of 30 members each were established in Mhondoro-Ngezi district's ward 11. Seven committee members drawn from each group received training in management skills. • Cluster partners commenced work with the District Administrator (DA) Chipinge, Manicaland Province to explore possibilities for durable solutions for the Muzite community which refused to be resettled in Mugondi in Manicaland Province and remains in temporary shelter. • Cluster partners successfully facilitated the identification of community based projects in selected communities in Makoni and Chipinge, Manicaland, Chiredzi in Masvingo Province and Hurungwe, Makonde, and Mhondoro-Ngezi in Mashonaland West Province to promote the integration of IDPs into host communities through livelihood interventions.

Outcomes	Outputs/Indicators	Achieved as of mid-year
2.3 Strengthening social protection mechanisms for the prevention of and response to household poverty, GBV and other forms of violence and abuse, the protection needs of children (especially unaccompanied and separated children and orphans) and IDPs undertaking durable solutions.	• Up to 2,800 households provided social protection/support.	• 22 outreach awareness campaigns on human trafficking, HIV and AIDS, cholera and GBV were conducted.
	• Number of Victim Friendly Police Units, Courts, Clinics, One-Stop Centres, safe/transitional housing units established/supported.	• Supported by Protection Cluster partners, the Zimbabwe Republic Police (ZRP), under the Ministry of Home Affairs, is establishing Child Friendly Services in ten police stations during 2011 to provide child sensitive services to child survivors and alleged offenders. • Cluster partners increased support for Zimbabwe Prisons Services.
	• Support for provision of counselling services (GBV, child abuse).	• Cluster partners conducted a community survey in Mbare to assess beliefs and practices regarding sexual and gender-based violence (SGBV) as well as health seeking behaviour and barriers to access of services. • Cluster partners supported a coalition of women survivors of GBV from Zimbabwe attend the Peace and Security Council of the African Union (AU), at its 269th meeting held on 28 March 2011, which devoted an open session to the theme: "Women and children and other vulnerable groups in armed conflicts." • Increases in reports of calls received via the Helpline with a peak of 373 000 in one month. The increase in calls is more of an increase in awareness/access to reporting mechanisms. • Counter-trafficking toll free line established for reporting as well as seeking advice on trafficking related issues.
Objective 3. Engage key stakeholders (Government, civil society, as well as other agencies) in sensitization and build their capacity to better assess and respond to internal displacement as well as the protection needs of women, men, girls and boys		
3.1 Strengthening the capacity of (a) national, provincial and local authorities, (b) service providers and NGOs (especially national NGOs), and (c) communities to assess, prevent and respond to the emergency, interim and long term protection needs of IDPs, children, survivors of violence including GBV, and other victims of abuse, exploitation and violation of rights through general and targeted and trainings/workshops on protection issues (e.g. UN Guiding principles, peace/reconciliation, prevention of and response to GBV and other forms of violence/exploitation, and the special needs of children, human rights and humanitarian law), as well as through provision of other material support and/or technical advice.	• Number of nationwide awareness campaigns on key issues such as GBV, child abuse and trafficking.	• Cluster partners and Government partners attended the "Child Participation: Together We Decide" conference in Egypt in January 2011.
	• Number of UN guiding principles and /or IDP trainings for provincial/district officials in each province.	• NTR
	• Number of GBV prevention/response trainings.	• Two NGOs trained in key thematic areas such as GBV.
	• Number of NGOs, faith based organization and other service providers trained in key thematic areas such as child abuse/labour, GBV, trafficking and other human rights issues.	
	• Number of government officials trained and/or sensitized to various human rights issues such as statelessness and trafficking.	• 20 government officials trained/sensitised on human rights issues.

Outcomes	Outputs/Indicators	Achieved as of mid-year
Objective 4. Support the mainstreaming of protection, gender, age and diversity into other sectors while maintaining and coordinating a thematic focus on displacement, child protection, GBV and human right/rule of law		
4.1 Strengthening of protection structures and coordination mechanisms (in particular for IDPs, children, survivors of violence including GBV, and other victims of abuse, exploitation and violation of rights), with an emphasis on extension of such structures/mechanisms to rural areas.	• Protection-lead attendance at all inter-cluster fora and HCT and United Nations Country Team (UNCT) meetings.	• Full Protection-lead attendance at all inter-cluster fora, HCT and UNCT Meetings. • Referral system for victims of trafficking has been set up in seven provinces. • 60 anti-trafficking schools clubs have been established in seven provinces.
	• Monthly humanitarian updates provided with a thematic focus.	• 100% monthly humanitarian updates provided with a thematic focus.
	• Providing protection input/perspective, as requested, to non-Protection Cluster actors (e.g. other Clusters, JROA Zimbabwe UNDAF).	• Protection Cluster participation in the OCHA facilitated Donor visit, with a site visit to a Child Protection project. • Inclusion of Protection Cluster perspective in the Universal Periodic Review.

3.2.7 EDUCATION

Cluster lead agency	**UNITED NATIONS CHILDRENS FUND**
Co-leads	**SAVE THE CHILDREN and MINISTRY OF EDUCATION, SPORT, ARTS AND CULTURE**
Cluster members	Action Aid, ADRA, CAMFED, CARE, CRS, ECOZI, FACT, FOST, Goal, IMC, Kapnek Trust, Mavamo, MOC, PI, Practical Action, Penya Trust, SC, SOS Children's Village, SNV, UNESCO, UNICEF, VVOB, WVI, ZIMSEC, ZRCS, and other partners including MoESAC and MoHTE
Number of programmes	4
Cluster objectives	Overall objective: to strengthen the sector's ability to plan and implement equitable, quality programmes of education for all children of Zimbabwe. Specific objectives: • increase access to education for the most vulnerable children with a focus on those who are economically disadvantaged, children with special needs, and marginalised and displaced communities • improved quality of teaching and learning for all primary and secondary school students through the provision of quality learning materials and supporting teacher training and living conditions • improved school and system infrastructure through upgrading facilities and training of SDCs on improved school management • strengthening DRR system through the establishment of the Education in Emergencies Joint Response Network (EEJRN)
Beneficiaries	3.27 million pupils; 116,000 teachers; 490,000 other children
Funds requested	Original: $32,360,000 Revised: $32,360,000
Funding to date	$2,377,054 (7% of requirements)
Contact information	Jeaniene Spink – jspink@unicef.org

(Note: The overall education sector in Zimbabwe is primarily funded through the collaboration of donors and partners through the Education Transition Fund (ETF), which is aligned closely with the MoESAC's planning objectives and therefore the broader sector-wide needs of education in Zimbabwe. It is within this framework that the ongoing humanitarian education requirements for the CAP are conceived. To date the Education Cluster has not yet determined how much of the funding that the ETF has received will be used for, and should be counted as contributions to, programmes in the CAP, but this funding is likely to be significant and will as a result alter the Cluster's current funding percentage. This will be reviewed and corrected as soon as possible after the MYR launch.)

Disaggregated number of affected population and beneficiaries

Category	Affected population	Beneficiaries
	Total	Total
Total schools	8,006	8,006
Total pupils *(of which OVC)*	3,272,756 *1,000,000*	3,272,756 *560,000*
Total teachers	101,402	101,402
Total temporary teachers	15,000	15,000
Children with disabilities	300,000	300,000
Out-of-school youth per year	190,000	190,000

Narrative

Activities outlined in the 2011 CAP for education are progressing well with no significant change from the original objectives and funding requirements. The first phase of the ETF is concluding, which has included the distribution of learning materials and textbooks for all primary schools, with secondary school textbook distribution planned for the later part of 2011. This will result in a 1:1 ratio of students to textbooks for every student in Zimbabwe.

Training for school development committees (SDCs) has been undertaken across the country having a significant impact on the governance issues between communities and schools. Furthermore, significant work has been undertaken to support the strategic planning process for MoESAC. Within this framework the second phase of the ETF is being conceived which has received positive donor commitments for the activities identified.

The ETF II is aligned closely with MoESAC's planning objectives and therefore the broader sector wide needs of education in Zimbabwe, and it is within this framework that the ongoing requirements for CAP are conceived. Supporting education for the most vulnerable; improving the quality of teaching and learning through the rapid upgrading of teacher qualifications; providing emergency school facilities upgrading support; and strengthening the systems monitoring and supervision capacities to better identify the needs and funding gaps in the sector are all closely aligned to Government priorities.

A significant development during 2011 has been the establishment of the Education in Emergencies Joint Response Network (EEJRN) which provided much needed support to Government to improve their school supervision and monitoring capacities, through a network of three umbrella NGOs. The data collected in this programme has allowed the Cluster to be able to mobilise funds for emergency school rehabilitation and WASH requirements through CERF funding allocations. The Network has assisted MoESAC to visit 1,800 schools out of the existing 8,000 across the country.

Two CERF projects were approved: the first through the under-funded window and in collaboration with the WASH Cluster to provide emergency upgrading of 'institutional' WASH in clinics and schools; and the second was an emergency school rehabilitation project in response to the schools affected by storms. Approximately 130 schools in total will benefit from these funds with priority schools identified through the Network assessments. The Network is now in the process of mapping the 'severity ranking' of the 1,800 schools visited in close collaboration with OCHA.

Within the overall needs identified through the Cluster, the two most urgent areas that require additional funding are school WASH and the remaining amount required for primary school BEAM payments. The Education Network assessments have indicated that the most serious risk to students and teachers in schools is the lack of safe water and sanitation facilities. Specifically, of the 1,800 school visited, approximately 60% have been identified as being in 'immediate and urgent need of support for WASH requirements'. Only 130 schools are being assisted through the funds raised through CERF and as such a shortfall of approximately 900 schools remains.

Funding for BEAM is also a concern. Yearly requirements for primary school BEAM payments stand at approximately $13-15 million. Although $10 million has been committed as a part of the Child Protection Fund, these funds are yet to be received. First term BEAM payments have not yet been made and approximately half a million children are faced with the risk of being excluded from school due to a failure to pay school fees. Discussions are underway with partners and government. To date, no resolution has been secured.

Table: mid-year monitoring vs. objectives

Major Activities	Outcomes	Progress Indicators	Achieved as of mid-year
Objective 1: Increase access to education for the most vulnerable children with a focus on those who are economically disadvantaged, children with special needs, and marginalised and displaced communities			
1. *Access for the most marginalised:* develop and implement a programme which will ensure increased access and for children with special needs, including displaced children, children from minority communities, children with disabilities and children in economically disadvantaged areas.	• The Back to School social mobilisation campaign results in at least 1,000 vulnerable children attending school for the first time. • An alternative education programme for out of school youth is developed and implemented targeting at least 10,000 students. • Corporal punishment is banned in schools.	• An assessment of out-of-school youth is conducted with partner organizations.	• The assessment is yet to be done.
2. *Alternative education programmes for youth:* ensure access to alternative education programme for at least 10,000 out of school youth.		• A 'Back to School' social mobilisation programme is supported through a network of NGOs targeting disadvantaged and hard to reach areas of the country.	• There is a network of 17 NGOs and three TTCs working on this; the project is underway.
3. *BEAM:* support and advocate for the review and refocus of the BEAM programme.		• A BEAM redesign team are recruited and key issues of concern voiced through the Education and Protection Clusters are incorporated into a revised BEAM programme.	• The redesign is underway.
4. *Safe and enabling schools programme:* advocate for alternatives to corporal punishment and violence in schools and support the MoESAC to set guidelines and implement child-friendly school (CFS) standards.		• A set of CFS guidelines and standards are agreed upon and approved by MoESAC.	• Discussion on the CFS guidelines and standards is going on.
Objective 2: Improved quality of teaching and learning for all primary and secondary school students through the provision of quality learning materials and supporting teacher training and living conditions			
1. *Complimentary Learning Materials:* provide complimentary age appropriate learning materials for at least 1,000 schools in poor and vulnerable areas.	• Grade seven examination results increase from 38% pass rate to at least 45%. • Proportion of girls to boys in secondary schools increases. • Proportion of unqualified teachers reduces from 25% to 20%.	• Set of complimentary early learning materials and reference books for secondary schools agreed upon by MoESAC and cluster. All schools mapped and learning material needs identified.	• No funds for the early learning materials; all schools have been mapped. Only Oxford dictionaries are being distributed and logistics for the rest of the reference books still being worked on.
2. *Girl's Sanitary Ware*: provide sanitary ware to all rural primary and secondary school female students.			
3. *Teacher Training:* expand in-service teacher education with a focus on upgrading the qualifications of 15,000 temporary teachers,		• In-service teacher education programmes developed and	• This is underway and spear-headed by a sub group bringing MoESAC and MoHTE and partners

Major Activities	Outcomes	Progress Indicators	Achieved as of mid-year
4. *HIV and AIDS support for teachers:* ensure that all teachers and learners have access to ART drugs and counselling		agreed upon in close collaboration with the MoHTE and MoESAC.	working on teacher development issues.
Objective 3: Improved school and system infrastructure through upgrading facilities and training of SDCs on improved school management			
1. *School WASH:* repair and rehabilitate water and sanitation facilities with the associated school based hygiene education programme in at least 1,000 schools.	• Student drop-out rates are reduced by 25% in schools receiving rehabilitation/grant assistance. • School receiving grants achieve a gender parity ratio of 100%. • No water borne communicable disease outbreaks are recorded in schools receiving assistance for WASH.	• Schools considered as a priority for WASH and rehabilitation assistance are identified and mapped in collaboration with MoESAC central, provincial and district level authorities and partner organizations.	• This is ongoing with the EEJRN taking a lead in collaboration with MoESAC.
2. *School Rehabilitation:* using a holistic and community based approach to school rehabilitation upgrade at least 150 primary and 50 secondary schools, including where appropriate, infrastructure, water, sanitation, teacher housing and furniture.		• A school grants programme is designed and agreed upon by Ministry and partners and a mechanism for the channelling of funds directly to schools is finalised.	• This is linked to ETF II and is under consideration by MoESAC for approval.
3. *School Grants:* design and implement a school grants programme for at least 200 schools based on the existing per capita and grants in aid system within the MoESAC incorporating lessons learnt from the BEAM programme.		• Retention of secondary school girls will be a priority.	• NTR
4. *SDC training:* conduct follow-up on training programme for all SDCs/SDAs to improve ability to manage school resources, potentially linked to school grants initiative.		• A follow on SDC training curriculum is designed and agreed upon by Ministry and partners.	• The activity is progressing as planned. Training for secondary school SDCs to be carried out by SNV during the later part of 2011.
Objective 4: Strengthening DRR systems through the establishment of the EEJRN			
1. *Emergency Response:* through the EEJRN develop a system to improve the cluster ability to assess and respond to emergencies in all schools within a 72 hour period.	• All schools have a mechanism for reporting emergencies and a system is in place to respond effectively to the emergency within a 72 hour period. • All schools are assessed through the EEJRN and quarterly reports on the situation of education across the country are distributed by MoESAC and the network partners to all Cluster members. • All district education officers have developed and have begun	• The EEJRN is established and agreements reached with the three lead NGOs, together with MoESAC central, provincial and district level staff.	• The Network is in place with three lead NGOs active in the provinces and districts.
		• Training/sensitisation of provincial and district level staff conducted.	• This has been completed in all the ten provinces.
2. *Emergency Preparedness:* conduct ongoing assessment with partner organizations and MoESAC provincial and district education officials of all schools each term to better prepare for and respond to emergencies as they arise.		• A set of school level monitoring tools are developed and agreed upon by MoESAC.	• The tools to collect data have been agreed on and are in use to collect data.

Major Activities	Outcomes	Progress Indicators	Achieved as of mid-year
3. *Provincial Level Coordination:* support MoESAC to conduct monthly provincial level coordination meetings and map partner activities, programmes and budgets.	implementing district level plans.	• All education partners in each of the provinces are identified and mapped.	• All partners have been mapped and provincial cluster meetings have started in those provinces identified out of ten chaired by the provincial education department.
4. *District Level Planning:* support district education officers to develop their emergency response plans linked to the Ministry's national level short term plan (2011).		• Monthly education coordination meetings are held in each province, chaired by the Provincial Education officer and supported by the regionally based lead NGO.	
5. *Sector Coordination:* coordinate education humanitarian and ER response within the context of the Education Cluster.		• A dedicated Education Cluster Coordinator in place.	• A dedicated person Education Cluster Coordinator is in place.

3.2.8 LIVELIHOODS, INSTITUTIONAL CAPACITY BUILDING AND INFRASTRUCTURE (LICI)

Cluster lead agencies	**UNITED NATIONS DEVELOPMENT PROGRAM and INTERNATIONAL ORGANIZATION FOR MIGRATION**
Cluster partners	AEA, ADEA, CARE Zimbabwe and CARE International, CRS, DP Foundation, IOM, IRC, Penya Trust, PYN, Tony Waite Foundation, UNDP, UNESCO, UNHCR, UNIDO
Number of programmes	3
Cluster objectives	• To support and improve livelihoods through job creation, skills , micro-enterprise recovery and development and quick impact initiatives that serve to reduce the vulnerability of those most affected by the crisis, reduce dependence on negative coping strategies and particularly reduce dependence on humanitarian aid. • To support small-scale community-level infrastructure schemes, access to markets and commercial linkages, which will augment and complement other local recovery initiatives when implemented and strengthen the communities' response capacities to new crises. • To provide support to institutions to strengthen local authorities' critical role in developing, implementing and coordinating time-sensitive recovery schemes as well as to increase their capacity to reduce future disasters.
Beneficiaries	76,350 beneficiaries including 34,550 women and 32,850 children
Funds requested	Original: $31,083,076 Revised: $31,083,076
Funding to date	$1,061,322 (3% of requirements)
Contact information	Kirstine Primdal – kirstine.primdal@undp.org

Narrative

The LICI Cluster carried out two needs assessments in the beginning of the year, both focussing on livelihoods opportunities. One was on the Youth Assessment on current skill needs and qualifications and the Capacity Assessment of Economic Actors in two districts namely Gokwe South and Binga**.** They both show an immediate need for interventions focussed on creating sustainable livelihoods solutions focussing on market linkages and entrepreneurship. It is also evident that interventions need to be adjusted to local context and a focus on youth and women is crucial. The Cluster's aim continues to be on the restoration of the capacity of communities to recover from the decade long socio-political challenges. The main interventions continue to be small-scale and having a quick and direct impact on the most vulnerable communities.

During the last six months, the Cluster managed to provide emergency and basic livelihood restoration for vulnerable populations in flood- and drought-prone areas, namely for two wards in Muzarabani benefiting 300 households and two wards in Chipinge also benefiting 300 households with essential livelihood interventions. This was done largely with a CERF under-funded window allocation of $299,000. The Cluster also completed two assessments with government partners, the Youth Assessment on current skill needs and qualifications and the Capacity Assessment of Economic Actors in Gokwe South and Binga Districts.

Despite the recorded gains, and keen interest by the partners, there has been very limited funding towards early recovery programmes outlined in the CAP and the LICI Cluster programmes remain the most under funded cluster in the current CAP. LICI Cluster partners, many of which are local NGOs report consistent low levels of funding and this has resulted in slow implementation of the programmes set out in the CAP as outlined below.

There is a lack of capacity amongst some local NGOs to implement LICI programme and the bulk of what has been implemented so far went into assessments and trainings. As indicated in the assessments, there is great need for re-establishments of community infrastructure for communities to be able to regain livelihoods. Very few infrastructure projects are currently being carried out. Moreover there is a need for creating infrastructure and links between producers, processors and markets.

Table: mid-year monitoring vs. objectives

Outcomes	Outputs	Achieved as of mid-year
Objective 1. To support and improve livelihoods through job creation, skills, micro-enterprise recovery and development and quick impact initiatives that serve to reduce the vulnerability of those most affected by the crisis, reduce dependence on negative coping strategies and particularly reduce dependence on humanitarian aid.		
1.1 Increased income as a result of improved access to credit and savings facilities and to sustainable market facilities. 1.2 Decrease in irregular migration, engagement in negative coping strategies and risky livelihood activities as a result of improved economic livelihood opportunities for target populations. 1.3 Improved employment opportunities for target populations (particularly the youth) as a result of improved income earning and vocational skills. 1.4 Improved capacity of vocational training and community based skills training centres due to increased resources for training target populations. 1.5 Strengthened social cohesion in communities targeted for assistance as a result of group based economic livelihood opportunities creation.	• 20 micro-finance facilities established for women, youth and cooperatives.	• Assessment of youth current skills completed in 5 districts. No further progress
	• 20 communities completed training in rural and peri-urban micro-finance enterprises.	• NTR
	• System for Diaspora contribution to micro-finance initiatives (including financial contribution and skills sharing) established.	• No progress
	• Rapid assessment of current skills needs and qualifications complete in five districts complete.	• Assessment of economic actors done for 2 districts
	• 40 community centres established or refurbished.	• NTR
	• Public works programme re-established.	• Public works programme under reestablishment
	• 20 skills training centres provided with equipment and machinery to operate.	• No progress made
	• 20 trainings in micro enterprise management skills (business proposals, standardised financial recording and reporting, marketing).	• NTR
	• 20 small-scale food processing (including fish) and marketing initiatives established.	• NTR
	• 40 producer, marketing and trading cooperatives established.	• NTR
	• No. of private public partnerships in support of economic recovery of vulnerable groups established.	• 600 vulnerable households provided with emergency livelihoods
	• No of extension workers trained per community.	• NTR
Objective 2. To support small-scale community-level infrastructure schemes, access to markets and commercial linkages which will augment and complement other local recovery initiatives when implemented and strengthen the communities' response capacities to new crises		
2.1 Reduced vulnerability of households through the provision of basic infrastructure that will enhance livelihood options. 2.2 Improved social cohesion, social and economic development through better access to local community centres 2.3 Improved economic opportunities (networking, production) and working conditions for entrepreneurs. 2.4 Improved livelihood opportunities through the provision / rehabilitation infrastructure to support improved land use	• Ten public buildings to support social cohesion, economic development and recovery from humanitarian crisis constructed. • Ten public buildings to support social cohesion, economic development and recovery from humanitarian crisis rehabilitated.	• Two public buildings to support social cohesion, economic development and recovery from humanitarian crisis constructed or rehabilitated
	• Ten production, marketing and vending spaces for micro-entrepreneurs constructed.	• One production, marketing and vending spaces for micro-entrepreneurs constructed.
	• 20 communities where small-scale irrigation schemes have been constructed that have also received agricultural extension.	• Ten communities where small-scale irrigation schemes have been constructed that have also received agricultural extension
	• Ten small-scale irrigation schemes constructed.	• NTR

Outcomes	Outputs	Achieved as of mid-year
2.5 Improved access to markets and mobility through rehabilitated basic transport infrastructure.	• Ten production, marketing and vending spaces for micro-entrepreneurs rehabilitated. • 20 feeder roads constructed or rehabilitated. • 20 bridges constructed or rehabilitated. • 20 fords constructed or rehabilitated.	
Objective 3. To support small-scale community-level infrastructure schemes, access to markets and commercial linkages which will augment and complement other local recovery initiatives when implemented and strengthen the communities' response capacities to new crisis.		
3.1 Improved capacity of local government, community based beneficiary structures and related institutions to understand the needs of communities, exchange information with central government and non-governmental service providers as well as to plan strategically. 3.2 Decreased unemployment (by 100,000 individuals) as a result of improved employment opportunities and skills creation. 3.3 Improved capacity of institutions responsible for stimulating economic growth to contribute to the ER of Zimbabwe.	• 140 local government staff provided with refresher training in local government planning processes complete in all target districts. • No of districts where Government ministry plans in key ER sectors have been compiled and shared with government at local levels as well as with humanitarian / ER actors. • 20 project management trainings for PCCs and DCCs completed. • 20 technical training on community-based planning (CBP) completed. • 100 of vocational trainers trained. • 20 of vocational training colleges provided with sufficient resources to conduct vocational training for target beneficiaries. • 20 institutions responsible for economic development resourced (human and material resources) to support vulnerable populations to improve their livelihoods.	• 50 government staff trained in project management • Five technical training on CBP completed

3.2.9 MULTI-SECTOR: CROSS-BORDER MOBILITY

Cluster lead agency	**INTERNATIONAL ORGANIZATION FOR MIGRATION**
Cluster members	CADEC, Care International, CP Trust, FST, IOM, Legal Advice Centre, MSF-Spain, NRC, Patsime Trust, Plan Zimbabwe, SC, UNHCR, UNICEF, WVI
Number of programmes	4
Cluster objectives	• Address the humanitarian needs of returned Zimbabwean migrants from neighbouring countries and asylum seekers from third countries denied entry into neighbouring countries • Ensure that potential girl, boy, female and male migrants or returned girls, boys, females and male migrants have knowledge of legal, safe migration to prevent and mitigate irregular migration and its associated risks, including HIV and AIDS • Facilitate legal and safe temporary labour migration of Zimbabweans to South Africa and Botswana in accordance with their constitutionally guaranteed rights • Provide livelihoods and vocational training opportunities for returned migrants in Zimbabwe to promote sustainable reintegration (specific focus for women, children on the move, youth, cross border traders)
Beneficiaries	1.25 million migrants
Funds requested	Original: $21,359,231 Revised: $21,359,231
Funding to date	$1,011,122 (5% of requirements)
Contact information	Natalia Perez – nperez@iom.int

Disaggregated number of affected population and beneficiaries

Category	**Beneficiaries**		
	Female	**Male**	**Total**
Returned child migrants incl. UAMs.	300	2,700	**3,000**
Returned migrants	74,000	173,000	**247,000**
Population reached with information campaign on Safe migration, HIV and SGBV	300,000	700,000	**1,000,000**
Number beneficiaries receiving protection assistance	400	100	**500**
Number of Zimbabwean migrant workers matched up with employment opportunities in neighbouring countries	1,000	4,000	**5,000**
Number of asylum seekers/mixed migrants registering for humanitarian assistance in Zimbabwe at entry point	300	1,700	**2,000**
Totals	**376,000**	**881,500**	**1,257,500**

Narrative

There have been several developments that have changed the outlook for the needs of the Multi-Sector and Cross Border Mobility Cluster.

Firstly, South Africa announced that it will begin to deport Zimbabweans that have not succeeded in regularizing their stay in South Africa at the start of August 2011. It is thus expected that Beitbridge will receive large volumes (upwards of 15,000 per month is possible) of returned migrants from then onwards. There are also indications that before then, the South African authorities will begin to deport those Zimbabwean migrants that either have no documentation at all, or who have expired asylum seeker permits, or whose asylum requests have been turned down. Applicants for the "special dispensation" four-year work-study-business permit that have yet to receive their passports, or whose claims are otherwise still pending are expected to be exempt from the threat of deportation.

Secondly, at the end of April, South Africa decided that it would no longer accept asylum claims from third-country nationals that used Zimbabwe (and other neighbouring states) as transit countries, unless they could positively identify themselves, preferably with a passport or other official photo documentation. This has resulted in South Africa refusing entry and asylum applications, to several hundred asylum seekers from the Great Lakes/Horn of Africa region. This number is increasing every day as migrants arrive in Beitbridge, where for want of another facility, they are incarcerated in Beitbridge Prison. Those that request asylum in Zimbabwe are thereafter taken to TRC in Chipinge, south-eastern Zimbabwe, for processing. As this practice becomes known amongst the migrants, they

are increasingly seeking alternative crossing routes, avoiding the legal crossing point. This exposes them to an extreme degree to the dangers of crossing the Limpopo River as well as to the increasing number of gangs of bandits who prey mostly on irregular migrants. Many of these crimes are sex and gender-based in nature.

South Africa noted that the influx of such asylum-seeking migrants at Beitbridge/Musina had grown greatly in recent months, from some 3,000 in the last quarter of 2010 to over 7,000 in the first quarter of 2011. It also observed that few of those that acquired section 23 permits at the border (permission to be in South Africa for two weeks pending the lodging of asylum claims at refugee reception offices) actually lodged asylum applications. This has led to a need to investigate whether there is a significant trend of trafficking in such individuals.

Similarly, volumes of Horn of Africa asylum seekers have increased at Nyamapanda, Zimbabwe's northern border with Mozambique. Around 1,000 such migrants (about 66% Somali and 33% Ethiopians) were recorded per month in late 2010 and early 2011, but by April 2011 this had risen to almost 1,500. Zimbabwean immigration authorities also noted that few asylum seekers who enter Zimbabwe and obtain permission to apply for asylum actually present themselves at Tongogara Refugee camp. They are assumed to travel directly to South Africa. There is thus an increased need to supply information to such migrants, as well as to provide humanitarian assistance to them (medical assistance, counselling food and transport to Tongogara).

Whilst this extra category of migrants not previously foreseen adds to the scope of the cluster's responsibilities and targets, it is yet to be known if it will add significantly to the overall volume of expected beneficiaries. Consequently, due to the additional expected caseload, the cluster has added a fifth objective to enable it adequately respond to the needs.

Table: mid-year monitoring vs. objectives

Outcomes	Activities	Indicators	Achieved as of mid-year
Objective 1. Address the humanitarian needs of returned Zimbabwean migrants from neighbouring countries in particular South Africa and Botswana (including unaccompanied minors / UAMs).			
• Humanitarian needs of returned migrants and returnees (including UAMs) are addressed. • Improved capacity of the Government to respond to cross border migration and its humanitarian challenges, including access to travel documents and basic services. • Improved, consolidated and shared knowledge base on cross-border mobility, including migration patterns, socio-economic, demographic and geographic profiles.	• Provide humanitarian aid: food, emergency health, assistance, and transportation. • Provide protection and counselling services (post-exposure prophylaxis kit, emergency contraception, sexually transmitted disease treatment, and TB screening and temporary accommodation. • Support specialized care, temporary accommodation, counselling and family reunification for returned UAM. • Organize cross-border stake holders meetings and capacity building workshops for key stakeholders including governments, NGOs and other service providers. • Support the Government in contingency planning. • Support the Government in facilitating access to travel documents to mobile population. • Creation of a data base of communities of origin of returned migrants including UAMs, place of origin including protection cases and health conditions.	• Percentage of returned migrants (including UAMs) registering for assistance break down by age/sex.	• In Plumtree, 92% of returned migrants registered for assistance[14]
		• 100% of registered migrants have received humanitarian assistance (disaggregated by assistance i.e. food, health, transport).	• In Plumtree, 100% of registered migrants received food and health assistance, 34% also received transport assistance. • In Beitbridge, 100% of registered migrants received all these services.
		• 600 vulnerable migrants (disaggregated by age and sex) supported with assisted voluntary return.	• 71 migrants (including 63 UAMs) received AVR assistance.
		• Number of protection incidents reported and actions taken (categorized by type of incident, sex/age).	• 56 protection incidents were reported (70% by males), nine of them females reporting rape. Most common were complaints of physical assault against men.
		• Percentage of migrants who accessed/received protection and counselling service (disaggregated by age, sex and type of service).	• 0,5% of returned migrants received protection assistance
		• 100% of registered UAMs who accessed/obtained specialized care and temporary accommodation.	• 100% of UAMs received assistance.
		• 100% of registered UAMs provided with family tracing and reunification.	• A total of 156 children were reunified at Plumtree Child Centre whilst the other 26 children were provided with interim care but opted not to be reunified.
		• Percentage of children who remained at home after reunification.	• At Beitbrige reception centre, ten children were reunified at the centre while 58 were escorted home. 16 opted not to be assisted. A total of 122 children were followed up by Plumtree child centre. Of these children followed upon 65 children were found to be at their homes. A total of 31 children had returned to Botswana. Those who had relocated to other places within Zimbabwe were 26.

[14] Since almost all returned migrants in Beitbridge are people who have completed prison sentences, and are received directly by the ZRP that only refers those migrants in need of assistance to IOM, total numbers of such returned migrants is not known. Thus a percentage cannot be calculated. IOM Beitbridge assists 100% of such migrants requesting assistance.

Outcomes	Activities	Indicators	Achieved as of mid-year
		• 12 coordination fora conducted on border management, including awareness raising and capacity building.	• Three such meetings have taken place. This will accelerate as deportation resumes in Beitbridge and inflow of third-country nationals increase in Nyamapanda.
		• Number of stakeholders participating in the meetings/workshops (disaggregated into Government, NGO and service provider).	• 156 stakeholders participated in migration health workshops in Beitbridge.
		• Two contingency plans developed and endorsed.	• Two contingency plans developed and endorsed
		• At least 5,000 migrants have obtained travel documents with facilitation from cross border migrations partners.	• No information available
		• Number of maps identifying migration patterns.	• One map produced by IOM Plumtree. • IOM Beitbridge has conducted two studies on beneficiaries of assisted voluntary return and of labour migration. IOM Plumtree conducted a returned migrant profile study
		• Number studies conducted on irregular migration including children on the move.	• A study has been conducted (not yet published) on children on the move
Objective 2. Ensure that potential girl, boy, female and male migrants or returned girl, boy, female and male migrants have knowledge of legal, safe migration to prevent and mitigate irregular migration and its associated risks, including HIV and AIDS.			
• Returnees and potential migrants have the ability to make informed choices on migration. • HIV knowledge among potential migrants and returnees increased and sustained behaviour change occurred.	• Identification of gap in knowledge base in high migrant sending areas. • Disseminate information on safe migration, HIV and AIDS, SGBV including voluntary counselling and testing for HIV and outreach into local communities and schools. • Establishment of child protection committees in border communities.	• Information needs assessment undertaken for each of the high migrant sending regions.	• Not conducted
		• Number of awareness campaigns/outreach activities undertaken in Beitbridge and Plumtree on safe Migration, HIV and AIDS and GBV.	• Daily info campaigns to returned migrants in Plumtree • 118 outreach activities were conducted in Beitbridge and Plumtree.
		• Number of individuals who undergo voluntary counselling and testing in the local community and schools.	• 3,591 individuals received voluntary counselling and testing.
		• Percentage of target population (disaggregated by age and sex) with comprehensive and correct knowledge of safe migration practices, HIV and AIDS and SGBV and counter-trafficking.	• Survey not yet carried out.
		• Number of child protection committees established and are functioning in each border community.	• 45 committees trained in Bulima-Mangwe-Plumtree, 39 functioning well.

Outcomes	Activities	Indicators	Achieved as of mid-year
Objective 3. Facilitate legal and safe temporary labour migration of Zimbabweans to South Africa and Botswana in accordance with their constitutionally guaranteed rights.			
• Recommendations on how to reduce exploitation of migrant labour. • Regulated labour migration. • Reduced vulnerability of job seekers through better targeting of employment search.	• Information campaigns in Zimbabwe as well as neighbouring countries. • Awareness campaigns in Zimbabwe and with Diaspora. • Study of seasonal needs in neighbouring countries. • Set up databases for matching Zimbabwean workers with employers in neighbouring countries. • Support access to travel documents and work permits.	• Two information/awareness campaigns conducted (disaggregated by each neighbouring country).	• One campaign conducted in Beitbridge District.
		• Eight information/awareness campaigns Undertaken in Zimbabwe. • One study undertaken and commissioned on seasonal needs in other countries.	• No information available
		• Number of Zimbabwean migrant workers matched to employment opportunities in neighbouring countries.	• 14 Zimbabweans referred to employment in South Africa.
		• Number of migrants who received travel documents and work permits.	• 14 migrant workers received work permits. All already had passports
Objective 4. Provide livelihoods and vocational training opportunities for returned migrants in Zimbabwe to promote sustainable reintegration (specific focus for: women, children on the move, youth, cross border traders).			
• Improved livelihood opportunities for returned migrants. • Improved retention of returned migrants in the country and their participation in the local economy. • Increased range of appropriate financial services for returned migrants. • Improved NGO/private sector capacity and efficiency in providing financial services to returned migrants.	• Facilitate capacity development for livelihoods provisioning with special focus on access to microfinance services, business skills, agricultural input and access to legally recognized vending spaces.	• Number of returned migrants who benefit from reintegration activities (broken down by age and sex).	• No information available
		• Percentage of children who returned and are retained in school/ vocational training (disaggregated by sex).	• 3.5% of the returned children have enrolled in school/vocational training
		• Percentage increase in the target households' income through income generating, livelihoods trainings. • Number and range of microfinance services available for returned migrants. • Number of NGOs/private sector companies supporting returned migrants. • Number of returned migrants with enterprise development and management skills. • Number of returned migrants accessing microfinance services. • Number of returned migrants actively engaging in viable economic enterprises.	• No information available
Objective 5. Address the humanitarian needs of asylum seekers entering Zimbabwe, or denied entry into neighbouring countries from Zimbabwe.			
• Humanitarian and protection needs of asylum seekers are addressed. • Improved capacity of the	• Provide humanitarian aid: food, emergency health, assistance, and transportation to TRC, as well as information regarding their asylum	• Percentage of asylum seekers (including UAMs) registering for assistance. Break down by age/sex. • 100% of registered asylum seekers have	This section has just been added due to the change in context.

Outcomes	Activities	Indicators	Achieved as of mid-year
Government to respond to cross border migration and its humanitarian challenges. • Improved, consolidated and shared knowledge base on cross-border mobility, including migration patterns, socio-economic, demographic and geographic profiles.	options. • Provide protection and counselling services (post-exposure prophylaxis kit, emergency contraception, sexually transmitted disease treatment, and TB screening and temporary accommodation. • Support specialized care, temporary accommodation, counselling for any UAM asylum seekers. • Organize cross-border stake holders meetings and capacity building workshops for key stakeholders including governments, NGOs and other service providers. • Support Government in contingency planning. • Creation of a data base of countries of origin of asylum seekers including UAMs, protection cases and health conditions.	received humanitarian assistance (disaggregated by assistance i.e. food, health, transport). • Number of protection incidents reported and actions taken (categorized by type of incident, sex/age). • Percentage of asylum seekers who accessed/received protection and counselling service (disaggregated by age, sex and type of service). • 100% of registered UAMs who accessed/obtained specialized care, temporary accommodation and referral to Governmental authorities. • Two coordination fora conducted on border management, including awareness raising and capacity building. • Number of stakeholders participating in the meetings/workshops (disaggregated into Government, NGO and service provider). • Number of maps identifying migration patterns. • Number studies conducted on irregular migration by asylum seekers	

3.2.10 MULTI-SECTOR ASSISTANCE TO REFUGEES

Sector lead agency	**UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES**
Sector members	Activities for refugees are coordinated by UNHCR, with Christian Care and Department of Social Welfare (Office of the Commissioner for Refugees) within the Ministry of Labour and Social Services as implementing partners and the JRS and IMBISA as operational partners, and supported by IOM, UNDP, WFP, and UNICEF, WHO, Government bodies and donors.
Number of programmes	1
Sector objectives	• Strengthen refugee status determination (RSD) mechanisms to ensure the integrity of the institution of asylum in Zimbabwe, and the right of refugees to access physical/legal protection. • Provide timely and adequate assistance to camp-based refugees, ensuring their basic needs are met and strengthening self-reliance projects in an attempt to improve their overall protection and viability of their stay in the host country, as well as seek ways to support urban refugees. • Seek durable solutions for refugees including resettlement, voluntary repatriation and local integration, while also providing legal and, if required, material support to refugee returnees.
Beneficiaries	5,000 +/- refugees, asylum seekers and refugee returnees
Funds requested	Original: $5,060,273 Revised: $5,060,273
Funding to date	$597,582 (12% of requirements)
Contact information	Beate Schuler – schuler@unhcr.org

Disaggregated number of affected population and beneficiaries

Category	**Affected Population**			**Beneficiaries**		
	Female	Male	Total	Female	Male	Total
Current Urban AS/Refugees	462	542	1,004	462	542	1,004
Current Camp AS/Refugees	1,619	1,974	3,641	1,619	1,974	3,641
Totals	**2,081**	**2,516**	**4,645**	**2,081**	**2,516**	**4,645**

Narrative

The main change that has occurred over the past six months has been the change of policies to mixed migration by most countries in Southern Africa especially in Malawi and South Africa. Asylum seekers within the mixed migration flows especially from the horn of Africa, the Great Lakes region and the Democratic Republic of Congo are now being denied access to travel southwards to seek asylum in countries of their choice. For instance South Africa started invoking the first safe country requirement and decided that migrants without proper documentation would not be allowed into the country. As a result, Zimbabwe has had to host a number of asylum seekers failing to cross into South Africa. On the other hand, Zimbabwe has begun restricting access to asylum seekers coming into Zimbabwe or transiting through Zimbabwe. Effectively this means that from May 2011, not all asylum seekers are accessing Zimbabwean territory to seek asylum.

Table: mid-year monitoring vs. objectives

Outcomes	Outputs/Indicators	Achieved as of mid-year
Objective 1: Strengthen RSD mechanisms to ensure the integrity of the institution of asylum in Zimbabwe, and the right of refugees to access physical and legal protection		
1.1 Provision of protection to 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 ensuring the right to seek asylum.	• 100% of asylum seekers have access to territory and UNHCR/Government protection.	• All [100%] asylum seekers, who avail themselves of UNHCR/Government protection have access to territory.
1.2 Ensuring freedom from refoulement.	• No cases of refoulement.	• There have been no cases of refoulement.
1.3 Ensuring the right to a fair and transparent RSD procedure.	• 100% of asylum-seekers have access to RSD procedures.	• 100% of asylum seekers, who have availed themselves to UNHCR/Government protection, have access to RSD Procedures at Tongogara Refugee camp.
Objective 2: Provide timely and adequate assistance to camp-based refugees, ensuring their basic needs are met and strengthening self-reliance projects in an attempt to improve their overall protection and viability of their stay in the host country, as well as seeking ways to support urban refugees.		
2.1 Provision of basic needs of refugees including food, shelter, water, sanitation, health, community services and education.	• 100% of refugees and asylum seekers have access to food, shelter, water, sanitation, health, community services and education at TRC.	• 100% of refugees and asylum seekers have access to food, shelter, water, sanitation, health, community services and education at TRC.
2.2 Promotion of social integration on all fronts, including family unity with special emphasis to extremely vulnerable refugees, women, children and unaccompanied/separated children, as well as an emphasis on equal representation of refugee women in leadership, access to registration and identification cards, prevention and response to SGBV and active involvement of refugee women in management of food and provision of sanitary materials.	• 100% of registered asylum seekers, refugees and refugee returnees receive appropriate assistance, including income generation; meeting their basic needs and ensuring safe and dignified stay and/or return, with particular attention to the High Commissioner's five Commitments to Refugee Women.	• 100% of registered asylum seekers, refugees and refugee returnees receive appropriate assistance, including income generation; meeting their basic needs and ensuring safe and dignified stay and/or return, with particular attention to the High Commissioner's five Commitments to Refugee Women.
2.3 Scaling up of HIV/AIDS activities and ensuring access to treatment as appropriate.	• 100% of refugees access health and/or HIV/AIDS treatment from the national programme.	• 100% of refugees access health and/or HIV/AIDS treatment from the national programme at TRC with referrals to Harare for acute cases.
Objective 3: Seek durable solutions for refugees including resettlement, voluntary repatriation and local integration, while also providing legal and, if required, material support to refugee returnees.		
3.1 Carry out appropriately identified durable solutions for refugees.	• 500 refugees submitted for resettlement, with an emphasis on women at risk, survivors of violence and people with legal/physical protection needs.	• 191 refugees submitted for resettlement, with an emphasis on women-at –risk, survivors of violence and people with legal/physical protection needs.

3.2.11 COORDINATION AND SUPPORT SERVICES

Cluster lead agencies	**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS and UNITED NATIONS DEPARTMENT FOR SAFETY AND SECURITY**
Partners	NGOs, UN agencies
Number of programmes	2
Cluster objectives	• Improving effectiveness and timeliness of humanitarian and early recovery interventions by strengthening cluster coordination. • Ensuring adequate linkage between humanitarian and recovery coordination structures. • Strengthen relationships with a wider group of operational partners and other relevant actors to advance humanitarian and early recovery action. • To facilitate the delivery of humanitarian assistance and in a timely, safe and secure manner through the deployment of security and safety resources in strategic locations in Zimbabwe. • Provide easy to access short term emergency funding in order to fill in geographical and response gaps.
Beneficiaries	All present and incoming humanitarian actors (Government ministries, UN agencies, national and international NGOs, IOM, Red Cross Movement) at the capital and provincial levels
Funds requested	Original: $4,285,778 Revised: $4,463,486
Funding to date	$1,540,859 (35% of requirements)
Contact information	Fernando Arroyo – arroyof@un.org

Narrative

The Coordination and Support services partners, under the leadership of the HC, have been implementing their response plans smoothly throughout the first half of the year. In particular, the OCHA office has been instrumental in playing its secretariat role in the convening the HCT, and combining the HCT with donors in key meetings setting policy regarding humanitarian interventions in the country. In February, the HCT hosted a mission of the Good Humanitarian Donorship Group which helped to bring humanitarian issues in Zimbabwe to the fore while at the same time creating a better understanding of the Zimbabwe CAP programme based approach. At the technical level, for continued support to the HCT, OCHA facilitates the Inter-Cluster Forum (ICF) where all cluster leads and co-leads meet to discuss prevailing humanitarian and early recovery issues in addition to convening the Donor Technical meeting that gives OCHA an opportunity to advocate with donors directly on issues affecting provision of humanitarian assistance to populations in need in the country.

To date, eight clusters have been fully operationalized in Harare, and efforts continue to roll out clusters at provincial and district level. For example, WASH has established sub-clusters in five provinces. The devolution of clusters to the provincial and district levels is key to improving effectiveness and timeliness of humanitarian and early recovery interventions as it results in strengthened cluster coordination.

In order to ensure a smooth transition towards early recovery, the clusters, with the support of OCHA office, have been spearheading discussions at the ICF to come up with strategies on how to interface the two. This has also been part of the main objectives of the CAP programme based approach and to this end; efforts are being made to ensure closer collaboration among clusters at programme level. Regarding inter-cluster planning, as part of the CAP programme based approach, WASH and Health Clusters are at an advanced stage of developing a strategy that brings together WERU and HERU. Initial discussions however, indicate that these two units would remain under the direction of their respective clusters for coherence of programming and in order not to lose focus of necessary humanitarian interventions while promoting early recovery interventions. Agriculture and Education clusters have also advanced in joint planning since their interventions fall in both humanitarian and early recovery.

Overall, more needs to be done in this area especially in identifying how all clusters can interface humanitarian with early recovery activities and actors. Advocacy for greater participation of senior

staff from relevant Government line ministries in all humanitarian clusters in an effort to ensure a comprehensive response and rebuilding of capacity has been stepped up. So far, relevant line ministries are invited to 100% of cluster meetings. In addition, most clusters have government officials being co-leads in working groups set up by clusters.

As far as support to assessments is concerned, OCHA together with other partners supported Livelihood Zoning Assessment, by FAO, the Famine Early Warning System Network (FEWSNET) and Rural and Urban ZimVAC-Urban Assessment by the Government and FAO. In addition, OCHA worked closely with the Department of Civil Protection, Government and partners to coordinate an inter-agency response for populations affected/displaced by heavy rains, wind and hailstorms in some parts of the country. The information gathered is instrumental in contributing to comprehensive humanitarian response. In the first quarter, OCHA worked closely with the cluster leads to improve information management support to the humanitarian team in Zimbabwe through establishment and regular updating of cluster specific web-pages hosted on OCHA Country office website, information products requests such as customised maps and trainings offered upon request as well as *ad hoc* information products on demand by partners. Similarly, as part of monitoring the CAP programme based approach, OCHA has been supporting the humanitarian partners to develop effective monitoring tools through a set of indicators.

Regarding support to partners in humanitarian response preparedness, partners are set to review the inter-agency contingency plan (July 2010 to June 2011) in June 2011 for the period July 2011 to June 2012 through an Inter-Agency Contingency Planning Workshop which will be organized by OCHA. Humanitarian partners last year recommended a one-year plan to replace the half-year plan used previously. In addition, OCHA has been consistently developing a quarterly report on early warning as well as sharing regional bulletin prepared by the OCHA Regional Office for Southern and East Africa. Briefs on regional rainfall patterns were shared during the rains period of November 2010 to March 2011. OCHA supported and facilitated two disaster, emergency preparedness and response planning workshops at provincial level, and four disaster risk reduction workshops. Regarding the security project, no progress has been made so far because of lack of funding and also the security situation has remained stable therefore not necessitating a scale-up of operations.

As part of OCHA advocacy for humanitarian funding, OCHA has been managing an ERF which has funded six projects in the reporting period (three in January and three to be funded in June). The ERF supports interventions in all humanitarian programme activities where there are resources gaps in the planned response. The ERF has not attracted new funding so far this year which resulted in a re-focusing of supported interventions to escalation of the humanitarian situation as well as emerging emergencies and a review of the requested amount to $3 million. Poor funding has resulted in almost 50% of requests not being supported.

Table: mid-year monitoring vs. objectives

Activities	Outcomes	Indicator with corresponding target	Achieved as of mid-year
Objective 1: Strengthen humanitarian coordination and advocacy			
Activity 1.1: Improve effectiveness and timeliness of humanitarian and early recovery interventions by strengthening humanitarian coordination			
• Continue to strengthen the clusters through supporting creation of strategic advisory groups, linkage to existing coordination structures at national and provincial level, promote humanitarian reform agenda through workshops, trainings and dissemination of key information products, advocate with the Government through the HC/HCT and the donor community for adequate and timely interventions to respond to the needs of affected populations.	Strengthened humanitarian leadership at all levels.	• Number of coordination meetings (Cluster, HCT, donor meetings, NGO consultative meetings, and thematic groups) held.	• Five HCT Meetings, ten ICF, two HC/NGO Consultative meeting, three HCT/donor meetings, two ERF Board Meetings, six UNCT meetings, ten meetings with NGOs, 14 meetings with donor agencies, three meetings with Government line ministries, two donor technical meeting, one HCT Subcommittee Meeting.
		• Number of interagency assessment missions and/or joint missions with Government undertaken in collaboration with humanitarian partners.	• Inter-agency assessments supported by OCHA: • a) urban ZimVAC in March 2011 jointly by UN and Government • b) rural ZimVAC in May/June 2011 jointly by UN and Government • c) floods assessment • d) inclusion of MRIIC officials at field level coordination.
		• Number of cluster co-lead by NGOs/government.	• Education and Nutrition Clusters are co-led by MoESAC. Working groups in Agriculture, Nutrition and Health have relevant Government representatives co-leading working groups.
Activity 1.2: Support partners in humanitarian response preparedness			
• Enhance preparedness through continuous contingency planning and regular update of early warning indicators, • Facilitation of training for Provincial and District Civil Protection Committees and NGOs on disaster preparedness planning.	Enhanced preparedness and response to humanitarian needs.	• Number of times the interagency contingency plan is updated through involvement of all partners.	• Inter-agency contingency plan updated annually after a workshop bringing together all stakeholders- due for updating in June 2011 for the period July 2011 to June 2012.
		• Number of times early warning indicators are updated and reports shared.	• Shared regularly OCHA's quarterly report on early warning and regional bulletin by OCHA Regional Office for Southern and East Africa.
		• Number of civil protection units supported district disaster risk reduction in targeted high-risk areas.	• Weekly updates on regional rainfall patterns shared during the rains period of November 2010 to March 2011.
		• At least two Early Warning and EPR workshops are done for UN agencies, NGOs, churches and districts administrators at district or provincial level.	• OCHA supported and facilitated two disaster, emergency preparedness and response planning workshops at provincial level as well as four disaster risk reduction on hazards associated with rainfall season in the flood prone areas in the country.
Activity 1.3: Ensure adequate linkages between humanitarian and recovery coordination structures			
• Promote linkages between humanitarian/early response and transitional / recovery programmes	Improved coordination between humanitarian and development actors and reduced duplication of efforts	• Number of sectoral coordination meetings between humanitarian and development partners to address vulnerabilities and emerging recovery priorities.	• WASH and Health Clusters are working towards formation of a group to ensure smooth transition to recovery.

Activities	Outcomes	Indicator with corresponding target	Achieved as of mid-year
		• Reduced duplication of efforts between development and humanitarian actors. • Improved targeting of humanitarian resources. • Enhanced joint programming between humanitarian and development actors. • No. of coordination meetings between humanitarian and development actors. • No. of clusters integrating into development coordination frameworks.	• This goal has not been fully met as most clusters are still at the planning level, assessing how clusters could interface with development actors.
Activity 1.4: Strengthen relationships with a wider group of operational partners and other relevant actors to advance humanitarian and early recovery action			
• Support local government in strengthening the coordination mechanisms at provincial and national level in particular through increased field missions and provision of support to the work of local and international NGOs and UN agencies.		• Number of active members attending and participating in clusters and other humanitarian coordination mechanisms.	• Close to 200 representatives of NGOs, UN agencies and line ministries are attending cluster meetings.
		• Two joint assessments supported through active participation in developing survey plans, methodology, piloting, questionnaire design, field missions, data collection cleaning, analysis, and mapping.	• Two ZimVAC assessments supported (please see cluster objective 1.1) • Provided technical support and mapping to ZimVAC-Urban Food Security Assessment and advocated for data sharing and use of data standards and provided technical support to the Central Statistics Office in mapping and data digitizing.
		• Number of NGO, HCT members and donor participation in humanitarian information sharing and OCHA information products.	• Developed dedicated web-based sections for Health, WASH, Nutrition, Food Aid, LICI, Protection, Education and Agriculture Clusters, as well as customized 3W charts for the Health, LICI and Protection Clusters.

		• Number of Information Management Unit products (maps/graphs/analysis presentations/reports) used in humanitarian information, meetings, joint assessments.	• Kept OCHA HQs and key humanitarian actors, donors and Government timely informed on breaking and new developments in on-going humanitarian issues through various information products including:
			  • six Monthly Humanitarian Updates
			  • two Situation Reports
			  • six Operational Briefs
			  • four Key Messages
			  • 26 Internal Weekly Reports
			  • 26 Weekly Humanitarian Bulletins.
			• Developed two media packages, and updated briefing pack as and when the need arose.
			• Developed and distributed the District Atlas and provincial atlases,

Activities	Outcomes	Indicator with corresponding target	Achieved as of mid-year
			updated the contact list on regular basis and uploaded it to the website, developed over 40 different thematic and customized maps, printed and distributed over 4,000 copies of maps and developed the province-based maps.
		• Number of trainings on humanitarian principles and reforms.	• Organized and conducted a GIS training workshop for 20 participants from partner agencies.
Objective 2. Provide common security support to humanitarian actors.			
• Facilitate the establishment of a field office. • Conduct risk assessments on specific areas of operations.	Better capacity to monitor and gather security and safety related information, especially those impacting on the humanitarian staff and operations.	• Two satellite offices established. • Number of security reports shared with humanitarian actors.	Not activated due to lack of funding.
Objective 3. Manage an ERF in order to provide easy access to short term emergency funding in order to fill geographical and response gaps and to enhance the timeliness and effectiveness of humanitarian response			
• Review and update ERF guidelines to develop a better targeted funding mechanism • Receive and process project proposals based on assessed needs • Release funds in a timely manner to meet emergency and /or gap filling requirements	Timely and relevant in-country funding for humanitarian response.	• Number of projects applications received/funded	• Five projects funded for implementation from January to June 2011.
		• Number of ERF Board meetings to discuss ERF policy issues or ERF applications.	• Two Board meetings to discuss ERF policy issues or ERF applications.
		• Review and adoption of ERF Charter.	• Charter reviewed and adopted.
		• Adoption of project selection criteria.	• Adoption of projection selection criteria.

4. FORWARD VIEW

4.1 EARLY PLANNING FOR THE 2012 CAP

1. Will there be a CAP in 2012?	**YES**
2. CAP 2012 Workshop dates:	**6-7 September 2011**

3. Needs Assessment Plan for the 2012 CAP: existing assessments, identification of gaps in assessment information, and planned assessments to fill gaps

EXISTING NEEDS ASSESSMENTS

Cluster/ sector	Geographic areas and population groups targeted	Lead Agency and Partners	Date	Title or Subject [include hyperlink if possible]
Agr/Food	National	FEWSNET, FAO, OCHA,	Feb 2011	Livelihoods Zoning, Integrated Phase Classification
Agr/Food	National	FAO, WFP	Jun 2010	Crop and Food Security Assessment Mission
Agriculture/Food	National	MoAMID, AGRITEX, LPD, Department of Economics and Markets, Veterinary Field Services, Meteorological Services Department	Jan 2011	First Round Crop and Livestock Assessment
Agriculture/Food	National	MoAMID, AGRITEX, LPD, Department of economics and Markets, Veterinary field services, Meteorological services Department	Apr 2011	Second Round Crop and Livestock Assessment
All clusters	National	Government, UNICEF	Oct 2009	Multi Indicator Monitoring Survey
Education	National	Government, UNICEF	May 2010	BEAM Rapid Needs Assessment
Education	National	Government, UNICEF	Dec 2009	2009 Annual Schools Census
Food	National	Government, FAO, WFP	March 2011	ZimVAC (Urban)
Food	Selected Districts	WFP	Apr-May 2011	Food Security Triangulation Exercise
Health	National	WHO	Jun 2010	Post-vaccination coverage assessment
Health	Provincial	WHO	Nov 2009	Emergency Radio Communication assessment
Health	National	WHO	Apr 2010	Measles outbreak and needs assessment
Health	National	WHO	Nov 2009	Health Cluster response to the cholera outbreak
Health	National	WHO	Feb 2010	Minority group study and access to health care in Beitbridge

EXISTING NEEDS ASSESSMENTS				
Cluster/ sector	**Geographic areas and population groups targeted**	**Lead Agency and Partners**	**Date**	**Title or Subject [include hyperlink if possible]**
LICI	Youth from a sample of areas covering rural, peri-urban and urban youth.	UNDP, ILO and Youth and Livelihoods Working Group	April 2011	Youth Livelihoods
LICI	Selected Districts	UNDP, MoMSMECD	April 2011	Capacity Assessment of Economic Actors
Multi-Sector (refugees)	National	UNHCR	Mar 2011	Refugee participatory needs assessment
Nutrition	National	FNC, National Nutrition Unit, UNICEF	Feb 2010	Zimbabwe National Nutrition Survey – 2010
Nutrition and Food Security	National	FNC, UNICEF, MoLSS, CSO, FAO, WFP	Jun 2010	Strengthening Food and Nutrition Security Analysis in Zimbabwe: A Conceptual, Technical and Institutional Framework for Moving Forward
Protection	National	Government, partners	Apr 2010	Joint UN/Government IDP Assessment
All Clusters	National	HC office	Sep 2010	Joint Recovery Framework
WASH	National	WB, UNICEF, WHO, African Development Bank	Feb 2010	Country Status Overview

GAPS IN INFORMATION		
Cluster/ sector	**Geographic areas and population groups targeted**	**Title/ Subject**
Education	National	Teacher turnover,% qualified to unqualified teachers
Education	National	Pupil enrolment for 2010/2011, pupil drop out and attendance
Health	National	Mortality and causes of deaths in emergency-affected district
Health	National	User fees and barriers to access emergency primary health care
LICI	National	Livelihoods needs
LICI	National	Infrastructure needs
LICI	National	Institutional capacity needs in districts
LICI	Zimbabwean Diaspora	Development potential of Zimbabweans in the Diaspora
Nutrition	National	Micronutrient status of Zimbabwean women and children
Nutrition	National	Nutritional status of adults in Zimbabwe
Nutrition	National	Barriers and enabling factors associated with adoption of optimal infant and young child feeding practices
Protection	National/IDPs	IDP profiling – phase II
Protection	National	Human trafficking in Zimbabwe
Food	National	National Food Insecurity

PLANNED NEEDS ASSESSMENTS						
Cluster/ sector	**Geographic areas and population groups targeted**	**Lead Agency and Partners**	**Planned date**	**Title/ Subject**	**Funding (amount)**	**To be funded by**
Food, Agriculture and Nutrition	National	FNC	May-July 2011	ZimVAC Rural Livelihoods Assessment	Slightly above $300,000	Government, WFP, USAID, UNICEF, FAO, PRIZE and any member of the ZimVAC consortium.
Health	Province Border South Africa	WHO	June 2011	Situational analysis and assessment for contingency planning	TBC	WHO and partners
Protection	National/IDPs	HC	TBC	IDP profiling	$400,000	TBC
Nutrition	National	MoHCW/FNC	Fourth Quarter	National Micronutrient Survey	$300,000	TBC
Nutrition	National	MoHCW	Third and fourth quarter	IYCF formative research	$100,000	UNICEF

ANNEX I: LIST OF PROJECTS AND FUNDING TABLES

Table III: List of appeal programmes and funded projects (grouped by cluster), with funding status of each

as of 30 June 2011
http://fts.unocha.org

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

Project code	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered
AGRICULTURE							
ZIM-11/A/39629/R/5826	Provision of basic agricultural inputs and extension support to smallholder farmers in the communal sector	UN Agencies and NGOs (details not yet provided)	19,060,897	50,270,000	-	50,270,000	0%
ZIM-11/A/41581/R/5179	Provision of basic agricultural inputs and extension support to smallholder farmers in the communal sector	IRC	-	-	1,354,793	(1,354,793)	0%
ZIM-11/A/39631/5826	Increased livestock productivity through improved livestock production systems, strengthened livestock marketing systems, and the provision of healthcare aimed at reducing livestock mortality	UN Agencies and NGOs (details not yet provided)	2,808,397	2,808,397	-	2,808,397	0%
ZIM-11/A/41955/R/123	Increased livestock productivity through improved livestock production systems, strengthened livestock marketing systems, and the provision of healthcare aimed at reducing livestock mortality	FAO	-	-	4,709,193	(4,709,193)	0%
ZIM-11/A/39637/R/5826	Improved crop productivity and commercialisation among male and female farmers in the smallholder farming sector	UN Agencies and NGOs (details not yet provided)	2,302,397	26,400,000	-	26,400,000	0%
ZIM-11/A/41956/R/123	Improved crop productivity and commercialisation in the smallholder farming sector	FAO	-	-	4,530,107	(4,530,107)	0%
ZIM-11/A/42474/R/5719	Improved crop productivity & commercialisation in the smallholder farming sector	ADRA Denmark	-	-	394,218	(394,218)	0%
ZIM-11/CSS/39635/5826	Strengthen coordination mechanisms and early warning systems to mitigate the impact of unexpected crises on an affected population.	UN Agencies and NGOs (details not yet provided)	1,125,397	1,125,397	-	1,125,397	0%
Sub total for AGRICULTURE			**25,297,088**	**80,603,794**	**10,988,311**	**69,615,483**	**14%**

Project code	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered
COORDINATION AND SUPPORT SERVICES							
ZIM-11/CSS/39601/R/5826	Humanitarian coordination and advocacy in Zimbabwe	UN Agencies and NGOs (details not yet provided)	4,055,095	4,232,803	-	4,232,803	0%
ZIM-11/CSS/40928/R/119	Humanitarian coordination and advocacy in Zimbabwe	OCHA	-	-	1,540,859	(1,540,859)	0%
ZIM-11/S/39565/5826	Enhancing security and safety coverage of humanitarian organizations in the field	UN Agencies and NGOs (details not yet provided)	230,683	230,683	-	230,683	0%
Sub total for COORDINATION AND SUPPORT SERVICES			**4,285,778**	**4,463,486**	**1,540,859**	**2,922,627**	**35%**
EDUCATION							
ZIM-11/E/39341/R/5826	Increasing access to education for the most vulnerable	UN Agencies and NGOs (details not yet provided)	17,100,000	17,100,000	-	17,100,000	0%
ZIM-11/E/39350/5826	Reinvigorating the quality of teaching and learning	UN Agencies and NGOs (details not yet provided)	4,010,000	4,010,000	-	4,010,000	0%
ZIM-11/E/39540/R/5826	Emergency school and system infrastucture	UN Agencies and NGOs (details not yet provided)	9,100,000	9,100,000	-	9,100,000	0%
ZIM-11/E/41538/R/298	Emergency school and system infrastucture	IOM	-	-	977,054	(977,054)	0%
ZIM-11/E/39542/R/5826	Disaster Risk Reduction in the education sector	UN Agencies and NGOs (details not yet provided)	2,150,000	2,150,000	-	2,150,000	0%
ZIM-11/E/41735/R/124	Disaster Risk Reduction in the education sector	UNICEF	-	-	1,400,000	(1,400,000)	0%
Sub total for EDUCATION			**32,360,000**	**32,360,000**	**2,377,054**	**29,982,946**	**7%**

Project code	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered
FOOD							
ZIM-11/F/39573/R/5826	Assistance for food-insecure vulnerable groups	UN Agencies and NGOs (details not yet provided)	158,630,642	167,694,962	-	167,694,962	0%
ZIM-11/F/40469/R/561	Assistance for food-insecure vulnerable groups	WFP	-	-	71,204,359	(71,204,359)	0%
ZIM-11/F/42538/R/14831	Assistance for food-insecure vulnerable groups	PRIZE	-	-	22,630,000	(22,630,000)	0%
Sub total for FOOD			**158,630,642**	**167,694,962**	**93,834,359**	**73,860,603**	**56%**
HEALTH							
ZIM-11/H/37498/5826	Improving the availability of vital medicine at clinic level in Zimbabwe by rationalizing and strengthening the drug management systems and organization including capacity building of health staff and improvement of the communication within the supply chain mechanism	UN Agencies and NGOs (details not yet provided)	2,239,571	2,239,571	-	2,239,571	0%
ZIM-11/H/41607/R/122	Improving the availability of vital medicine at clinic level in Zimbabwe by rationalizing and strengthening the drug management systems and organization including capacity building of health staff and improvement of communication with in supply chain mechanism	WHO	-	-	198,204	(198,204)	0%
ZIM-11/H/37652/5826	Improving emergency reproductive health services in Zimbabwe by strengthening the service delivery and referral system for essential maternal and newborn health care, focusing on the following elements: implementation of minimum initial service package (MISP), ANC, delivery care and PNC, EmONC and ASRH	UN Agencies and NGOs (details not yet provided)	12,595,200	12,595,200	-	12,595,200	0%
ZIM-11/H/41494/R/1171	Improving emergency reproductive health services in Zimbabwe by strengthening the service delivery and referral system for essential maternal and newborn health care, focusing on the following elements: implementation of minimum initial service package (MISP), ANC, delivery care and PNC, EmONC and ASRH	UNFPA	-	-	897,231	(897,231)	0%
ZIM-11/H/41688/R/124	Improving emergency reproductive health services in Zimbabwe by strengthening the service delivery and referral system for essential maternal and newborn health care, focusing on the following elements: implementation of minimum initial service package (MISP), ANC, delivery care and PNC, EmONC and ASRH	UNICEF	-	-	4,119,394	(4,119,394)	0%

Project code	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered
ZIM-11/H/41608/R/122	Improving emergency reproductive health services in Zimbabwe by strengthening the service delivery and referral system for essential maternal and newborn health care, focusing on the following elements: implementation of minimum initial service package (MISP), ANC, delivery care and PNC, EmONC and ASRH	WHO	-	-	155,587	(155,587)	0%
ZIM-11/H/38040/R/5826	Strengthening the early warning and response to outbreaks and other public health emergencies	UN Agencies and NGOs (details not yet provided)	13,507,381	13,507,381	-	13,507,381	0%
ZIM-11/H/41609/R/122	Strengthening the early warning and response to outbreaks and other public health emergencies	WHO	-	-	113,498	(113,498)	0%
ZIM-11/H/42473/R/122	Improve the response to emergencies including diseases outbreaks, reproductive health and access to vital medicines (ECHO/ZWE/BUD/2010/01025)	WHO	-	-	-	-	0%
Sub total for HEALTH			**28,342,152**	**28,342,152**	**5,483,914**	**22,858,238**	**19%**
LIVELIHOODS, INSTITUTIONAL CAPACITY BUILDING & INFRASTRUCTURE							
ZIM-11/ER/39583/5826	Institutional capacity building of government, local authorities and Zimbabwean civil society	UN Agencies and NGOs (details not yet provided)	1,230,769	1,230,769	-	1,230,769	0%
ZIM-11/ER/41966/R/776	Institutional capacity building of government, local authorities and Zimbabwean civil society	UNDP	-	-	150,000	(150,000)	0%
ZIM-11/ER/39592/5826	Restoring community infrastructure	UN Agencies and NGOs (details not yet provided)	18,461,538	18,461,538	-	18,461,538	0%
ZIM-11/ER/41964/R/776	Restoring community infrastructure	UNDP	-	-	250,000	(250,000)	0%
ZIM-11/ER/39593/5826	Re-establishing and supporting economic livelihoods for vulnerable groups	UN Agencies and NGOs (details not yet provided)	11,390,769	11,390,769	-	11,390,769	0%
ZIM-11/ER/41402/R/298	Re-establishing and supporting economic livelihoods for vulnerable groups	IOM	-	-	299,937	(299,937)	0%
ZIM-11/ER/41958/R/5265	Re-establishing and supporting economic livelihoods for vulnerable groups	Solidarites-France	-	-	361,385	(361,385)	0%
Sub total for LIVELIHOODS, INSTITUTIONAL CAPACITY BUILDING & INFRASTRUCTURE			**31,083,076**	**31,083,076**	**1,061,322**	**30,021,754**	**3%**

Project code	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered
MULTI-SECTOR							
ZIM-11/MS/37525/5826	Protection and assistance for refugees, asylum seekers and returnees.	UN Agencies and NGOs (details not yet provided)	5,060,273	5,060,273	-	5,060,273	0%
ZIM-11/MS/41593/R/14773	Protection and assistance for refugees, asylum seekers and returnees.	CSU	-	-	25,000	(25,000)	0%
ZIM-11/MS/41496/R/298	Protection and assistance for refugees, asylum seekers and returnees.	IOM	-	-	250,000	(250,000)	0%
ZIM-11/MS/41504/R/120	Protection and assistance for refugees, asylum seekers and refugee returnees.	UNHCR	-	-	597,582	(597,582)	0%
ZIM-11/MS/38373/5826	Facilitating temporary and safe labour migration for Zimbabweans	UN Agencies and NGOs (details not yet provided)	1,459,231	1,459,231	-	1,459,231	0%
ZIM-11/MS/38376/5826	Cross Border Mobility, Irregular Migration And HIV/AIDS: Safe Journey Information Campaign	UN Agencies and NGOs (details not yet provided)	1,200,000	1,200,000	-	1,200,000	0%
ZIM-11/MS/39387/5826	Provision of sustainable reintegration assistance to vulnerable migrant groups	UN Agencies and NGOs (details not yet provided)	9,500,000	9,500,000	-	9,500,000	0%
ZIM-11/MS/39392/R/5826	Comprehensive humanitarian assistance for returned migrants and migration-affected communities in border regions	UN Agencies and NGOs (details not yet provided)	9,200,000	9,200,000	-	9,200,000	0%
ZIM-11/MS/41959/R/298	Comprehensive humanitarian assistance for returned migrants and migration-affected communities in border regions	IOM	-	-	761,122	(761,122)	0%
Sub total for MULTI-SECTOR			**26,419,504**	**26,419,504**	**1,633,704**	**24,785,800**	**6%**
NUTRITION							
ZIM-11/CSS/39654/5826	Strengthened coordination and oversight for direct nutrition interventions	UN Agencies and NGOs (details not yet provided)	1,335,000	1,335,000	-	1,335,000	0%

Project code	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered
ZIM-11/H/39613/5826	Delivery of essential micronutrient and de-worming interventions	UN Agencies and NGOs (details not yet provided)	1,457,500	1,457,500	-	1,457,500	0%
ZIM-11/H/39616/5826	Delivery of life-saving infant and young child feeding interventions	UN Agencies and NGOs (details not yet provided)	3,520,000	3,520,000	-	3,520,000	0%
ZIM-11/H/39620/R/5826	Delivery of life-saving care for acute malnutrition	UN Agencies and NGOs (details not yet provided)	5,600,000	5,907,463	-	5,907,463	0%
ZIM-11/H/42475/R/5271	Delivery of life-saving care for acute malnutrition	ACF - France	-	-	-	-	0%
ZIM-11/H/41507/R/298	Delivery of life-saving care for acute malnutrition	IOM	-	-	529,187	(529,187)	0%
ZIM-11/H/41255/R/124	Delivery of life-saving care for acute malnutrition	UNICEF	-	-	571,914	(571,914)	0%
ZIM-11/H/41508/R/561	Delivery of life-saving care for acute malnutrition	WFP	-	-	897,221	(897,221)	0%
ZIM-11/H/39626/5826	Enhancing cross sector food and nutrition security analysis and emergency response	UN Agencies and NGOs (details not yet provided)	2,000,000	2,000,000	-	2,000,000	0%
Sub total for NUTRITION			**13,912,500**	**14,219,963**	**1,998,322**	**12,221,641**	**14%**
PROTECTION							
ZIM-11/P-HR-RL/39538/R/5826	Human Rights and Rule of Law Programme	UN Agencies and NGOs (details not yet provided)	2,000,000	2,000,000	-	2,000,000	0%
ZIM-11/P-HR-RL/39539/5826	Child protection	UN Agencies and NGOs (details not yet provided)	20,545,000	20,545,000	-	20,545,000	0%
ZIM-11/P-HR-RL/39544/R/5826	IDP protection, assistance and durable solutions	UN Agencies and NGOs (details not yet provided)	11,300,000	11,300,000	-	11,300,000	0%
ZIM-11/P-HR-RL/41991/R/298	IDP protection, assistance and durable solutions	IOM	-	-	1,738,878	(1,738,878)	0%

Project code	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered
ZIM-11/P-HR-RL/41540/R/5834	IDP protection, assistance and durable solutions	NRC	-	-	435,500	(435,500)	0%
ZIM-11/P-HR-RL/41596/R/120	IDP protection, assistance and durable solutions	UNHCR	-	-	1,000,000	(1,000,000)	0%
ZIM-11/P-HR-RL/39547/5826	Gender-based violence prevention and response	UN Agencies and NGOs (details not yet provided)	8,000,000	8,000,000	-	8,000,000	0%
ZIM-11/P-HR-RL/41719/R/5081	Gender-based violence prevention and response	MSF	-	-	-	-	0%
ZIM-11/P-HR-RL/41522/R/124	Gender-based violence prevention and response	UNICEF	-	-	880,606	(880,606)	0%
Sub total for PROTECTION			**41,845,000**	**41,845,000**	**4,054,984**	**37,790,016**	**10%**
WATER,SANITATION AND HYGIENE							
ZIM-11/CSS/39560/R/5826	Sector coordination of WASH promotion services	UN Agencies and NGOs (details not yet provided)	1,600,000	1,600,000	-	1,600,000	0%
ZIM-11/WS/42030/R/124	Sector coordination of WASH promotion services	UNICEF	-	-	207,432	(207,432)	0%
ZIM-11/WS/39324/R/5826	WASH services for people affected by emergencies	UN Agencies and NGOs (details not yet provided)	4,500,000	8,400,000	-	8,400,000	0%
ZIM-11/WS/42484/R/8830	WASH services for people affected by emergencies	ADRA Zimbabwe	-	-	569,000	(569,000)	0%
ZIM-11/WS/41999/R/7790	WASH services for people affected by emergencies	GOAL	-	-	647,576	(647,576)	0%
ZIM-11/WS/42483/R/5160	WASH services for people affected by emergencies	IMC	-	-	643,188	(643,188)	0%
ZIM-11/WS/42482/R/5179	WASH services for people affected by emergencies	IRC	-	-	500,000	(500,000)	0%
ZIM-11/WS/42485/R/5162	WASH services for people affected by emergencies	Mercy Corps	-	-	275,836	(275,836)	0%
ZIM-11/WS/42479/R/6310	WASH services for people affected by emergencies	PSI	-	-	1,098,415	(1,098,415)	0%
ZIM-11/WS/41244/R/124	WASH services for people affected by emergencies	UNICEF	-	-	7,075,225	(7,075,225)	0%
ZIM-11/WS/39444/R/5826	Urban emergency WASH promotion for at risk populations	UN Agencies and NGOs (details not yet provided)	29,000,000	29,397,620	-	29,397,620	0%

Project code	Title	Appealing agency	Original requirements ($)	Revised requirements ($)	Funding ($)	Unmet requirements ($)	% Covered
ZIM-11/WS/41838/R/5095	Urban emergency WASH promotion for at risk populations	MEDAIR	-	-	664,692	(664,692)	0%
ZIM-11/WS/42029/R/124	Urban emergency WASH promotion for at risk populations	UNICEF	-	-	462,568	(462,568)	0%
ZIM-11/WS/39557/R/5826	Rural WASH for men, women and children at risk of WASH-related disease	UN Agencies and NGOs (details not yet provided)	18,000,000	22,152,801	-	22,152,801	0%
ZIM-11/WS/41685/R/1024	Rural WASH for men, women and children at risk of WASH-related disease	Johanniter Unfallhilfe e.V.	-	-	307,278	(307,278)	0%
ZIM-11/WS/41837/R/5095	Rural WASH for men, women and children at risk of WASH-related disease	MEDAIR	-	-	1,206,694	(1,206,694)	0%
ZIM-11/WS/41769/R/5162	Rural WASH for men, women and children at risk of WASH-related disease	Mercy Corps	-	-	723,415	(723,415)	0%
ZIM-11/WS/42470/R/124	Provision of emergency water treatment chemicals and Non Food Items (NFIs) to save lives at risk of cholera	UNICEF	-	-	3,022,440	(3,022,440)	0%
Sub total for WATER,SANITATION AND HYGIENE			**53,100,000**	**61,550,421**	**17,403,759**	**44,146,662**	**28%**
CLUSTER NOT YET SPECIFIED							
ZIM-11/SNYS/41603/R/8487	Zimbabwe Emergency Response Fund - ERF (target needs $3 million)	ERF (OCHA)	-	-	1,447,774	n/a	n/a
Sub total for CLUSTER NOT YET SPECIFIED			**-**	**-**	**1,447,774**	**n/a**	**n/a**
Grand Total			**415,275,740**	**488,582,358**	**141,824,362**	**346,757,996**	**29%**

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

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (**fts.unocha.org**).

Table IV: Total funding to date per donor to projects listed in the appeal

as of 30 June 2011
http://fts.unocha.org

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

Donor	Funding ($)	% of Grand Total	Uncommitted pledges ($)
United States	55,318,614	39%	*500,000*
Carry-over (donors not specified)	30,619,381	22%	-
European Commission	12,539,662	9%	-
Central Emergency Response Fund (CERF)	8,994,985	6%	-
Japan	8,000,000	6%	-
Allocation of unearmarked funds by UN agencies	5,597,606	4%	-
Australia	5,071,000	4%	-
United Kingdom	3,090,333	2%	-
Finland	2,338,175	2%	-
Canada	2,038,736	1%	-
Spain	1,925,226	1%	-
Sweden	1,923,214	1%	-
Netherlands	1,400,000	1%	-
Switzerland	1,397,850	1%	-
Brazil	1,388,377	1%	-
Private (individuals & organisations)	156,203	0%	-
Allocation of unearmarked funds by IGOs	25,000	0%	-
Grand Total	**141,824,362**	**100%**	***500,000***

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

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (**fts.unocha.org**).

Table V: Total humanitarian funding for Zimbabwe in 2011 per donor (appeal plus other)

as of 30 June 2011
http://fts.unocha.org

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

Donor	Funding ($)	% of Grand Total	*Uncommitted pledges ($)*
United States	56,556,785	35%	*500,000*
Carry-over (donors not specified)	30,619,381	19%	-
European Commission	26,073,109	16%	-
Japan	9,400,000	6%	-
Central Emergency Response Fund (CERF)	8,994,985	6%	-
Allocation of unearmarked funds by UN agencies	5,899,735	4%	-
Australia	5,071,000	3%	-
Switzerland	3,921,038	2%	-
United Kingdom	3,090,333	2%	-
Finland	2,338,175	1%	-
Canada	2,038,736	1%	-
Spain	1,925,226	1%	-
Sweden	1,923,214	1%	-
Netherlands	1,400,000	1%	-
Brazil	1,388,377	1%	-
Denmark	1,321,586	1%	-
Private (individuals & organisations)	156,203	0%	-
Allocation of unearmarked funds by IGOs	25,000	0%	-
Grand Total	**162,142,883**	**100%**	***500,000***

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

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
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.)

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

Zeros in both the funding and uncommitted pledges columns indicate that no value has been reported for in-kind contributions.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (**fts.unocha.org**).

Table VI: Humanitarian funding in 2011 to date per donor to projects not listed in the appeal

as of 30 June 2011
http://fts.unocha.org

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

Donor	Funding ($)	% of Grand Total	*Uncommitted pledges ($)*
European Commission	13,533,447	67%	-
Switzerland	2,523,188	12%	-
Japan	1,400,000	7%	-
Denmark	1,321,586	7%	-
United States	1,238,171	6%	-
Allocation of unearmarked funds by UN agencies	302,129	1%	-
Grand Total	**20,318,521**	**100%**	**-**

NOTE: "Funding" means Contributions + Commitments + Carry-over
This table also includes funding to Appeal projects but in surplus to these projects' requirements as stated in the Appeal.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (**fts.unocha.org**).

Table VII: Requirements and funding to date per gender marker score

as of 30 June 2011
http://fts.unocha.org

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

Gender marker	Original requirements ($) A	Revised requirements ($) B	Funding ($) C	Unmet requirements ($) D=B-C	% Covered E=C/B	*Uncommitted pledges ($) F*
0-No signs that gender issues were considered in project design	6,150,311	6,150,311	6,011,073	139,238	98%	*500,000*
1-The project is designed to contribute in some limited way to gender equality	187,273,314	220,435,237	127,186,517	93,248,720	58%	-
2a-The project is designed to contribute significantly to gender equality	167,863,646	208,008,341	6,032,026	201,976,315	3%	-
2b-The principal purpose of the project is to advance gender equality	53,988,469	53,988,469	2,594,746	51,393,723	5%	-
Grand Total	**415,275,740**	**488,582,358**	**141,824,362**	**346,757,996**	**29%**	***500,000***

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

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (**fts.unocha.org**).

ANNEX II: ACRONYMS AND ABBREVIATIONS

3W	who what where
ACDI/VOCA	Agricultural Cooperative Development International / Volunteers in Overseas Cooperative Assistance
ACF	*Action Contre La Faim* (Action Against Hunger)
ACTED	*Agence d'Aide à la Coopération Technique Et au Développement* (Agency for Technical Cooperation and Development)
ADEA	*L'association pour le développement de l'éducation en Afrique (*Association for the Development of Education in Africa)
ADRA	Adventist Development and Relief Agency
AEA	Association of Evangelicals in Africa
AFSMS	Agriculture and Food Security Monitoring System
AGRITEX	Agricultural Technical Extension
AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ANPPCAN	African Network for Prevention and Protection against Child Abuse and Neglect
ART	anti-retroviral treatment
AVR	assisted voluntary return
AU	African Union
BEAM	basic education assistance module
BHASO	Batanai HIV/AIDS Service Organization
CACLAZ	Coalition Against Child Labour in Zimbabwe
CADEC	Catholic Development Commission
CAFOD	Catholic Overseas Development Agency
CAMFED	Campaign for Female Education
CAP	consolidated appeal process *or* consolidated appeal
CBP	community-based planning
CDC	(US) Centres for Disease Control and Prevention
CERF	Central Emergency Response Fund
CESVI	*Cooperazione E Sviluppo*
CFR	case fatality rate
CFS	child-friendly school
CMAM	community management of acute malnutrition
CMR	crude mortality rate
COSV	*Comitato di coordinamento delle Organizzazioni per il Servizio Volontario*
CPT	Citizen's Participation Trust
CRS	Catholic Relief Services
CSO	Central Statistical Office
CSU	Counselling Services Unit
CW	Centre for Women
CWW	Centre for Women and Work
DAPP	Development Aid from People to People
DCC	District Coordinating Council
DHE	District Health Executive
DHS	Demographic Health Survey
DMS	drug management system
DRR	disaster risk reduction
DVS	Department of Veterinary Services
EBF	exclusive breast feeding
ECHO	European Commission Directorate for Humanitarian Aid and Civil Protection
ECOZI	Education Coalition of Zimbabwe
EEJRN	Education in Emergencies Joint Response Network
EGPAF	Elizabeth Glaser Paediatric AIDS Foundation
EMONC	emergency obstetric and neonatal care
EPR	emergency preparedness and response
ER	early recovery
ERF	Emergency Response Fund
ETF	Education Transition Fund
FACT	Family AIDS Community Trust
FAO	Food and Agriculture Organization of the United Nations
FCTZ	Farm Community Trust Zimbabwe
FEWSNET	Famine Early Warning System Network

FNC	Food and Nutrition Council
FNSAU	Food and Nutrition Security Analysis Unit
FOST	Farm Orphan Support Trust
FRC	*Croix-Rouge française* (French Red Cross Society)
FST	Family Support Trust
FTS	Financial Tracking Service
GAA	*Welthungerhilfe* (German Agro Action)
GAM	global acute malnutrition
GAPWUZ	General Agricultural Plantation Workers Union of Zimbabwe
GB	Great Britain
GBV	gender-based violence
GHI	Global Hunger Index
GIS	geographic information system
GIZ	*Deutsche Gesellschaft für Internationale Zusammenarbeit* (German International Cooperation Company)
GNA	Global Needs Assessment
GRM	Government Resources Management
GTA	GTA Central Adventist Fellowship Group
ha	hectare
HAZ	HelpAge Zimbabwe
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDR	(UNDP) Human Development Report
HERU	Health Emergency Response Unit
HIS	Health Information System
HIV	human immunodeficiency virus
HKI	Helen Keller International
HRDT	Human Rights and Development Trust
HT	Halo Trust
HTF	Health Transition Fund
IASC	Inter-Agency Standing Committee
ICF	Inter-Cluster Forum
ICT	information and communication technology
IDPs	internally displaced people
IEC	information, education, communication
IMBISA	Inter-Regional Meeting of the Bishops of Southern Africa
IMC	International Medical Corps
IOM	International Organization for Migration
IRC	International Rescue Committee
ISL	Integrated Sustainable Livelihoods
IWSD	Institute of Water, Sanitation and Development
IYCF	infant and young child feeding
JROA	Joint Recovery Opportunities Assessment
JRS	Jesuit Refugee Service
LCEDT	Livelihoods Community and Environmental Development Trust
LICI	Economic Livelihoods, Institutional Capacity-Building and Infrastructure
LPD	livestock production development
MCT	Mashambanzou Care Trust
MDM	*Médecins du monde* (Doctors of the World)
MeDRA	Methodist Development and Relief Agency
MIMS	multiple indicator monitoring survey
MMP	Microfinance and Microenterprise Programme
MoAMID	Ministry of Agriculture Mechanisation and Irrigation Development
MOC	Mavambo Orphan Care
MoESAC	Ministry of Education, Sport, Arts and Culture
MoH	Ministry of Health
MoHCW	Ministry of Health and Child Welfare
MoHTE	Ministry of Higher and Tertiary Education
MoLSS	Ministry of Labour and Social Services
MRIIC	Ministry of Regional Integration and International Cooperation
MSF	*Médecins sans frontières* (Doctors Without Borders)
MT	metric ton
MTLC	management and technical learning and coordination
MWHs	maternity waiting homes

MYR	mid-year review
NAC	National AIDS Council
NANGO	National Association of NGOs
NFI	non-food items
NGO	non-governmental organization
NHF	New Hope Foundation
NND	National Nutrition Department
NNS	national nutrition survey
NTR	nothing to report
NRC	Norwegian Refugee Council
OCHA	Office for Coordination of Humanitarian Affairs
ONHRI	Organ for National Healing, Reconciliation and Integration
ORAP	Organization of Rural Associations for Progress
OVC	orphans and vulnerable children
PCC	Provincial Coordinating Council
PCN	primary care nurse
PHC	primary health care
PI	Plan International
PNC	post-natal care
PRIZE	Promoting Recovery in Zimbabwe
PRC	Permanent Representative Committee
PSI	Population Services International
PYN	Pace-setters Youth Network
REPSSI	Regional Psychosocial Support Initiative
RMT	Rozaria Memorial Trust
RR	risk reduction
RRTs	rapid response teams
RSD	refugee status determination
SAG	Strategic Advisory Group
SAM	severe acute malnutrition
SC	Save the Children
SDC	school development committee
SGBV	sexual or gender-based violence
SNV	*Stichting Nederlandse Vrijwilligers* (Netherlands Development Organization)
TAAF	The AIDS and Arts Foundation
TB	tuberculosis
ToR	terms of reference
TRC	Tongogara Refugee Camp
TTCs	teacher training colleges
UAM	unaccompanied minors
UMCOR	United Methodist Committee on Relief
UN	Untied Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial development Organization
USAID	Untied States Agency for International Development
VAC	Victims Action Committee
VHW	village health workers
VVOB	*Vlaamse Vereniging voor Ontwikkelingssamenwerking en Technische Bijstand* (Flemish Office for Development Co-Operation and Technical Assistance)
WASH	water, sanitation and hygiene
WB	World Bank
WEG	Women Empowerment Group
WERU	WASH Emergency Response Unit
WFP	World Food Programme
WHO	World Health Organization

WVI	World Vision International
ZACRO	Zimbabwe Association for Crime Prevention and Rehabilitation of the Offender
ZAPSO	Zimbabwe AIDS Prevention and Support Organization
ZCDT	Zimbabwe Community Development Trust
ZimAHEAD	Zimbabwe Applied Health Education and Development
ZIMSEC	Zimbabwe School Examinations Council
ZimVAC	Zimbabwe Vulnerability Assessment Committee
ZINWA	Zimbabwe National Water Authority
ZLHR	Zimbabwe Lawyers for Human Rights
ZMPMS	Zimbabwe Maternal and Peri-natal Mortality Study
ZOE	Zimbabwe Orphans through Extended Hands
ZPP	Zimbabwe Peace Project
ZRP	Zimbabwe Republic Police
ZRCS	Zimbabwe Red Cross Society

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations 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, and non-governmental organizations (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 mobilization 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 Organization 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 mobilization. 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 http://fts.unocha.org.

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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