



Emergency Plan of Action (EPOA)

Zimbabwe: Food Insecurity



DREF Operation n°	MDRZW016	Glide n°:	DR-2021-000168-ZWE
Date of issue:	10 November 2021	Expected timeframe:	4 months
		Expected end date:	31 March 2022
Category allocated to the of the disaster or crisis: Yellow			
REF allocated: CHF 271,785			
Total number of people affected:	167,000	The number of people to be assisted:	3,000 people (600 households)
Provinces at risk:	Masvingo, Matabeleland South, Manicaland	Provinces/Regions targeted:	Chiredzi District, Masvingo Province
Host National Society(ies) presence (n° of volunteers, staff, branches): Zimbabwe Red Cross Society: The National Society has a presence in all 8 provinces which are inclusive of Harare and Bulawayo and in all the 8 provinces there is a strong volunteer base.			
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC			
Other partner organizations actively involved in the operation:			

A. Situation analysis

Description of the disaster

Zimbabwe is currently experiencing some lean season food insecurity and deteriorating nutrition in some parts of the country's low-lying areas. The situation has further been exacerbated by the current devaluation of the local currency, Covid 19 pandemic and poor harvests recorded in some parts of the country this past agricultural season. Crisis (IPC Phase 3) outcomes are expected to prevail in the Southern, Western, and extreme northern areas as the 2012/22 lean season continue through November 2021 to March 2022 ([FEWSNET, October to May 2022 Outlook](#)). The volatile macroeconomic environment continues to pose livelihood and food access challenges especially for poor households in both rural and urban areas. Spiking parallel market exchange rates are the main driver of most ZWL price increases on the market. Parallel market rates by the end of October ranged between 85 and 105 percent above the official rate of 1 USD:97.1 ZWL. The official exchange rate increased by 10.8 percent in October alone, compared to the end of September ([FEWSNET, October to May 2022 Outlook](#)).

This year alone Zimbabwe has recorded several shocks and hazards mainly the Covid 19 pandemic, crop pests, food insecurity, and livestock diseases. These incidents have further worsened the situation for the already weakened and vulnerable populace. The recently published INFORM Risk Index showed that the country had a score of 5.1, an indication of high-risk levels for the occurrence of humanitarian emergencies ([INFORM Risk Index; 2021](#)). In September 2021, the estimated number of people with insufficient food consumption increased by 100 000 to about 5.7 million from 5.6 million estimated in August 2021. The number of people employing crisis level and negative coping strategies also increased by 500 000 to 8.53 million people compared to 8.48 million people at the end of August 2021 ([WFP Monthly food security report, September 2021](#)). During the January to March 2022 lean season, about 27% of rural Zimbabweans will be food insecure. This translates to 2,942,897 individuals, who collectively require 262,856 tons of maize ([SADC RVAA synthesis report](#)). The country will likely face several emergencies, and this will be exacerbated by the low coping capacities of the most vulnerable communities due to the economic hardships the country is currently facing. Annual inflation has been on the increase from 50.24% recorded in August 2021 to 52% in September 2021. Food inflation has followed a similar trend of increase from 50.5% in August 2021 to 54.5% meaning that most rural communities will struggle to afford to purchase food items ([WFP Monthly food security report, September 2021](#)). Hydro-meteorological emergencies (flooding, windstorms) are widely anticipated to occur as articulated by the recent forecast for the 2021/2022 rainfall season, which usually peaks between October to January. However, till now, the country is still

experiencing a heatwave and no rain, which might be favourable to storm surges. The seasonal forecast has predicted a normal to above normal rainfall season ([SARCOF and NARCOF; 2021](#)). This scenario increases the chances of flooding especially in the low-lying areas of Chiredzi District (areas bordering Mwenezi and Beitbridge) in Masvingo Province. The same geographical area (Chiredzi District) is also widely expected to be food insecure as the lean season reaches its peak between November 2021 to January 2022. The period November to January 2022 has forecasted several wards of the District to be in IPC 3 category (Wards 13,14,15 and 22) representing a 'Crisis phase' (FEWSNET;2021). As the peak of the lean season (February to May 2022) approaches the rest of the District wards will move from the Phase 2 'Stressed' to Phase 3 'Crisis' (Figure 1). This scenario will likely put approximately 167,500 people at the risk of food shortages; hunger and starvation, increase in grain prices; migration to neighbouring countries, WASH and Health-related challenges. By its geographical location being a border district, there are high chances of an influx of economic migration to neighbouring Mozambique and South Africa by the affected population, food insecurity being one of the major push factors. This will have adverse implications on family links as there is most likely to be family separation resulting from inadequate resources for communication. The family separation will likely lead to child-headed families as the economically active migrate to neighbouring Mozambique and South Africa. Given that much of the population in the district has received only limited assistance from humanitarian organizations, there are growing concerns that the situation could deteriorate even further.

Projected food security outcomes, October 2021 to January 2022

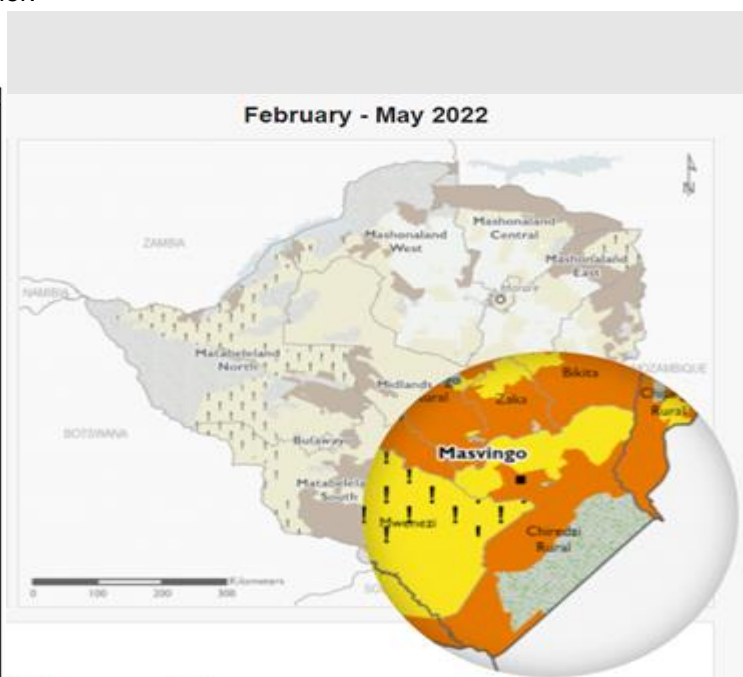
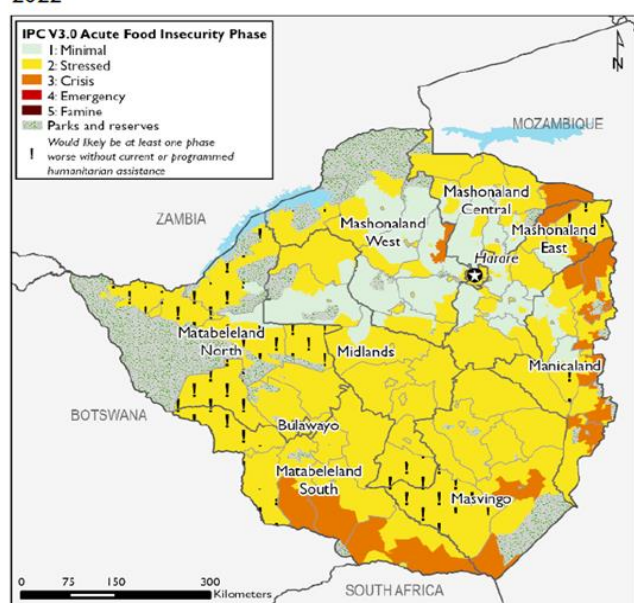


Figure 1: The Southern African region is expected to receive above-normal rainfall between November to January. This will likely result in flooding events Source: SARCOF;2021. That same period will also be the peak of the lean season with some regions in Zimbabwe including Chiredzi District being food insecure (IPC phase 3-Crisis Phase). Source: FEWSNET; 2021.

Summary of the current response

Overview of Operating National Society Actions

Zimbabwe Red Cross has the mandate to alleviate the suffering of the most vulnerable communities. Its vision as enshrined in the 2021-2025 Strategic Plan is a resilient country, able to recover from natural and man-made disasters and the mission is to provide timely, appropriate, and sustainable humanitarian services. The organisation has a presence in all 8 provinces which are inclusive of Harare and Bulawayo and in all the 8 provinces there is a strong volunteer base. The ZRCS in preparation for hazards of this nature has developed a National Contingency Plan (CP) which has prioritised extreme meteorological events, including droughts and floods possible hazards most likely to affect the country guided by the weather forecast issued. Low lying areas such as Chiredzi and others were singled out as the at-risk areas for this hazard. The Contingency plan was updated in October 2021, and the analyses thereof have led to the request for the ongoing drought-related food insecurity. The National Society's 2021-2025 Strategic Plan makes clear endeavours to ensure that people can anticipate, respond to and quickly recover from emergencies and this DREF operation will assist in preparing while responding to the areas already in a crisis.

In line with their preparatory work, the NS has trained staff and volunteers as National Disaster Response Team (NDRT) and the plan is to cascade the training to Provincial level and district levels and Chiredzi is one of the targeted districts for the DDRT training. The NDRT members were capacitated in Psychological First Aid, Basic First Aid, Temporary Shelter Construction, Cash and Voucher in emergencies as well as Food Security among other important topics.

Chiredzi District also has a trained DDRT team and some wards have CDRT trained volunteers though a refresher might be required to further strengthen their operation.

Lesson learned from previous Food Insecurity operations

- Cash distributions, support families in accessing food and basic needs, especially as the inflation rate keeps rising due to economic instability.
- It has been highlighted from previous interventions (ex: Japanese funding) that providing support early and targeting the lean period allows families to cope better and gives them the possibility to recover quicker. As such this operation purposes to provide support while the areas are still in IPC 3 crisis level, rather than wait for emergency (IPC 4) levels to be reached.
- Through the British RC cash assistance project, it was highlighted that continuous capacity strengthening of staff and volunteers, support better interventions because the capacity to analyse and design response is available. As such, training in market assessments was conducted for ZRCS at the national level and Zimbabwe Red Cross is the lead National Society in the region for cash and voucher interventions. This justifies ZRCS's multipurpose cash assistance approach for this intervention.
- Coordination and collaboration with Government and other stakeholders were key in avoiding duplication of efforts.

Overview of Red Cross Red Crescent Movement Actions in-country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provides technical support to the ZRCS through its Harare Country Cluster Delegation which covers Zimbabwe, Malawi and Zambia. There are three participating National Societies currently present in Zimbabwe namely the Danish Red Cross, Finnish Red Cross and British Red Cross. The ICRC is also active in the country as it supports the Restoring Family Links programme.

The British RC provided ZRCS support with cash and food security & livelihoods through a preparedness project. This allowed the NS to build its capacities by training approximately 40 volunteers and 15 staff of the NS. In addition, the Finnish and Danish RC is providing technical and financial support to the NS in forecast-based financing and anticipatory actions.

Overview of other actors' actions in-country

Zimbabwe Red Cross is an active participant in the WASH and Food Security working groups, which are activated to Cluster when needed. As of now, the lead organisation for preparedness towards a potential food security emergency in-country is WFP, and the National Society is a co-lead. Both lead agencies hold monthly meetings with all other humanitarian partners in-country, under Government coordination.

At the district level, ZRCS works with the below partners as indicated in the table:

Who	What	Where
Ministry of Public Service and Social Welfare	Coordination and response	Chiredzi District
Meteorological Services Department	Issuing out forecast and alerts	National
WFP	Food security situation monitoring	National
Plan International	Key Protection actor in the District. Conducting assessments and mapping safe referral pathways	Chiredzi District
Ministry of Health and Child Care	Provision of Health and Nutrition expertise	Chiredzi District

Needs analysis, targeting, scenario planning and risk assessment

Compounding impacts of climatic shocks, rise in food prices, devalued the local currency, the continued economic impact of COVID-19, and the above-normal rainfall predicted particularly in the low-lying areas of the country will likely have serious social-economic consequences including escalating food insecurity. The continued impact of COVID-19 has also exacerbated the situation, resulting in job losses, and a correlating decline in income. Around 170,000 people ([Zimbabwe Vulnerability Assessment Committee, 2021](#)) in Chiredzi District are estimated at risk of falling into poverty. Macroeconomic challenges resulting in high inflation rates, increasing costs of food production have compromised household purchasing capacity to meet the minimum food basket needs.

The predicted (FEWSNET) food insecurity poses the risk of hunger and high malnutritional effects to vulnerable segments of the populations including pregnant and lactating mothers, aged, people with disabilities and children under five. Given the forecast that the household food security levels will further deteriorate or persist for a longer time with no adequate interventions, the potential of nutritional related ailments and complications among children under five, pregnant and lactating mothers will surge. Moreover, due to predicted declining body immunity levels opportunistic

diseases like cholera, typhoid and upsurge of the COVID 19 pandemic are susceptible to these vulnerable populations. This operation will integrate water-borne diseases prevention measures into the food security strategy through hygiene promotion and increased community awareness and knowledge to influence their practice to minimize opportunistic and secondary effects of the food crisis. The situation will further be exacerbated by the predicted 2021/2022 season that will likely result in flooding events that will greatly impact the already vulnerable community.

Chiredzi District is highly vulnerable to climate-related shocks and stresses, more frequently to seasonal droughts and erratic rainfalls. Droughts are highly complex phenomena generally due to acute water shortage and a decrease from the expected average of water resource availability over a certain period. Nowadays, once-off natural disasters, fast-onset hazards such as floods and cyclones have agricultural implications which need anticipatory actions to mitigate drought impacts and to assess the intended and unintended effects. The district's vulnerability is caused not only by its biophysical factors also by its socio-economic factors, such as high population growth and rapid urbanization. Although the district received above-normal rainfall, most poor households are expected to have food stocks from their production to last six to eight months leaving a gap of about 4 months that needs to be filled by development partners (ZIMVAC 2021). The situation started deteriorating from July 2021 as vulnerable households' own-produced stocks dwindle through consumption sales and barter. As a result, IPC Phase 2, 3 and 4 outcomes are anticipated between July and the 2021/22 harvest period. The situation is worsened by a deteriorating economic environment characterised by increased inflation and the Covid 19 situation which has negatively affected the inflow of remittances from South Africa, and petty trade activities.

Livelihoods and basic needs

Zimbabwe is currently facing an economic crisis exacerbated by the COVID-19 (coronavirus) pandemic. Indeed, the pandemic and government policies to contain the disease have affected production levels across all sectors, although a partial easing of border closures might have supported a slight rebound. As a result, the food insecurity situation is expected to deteriorate as the peak of the lean season approaches. Forecast for October 2021 to January 2022 period from the FEWSNET IPC classification places the District in Crisis (IPC Phase 3) level, with the projection that the situation can further worsen if no remedial measures are planned for.

It is important to note that several wards within the district are at a high risk of Human-Wildlife Conflict (HWC) due to their proximity to Gonarezhou National Park. As a result of HWC, a significant hectareage of cropland is destroyed each season. The HWC could conspire with other concurrent shocks such as the predicted flooding events, COVID-19 pandemic and worsen the food insecurity situation.

In addition, the industrial and mining sectors are equally faced with reduced competitiveness, low commodity prices, and interruptions in electrical service that disrupt output. As such, Zimbabwe's economic situation will remain challenged and could result in some families, in addition to having reduced access to food and basic needs, losing their access to residences and/ or causing displacement to seek work/food/ help.

Health / Nutrition:

The health system in the Chiredzi district is already overstressed due to the Covid-19 pandemic and the resources are strained. Now with the anticipated food insecurity poor nutrition and food deficits in the district, it will be a double burden to the health system. Battling Covid-19 is one hand, waterborne disease and health issues additionally. The health issues include the contamination of water sources due to sewage and other pollutants. Mass awareness is a major need with necessary public health support through deploying mobile NS medical teams, First Aid, Mental health and psychosocial support (MHPSS) and Safer Access Framework, and mother and child health prioritised mostly. Alongside health support to a vulnerable population that include the disabled, chronically ill and HIV AIDS patients. Urgent need to provide handwashing facilities, buckets, sanitizers, hand wash liquids, disinfectants to enhance Infection Prevention and Control of Covid-19 and infectious diseases. Contamination of water sources and poor sanitation.

Potential outbreak of Covid-19 Infections in the community hence NS will set isolation tents in evacuation centres for Covid-19 positive patients.

Injuries, defaulting on treatment e.g. Chronically ill, HIV and AIDS patients, death within the community can be anticipated and emergency health service through deploying mobile medical teams will be done.

Water, Sanitation and Hygiene (WASH)

The affected population will be expected to encounter gaps in accessing/purchasing potable water, sanitation and hygiene products (WASH) - with hygiene needs especially prominent, and a concern given the prevailing risk of exposure to COVID-19. There is a need to integrate hygiene promotion activities (including adherence to handwashing protocols) with COVID-19 Risk Communication and Community Engagement (RCCE) activities.

Protection, Gender and Inclusion needs (PGI)

Food insecurity and hydrometeorological emergencies are usually a driver of protection issues that result in negative coping strategies including child labour, child marriages, sexual and gender-based violence, sexual exploitation, and abuse. Various disaster including food insecurity coupled with population displacement and violence does not affect all equally. As a result, the need to ensure proper assistance prioritizing the most vulnerable and ensuring they are involved

throughout the intervention is essential. Selecting the target population must include women, children, single-headed households, girls, and persons with disabilities. There is a need to coordinate with other protection actors in conducting assessments and map safe referral pathways as well as making sure that the referral pathways are shared with staff and volunteers. PGI will be mainstreamed throughout the DREF operation to ensure communities dignity, access, participation, and safety. This will include completion of PGI assessments in targeted areas; as well as gender and diversity analysis. The findings from these will allow individuals and groups in the affected community to be understood, and the operational strategy adjusted based on their specific risks, needs and concerns.

Targeting

In terms of geographical targeting, this anticipatory DREF operation will target a total of 3,000 people (600 HH) in Chiredzi District, because the caseload is the highest of all affected districts as seen in the below table.

Table 1: Food requirement needs in Masvingo Province. Source: Government of Zimbabwe ZimVAC report 2021. Chiredzi district tops the list with 167 500 people in urgent need of food support.

District	Caseload	Grain required p.m. @10kg/individual
Chiredzi	167,573	1,675.73
Bikita	64,909	649.09
Chivi	67,163	671.63
Gutu	54,160	541.60
Masvingo	68,951	689.51
Zaka	69,352	693.52

The District will likely face acute food shortages as the lean season reaches its peak whilst at the same time the seasonal forecast has given an indication of normal to above normal rainfall thus increasing the chances of flooding. Priority will be given to support vulnerable poor households with no alternative coping mechanism - with specific consideration within this group for:

- Child headed households
- HH headed by single mothers,
- Households with either pregnant and lactating mothers and/or under-five children,
- Household with nursing aged persons, and/or persons terminally ill with HIV/AIDS or other similar ailments,
- Households with social protection needs.

Estimated disaggregated data for population targeted.

Category	Estimated % of target group	% female	% male
Young Children (under 5 years)	10%	6%	4%
Children (5-17yrs)	15%	8%	7%
Adults (18-49 yrs)	50%	30%	20%
Elderly (>50 yrs)	15%	8%	7%
People with disabilities	10%	5%	5%
TOTAL	100%		

Scenario planning

Scenario	Humanitarian consequence	Potential Response
<p>Scenario 1: The food security situation is within the scope of interventions. Weather forecasts predict normal rainfall amounts and thus will likely result in isolated flooding events</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Food Grain prices stabilise (Source: WFP Monthly Food Security and Markets Report) • Drop-in number of reported negative coping strategies (Source: WFP Monthly Food Security and Markets Report) 	<ul style="list-style-type: none"> • Food security situation improves for the affected population improves and there is a reduction in areas classified IPC Phase 3 • Affected population livelihood assets are protected, and negative coping mechanisms mitigated 	<ul style="list-style-type: none"> • Readiness funds released for preparedness activities • NS capacitates/trains volunteers in needs assessments, Beneficiary registration • No need to activate response activities at this phase.

<p>Scenario 2: The food security situation is in IPC 3 with an indication of worsening projections towards IPC 4. Above normal rainfall received ($\geq 50\text{mm}$ within 25hrs), leading to widespread flooding and infrastructural damage.</p> <p>Indicators:</p> <ul style="list-style-type: none"> In season forecasts predicting $\geq 50\text{mm}$ in 24 hrs (Source: Met Services Department) Food Grain prices continue to rise (Source: WFP Monthly Food Security and Markets Report and FEWSNET) An increase in the number of reported negative coping strategies 	<ul style="list-style-type: none"> Food insecurity trends worsening, with an increase in the affected population and areas classified to IPC Phase 4 Reports of affected population selling livelihoods assets and resorting to other negative coping mechanisms An increase in cases of acute malnutrition reported Infrastructure damage due to flash flooding events Displacement due to flooding events 	<ul style="list-style-type: none"> Activation of early actions and response funds as thresholds would have been met. Early actions activated leading to response activities
<p>Scenario 3: Food Security situation deteriorates, to IPC 4 and 5 level triggering acute emergency scenario</p> <p>Indicators:</p> <ul style="list-style-type: none"> In season forecasts predicting $\geq 80\text{mm}$ in 24 hrs Food Grain prices rise exponentially A sharp increase in the number of reported negative coping strategies Rise in reported cases of malnutrition and hunger-related ailments 	<ul style="list-style-type: none"> The food insecurity situation worsens with an exponential increase in the affected population and areas classified as IPC Phase 4 and Phase 5. High prevalence of acute malnutrition (critical). Increase malnutritional related ailments and needs for therapeutic care Migration to neighbouring countries due to the crippling economy and food crisis 	<ul style="list-style-type: none"> More humanitarian assistance required – beyond the scope of DREF and/or other operations/programs Activation of Family Restoration platforms

Operation Risk Assessment

- **Currency fluctuation:** The Zimbabwean economy has been characterized by several monetary and fiscal challenges, hyperinflation, and liquidity constraints. This puts the CVA modality at high risk of devaluation of the vouchers. To reduce this risk the NS will adopt any of the following options i) have pre-agreements with suppliers ii) have food packs denominated Vouchers iii) avail hard cash (US\$).
- **COVID-19 pandemic:** This operation and its operational strategy consider the risks related to the current COVID-19 pandemic. According to the Ministry of Health and Childcare as of 27 October 2021, a total of 132,808 COVID 19 cases had been recorded with 127 520 recoveries and 4,675 deaths in Zimbabwe. To date, the following measures have been taken to curb the spread of the disease: mandatory mask-wearing, handwashing stations, using soap and water or alcohol hand rubs, setting up of COVID-19 screening sites, setting up of testing and treatment centres; advocating with available risk communication resources, providing updated information regularly on the evolving COVID-19 situation. COVID-19 vaccine campaigns have been initiated with 3 288 085 people inoculated (as of 27 October 2021). The NS will ensure COVID-19 prevention measures are adhered to in line with the national COVID19 regulations.

B. Operational strategy

Overall Operational objective:

The overall objective of this DREF operation is to anticipate and respond to the emerging food insecurities and to improve the preparedness of the Chiredzi community to the forecasted hydro-meteorological emergencies in light of the normal-to-above normal rainfall forecast. The imminent emergency preparedness activities will be complemented by early actions that are aimed at mitigating and minimizing the humanitarian impacts of the lean season and anticipated hydro-meteorological hazards. The operation also plans to provide immediate assistance to address the basic urgent food security needs of food-insecure households in Chiredzi. It will target 600 of the most vulnerable households (approx. 3,000 people) to meet their basic needs through cash assistance.

Overall, ZRCS will use an all-inclusive approach to target all the vulnerable groups including women, men, girls, boys, people with disabilities, child-headed households, female-headed households among others through the provision of a comprehensive assistance package from readiness, early actions to emergency response services. These services will go a long way in saving lives, protecting livelihoods, reducing poverty and building communities that are resilient to hydro-meteorological shocks.

The detailed operational strategy will include:

Livelihoods and basic Needs (Target: 3,000 people or 600 HH)

A detailed multi-sectoral assessment will be conducted to confirm the most urgent needs and will serve the NS to develop long term plans to address the food insecurity situation beyond the lean period. This will also provide information for the inclusion of Zimbabwe into the Call for Support on the [Hunger Crisis in Africa](#), which is a flagship program of the Africa Region.

ZRCS will provide support to 600 families through cash and voucher assistance for 3 months. Per the recommendation of WFP in the country, the minimum expenditure basket in Zimbabwe is 13\$ per person per month. As such, NS will provide this 65\$ to each family per month for 3 months. In total, each family will receive 195\$ for 3 months. The disbursements will be monthly.

Based on lessons learnt from past operations, providing direct cash might prompt tensions in households over control of the received assistance. To address this, ZRCS will coordinate with other protection actors and engage affected populations on complementary activities that support the utilisation of the cash received; this includes nutritional awareness, financial literacy on the management of cash through sensitisation sessions with both women and men on the need for cash to benefit the entire household, conducting GBV awareness, and mapping of safe referral and counselling services. The intervention will complement government social protection efforts and all necessary engagements will be taken to ensure the neediest households are reached,

Food insecurity can be a driver of protection issues that result in negative coping strategies including child labour, child marriages, sexual and gender-based violence, trafficking, sexual exploitation, and abuse. As such, protection, gender and inclusion (PGI) will be streamlined through the planning and implementation process for this intervention.

Activities to be implemented are detailed in the detailed operational plan in section C below.

Health (Target: 3,000 people or 600 HH)

The overall targeted population will be provided with health promotion and care activities. Children under 5 years with moderate acute malnutrition and/or severe acute malnutrition will be provided will be identified and referred to health care facilities.

It will be important to strengthen community surveillance to facilitate early detection, investigation, as well as early and rapid care aims to mitigate the negative impact of diseases and epidemics at the community level. As such, a community-based surveillance system (CBS) will be set up and 50 volunteers trained in CBS and Vulnerability Capacity Assessment (VCA) to prevent and respond to epidemics, including Covid-19. This will allow real-time sharing of information to enhance prompt action and response. A good referral system will be set up to facilitate communication with the appropriate health facility.

Health education and awareness to mitigate the risk of vector and water-borne disease. The NS will provide mosquito nets and repellents to prevent malaria

Volunteer visibility and equipment will be procured and prepositioned. Also, support of health care facilities with PPEs where they are needed.

Water, Sanitation and Hygiene - WASH (Target: 3,000 people or 600 HH)

WASH intervention is essential to reduce the exposure to both waterborne and hygiene-related diseases including Covid-19, diarrhoea in the Chiredzi district. There will be a need to ensure the provision of safe drinking water, proper disposal of solid and liquid waste and proper disposal of human excreta and practice of good hygiene, to contribute to improved health of the communities. In addition, the risk of flash floods in Chiredzi district with potential contamination of existing sources of clean water, due to overflows that might be at levels higher than that of boreholes and wells.

As such, material for safe water storage will be provided to targeted households, as well as water purification products. Hygiene promotion activities will also be implemented. Hygiene kits will also be provided to all target households. To support COVID-19 containment measures and to prevent and dirty-hands related diseases, the NS will provide the community with 300 handwashing buckets and liquid soap bottles to be placed across public areas to ease hand washing. The NS will also support the rehabilitation of water points in the district. The able-bodied members of the community will assist with labour in NFI distributions as well as in the rehabilitation of water supplies. Local ZRCS volunteers will coordinate the intervention by ZRCS from assessments to aid distribution, awareness campaigns as well as informing on developments as they happen.

ZRCS interventions are premised on meeting the SPHERE standards and the same is used as the benchmark of measuring the success of the intervention as such the preparedness and anticipated response will be to a larger extent guided by the set humanitarian standards.

Protection, Gender and Inclusion (PGI)

Protection, Gender and Inclusion of everyone in an intervention is very crucial as it strengthens engagement and ensures sustainability and ownership of any intervention. With the anticipated flooding and food insecurity in Chiredzi children, women, elderly people and people living with disabilities as well as people with special needs or chronic illnesses must be integrated and included in operations. There may be increased social tensions and protection of risk to vulnerable persons, cases of SGBV risks may arise thus, awareness-raising should continuously be done to lessen and alleviate any potential SGBV risks. Volunteers need to be trained to build capacity in identifying protection risks as well as being enabled to mainstream and apply the IFRC minimal PGI standards in emergencies. Training on setting up and strengthening feedback mechanism channels should be done and identification of referral pathways so that community members, as well as vulnerable groups, can easily access service before, during and after any intervention.

Given that PGI will be streamlined across all sectors, capacity strengthening of volunteers, community members and stakeholders on how to apply IFRC minimum PGI standards throughout the response will be needed. This will be done ensuring that vulnerable groups i.e. elderly, people living with disabilities, women, child-headed families are represented in training and awareness-raising sessions.

Community Engagement and Accountability (CEA)

Community engagement in the response will be ensured through timely sharing of clear information about response activities, selection criteria and distribution processes with communities through community meetings and door-to-door activities. Communities will be given opportunities to participate in the response through community meetings and ongoing surveys and assessments. Feedback and complaints will be collected through community volunteers, community meetings, focus group discussions and suggestion boxes and responses provided through community meetings. ZRCS will include a component of basic CEA in the PGI training for volunteers

- Support sectorial teams to include measures to address vulnerabilities specific to gender and diversity factors
- Conduct basic training in CEA and PGI for 40 volunteers
- Ensure that referral systems are in place to provide psychosocial support to children, in collaboration with PSS specialists
- Support sectoral teams to include measures to enable protection, including dissemination of information on accessing essential
- Develop a feedback mechanism to engage the community and vulnerable groups at large for their feedback on services, inform the revision of activities and services.

Communities will be given opportunities to participate in the response through community meetings and ongoing surveys and assessments. Feedback and complaints will be collected through community volunteers, community meetings, focus group discussions and suggestion boxes and responses provided through community meetings. Feedback will collect during project inception meetings and community engagement which will be reviewed. Based on the feedback, communities will be sensitized on the use of cash grants received, and a feedback mechanism will be put in place to give the communities the channel to share questions, complaints, or the need for technical support.

Exit Strategy:

Acknowledging that this DREF operation is time-bound and can only focus on anticipatory and emergency response actions, ZRCS and IFRC Country Cluster Delegation will work on ensuring that there is a transfer of competence on the skills learnt during this project, to ensure the sustainability of the impact on the community.

In addition, the IFRC Country Cluster Delegation and NS will carry out advocacy and further fundraising through the Pan African Hunger Crisis Initiative to ensure the NS has a medium to a long-term strategy to address the food insecurity situation in Zimbabwe. To note, the [Hunger Crisis Call for Action](#) was published in September 2021 to highlight the urgency of addressing this slow, complex and silent crisis across Africa.

Operation Support Services

Human resources: ZRCS will deploy staff and NDRT to complement Provincial Disaster Response Team in assessments coordination and response. This will ensure that effective response preparedness and NS surge capacity mechanism is maintained. An overall of 40 volunteers and 8 staff will be involved in this operation. Insurance for volunteers is covered in this operation as well as their coverage for each deployment. The deployed NS staff cost is also included in the operation.

The IFRC will also deploy a CVA/Logistics profile Surge to support the daily management of the operation for three months. This is because IFRC will be doing direct financial management and payments on the operation, as a risk

mitigation measure following lessons learnt from Tropical Cyclone Idai implementation in 2019. Three monitoring visits from CCST from the operation focal point, the Food security officer and the finance officer will complement this deployment to ensure the smooth running of the operation with adequate technical support.

Logistics and Supply Chain

The purpose of activities in logistics is to effectively manage the supply chain, including mobilization, procurement, customs clearance, storage and transportation to distribution sites, in compliance with the requirements of the operation and line with IFRC's logistics standards, processes and procedures.

Logistics will support the operations, delivering a range of relief items and services in line with operational priorities. The supply chain will seek to adapt to the challenging infrastructure limitations in the country with a focus on the fleet, procurement, warehousing and transport. Local and international procurement will be carried out per the NS and IFRC standard procurement procedures.

In specific situations, and upon market analysis, local procurement will be carried out for the household items (plastic sheets, mats, blankets & kitchen sets), WASH items, volunteer PPE, and visibility gear under the DREF and per the IFRC standard procurement procedures. Joint planning with PNS' operating under the framework of the Federation-wide Appeal will capitalize on international procurement efficiencies and joint in-country transportation to affected communities.

The IFRC fleet plans will be drawn from the Vehicle Rental Program (VRP) to support the initial surge phase. Further fleet considerations will be accounted for in upcoming planning cycles and as funds are received.

PMER: The ZRCS PMER department will support the DREF operation by providing technical inputs and support to the DM department on planning, continuous monitoring, assessment results and information management. They will also support the development and implementation of the post-distribution monitoring and beneficiaries survey as well as facilitate the lessons learnt workshop. The NS will engage an additional Programme Officer to coordinate the DREF with support from the Operations Manager, Finance Manager and HR and Admin Manager. At the field level, one Field Officer has been engaged to implement the planned activities.

The CCST will undertake three monitoring missions to ensure the smooth running of the operation. These missions will be conducted by the Operations Manager, the Food Security officer and Finance officer to support NS and ensure activities remain on track.

A lesson learnt workshop will be conducted to ensure learning is collected for future operations. High-quality assessments, beneficiary satisfaction surveys and post-distribution monitoring will be conducted informing advocacy, resource mobilization and programming, CEA engagement Meetings, Community Satisfaction Survey.

Communications: The communications department will take lead in the collation and documentation of the response, ensure the media coverage and visibility of the operation through press articles during the implementation, photos, and video documentary (Information related to the operation will also be disseminated through ZRCS Facebook page, Twitter and webpage. Video documentary showcasing ZRCS response (focus on "build back better") – to raise ZRCS profile at local and international level to enhance resource mobilization efforts in the future. Journalists from local news outlets will be requested to support with producing content to highlight Ns work on the field.

Finance and Administration: The Harare Country Cluster Delegation supports the NS with logistic and finance services. The financial management of this operation will be under the direct responsibility of the CCST, which will handle all payments and reporting.

Security

Road safety, health hazards, violent and petty crime are the foremost risks to personnel. Economic hardships and an under-resourced police force contribute to rising crime levels particularly in the major urban centres such as the capital Harare and the second-largest city Bulawayo. Crime such as robbery and theft is opportunistic and often targeted at those perceived to have access to forex. The ailing road infrastructure, high amount of traffic and poor adherence to road traffic regulations contribute to the high incidence of road traffic accidents. Poor water supply results in constant outbreaks of cholera, dysentery and typhoid. Health infrastructure and capacity are limited. To reduce the risk of personnel falling victim to crime, health hazards or road traffic accidents active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. IFRC security plans will apply to all IFRC personnel throughout. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

C. Detailed Operational Plan



Livelihoods and basic needs

People targeted: 3,000 (600 HH)

Male: 1,440

Female: 1,560

Requirements (CHF): 143,376

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods	% of households who are supported to improve feeding (Target: 100%)															
		Livelihoods and basic needs Output 1.1: Community preparedness to anticipate, prepare and respond to hydro-meteorological hazards enhanced to enable them to protect their assets and livelihoods.						<ul style="list-style-type: none"> ○ # of needs assessments conducted (Target: 1) ● # of volunteers trained in CVA 									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP010	Conduct multi-sectoral needs assessment																
P&B Output Code	Livelihoods and basic needs Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities	<ul style="list-style-type: none"> - # of volunteers trained in CVA (Target: 40 volunteers) - # of FSP contracts signed Target: 1 FSP contract) - # of households reached with monthly multipurpose cash for basic needs (Target: 600 HH) - # of sensitization sessions conducted on the use of cash and vouchers (Target: 3 HH) 															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP081	Beneficiary identification and targeting																
AP081	CVA training for ZCRS Volunteers																
AP081	Conduct market assessment and identification of response modality (cash or voucher)																
AP081	Engagement with Services Providers																
AP081	2 Meetings with authorities and consultation with stakeholders and holding inception meetings																
AP081	3 Community sensitisation and awareness sessions to strengthen PGI-sensitive CVA																
AP081	Monthly unconditional CVA distributions (3 months per HH)																
AP081	Conduct 3 post-distribution monitoring including continuous market monitoring																



Health

People targeted: 3,000 (600 HH)


Male: 1,440

Female: 1,560

Requirements (CHF): 19,674

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	% of people reached by health and nutrition activities (Target: 100% or 3,000 people)															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	# of health risks identified during the assessment															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	In coordination with health authorities, undertake detailed assessments to identify health needs, number/type/location of damaged health facilities and/or medical service gaps in target communities																
P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	<ul style="list-style-type: none"> # of volunteers trained in CBHFA and nutrition (Target: 50 volunteers) # of mobile medical teams deployed (Target: 2 mobile teams) # of PHHE campaigns conducted (Target: 3 campaigns) # of mosquito nets distributed (Target: 1,200 nets) 															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP011	Consultation meetings with relevant stakeholders																
AP011	Train volunteers in CBHFA and nutrition - maintaining the Covid 19 protocols or social distancing, avoiding crowds, maintaining hand hygiene /washing hands frequently and wearing a face mask at all times when interacting and conducting the training sessions																
AP011	Mass awareness campaigns on Participatory Health and Hygiene Education (PHHE)																
AP011	Provide emergency health service through deploying 2 mobile medical teams																
AP011	Procurement and distribution of face masks to volunteers and targeted persons																
AP011	Procurement and distribution of mosquito nets																

P&B Output Code	Health Output 5.2: Acute malnutrition cases are managed in the community, with referral established for severe cases.	% of children screened and referred (20% of children under 5yrs from targeted communities)															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP014	Implement MUAC screening and referrals activities while maintaining minimum distance , hand hygiene and wearing a face mask as well diligently using the MUAC tape																
AP014	Conduct monitoring/follow up assessment of nutritional status in target community																



Water, sanitation and hygiene
People targeted: 3,000 (600 HH)
 Male: 1,440
 Female: 1,560
Requirements (CHF): 56,432

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities	% of people reached by health and nutrition activities (Target: 100% or 3,000 people)															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities	<ul style="list-style-type: none"> # of volunteers trained and ready to carry out water, sanitation and hygiene assessments (Target: 20 volunteers) # of water points rehabilitated (Target: 10) 															
	Activities planned Week																
AP026	Conduct training/refresher for RC volunteers on carrying out water, sanitation and hygiene assessments																
AP026	Conduct an initial assessment of the water, sanitation and hygiene situation in targeted communities																
AP026	Support rehabilitation of 10 boreholes across the community																
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities																
AP026	Coordinate with other WASH actors on target group needs and appropriate response.																
P&B Output Code	WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population	<ul style="list-style-type: none"> # of hygiene kits distributed (Target: 600 hygiene kits) # of handwashing stations provided to community (Target: 300 stations) 															

Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP030	Determine the needs for hygiene NFIs, including soap, water storage, and menstrual hygiene for each community based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.															
AP030	Distribute hygiene kits to 600 households															
AP030	Train population of targeted communities in the use of distributed hygiene kits.															
AP030	Determine whether additional distributions are required and whether changes should be made.															
AP030	Monitor use of hygiene kits and water treatment products and user's satisfaction through household surveys and household water quality tests.															

Strategies for Implementation Requirements (CHF): 52,303

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform	<ul style="list-style-type: none"> • # of volunteers insured (Target: 40) • # of volunteer briefing sessions on roles and risk held (Target: 2) 															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are insured																
AP040	Provide complete briefings on volunteers' roles and the risks they face																
AP040	Provide psychosocial support to volunteers																
AP040	Ensure volunteers are aware of their rights and responsibilities																
AP040	Ensure volunteers' safety and wellbeing																
AP040	Ensure volunteers are properly trained																
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement																
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	<ul style="list-style-type: none"> • # of Surge personnel deployed (Target: 3) • # of IFRC monitoring visits (Target: 2 visits) 															
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.																
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

		Week															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	Deploy surge personnel with cash and logistics background to support implementation.																
AP046	IFRC Delegation Ops, Food Security and Finance focal persons conduct a visit to support operation																
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	<ul style="list-style-type: none"> • % of volunteers trained and oriented on the SGBV, PGI, CEA and volunteer Code of Conduct (Target: 40 volunteers) • % of community feedback and complaint received and responded to (Target: at least 70%) • % of responses that consider the minimum standards (Target: at least 50%) • # of referral pathways established, identified or strengthened (Target: TBD) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP084	Conduct training on PGI, CEA, Code of conduct, SGBV also integrating a session on Minimum Standards	█	█														
AP084	Establish a system to ensure IFRC and NS staff and volunteers have signed the Code of Conduct and have received a briefing in this regard	█	█														
AP084	Ensure that referral systems are in place to provide psychosocial support to children, in collaboration with PSS specialists			█	█	█	█	█	█	█	█	█	█	█	█	█	█
AP084	Volunteers, staff and contractors sign, are screened for and are briefed on child protection policy/guidelines	█	█	█													
AP084	Develop a feedback mechanism to engage the community and vulnerable groups at large for their feedback on services, inform the revision of activities and services.	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
AP084	Support sectoral teams to include measures to enable protection, including dissemination of information on accessing essential services	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
P&B Output Code	Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.	<ul style="list-style-type: none"> • # of communications sessions held (Target: 3) • # of lessons learned workshop conducted (Target: 1) 															
	Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP053	Communications work	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█
AP042	Procure visibility material for volunteers and Staff		█														
AP042	Conduct a lessons learned session at the end of the operation														█	█	

Funding Requirements

The overall amount required to implement the activities in this EPoA is CHF 271,785 as detailed in the attached budget.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

DREF OPERATION

MDRZW016 - ZIMBABWE - FOOD INSECURITY

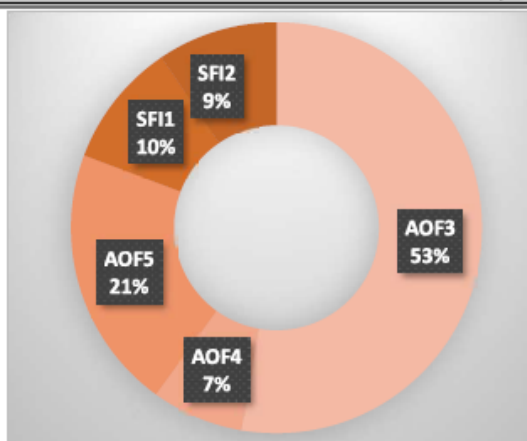
08/11/2021

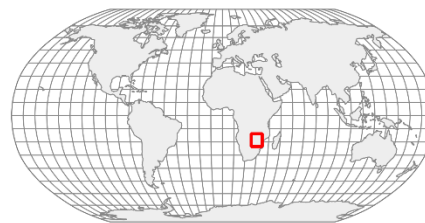
Budget by Resource

Budget Group	Budget
Clothing & Textiles	7,735
Water, Sanitation & Hygiene	48,437
Medical & First Aid	5,460
Teaching Materials	1,092
Cash Disbursement	116,953
Relief items, Construction, Supplies	179,678
Distribution & Monitoring	5,005
Transport & Vehicles Costs	10,967
Logistics, Transport & Storage	15,972
International Staff	14,606
National Staff	1,418
National Society Staff	5,387
Volunteers	15,070
Personnel	36,481
Workshops & Training	8,145
Workshops & Training	8,145
Information & Public Relations	637
Communications	546
Financial Charges	13,739
General Expenditure	14,922
DIRECT COSTS	255,197
INDIRECT COSTS	16,588
TOTAL BUDGET	271,785

Budget by Area of Intervention

AOF3 Livelihoods and Basic Needs	143,376
AOF4 Health	19,674
AOF5 Water, Sanitation and Hygiene	56,432
SFI1 Strengthen National Societies	26,626
SFI2 Effective International Disaster Management	25,677
TOTAL	271,785





Zimbabwe : Food Insecurity

9 November 2021 • DR-2021-000168-ZWE



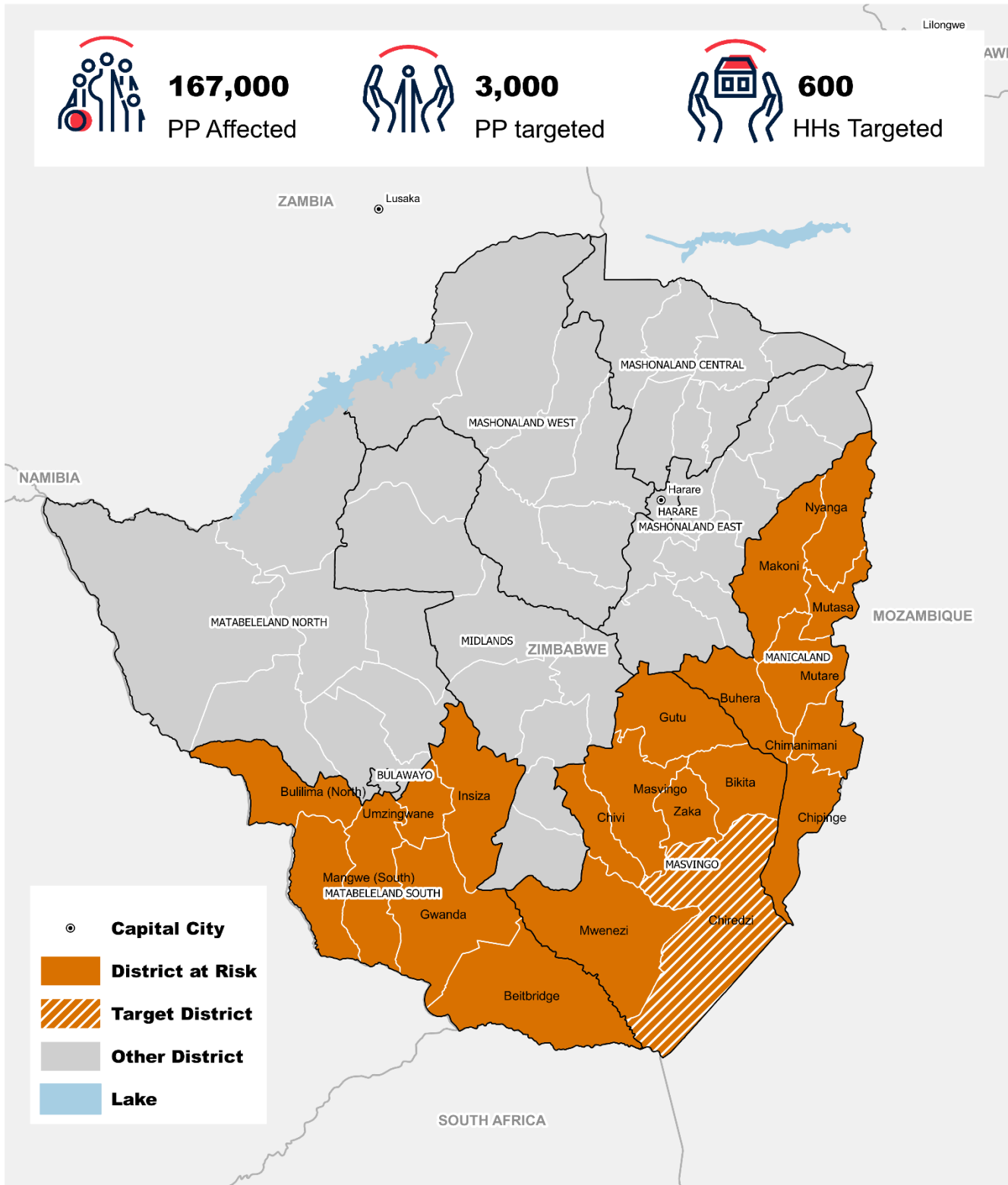
167,000
PP Affected



3,000
PP targeted



600
HHs Targeted



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: GADM, Zimbabwe RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi

0 1 2 km



Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace.**