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Operation Update Report

Zimbabwe: Food Insecurity



Mini

DREF n° MDRZW016	GLIDE n° DR-2021-000168-ZWE
Operation update n° 1: 22 March 2022	Timeframe covered by this update: February – March 2022
Operation start date: 11 November 2021	Operation timeframe: 6 months (extended from 4). New end date: 31 May 2022
Funding requirements (CHF): 271,785	
N° of people being assisted: 3,000 people (600 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: The National Society has presence in all 8 provinces which are inclusive of Harare and Bulawayo and in all the 8 provinces there is a strong volunteer base.	
Other partner organizations actively involved in the operation: Ministry of Local government, Ministry of Public Service, Labour and Social Welfare.	

Summary of major revisions made to emergency plan of action:

Basing on the findings from the Market and Multi-sectoral needs assessments, the Zimbabwe Red Cross Society recommended a change on the planned cash and voucher assistance (CVA) Modality from the Vouchers to Cash transfer via a financial services provider. The findings highlighted difficult terrain of bad roads and sparsely populated communities presenting difficulties in navigating food trucks especially in the rainy season hence the preference of cash transfer modality. The change did not impact on the budget since the Cash option is cheaper compared to Voucher modality. Due diligence on security, finance and procurement was conducted by IFRC and is in the final stages of approval. A budget revision to address accommodation costs and fuel that have been underbudgeted was also undertaken through extracting costs from the removed Surge support.

A. SITUATION ANALYSIS

Description of the disaster

The start of the 2021/22 agricultural season saw widespread below-average rainfall, with abnormal dryness and uncharacteristic high temperatures observed throughout the country from early November to mid-December (FEWSNET). This have had negative implications on agricultural activities specifically land preparation and planting. Where planting had begun, germination rates have been generally poor with moderate to severe moisture stress in Chiredzi. Rainfall received from mid-December resulted in farmers progressing with planting and replanting. However, given below-average rainfall to date, the season is now forecasted to be below normal with most crops condition at permanent wilting and progressing to permanent wilting. Revised SARCOF and NARCOF forecasts also indicate an early cessation of the season. This is also compounded by the current mid-season dry spell currently being experienced in the country including Chiredzi district. The late onset of season, mid-season dry spells and the early cessation will have a negative im-pact on the maturity of the bulk of the late planted crops further compounding the food insecurity risk in Chiredzi.

According to the latest FEWSNET issue report, Chiredzi district in now in IPC 3 stressed category during this peak hunger period. The IPC 3 category is not forecasted to change to IPC category 2 during the har-vest period of April to May due to projected poor harvests. Therefore, indications point to Chiredzi district sliding into IPC 4 category from June

as acute food insecurity looms. This scenario will likely put approximately 167,500 people at the risk of food shortages; hunger and starvation, increase in grain prices; migration to neighboring countries, WASH and Health related challenges. By virtue of its geographical location being a border district, there are high chances of an influx of economic migration to neighboring 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. Family separation will likely lead to child headed families as the economically active migrate to neighboring 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.

Summary of current response

The DREF operation started by a joint Multisectoral and market assessment that was conducted by ZRCS in the three targeted wards of the Chiredzi Rural district of Masvingo province. The targeted wards are 13, 14 and 15 and the activity was conducted from the 19 of December to the 22 of December 2021. A wide range of actors including the local leadership, retailers, wholesalers, and ordinary consumers were interviewed during the assessment which was conducted by 16 trained ward-based volunteers and 4 ZRCS officers. The activity was also carried out with the presence of the district Social Services Officer. The data was collected using a market assessment questionnaire that was uploaded in Kobo. The volunteers targeted the community leaders and ordinary consumers while the ZRCS officers interviewed the retailers and the wholesalers. The main objective of the assessment was to investigate the market functionality in the target wards to make informed programming decisions for the Lean Season Assistance intervention. Central to the assessment was the capacity of the local market to supply the potential beneficiaries with the basic commodities as well as find out the most feasible modality of assistance to be used in the Lean Season Assistance program. The assessment also sought to investigate market accessibility by interrogating the distances traveled by the household to their main shopping centers in the wards.

The analysis showed that the community has been exposed to two major shocks in the recent past. These are drought and Covid-19 pandemic. The two have contributed to the observed food insecurities in the whole district and in particular wards 13, 14 and 15. The drought has manifested in low yields particularly cereals which cannot sustain food requirements throughout the year resulting in reduced availability of food at household level. To meet the drought induced food shortages, the community relies on the local retailers who are supplied mainly by wholesalers from Chiredzi town. Additional supplies come from the two neighboring countries namely South Africa and Mozambique. These imports come in either as supplies from cross-border traders to the retailers or as remittances from family members working in these neighboring countries. Covid 19 pandemic and the restrictions to combat its spread has had negative implications on the movement of goods and people. This has adversely affected both domestic and cross border supply chains resulting in reduced availability of basic commodities and the associated price increases further compounding the food insecurity in the targeted wards.

As such, the ZRCS initiated the process of preparing the first Cash Voucher Assistance modality which is currently being modified to cash transfers to reflect the accessibility difficulties in the district. The ZRCS also carried out a comprehensive beneficiary registration in the three project wards. The beneficiary registration tool was deliberately designed to identify the most vulnerable households and a total of 600 households were registered. The ZRCS also carried out another beneficiary registration exercise during the first week of February from the MUAC screened households which were in red category. A total of 23 households were identified to be added for 2nd and 3rd CVA distributions. Furthermore, during the first week of February, the ZRCS conducted a borehole rehabilitation assessment exercise facilitated by the DDF district head. A total of 10 boreholes were assessed and certified for borehole rehabilitation through a prepared comprehensive Bill of Quantities. Borehole repair material were procured, and the rehabilitation will be done from this second week of March.

To facilitate quality, sustainability, and smooth implementation of this response, ZRCS currently training project volunteers on cash disbursement modalities and has recruited more volunteers in the wards of operation to assist in community mobilisation and other activities. These volunteers are currently being equipped with key Red Cross humanitarian principles, code of conduct, vision, mission and skills for community response and support through the following thematic topics:

- Community Based Health and First Aid
- Community Engagement and Accountability
- Protection Gender and Inclusion
- Sexual and Gender Based violence
- Volunteer policy and code of contact

These courses allow volunteers to work with communities adhering to the expectations of the Red Cross movement and be efficient agents in alleviating human suffering. A total of 40 volunteers are being trained on these courses with the following objectives:

1. To equip volunteers with CBHFA skills to alleviate human suffering
2. To enable volunteers to understand the importance of engaging, communicating, and what information to share with communities
3. To improve volunteer knowledge in RCCE, CEA, PSEA, and mental health

4. Setup functional feedback, and complaints mechanism and referral pathway
5. Conscientisation of volunteers on Red Cross volunteer policy, code of conduct and principles.

Activity	Date (s)	Comment
1. Multi sectoral assessment (inclusive of Market Assessment) + District Level Inception meeting (Joint 6-day activity)	17 Dec 2021 to 23 Dec 2021	Completed and reports compiled
2. Beneficiary identification and registration	07 Jan 2022 to 14 Jan 2022	Completed report compiled
3. FSP engagement and Due diligence process IFRC and FSP exaptation process	14 January 20 to be finalised 11 March 2022	The IFRC finalised and now FSP is doing IFRC check, and contract signed by end of 11 March week
4. MUAC 1 st Round Assessments	07 Jan 2022 to 14 Jan 2022	Completed and report compiled
5. CBHFA Training	16 Jan 2022 to 23 Jan 2022	Completed and report compiled
6. MUAC based beneficiary registration	1 February to 5 February 2022	Completed and beneficiary data base updated
7. Borehole Rehabilitation Assessment	1 February to 5 February 2022	Completed, BOQ submitted, and repair materials procured
8. NFI distribution, Borehole rehabilitation and medical team deployment	9 March to 14 March 2022	Completed went well also used the period look at the distribution point the mission was joint with IFRC

These achievements have been realised amid multiple operational challenges which included:

- Logistical challenges – unsuitable vehicles which broke down during the activities, slowing operations and exposing staff to numerous security risks. Two DREF vehicles have since been issued to the NS.
- Accessibility constraints and weather conditions – rains induced bad road conditions which restricted mobility.
- Security risks for staff and volunteers- the needs assessment also identified the problem of land mines in the project wards. This poses a threat to the communities in terms of free movement to access markets, schools, health centres as well livestock movements
- Protracted due diligence approval process of the changed CVA modality which has taken more than 2 months and slowing the DREF operation of cash assistance to vulnerable communities at the current peak hunger period.

Overview of Host National Society

Zimbabwe Red Cross has a 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 being to provide timely, appropriate, and sustainable humanitarian services. The organisation has 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 has 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 are able to anticipate, respond to and quickly recover from emergencies and this DREF operation will assist in the preparing while responding to in the areas already in crisis situation.

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

Overview of Red Cross Red Crescent Movement 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 technical support with cash and food security & livelihoods through a preparedness project in the just ended ECHO project. This allowed the NS to build its capacities by training approximately 40 volunteers and 15 staff of the NS. The BRC regional cash delegate has been providing technical support with the

assistance modality. They have also been assisting with the contracting of the financial service providers. In addition, the Finnish and Danish RC are providing technical and financial support to the NS in forecast-based financing and anticipatory actions. The expertise from FBA project formed the basis of this anticipatory DREF and will continue to be used for forecasting risk and disaster response to the Chiredzi community. To this effect the FBA team, including the FBA delegate are providing valuable support to the operation implementation.

Overview of non-RCRC actors 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 at 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 same time, the ZRCS actively participates in the Food Security and Livelihoods cluster with other partners and UN agencies. In this cluster, the ZRCS regularly shares the DREF operation updates to the cluster partners. The only other organisation providing food assistance in the target wards is the Department of Social Welfare which is distributing maize grain with each benefiting household member receiving 10kg per month. The beneficiaries contribute transport money to ferry the grain to their respective wards.

At the district level, ZRCS works with partners below:

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
District Development Fund (DDF) under the Office of President and Cabinet	Provision of WASH support in water especially on boreholes rehabilitation.	Chiredzi District

To date these state and non-state actors have undertaken/been involved in the following in support of this operation;

- WFP-Coordination of the food security operation. They chair the Cash Working Group as well as determine the food basket
- Social welfare Has been instrumental in identification of most vulnerable wards, recruitment of volunteers as well as the registration process.
- DDF has been instrumental in the facilitation of borehole rehabilitation identification and repairs.

Needs analysis and scenario planning

Needs analysis

The result of the detailed needs assessments was conducted by a team of 16 trained ward-based volunteers and 4 ZRCS officers. Below is a table showing key findings by different sectors:

Sector	Key Findings
Health	There are serious trauma cases in ward 14 due to hunger situation in the ward, followed by ward 13 with 14% and lastly ward 15 with 9%. Ward 15 has no serious cases of trauma, followed by ward 13, with 20% and lastly 9% from ward 14. Asked on the severity of health emergencies i.e malaria, covid and malnutrition, respondents 29% in ward 15 highly indicated that there are health emergencies in the ward, followed by 18% from ward 14 and lastly 14% from ward 13. The respondents 70% indicated that there are no medicines available in the medical centres although the medical equipment mentioned by 68% is available in all the clinics across the wards. The respondents 60% also noted that there is inadequate clinic staff in the health centres. The team also conducted key informant interviews with nurses in charge Gezani Clinic and Phahlela in ward 13, who noted that their catchment areas are big thus congesting the health centers and usually there is no medicine available whereby patients are referred to Chikombedzi District Hospital or Chiredzi to buy medication.
Covid-19	75% of community members across the 3 wards believe that they are at risk of contracting COVID-19, this being strongly believed in ward 13 and 14. The reasons aired out were that the wards are near South Africa and Mozambique, in which most people use unauthorized borders to travel to and from Zimbabwe thus exposing people to the risk of contracting Covid-19, some noted that there is no adherence to the Covid-19 regulations like wearing masks and handwashing and also social gathering which are not being monitored. This was further triangulated by observations and KIIs, in which the team noted negligence and no adherence to wearing masks, no handwashing facilities at business centres and fully packed buses and cars ferrying people in and out of their wards. During

	<p>KII interviews it was also noted that there is unavailability of test kits in local clinics thus a high risk of spreading the virus without knowing and no opportunities to be tested.</p> <p>The respondents also noted that the elderly (72%) is the main group of vulnerable people struggling to access information about Covid-19, followed by people living with disability (56%) and children constituting 41%. These groups struggle to access information as they are always home without access to phone and radio connectivity, thus leaving them vulnerable. The respondents were asked on their most preferred and trusted source of information about COVID-19, village health workers came out first with a total of 81% across the 3 wards, followed by community leaders 50%, then nurses with 43% and radio 40% noting that these are South African radio stations. Red cross volunteers (31%) and social media (20%) are the least trusted and used sources of information, this is attributed to the fact that red cross volunteers have not been active in health promotion activities and social media is least used because of poor network connectivity.</p>
Safety, Security and Protection	<p>There is some level of security threats in ward 13 (21%) and ward 14 (17%) and in ward 15 most of the respondents 17% noted that there are security threats. The team probed further why there are security threats in ward 15 and it was noted that the area was once invaded by Matsanga from Mozambique thus people leave in fear of a potentially another invasion. Respondents in ward 13 and 15 respectively with former having 19% and latter 21% highlighted that there are no family separation cases. In ward 14, which is the highest with 22% highlighted that there are cases of family separation, as this ward is nearer to South Africa, most people migrate to the neighbouring country looking for greener pastures. The families separated often leave children alone here in Zimbabwe and they end up struggling to make end meet thus causing neighbours' and community as a whole to ensure the safety and wellbeing of the separated families.</p>
Water and Sanitation	<p>70% of the respondents highlighted that they travel 0-3km in search of water, 20% indicated that they travel 4 to 6km, 5% from wards 13 and 15 only travel 7-9km and 3% from ward 13 only indicated that they travel above 10km in search of water. Most of the respondents across all the wards 53% indicated availability of water access and 47% indicated that they do not have access to readily available water. When data was triangulated from the household interviews, KIIs with local Environmental Health Technician and Councillors, it was noted greatly that there are boreholes within the wards and few needs to be rehabilitated and solarized so as to reduce the long distances being travelled by other community members and adequate availability of water. In ward 13 (23%), ward 14 (20%) and ward 15 (19%) noted that there are no diarrheal cases in their wards. Ward 15 was the highest in indicating high prevalence of diarrhoea cases in the ward, when probed further this was so because people (23%) use water from unprotected drinking water sources for drinking and cooking. Furthermore, generally 69% across all the wards use water from unsafe drinking water sources i.e rivers and dams and this water is for domestic use i.e., washing clothes, plates and giving animals.</p>
Livelihoods	<p>Farming is the main livelihood source (crop production) which was mentioned by 90% of the respondents with a respective breakdown of 32% in ward 13, 26% in ward 14 and 32% in ward 15. Remittances is another way households rely on to make a living and survive, this was mentioned mostly in ward 14 by 13% of the respondents, followed by 11% from ward 15 and lastly 5% in ward 13. Other people in ward 15 rely mostly on vending at local shopping Centre to make a living, 9% of ward 14 further rely on hunting animals and gathering fruits for sale as a way to make a living and lastly in ward 15 (5%) rely on fishing as there are rivers and dams around the ward. From the findings sources of livelihood engage in differ according to the location and the most common and standard type of activity household engage in to make a living is crop production through farming. Thus, when there is poor/ low rainfall, most of the community members suffer negative effects</p>

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 the 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 a number of 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 crop land 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 cause displacement to seek work/food/ help.

Health / Nutrition:

The health system in Chiredzi district is already overstressed due to 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, water borne 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 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 outspread 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 results 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

Operation Risk Assessment

Given the DREF operation is limited to four (4) months and an additional extension to end May due to CVA modality approval delay and also cognizant of a possibility of the scenario escalating into worst situation of food insecurity, ZRCS operation will soon be lobbying for more resources to cover costs of the prevailing needs that may still require continued support. Given the imminent acute food insecurity situation, ZRCS will most likely flag for an Emergency Appeal due to projected IPC 4 category for Chiredzi in the coming months. The planned response reflects the situation and information available as of now, considering the current forecast and required adjustments to contextual changes. The current weather update of a prolonged dry spell coupled with low area planted and the possibility of early season cessation points to an escalating risk for an emergency appeal in Chiredzi. The needs assessment also identified the problem of land mines in the project wards especially ward 15. This poses a threat to the communities in terms of free movement to access markets, schools, health centres as well livestock movements. The ZRCS and IFRC will seek to engage the ICRC on intervention that alleviate the risks associated with the landmines as well demining. It is worth to not that the landmines also pose a safety and protection risk for staff.

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of this DREF operation is to anticipate and respond to the emerging food insecurities and to improve preparedness of the Chiredzi community to the forecasted hydro-meteorological emergencies considering the normal-to- above normal rainfall forecast. The imminent emergency preparedness activities are being complimented by early actions that are aimed at mitigating and minimizing the humanitarian impacts of the lean season and anticipated hydro- meteorological hazards. The operation is also now set to provide immediate assistance to address the basic urgent food security needs of food insecure households in Chiredzi after the completion of the beneficiary registration exercise. It will target registered 600 most vulnerable households (approx. 3,000 people) to meet their basic needs through cash assistance for a period of 6 months. The food insecurity assistance will be complimented by

provision of WASH and health services to the target wards of Chiredzi. The operation is now distributing Non-Food Items which are mosquito nets, PPE and hygiene kits.

Overall, ZRCS is using 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 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 operation recruited and trained a total of 40 volunteers to assist in the implementation of interventions on provision of capacity building in the area of Cash and Voucher Assistance (CVA), psychological first aid (PFA), Water and Sanitation (WASH), MUAC Assessments, Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI). This integrated approach to disaster risk management is ensuring a comprehensive assistance package to the target community as well as ensuring that there is coherence, consistency, and accountability in operation.

The activities implemented to date are as follows:

Conducted Market Assessment (Target: Wards 13; 14; 15)

The following were the key findings from the Market Assessment that were used to inform the change of assistance modality:

- The markets were found to be functional, and the local retailers have the capacity to supply the communities with their basic requirements. A survey of retailers showed that basic commodities were readily available on the shelves.
- The two only accepted currencies in the target are the USD and the South African Rand. Any form of the Zimbabwean dollar is not accepted by the retailers.
- Although the markets were found to be functional and Financial Service Providers/Wholesalers & Retailers have the capacity to participate in the voucher distributions and redemptions, the results showed that in wards 13, 14 and 15 there is very poor road network and coupled with the current heavy downpours it will be very challenging to use vouchers.
- The roads are muddy and have been badly damaged which makes it very difficult for FSP's haulage trucks to transport foodstuffs from Chiredzi town to the respective wards.
- The rain season also restricts people to gather and worse to ferry food stuffs especially mealie-meal to their households

Considering the above findings, the following recommendations were made.

- As the markets are functioning in the area, ZRCS suggests that CASH distributions are very relevant considering all the mentioned circumstances.
- As such ZRCS, recommends the following alternatives based on the Market Assessment findings, and consultations from the relevant stakeholders. The following are identified alternatives and are priority based.

Following the submission of the market assessments, the ZRCS DREF team and IFRC met to discuss the modality of assistance. As part of the deliberations, two financial service providers were invited to present on the services they offer and their capacity to implement the cash transfers for the operations. A third service provider will also be invited before the final selection is made. In the end, Mukuru micro finance was selected to drive the CVA distributions. Due diligence of the service provides by IFRC led to the recent approval of the modality. The Mukuru is now awaiting approval from Reserve Bank of Zimbabwe pending the transfer of money from IFRC. The Mukuru financial services provider is now conducting cash distribution points assessments for approval by the Reserve Bank of Zimbabwe in terms of suitability of the sites for cash disbursement.

MUAC Assessments

Following the initial Multisectoral and Market assessments, ZRCS is continuing to conduct MUAC assessment to determine the level of malnutrition among the children under 5 in the target wards. This was being done in collaboration with the local health centres. The DREF team also made use of the registration and distribution exercises to conduct the MUAC assessments. Children in the red, yellow and red category were identified and continuous monitoring of the nutrition status will continue through trained volunteers and local health staff in the project wards.

Borehole Rehabilitation

On borehole rehabilitation assessment, the ZRCS staff, volunteers and Chiredzi DWSC conducted a scoping study of the available boreholes in the three project wards. This was done through secondary data analysis of the Chiredzi district borehole data base. The boreholes were physically evaluated and assessed on their capacity to be rehabilitated to provide domestic and livestock water. 10 Boreholes with potential to be rehabilitated were listed whilst 8 were physically assessed. A bill of quantities was produced for the 10 identified boreholes.

This borehole rehabilitation assessment was led by the Chiredzi district DWSC chairperson. This activity was done in consultation with ward councilors to identify the boreholes in need of repairs and emergency rehabilitation. Borehole

selection by councilors and was aided by the ward pump minders who assisted in identification and selection of the boreholes in need for rehabilitation. The process led to the identification and listing of 4 boreholes in ward 13, 3 boreholes

WARD	NAME OF VILLAGE AND BOREHOLE	BILL OF QUANTITIES
13	Kosa Village, Sosojiva Borehole	14 x 50mm GI pipes 14 x 16mm Rodes 1 x complete pump stand 1 x 75mm cylinder 2 x 50kg cement PC
13	Kabele Village, Kabele Borehole	9 x 50mm GI pipes 9 x 16mm Rodes 1 x 75mm cylinders 1 x 50kg cement
13	Madholanwa Village, Chavela Borehole	6 x 50mm GI pipes 6 x 16mm Rodes 1 x complete cylinder set 1 x complete pump stand 2 x 50kg Cement
14	Gwaivhi Borehole	5 x 16mm Rodes 5 x 50mm GI pipes 1 x complete cylinder set 3 x 50kg cement 1 x short casing
14	Chali Village, Nwakocho Borehole	1 x complete cylinder 3 x 50kg cement 6 x 50mm GI pipe
14	Chali Village, Mukulengewi Borehole	4 x 50mm G1 pipes 4 x 16mm Rodes 1 x complete pump stand
15	Bhazela Village, Mbalekwa Borehole	11X 50mm GI pipes 11 x 16mm Rodes 1 x 75mm Cylinder 1 x complete pump stand 2 x 50kg cement
15	Mapolisa Village, Chishinga Secondary Borehole	15 x 50mm GI pipes 15 x 16 mm Rodes 1 x 75mm cylinder 2 x 50kg cement
15	Merumbimi Village, Chimuwini Borehole	17 x 50mm GI pipes 7 x 16mm Rodes 1 x 50kg cement
15	Mukuvanganyi Borehole	1 x complete pump stand 1 x 75 mm cylinder 2 x 50kg cement

in ward 14 and 3 boreholes in ward 15. Of these 10 identified boreholes, 8 boreholes were physically visited and assessed with the ZRCS DREF team, volunteers, councilors and pump minders. During the assessments and physical inspection for the rehabilitation, a detailed BOQ was compiled for each certified borehole as follows:

The above borehole materials were procured, and borehole repairs aided by district DDF technician and pump minders will now be commencing in this second week of March.

Continuous Food Security Assessment

ZRCS team will also continue to monitor the food security situation to ensure that the situation does not deteriorate further during or after the operation ends. This current agricultural season continue to be monitored by following the MSD rainfall updates, dry spell incidences, pest and disease outbreaks. This is also being done in collaboration with the Agritex. ZRCS is in close contact with Agritex through its FbA project and is very much involved in the 1st and 2nd round crop and livestock assessments. Information generated from these assessments will be very useful predicting the unfolding food security situation in the target area and emerging food insecurity risk data points to a high possibility of an emergency appeal. The DREF team is also currently utilizing the field visits for a comprehensive physical assessment of how the agricultural season is progressing in the project wards and the implication for food security.

- *Ensuring integrated programming between sectors*

ZRCS understands that food security can only be addressed through integrating some sectors. In light of this, this operation is integrating WASH and MUAC screening to ensure that clean water and malnutrition issues are addressed. As indicated in the preceding paragraph, borehole assessments are on-going.

ZRCS understands that using CVA as a modality for assistance has often resulted in increased cases of domestic violence as married beneficiaries fight over the control of the received assistance. To address this ZRCS will coordinate with other protection actors in conducting assessments, conducting GBV awareness, offering financial literacy and mapping safe referral and counselling services as well as making sure that the referral pathways are shared with staff and volunteers.

- *Ensuring local government participation.*

Local leadership has been engaged from the start of operation. ZRCS has been working with the ward councillors and the village head and these stakeholders have been very instrumental in community mobilisation and identification of accessible registration and distribution points. They will continue to play a pivotal during the DREF operation. They are also a very important source of information with regards the food security situation in their respective areas.

- *Keeping communities informed of operational activities and progress, including on selection criteria, support available, delays and exit. How communities are being given opportunities to participate in the operation. How are community feedback and complaints being collected and acted upon.*

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 sectoral teams to include measures to address vulnerabilities specific to gender and diversity factors Conduct a 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 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 sustainability of the impact on 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 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.

- *Promoting early recovery.*

The assistance through the DREF operation is expected to reduce the burden on beneficiaries thus enabling them to engage in other livelihoods activities. The rehabilitation of boreholes will also go a long way in reducing the burden of fetching water on women, the distance travelled and give communities time to engage in productive work thus contributing to recovery from food insecurity. Functional water points will also be key in recovery efforts as they offer opportunities for establishment of vegetable gardens that will contribute to recovery from malnutrition.

In addition, the National Society has mainstreamed gender, ethnicity, age, disability and HIV/AIDS in this operation. This has been done through ensuring that these vulnerable groups were included in the registration process. The beneficiary breakdown demonstrates ZRCS commitment to mainstreaming these vulnerable groups in this operation.

C. DETAILED OPERATIONAL PLAN



Livelihoods and basic needs

People reached: 3839 (600 HH)

Male: 1820

Female: 2019

Output 1.1: Community preparedness to anticipate, prepare and respond to hydro-meteorological hazards enhanced to enable them to protect their assets and livelihoods

Indicators:	Target	Actual
% of households who are supported to improve feeding	100	0
Number of needs assessments conducted	1	1
Number of volunteers trained in CVA	40	0

Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators:	Target	Actual
Number of FSP contracts signed	1	1
Number of households reached with multipurpose cash for basic needs	600	0
Number of sensitization sessions conducted on use of cash and vouchers	3	0

Progress towards outcomes

Needs analysis and population to be assisted.

The needs for the beneficiaries were identified and documented and as such 600 households which are 3839 beneficiaries being 2019 females and 1820 males will be assisted.

Activities already carried out.

Multi-sectoral needs assessment was done successfully, the recruitment and training of community volunteers was done. Market assessment was conducted, and it was noted that the markets are functional in Chiredzi, the beneficiaries have the capacity to use CASH. The findings from the Market Assessment informed that CASH is the most feasible delivery mechanism as compared to the Voucher Distributions which was the initial plan. One major obstacle for Voucher Distributions was inaccessibility of the areas of operation due to poor road network, damaged roads and heavy rains.

Challenges

Inaccessibility of the operational wards. The technical team is working on the adoption of Direct CASH distributions instead of Voucher Distributions.



Health

People reached: 3839

Male: 1820

Female: 2019

Output 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
Percentage of people reached by health and nutrition activities	100	


Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
# of health risks identified during the assessment	1	

Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.

Indicators:	Target	Actual
Number of volunteers trained in CBHFA and nutrition	40	40
Number of mobile medical teams deployed	2	1

Number of PHHE campaigns conducted	3	1
Number of mosquito nets distributed	1200	TBA
Output 5.2: Acute malnutrition cases are managed in the community, with referral established for severe cases.		
Indicators:		
% of children screened and referred	20	20
Screened children in the red zone were advised to boost nutrition status of the children through lump nut which may be available in local health centres. The households in red zone of MUAC screening were also integrated into the main data base to enable the children access nutritive diet through cash transfer. However, the MUAC screening under this DREF lack solid support to the vulnerable children as no additional support is given post screening.		

 <p>Water, sanitation and hygiene People reached: 3000 (600) Male: 1400 Female: 1600</p>		
Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities		
Indicators:	Target	Actual
% of people reached by health and nutrition activities	3000	0
Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators:	Target	Actual
Percentage of people reached by health and nutrition activities	100	0
Number of volunteers trained and ready to carry out sanitation and hygiene assessments	20	440
Number of water points rehabilitated	10	10
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		
Indicators:		
Number of hygiene kits distributed	600	TBA
Number of handwashing stations provided to community	300	TBA
Progress towards outcomes		
Needs analysis and population to be assisted. The needs for the beneficiaries were identified and documented and as such 600 households which are 3839 beneficiaries being 2019 females and 1820 males will be assisted.		
Activities already carried out. MUAC assessments were done in all wards. .		

Strengthen National Society		
Outcome 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, competences and capacities to plan and perform		
Indicators:	Target	Actual
# of volunteers insured	40	40
# of volunteer briefing sessions on roles and risk held	2	3
Output 2.1: Effective and coordinated international disaster response is ensured		
Indicators:	Target	Actual
Number of Surge personnel deployed	3	

Number of Surge personnel deployed	2	1
Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators:		
Percentage of volunteers trained and oriented on the SGBV, PGI, CEA and volunteer Code of Conduct	100	100
Percentage of community feedback and complaint received and responded to (Target: at least 70%)	70	0
Percentage of responses that consider the minimum standards	50	0
Number of referral pathways established, identified or strengthened	0	0
Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues		
Indicators		
Number of communications sessions held	3	0
Number of lessons learned workshop conducted	1	0
Progress towards outcomes		
<p>Needs analysis and population to be assisted. The needs for the beneficiaries were identified and documented and as such 600 households which are 3839 beneficiaries being 2019 females and 1820 males will be assisted.</p> <p>Activities already carried out. Identification and training of community volunteers.</p>		

D. Financial Report

Overall amount required to implement the activities in this EPoA is CHF 271,785.

Reference documents



Click here for:

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

For further information, specifically related to this operation please contact:

For further information, specifically related to this operation please contact:

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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.