DREF Operation-Final Report

Zimbabwe | Food Insecurity

DREF operation n° MDRZW016	**Glide number:** DR-2021-000168-ZWE
Operation start date: 10 November 2021	**Operation end date: 31 May 2022**
Host National Society(ies): Zimbabwe Red Cross Society.	**DREF allocation and budget: CHF 271,785**
Number of people affected: 167,000 people	**Number of people assisted: 4339 (868hh) in Chiredzi District, Masvingo Province**
Red Cross Red Crescent Movement partners currently actively involved in the operation: IFRC	
Other partner organizations actively involved in the operation: Government, Meteorological agency, Plan international, WFP.	

The major donors and partners of the Disaster Response Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. On behalf of the Zimbabwe Red Cross Society (ZRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

The 2021 lean season experienced by Zimbabwe has severely influenced on food insecurity and deteriorating nutrition in some parts of the country's low-lying areas an effect spread to May 2022. Crisis (IPC Phase 3) outcomes was expected to prevail in the Southern, Western, and extreme northern areas as the 2012/22 lean season continues through November 2021 to March 2022 (FEWSNET, October to May 2022 Outlook). This situation was further exacerbated by the devaluation of the local currency coupled with the debilitating effects of Covid 19 pandemic and a bad 2020/21 agricultural season contributing to inflation in the local market. The volatile macroeconomic environment continued to pose livelihood and food access challenges especially for poor households in both rural and urban areas. The Zimbabwean nation was also bedevilled by the pernicious problem of crop pests and livestock diseases.

These incidents worsened the situation for the already weakened and vulnerable population include poor communities, population affected by other disasters etc. Annual inflation has been on the increase from 50.24% recorded in August 2021 to 52% in the month of September 2021. The WFP Monthly food security report (September 2021) reported that Month on month food inflation increased from 50.5% in August 2021 to 54.5% resulting in most rural communities struggling to purchase food items.

Within Chiredzi District which is one of the food insecure districts in the country, ZRCS conducted an operation to assess and assist the food insecure population motivated by the above humanitarian imperative stating the districts at IPC 3 category (Wards 13,14,15 and 22) representing a crisis phase following FEWSNET 2021 prevision captures in the image below. At the time of closing the DREF operation, Zimbabwe was in the peak of the lean season (February to May 2022), the rest of the district wards moved to the Phase 2 Crisis and approximately 167,500 people were at the risk of food shortages, hunger, and starvation as well as WASH and health related challenges. Since October 2021, the district received assistance from humanitarian organizations and ZRCS but impact of the lean season and the various crisis are limiting the support and hence growing concerns that the situation could deteriorate even further as shown in the recent forecasts for June to January 2023.

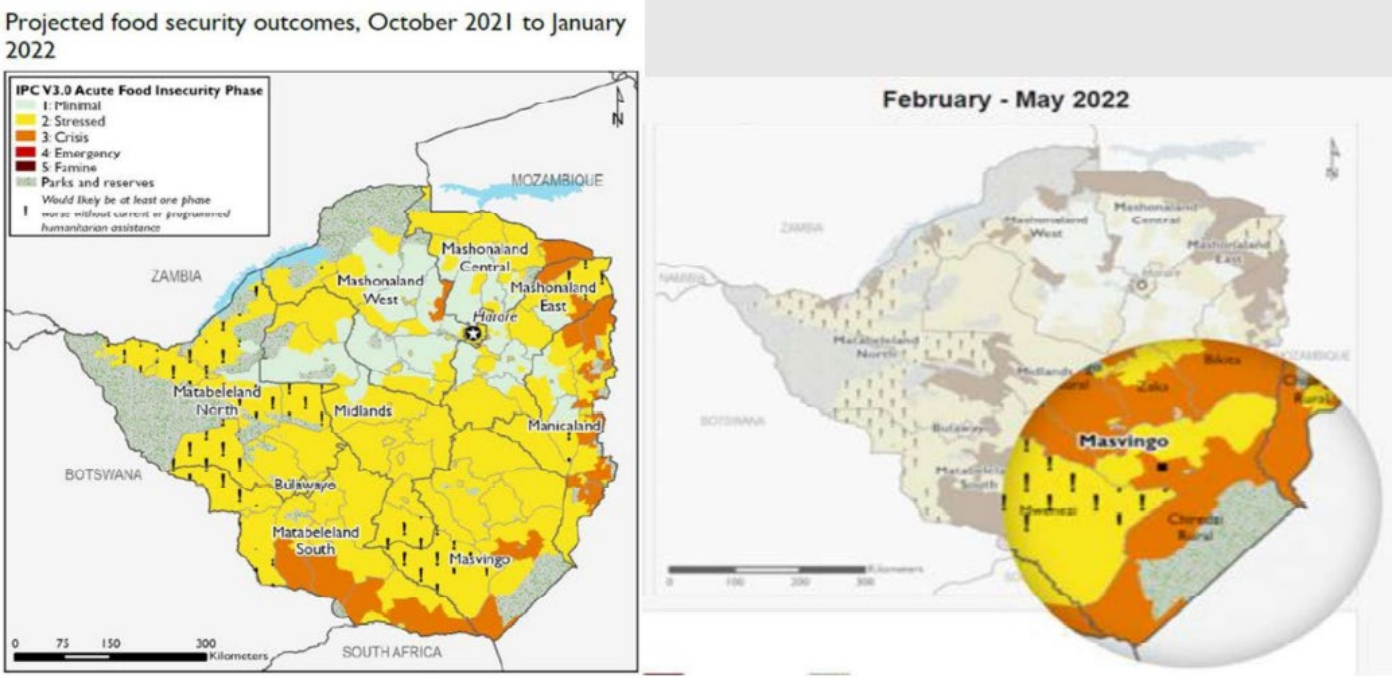

Figure 1: A forecast of the Southern African region to receive above normal rainfall between November to January 2021.[1]

Summary of response

Overview of Host National Society

Zimbabwe Red Cross in preparation for hazards of this nature, has developed a National Contingency Plan (CP) which has prioritized extreme meteorological events, including droughts and floods possible hazards most likely to affect the country guided by the weather forecast issued. This plan is aligned with 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. 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 emergency implementation of this intervention.

For this response, the Zimbabwe Red Cross Society ensured strong comprehension of the situation. Among the activities completed, ZRCS has:

- Trained 15 staff members and 40 volunteers on National Disaster Response Team (NDRT). In line with this, and as part of the DREF preparatory plan, the ZRCS trained the Chiredzi Provincial and District volunteers on various developmental aspects wherein District Disaster Response Team (DDRT) and Community Disaster Response Team (CDRT) training were incorporated.
- From 12 to 22 December 2021, The ZRCS conducted a comprehensive market assessment to examine the feasibility of cash and voucher assistance program from a market perspective which has given the orientation for a direct cash instead of voucher.
- A multi-sectoral needs assessment and market assessment was conducted during the initial stages of the project in the operational wards for evidence-based programming purposes.
- The ZRCS engaged various Government of Zimbabwe ministries and departments such as the Department of Social Development (DSD) and the District Development Coordinators (DDC) office for joint coordination purposes.
- The ZRCS ensured distribution of direct CASH to 700 Households beneficiaries.
- The NS also rehabilitated 10 boreholes in the operational wards which enabled the vulnerable households to have access to clean and safer water sources especially where malnourished screened children were identified.

[1] Flooding events were also forecasted. Source: SARCOF;2021. That same period is also 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.

- Furthermore, the ZRCS conducted a borehole rehabilitation assessment exercise facilitated by the District Development Fund (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 was done in March 2022.
- Post distribution conducted two time following the distribution round completed in April and May 2022

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) provided 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 CVA programming for food security and livelihoods as well as safeguarding and inclusion work. This allowed the ZRCS to build its capacities by through training of 40 volunteers and 15 staff members. The BRC also assisted 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 Forecast Based Action (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 team provided valuable support to the operation implementation. The International Federation of Red Cross Zimbabwe Country Cluster Delegation provided the Zimbabwe Red Cross Society with technical support and guidance which was evidenced by various coordination meetings and joint cash distributions and post distribution monitoring which added value towards transparency and accountability of the intervention.

Overview of non-RCRC actors in country

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Zimbabwe Red Cross is an active participant in the WASH and Food Security working groups, which are activated to Cluster when needed. As at the time of this operation, the lead organization for preparedness towards a potential food security emergency in country was WFP, and the National Society was a co-lead. Both lead agencies held monthly meetings with all other humanitarian partners in country, under Government coordination. At the same time, the ZRCS actively participated in the Food Security and Livelihoods cluster with other partners and United Nations (UN) agencies. In this cluster, the ZRCS regularly shared the DREF operation updates to the cluster partners. The only other organization providing food assistance in the target wards was the Department of Social Development which was distributing maize grain with each benefiting household member receiving 10kg per month. The beneficiaries contributed transport money to ferry the grain to their respective wards.

The Zimbabwe Red Cross Society worked hand in hand with the Government's Department of Social Development (DSD) which coordinated and regulated all social development and social protection activities in the country. The partnership with the DSD granted ZRCS easy access and entrance to the area of operations as well as conducting its operations smoothly without any challenges. The Department of Social Development played a significant role in ensuring social inclusion in this DREF operation as they were actively and highly involved right from the project inception till project closure. Their role included monitoring beneficiary selection, registration and verification, cash distributions and Post Distribution Monitoring. The Zimbabwe Red Cross Society is a permanent member in the National Civil Protection Unit (CPU). The civil protection unit conducts early warning systems and come up with action plans to mitigate and respond to disasters. By being a member to this national level unit, Zimbabwe Red Cross Society managed to strategize its emergency operations appropriately reaching out to the most vulnerable and at-risk populations. During the DREF operation, the CPU provided ZRCS with timeous updates which guided the organisation's emergency operations.

At the district level, ZRCS worked 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
Ministry of Local governance	Coordination and response	Chiredzi District

Although the ZRCS once provided food assistance to the district, there are no international organisations that are doing food assistance programme currently in the district. The government remains overstretched and is failing to honour its social welfare food support interventions which was covering 20.6% of the vulnerable population in Chiredzi district. The most vulnerable who were under the government support are much more vulnerable in the absence of government support which is intermittent. As an immediate response to Zimbabwe's food insecurity, food and humanitarian aid are desperately needed to eliminate hunger and malnutrition, but there are also structural and systemic challenges to be addressed within Zimbabwe's political and economic systems to prevent the food crisis from escalating into social unrest.

Needs analysis and scenario planning

Need Analysis

As part of the need analysis, ZRCS has conducted a need assessment, a market assessment and ensure a continuous monitoring of food security in the Chiredzi district. Details of needs and findings are summarised below:

1)A need assessment was conducted in Chiredzi District in the rural community of ward 13,14 and 15. A systematic random sampling was done for each ward, targeting every 5th household from the one interviewed, however this was adjusted in wards where households are too spaced to 3rd household. The villages were randomly selected for equal distribution with the assistance of the ward councillors to have a proportionate sample.
The assessment employed mixed methods of data collection, which made triangulation of data feasible. The qualitative data collection methods included: review of literature; key informant interviews (KIIs); observations, sentiments community members through interviews and statistical analysis of survey responses; and in-depth individual interviews (IIs) complemented by secondary and primary data sources from the responsible government ministries, departments, and authorities. The assessment also adopted a quantitative approach to satisfy sections that relate mainly to beneficiaries' Knowledge and Attitudes on the current situation. The tools development followed a consultative process for inclusion and integration of all key areas. The questionnaire was designed to capture mainly those variables that required percentages. In this respect, data collection was done through smart phones on the Kobo data collection platform. Various secondary data sources, transect walks and observations were used by volunteer enumerators and ZRCS staff as they were moving around the communities, observing key aspects in the communities and contextualize the analysis and reporting.
The main analysis shows that:

- There is need for food assistance as a result of multiple factors and a context of natural and human effect.
- Malnutrition cases are being recorded linked to copying mechanism and bad living condition exposing children and vulnerable groups to chronical disease and water prone diseases.

From the findings children are one of the groups that are at risk of malaria, hunger and unavailability of safe water mentioned by 62%. When probed further through key informant interviews it was noted that most parents go to South Africa for work leaving children fending for themselves thus vulnerable to many things as there will be noone monitoring the children.

- Spiralling parallel market exchange rates continued to drive Zimbabwe Dollar ZWL price increases on the market. By the end of October 2021, the parallel market rates ranged between 85% and 105% above the official rate of 1 USD:97.1 ZWL added to that, the above challenges.

- After the COVID crisis, the agricultural challenges linked to climate and global crisis, constitute cumulative negative impact on the food crisis. Other disaster and climatic conditions have deteriorated the access to food and worsening the agricultural challenges. When asked on climatic conditions that affect their areas, 87 % of the respondents highlighted high temperatures with ward 15 being the most affected. The second climatic conditions that affect the targeted wards is low rainfall which was highlighted by 67% (13% ward 13, 24% ward 14, 30% ward 15), these low rainfall patterns have caused the targeted areas to have low harvests most of the times even after adopting planting small grains. Windstorms is another climatic condition which affect the targeted wards as was mentioned by 27% of the respondents. Furthermore, the targeted wards are also affected by flashflood as indicated in figure 2:B, ward 15 with 9% is more vulnerable as Mwenezi River[i] is housed in that ward and during rainy season, flash floods become inevitable. Most of the respondentss noted that they lack of adequate shelter in their wards this was noted by 35% in ward 13, 35% in ward 15 and 30% in ward 14.

- Access to safe water deteriorate the nutrition and hunger crisis level in the district. 70% of the respondents highlighted that they travel 0-3km in search of water, when data was triangulated from sources, 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. However, Ward 15 was the highest in indicating high prevalence of diarrhea 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.
- There is serious breach of COVID-19 regulations hence exacerbating the vulnerability of the communities. Strong awareness campaigns on Covid-19 were needed and climate smart agricultural practices are best options to rescue the community from the 2021/2022 prevailing natural disasters of low rainfall.
- For instance, in Chiredzi District to the southern part of Zimbabwe, the COVID 19 pandemic and its associated restrictions strained food support systems dependent on remittances from migrant laborers working in South Africa and Mozambique. The elderly people who used to receive support from the Zimbabwean government through the department of social development are receiving intermittent and inconsistent support from that facility. This prompted more than half of the population in Chiredzi district requiring urgent food assistance. In line with the above, Zimbabwe also faced several emergencies, and this was exacerbated by the low coping capacities of the most vulnerable communities due to the economic hardships the country is facing.

2)A Continuous needs assessment and analysis was carried out through identification of 4 focal point volunteers who continuously assessed the situation and reported back to ensure that the situation does not deteriorate further during or after the operation ends. The 2021-2022 agricultural season was monitored by the NS through indices of the Metrological Services Department (MSD) rainfall updates, Dry spell incidences, pest, and disease outbreaks. This was also done in collaboration with the Agricultural Extension Services (Agritex) as ZRCS works hand in glove with Agritex through its FBA project and is very much involved in the 1st and 2nd round of crop and livestock assessments.

3)A market assessment was conducted during the initial stages of the project in the operational wards for evidence-based programming purposes

Information generated from these assessments were very useful in 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 also utilized the field visits for a comprehensive physical assessment of how the agricultural season was progressing in the project wards and the implication for food security.

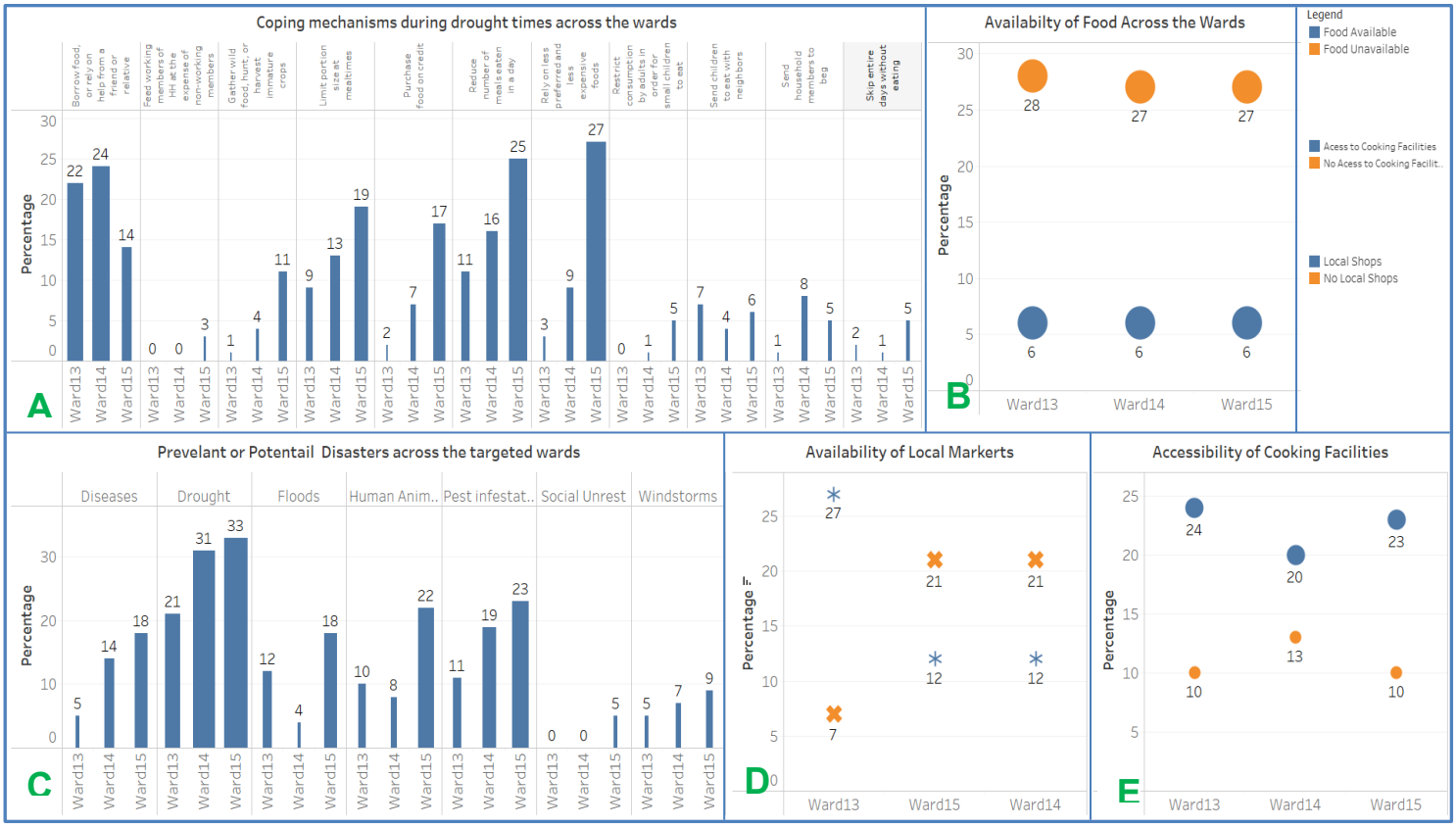

Figure shows the findings on Markets, food and Nutrition sector across the targeted wards

Risk Analysis

The security situation remained very calm in the operational wards and the intervention was completed without any security risk or threat. The roads were easily accessible despite a few areas wherein heavy rains could affect the roads making it a bit difficult for the vehicles to navigate. The ZRCS community-based volunteers assisted in mapping out new routes which were accessible in cases of bad roads and poor terrains. Poor rainfall patterns were experienced in Chiredzi district than anticipated, resulting in poor crop harvests and low production in the areas of operation. These poor harvests have resulted in low household food stocks, exacerbated by pests largely affected the crops. In relation to this, there have been sharp increases in commodity prices in Chiredzi district. The increase in commodity prices affected the transfer value of the cash assistance as it was no longer adequate. For instance, a transfer value of USD 13 was no longer sufficient for one person due to the change of basic commodity prices. The PDM found out that a 2 litres' cooking oil which was going for USD 3. 99 was now going for USD 7.00 when the project ended. The ZRCS could not address this challenge by scaling up the transfer value as this was the last cycle of the cash distributions. However, in case of an Appeal or future programming there is need to consider scaling up of the transfer value to match the new prices of basic commodities.

As the operation was behind time due to administrative and logistical challenges experienced at the inception phase, the 2nd and 3rd rounds of distributions were conducted simultaneously to meet the project deadlines.

B. OPERATIONAL STRATEGY

Implemented strategy

The Zimbabwe Red Cross Society conducted a market assessment and a multi-sectoral needs assessment to assess the market functionality, the strengths, weaknesses, opportunities, and threats in the operational areas to make an informed programming decision.

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. 75% households' heads were women and 25% men. 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.

Basing on the findings from the Market and Multi-sectoral needs assessments the Zimbabwe Red Cross Society recommended a change on the planned CVA Modality from the Vouchers to Cash to reflect the accessibility difficulties in the district. 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. A budget revision to address accommodation costs and fuel that have been underbudgeted was also undertaken through extracting costs from the removed Surge support. The ZRCS engaged various Government of Zimbabwe ministries and departments such as the Department of Social Development (DSD) and the District Development Coordinators (DDC) office for joint coordination purposes. The ZRCS engaged the MUKURU a giant financial Service provider for sourcing and distribution of direct CASH to the beneficiaries.

Furthermore, 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.

The implementation of the plan defined in the EPoA followed the following timeline:

Activity	Date (s) / Periods
Market Assessment	17 Dec 2021 to 23 Dec 2021
Multi sectoral assessment and District Level Inception meeting (Joint 6-day activity)	17 Dec 2021 to 23 Dec 2021
Beneficiary identification and registration	07 Jan 2022 to 14 Jan 2022
MUAC 1st Round Assessments	07 Jan 2022 to 14 Jan 2022
CBHFA, RCCE, CEA, PSEA and code of conduct Training	16 Jan 2022 to 23 Jan 2022
MUAC based beneficiary registration	1 February to 5 February 2022
Borehole Rehabilitation Assessment	1 February to 5 February 2022
Awareness team deployment	1 February to 30 April 2022
NFI distribution	9 March to 14 March 2022
Borehole rehabilitation conducted	9 March to 14 March 2022
Medical team deployed	9 March to 14 March 2022
First Cash distribution	28 March to 2 April 2022
First Cycle Post Distribution Monitoring	27 to 30 April 2022
2nd and 3rd Cash Distribution	17 to 25 May 2022
2nd and 3rd Post Distribution Monitoring	28 to 31 May 2022
Lesson Learnt Workshop	May 2022

To meet the immediate needs, an all-inclusive approach was employed wherein the affected people participated thereby shaping the program's design. In addition, there were also extensive consultations with the district stakeholders thus contributing towards designing an effective and inclusive program. As well, the involvement of the government stakeholders enabled the ZRCS to adhere and uphold national social development standards and guidelines. Throughout the operation, the ZRCS invested in effective and efficient community engagement and accountability mechanisms which include Post Distribution Monitoring and surveillance by community-based volunteers of which these mechanisms rewarded the organisation with relevant information as part of its continuous assessment and analysis. As a result, adjustments and improvements were made based on the findings from the continuous needs assessment. The operation was designed and was implemented using all-inclusive approach taking gender and protection issues into consideration. The program was accessible to all the vulnerable groups of the society such as the elderly people, people living with disabilities, child headed families and women- pregnant and lactating mothers. The cash assistance largely contributed towards relief and recovery and the beneficiaries were better positioned to meet their basic needs, protect

livelihoods, and reduce poverty hence lessening the impact of drought and other vulnerabilities. The cash assistance played a significant role being a critical first step for beneficiaries' protection and early recovery.

The intervention was conducted based on an integrated approach taking into consideration a complementarity between sectors and results from feedback from community engagement, Protection gender and inclusion concerns were mainstream over the implementation for an effective impact-based intervention.

- ***Modified operational plan-based results of feedback surveys and systems.***

Communities were given opportunities to participate in the response through community meetings and ongoing surveys and assessments. Feedback and complaints were collected through community volunteers, community meetings, focus group discussions, toll free line, suggestion boxes and responses provided through community meetings and distributions.

Feedback collected during project period and community engagement was continuously reviewed and based on the feedback, communities were sensitized on the use of cash grants received, and feedback mechanisms were put in place to give the communities the channels to share questions, complaints, and recommendations. Through feedback collected it was highly noted that there is high food insecurity in the district and there is need for more support towards food security situation.

- ***Ensured integrated programming between Areas of Focus.***

ZRCS integrated WASH through borehole rehabilitation and MUAC screening to ensure that clean water access challenge is mitigate as part of the malnutrition issues.
ZRCS learnt 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 coordinated with other protection actors in conducting assessments, conducting GBV awareness, and mapped safe referral and counselling services. The holistic integration was crucial for comprehensive delivery of the project targets and goals.

- ***Promoted early recovery***

The assistance through the DREF operation aimed to reduce the burden on beneficiaries thus enabling them to engage in other livelihoods activities. The rehabilitation of boreholes assisted by 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 have been key in recovery efforts as they offered opportunities for establishment of vegetable gardens that will contribute to recovery from malnutrition. In addition, the National Society mainstreamed gender, ethnicity, age, disability and HIV/AIDS and vulnerable groups thus increasing their capacity and ability to be resilient thus promoting early recovery.

- ***Provide information on any consultation with assisted communities, including what feedback mechanisms were put in place.***

Post Distribution surveillance was by the community volunteers where they monitored market changes, protection, gender, and inclusive issues. The volunteers also handled complaints from the beneficiaries whilst referring very complicated cases to the National Society focal points. Among the feedback mechanisms were Toll-Free lines, Suggestion Boxes, a Help Desk, and protection community structures which all provided feedback to the National Society thus promoting a 2-way communication between the National Society and the communities which were being served. Generally, the National Society's whole CEA focal person was active and functional throughout the operation by ensuring that functional systems are in place.

- ***How has the National Society ensured community participation, building on local capacities and knowledge?***

A Bottom-Top approach was employed wherein both the affected people and community stakeholders were engaged from grassroots level and throughout the project implementation. Their voices, demands and needs continued to shape the program's design a move which also resulted in community buy in and ownership of the program. As the community volunteers were equipped with necessary knowledge and skills for DREF operation they remained key players of the operation which also resulted in the operation's success. The volunteers effectively contributed especially on community mobilisation, coordination, and operational information management.

- ***Have specific needs been taken into consideration in relation to gender, ethnicity, age, disability, people living with HIV/AIDS, or other factors that may increase vulnerability?***

ZRCS used 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. Overall, the targeted population were provided with health promotion and care activities. Children under 5 years with moderate acute malnutrition and/or severe acute malnutrition were identified and were included in the program as cash assistance beneficiaries. These children were also referred to health care facilities for further medical assistance. In line with this, health education and awareness to mitigate the risk of vector and water borne disease. The ZRCS also provided mosquito nets and repellents to prevent malaria in the operational wards. Generally, access to clean and safe water benefited the affected people together with their livestock.

- ***What mechanisms or steps were put in place to enhance transparency and accountability, such as monitoring, reviews, audit etc.***

ZRCS interventions sought to enhance transparency and accountability as such various policies such as the PSEA, CEA, accounting manual and procurement were in place and an effective and efficient CEA system was established. Feedback was collected during project inception meetings and through ongoing community engagements and the feedback were reviewed accordingly. Based on the feedback, communities were sensitized on the use of cash grants, and a feedback mechanism was put in place to give the communities the channel to share questions, complaints, or the need for technical support. Community engagement was ensured through timely sharing of clear information on response activities, selection criteria and distribution processes with communities through community meetings and door-to-door activities. Communities were given opportunities to participate in the response through community meetings and ongoing surveys and assessments. Feedback and complaints were collected through community volunteers, community meetings, focus group discussions, setting help desks, and suggestion boxes and responses were provided through community meetings. ZRCS incorporated a component of basic CEA in the PGI training for volunteers. Senior management monitoring visits, spot checks and Post Distribution monitoring further strengthened transparency and accountability initiatives.

Right: A beneficiary receiving his CASH from MUKURU FSP in Chiredzi *Left: ZRCS CVA Staff members verifying the beneficiaries before encashments*

- ***What actions were taken to capture, analyze and share data, information and lessons learned from the project with partners involved in the response and beyond?***

During the operation, the Zimbabwe Red Cross Society's communications department visited the operational area to assess the impact of the operation and interacted with the affected people. The ZRCS communications department played a significant role in collation and documentation of the response. This ensured transparency and accountability and visibility of the operation through press article during the implementation, photos, and video documentary (Information related to the operation was also disseminated through ZRCS Facebook page, Twitter, and webpage. Video documentary was developed which raised ZRCS' profile at local and international level and this in turn enhanced

resource mobilization efforts in the future. Journalists from local news outlets were also engaged to support with producing content that highlights the National Society's work on the field. links to the documentation below.

- *Chiredzi hunger- Govt, Red Cross & partners bring cash as mitigation | The Herald*
- *(6) Zimbabwe Red Cross Society - Posts | Facebook*
- *Feature: Chiredzi communities find solace in groundwater - NewsDay Zimbabwe*

The PMER department through post distribution monitoring visits and ongoing activities ensured capturing of stories of change, case studies and document lessons learnt. Data was collected using KOBO and analysed using excel and SPSS. As the operation ended, the Zimbabwe Red Cross Society conducted a lesson learnt workshop in Masvingo Province wherein the ZRCS Staff, the IFRC Staff, the beneficiaries and the volunteers from the operational wards participated and provided feedback. The objective of the workshop was to consolidate, capture and reflect on key lessons from DREF Operation which was aimed at addressing food insecurity and to ensure that the organization builds on strengths and addresses challenges on the use of cash assistance, and in so doing ensures that future interventions are of the highest possible quality. The findings will be also used for evidence-based programming purposes as ZRCS endeavours to develop longer term plans to address the food insecurity situation beyond the lean period.

C. DETAILED OPERATIONAL PLAN

Livelihoods and basic needs
People reached: 3839 **(700 HH)**
Male: 1820
Female: 2019

Outcome 1: Communities, especially in affected areas, restore and strengthen their livelihoods

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%	117%
Number of needs assessments conducted	1	1
Number of volunteers trained in CVA	40	40

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	700
Number of sensitization sessions conducted on use of cash and vouchers	3	3

Narrative description of achievements

- The needs for the beneficiaries were identified and documented and as such 600 households which are 3839 beneficiaries being 2019 females and 1820 males were assisted during the first distribution and additional 100hh received during the 2nd and 3rd Cycle of cash distribution. Multi-sectoral needs assessment was done successfully assisting the NS to note needs of various sectors, the recruitment and training of 40 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 was 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 adopted the Direct CASH distributions modality instead of Voucher Distributions.
- CVA as a modality for assistance sometime resulted in increased cases of domestic violence as married beneficiaries fight over the control of the received assistance.
- 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.
- About 200 beneficiaries did not have Identity Cards which negatively affected the Cash Assistance component. ZRCS and IFRC should consider finding ways to facilitate both birth registrations and acquisition of Identity Cards in Chiredzi district.

Lessons Learned

- The cash assistance should be complimented by community resilience projects such as poultry, piggery, ISALs groups for sustainability.
- There is need to consider scaling up the cash assistance as the intervention was just a drop in the sea as evidenced by non-beneficiaries who approached the ZRCS and IFRC seeking for food assistance whilst some of the beneficiaries reported that they are sharing the Cash Assistance with some relatives and neighbors who are also at risk of hunger. There is still a high number of affected people who require food assistance as some many people have resorted to limiting food portions and disposal of household assets and livestock for survival.
- The ZRCS and IFRC should invest in the establishment of Framework Agreements with various Financial Service Providers for emergency response purposes. The availability of Framework Agreement with MUKURU could have avoided the unnecessary delays which affected the commencement of the operation.
- Chiredzi district is close to both Mozambique and South Africa with the two countries being a market for the affected population hence cross border collaborations with Mozambican and South African Red Cross was crucial for a more effective response.
- About 200 beneficiaries did not have Identity Cards which negatively affected the Cash Assistance component. ZRCS and IFRC should consider finding ways to facilitate both birth registrations and acquisition of Identity Cards in Chiredzi district.
- ZRCS learnt that using CVA as a modality for assistance prompt the need to coordinate with protection team, strengthened GBV awareness, and mapped safe referral and counselling services to mitigate the risk of domestical violence.

Health

People reached: 4339 (868 HH)

Male: 1085

Female: 3254

Outcome 1: The immediate risks to the health of the affected population are reduced

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

Indicators:	Target	Actual
% of people reached by health and nutrition activities	100% or 3,000 people	4339
Number of health risks identified during the assessment	1	2

Outcome 2: The immediate risks to the health of the affected population are reduced through improved access to medical treatment

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	50	40
Number of mobile medical teams deployed	2	2
Number of PHHE campaigns conducted	3	2
Number of mosquito nets distributed	1200	1200
Output 5.2 Acute malnutrition cases are managed in the community, with referral established for severe cases.		
Indicators	**Target**	**Actual**
Number of children screened and referred (Target:20% of children under 5yrs)	20	60

Narrative description of achievements

- A total of 811 children and 64 pregnant/lactating women were screened and on average the children's MUAC was 12.6 and only one lactating mother had malnutrition. There were 54 children with moderate acute malnutrition (MAM) in the wards of operation and 6 children with severe acute malnutrition (SAM) in the three wards.
- Managed to undertake an assessment to identify health needs and gaps on medical services in the community which shaped and strengthened the planned intervention on deployment of mobile medical teams and MUAC assessments.
- 40 volunteers were trained on CBHFA and further on COVID-19 which was crucial during cash distributions in which physical distance was encouraged, wearing masks all the time, and washing hands frequently.
- A total of 78 patients were seen by ZRCS doctor at 7 different food distribution centres. 90% of patients cited financial incapacitation as the main reason of poor health seeking behaviour as they had mainly chronic untreated ailments. The community is forced to live with untreated chronic diseases due to lack of funds by patients and medicines in the rural clinics. The diseases that were consulted for were osteoarthritis, gastritis, musculoskeletal pain, tuberculosis, cataracts and gynaecological conditions, otitis media, blocked ears, dental carries, bad obstetric history, genito-urinary diseases, prostate disease, hypertension, diabetes, abscesses, tinea, asthma, post TB complications.
- There was also procurement and distribution of 1200 mosquito nets (2 nets per houshehold for 600HH) which immensely contributed towards the reduction of malaria impact and related risks. During assessments it was also noted that communities are at risk of diarrhoea as there are few latrines and most are using open defection thus exposure to health risks.

Right: A ZRCS Staff member conducting a MUAC assessment in Chiredzi Left: Mothers with their babies waiting to be attended by a GoZ MoHCC Registered General Nurse

Challenges

- Some centres had no adult MUAC tape hence pregnant and lactating mothers were not screened.
- Due to inadequate mobilization, long distances and rains, some parents did not bring their children for the screening though they highlighted the eagerness to have had their children screened as well. They were however encouraged to visit their Village Health Workers for MUAC screening and assistance.

Lessons Learned

- Limit scope of thematic areas and activities for comprehensive results and impact to be explicitly noted i.e. mobile medical teams were deployed once thus raising high expectation in the targeted community thereby received feedback that such activity should not be once off as beneficiary and community members will be anticipating to continuously receive services.
- MUAC assessment are crucial and positive results and improvements were seen on children after receiving cash assistance which aided in providing food for the children in red zone
- Working in collaboration with MOHCC is important for easier follow up on cases and continuity of the initiatives when the project ends

Water, sanitation, and hygiene
People reached: 4,339 people (868 HH)
Male: 1085
Female: 3254

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities.

Output 1.1: Continuous assessment of water, sanitation and hygiene situation is carried out in targeted communities

Indicators:	Target	Actual
Number of volunteers trained and ready to carry out water, sanitation, and hygiene assessments	20	40
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:	Target	Actual
Number of hygiene kits distributed	600	600
Number of handwashing stations provided to community	300	300

Narrative description of achievements

- 40 volunteers were trained on carrying out water, sanitation, and hygiene assessment so that they can continuously monitor WASH situation in the targeted communities.
- 10 boreholes were rehabilitated thus increasing access to safe and clean water and further lessening the burden of women on fetching water nearer to their houses. It is approximated that the boreholes will assist at least 4,339 direct beneficiaries and surrounding communities for an average of at least 6,000 people.
- Hygiene kits were distributed to 600hh based on health risks and preferences of communities.
- A total of 300 buckets were procured and distributed to the community.


Right: IFRC and ZRCS staff members inspecting a rehabilitated borehole in Ward 12, Chiredzi District
Left: Happy beneficiaries fetching water from one of the rehabilitated in Ward 13, Chiredzi District

Challenges

No specific challenges under WASH

Lessons Learned

- Coordination with local stakeholders is key i.e DDF assisted in rehabilitation of boreholes, DDC office for coordination, DSD for coordination and response this allows easy implementation at grassroot level and ensure continuity and monitoring of boreholes functionality as government officers will also be in wards.

Protection Gender and Inclusion
People reached: 4,339 people (868 HH)
Male: 1085
Female: 3254

Output NS compliance with principles and ryules for humanitarian assistance is improved

Indicators:	Target	Actual
% Of volunteers trained and oriented on the SGBV, PGI, CEA and volunteer Code of Conduct	100	100
% Of community feedback and complaint received and responded to	70	85
% Of responses that consider the minimum standards	50	55
# Of referral pathways established, identified, or strengthened (	1	2

Narrative description of achievements

- All the 40 volunteers engaged in the operation were trained and oriented on the SGBV, PGI, CEA and volunteer Code of Conduct to equip them with relevant knowledge and expertise for DREF operation. The volunteers were trained on setting up feedback and complaints mechanism, how to log in feedback, closing feedback loop and referral system so that all feedback will be acted on the messages and communication in place with communities.
- A mapping of the referral pathway on possible cases of SGBV was done and this was disseminated and shared with beneficiaries during public address.

Challenges

No challenges specific to the Protection gender and inclusion.

Lessons Learned

- A mapping of an already existing referral pathway is crucial for identification of any successes, gaps, challenges which will be strengthened to complement existing mechanism than establishing a new system.
- Need to ensure there are clauses on safeguarding, inclusion, data protection on FSP contracts.
- There is need for permanent features of feedback mechanism (banners, suggestion boxes) at community based level so that feedback can continously be collected and trained volunteers will close feedback loops and refer cases.

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
Number of volunteers insured	40	0
Number of volunteer briefing sessions on roles and risks held	2	2

Narrative description of achievements

To facilitate quality, sustainability, and smooth implementation of this response, ZRCS recruited 40 volunteers being eighteen (18) males and twenty-two (22) females in the wards of operation to assist in community mobilization and other activities. The volunteers were 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 trainings equipped the volunteers with the necessary skills and knowledge to work with communities adhering to the expectations of the Red Cross Movement and be efficient agents in alleviating human suffering. The capacity gained by the volunteers being able to continue serving their communities even after the project's lifetime. The volunteers are now a port of entry for community development and humanitarian work as they have different skills and expertise. Again, the knowledge and skills acquired are very significant for the National Society's visibility and sustainability in the operational area.

Challenges

- There was connection and access challenges to the targeted area. The area was very difficult to access by road especially in wet season due to the fact that most of the bridges were swept away in early 2000s (Times of Cyclone Japhet and Eline).
- There are very poor network signals across the Ward with most people relying on South African network such as MTN.

Lessons Learned

- *There is need for ZRCS to set up a satellite office in Chiredzi District at Malipati Centre for easy coordination of future programs as well as for sustainability purposes.*
- Communication devices for easy accessibility and coordination purposes should be plan and integrated for easy flow of informations and communication.
- A proper assessment must be done during proposal and planning phase than waiting for implementation to
- It was noted there was less interaction with all the volunteers from the targeted wards thus resulting in low motivation of other volunteers this was so because of inaccessible roads and long distances thereby resorting to closely working with volunteers from one ward which was more central and accessible.
- Volunteers must systematically complete the mandatory briefings on safety, binding policies like code of conduct and be insured prior any deployment to ascertain that they were trained and understood the expectations as well as guarantee safety.
- There is need to be cognisance of those issues thus ZRCS/IFRC senior management must assess the mitigation measures and map a workable action plan for future programs

International Disaster Response		
Outcome s2:1effective and coordinated international disaster response is ensured		
Output S2,1,1Effective and respected surge capacity mechanism is maintained		
Indicators:	**Target**	**Actual**
Number of surge personnel deployed	1	0
Number of IFRC monitoring visits	2	3

Narrative description of achievements

For all the cash distribution cycles IFRC monitored the processes. A joint PDM was conducted in which the IFRC PMER monitored the processes and provided technical support. Hence, surge was not needed at the end.

Exit strategy.

The National Society's 2021-2025 Strategic Plan clearly provides that people should be able to anticipate, respond to and quickly recover from emergencies and this DREF intervention contributed towards alleviating the food insecurities and enhancing access to clean and safe water in emergencies thereby fulfilling its obligation. During this intervention, it has also provide room to collect key feedback and priorities to take forward in the approach of addressing the hunger crisis in Zimbabwe. The first steps being to acknowledge the scope of the needs in the targeted areas but also extend the analysis to the IPC3+ areas. The need analysis providing a strong basis for that with highlights. Running to the end of the DREF response, it has also been reported that: i) A number of affected people approached the ZRCS and IFRC seeking for food assistance whilst some of the beneficiaries reported that they are sharing the Cash Assistance with some relatives and neighbors who are also at risk of hunger. Ii) There is need to consider scaling up the cash assistance as the intervention was just a drop in the sea. There is still a high number of affected people who require food assistance as some many people have resorted to limiting food portions and disposal of household assets and livestock for survival.

The lesson learnt workshop, PDM and discussions engaged with key informants have been integrated to build essential learnings and mitigation measures of encountered challenges that informed the planning for the Hunger crisis appeal and strategic operational priorities for future interventions.

Lessons Learned

- Joint monitoring visits assists greatly in adding value to the activities and recommending ideas for the success of the project

Influence others as leading strategic partner		
Indicators:	**Target**	**Actual**
Number of communications sessions held	3	0
Number of lessons learnt workshop conducted	1	1

Narrative description of achievements

- A face-to-face lessons learnt workshop was conducted which included ZRCS and IFRC key staff, volunteer, community representative/beneficiary and stakeholder. Group work, presentations and plenary discussion methodologies were used to gather lessons from participants.

Lessons Learned

- Align intervention with governments prioritization such as mechanization of solarization to achieve full utilization of wash intervention.
- There was a clear communication line and protocol which was adhered which allowed information to flow smoothly.
- Ensure debriefings with FSP during distributions and after to draw best practices and recommendations.
- About 200 beneficiaries did not have Identity Cards which negatively affected the Cash Assistance component.

- The ZRCS and IFRC should invest in the establishment of Framework Agreements with various Financial Service Providers for emergency response purposes. The availability of Framework Agreement with MUKURU could have avoided the unnecessary delays which affected the commencement of the operation.
- There is need for ZRCS to set up a satellite office in Chiredzi District at Malipati centre for easy coordination of future programs as well as for sustainability purposes.
- The Department of Social Development's involvement enabled rewarded the ZRCS with easy entrance in Chiredzi district as well as smooth operation of activities.
- Chiredzi district is close to both Mozambique and South Africa with the two countries being a market for the affected population hence cross border collaborations with Mozambican and South African Red Cross was crucial for a more effective response.
- As the identity card being challenging to execute the cash, ZRCS and IFRC should consider finding ways to facilitate both birth registrations and acquisition of Identity Cards in Chiredzi district.

D. Financial Report

The operation received an allocation from DREF of CHF 271,785 on which CHF 250,038 was implemented and unspent balance at the end of the intervention is CHF 21,747 (around 8% of the allocation). The balance will be returned to the DREF pot. Variances explanations are provided in the table below per budget group:

Budget category	Comments
Relief items, Construction, Supplies	Changing the cash component implementation modality from vouchers to unconditional cash after the thorough multisectoral reviews and assessments increased costs by engaging a service provider to handle the disbursements
Workshops & Training	This were under budgeted when travel and lodging expenses increased.
General Expenditure	The distances from Chiredzi to the project locations were farther than we had anticipated, so our travel and lodging expenses came in a little under budget. Since it was the rainy season, all of the quick roads to the project sites were broken, and bridges were washed away, so we had to take longer routes to get there.

Selected Parameters			
Reporting Timeframe	*	Operation	MDRZW016
Budget Timeframe	*	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 20/Apr/2023

All figures are in Swiss Francs (CHF)

MDRZW016 - Zimbabwe - Food Insecurity

Operating Timeframe: 10 Nov 2021 to 31 May 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**271,785**
DREF Response Pillar	271,785
Expenditure	**-250,038**
Closing Balance	**21,747**

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	-188	-219	**32**
AOF2 - Shelter			**0**
AOF3 - Livelihoods and basic needs	148,541	149,991	**-1,450**
AOF4 - Health	25,614	6,773	**18,841**
AOF5 - Water, sanitation and hygiene	57,401	23,932	**33,468**
AOF6 - Protection, Gender & Inclusion			**0**
AOF7 - Migration		0	**0**
Area of focus Total	**231,368**	**180,477**	**50,891**
SFI1 - Strenghten National Societies	38,666	65,045	**-26,379**
SFI2 - Effective international disaster management	1,751	4,516	**-2,766**
SFI3 - Influence others as leading strategic partners			**0**
SFI4 - Ensure a strong IFRC			**0**
Strategy for implementation Total	**40,416**	**69,561**	**-29,145**
Grand Total	**271,784**	**250,038**	**21,746**

Selected Parameters			
Reporting Timeframe	*	Operation	MDRZW016
Budget Timeframe	*	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 20/Apr/2023

All figures are in Swiss Francs (CHF)

MDRZW016 - Zimbabwe - Food Insecurity

Operating Timeframe: 10 Nov 2021 to 31 May 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**145,366**	**149,886**	**-4,520**
Clothing & Textiles	3,332	3,332	0
Water, Sanitation & Hygiene	24,346	26,322	-1,975
Medical & First Aid	734	734	0
Cash Disbursment	116,953	119,498	-2,544
Logistics, Transport & Storage	**42,431**	**40,087**	**2,345**
Distribution & Monitoring	16,380	15,320	1,060
Transport & Vehicles Costs	26,051	24,767	1,285
Personnel	**33,166**	**25,887**	**7,279**
National Staff	4,722	4,910	-188
National Society Staff	13,984	11,141	2,843
Volunteers	14,460	9,836	4,624
Workshops & Training		**1,531**	**-1,531**
Workshops & Training		1,531	-1,531
General Expenditure	**14,801**	**17,387**	**-2,586**
Information & Public Relations	1,144	1,689	-545
Office Costs	363	927	-564
Communications	345	702	-357
Financial Charges	12,949	87	12,862
Other General Expenses		13,982	-13,982
Operational Provisions	**19,432**		**19,432**
Operational Provisions	19,432		19,432
Indirect Costs	**16,588**	**15,261**	**1,327**
Programme & Services Support Recover	16,588	15,261	1,327
Grand Total	**271,784**	**250,038**	**21,746**

Contact information

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.

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Saving lives, changing minds.

[i] Mwenezi river is a major tributary to the Limpopo river and is found in both Zimbabwe and Mozambique