

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

Title: ZIMBABWE / Socio-economic breakdown

1. CONTEXT

Zimbabwe is a country in crisis, mainly as a result of socio-economic collapse due to adverse governance. Available data ranks Zimbabwe's Human Development Index in 2010 as being in between 157th and 158th place. This represents a loss of more than 40 places since 1990. The population is estimated to be between 12-13 million, though much reduced (possibly by more than 3 million) due to migration, mainly to South Africa. Zimbabwe has a GNA Vulnerability Index of 3, and a Crisis Index of 3. The entire population has been affected by the crisis, which has stemmed from serious political violence during all election processes over the past 10 years coupled with the adverse effects of the land reform process. After the most recent disputed elections in 2008, a Government of National Unity (GNU) (ZANU PF, MDC-T (Tsvangirai) and MDC-M (Mutambara, since January 2011 led by W. Ncube) was formed in February 2009. Some improvement has been noted in the economic situation, thanks to dollarization and liberalization, since then, which is not fully matched by progress on the political front. Though no date has yet been set for the next elections, it is widely assumed that they will take place sometime in 2011. Tensions are, however, already building up, with incidents of violence being widely reported as of January 2011.

2. HUMANITARIAN NEEDS

(1) Affected people/ potential beneficiaries:

In 2010, humanitarian recovery needs have been generalized over the entire country. About 8 million people have been affected by the various humanitarian challenges cited, which include access to integrated public health services.

(2) Description of most acute humanitarian needs.

The most pronounced needs continue to be in the health and water and sanitation sectors, which should be considered together as part of an integrated public health approach. The collapse of services in these two sectors has resulted in a series of epidemic outbreaks sweeping the country (cholera, measles). All population groups are affected. The situation with regard to food availability has improved since economic liberalization measures came into force early in 2009, though access to food is often difficult for the most vulnerable, who have no access to foreign currency. According to the 2010 UNICEF Nutrition Survey, the Global Acute Malnutrition rate for the children under 5 is low at 2.4%.

With the prospect of another Presidential election looming, and on the basis of past experience of electoral processes in Zimbabwe, new population displacements may occur which require an immediate relief response, followed by actions to ensure a more sustainable reinstallation of such groups.

3. HUMANITARIAN RESPONSE

(1) National / local response and involvement

The Government of National Unity (or one part of it), has made efforts since February 2009 to address the humanitarian situation, introducing economic reforms and putting a definite emphasis on improving the lot of the population. These efforts are sometimes countermanded by the politically-driven actions of the other part of Government. Budgetary capacity to contribute to delivery of basic services remains extremely limited.

(2) International Humanitarian Response

The UN manages pooled funds in the health and education sectors. The classic Consolidated Appeals Process (CAP) has given way in the last quarter of 2010 to a more transitional, programmatic approach. The recent CAPs in Zimbabwe have not been fully funded, though all donor contributions are not captured (eg the substantial amounts of funding for food security interventions made available by the EU Delegation in Zimbabwe.) From a weak beginning, the WASH (Water and sanitation, hygiene), health and protection clusters have been gaining capacity and effectiveness since mid-2009, and are now fully functional (and supported by DG ECHO¹). The Food Security cluster is particularly strong, and earlier humanitarian funding has now been taken over by longer-term development funding through the EU Delegation in Harare as part of the strategy of linking relief to rehabilitation and development (LRRD).

Donor coordination in Zimbabwe is very strong, though sometimes not within a formal framework. An informal Harare-based group of donors links to an international group, the "Friends of Zimbabwe", which meets outside the country every few months.

(3) Constraints and DG ECHO response capacity

- i.) *Access/humanitarian space:* Since the beginning of 2011, there has been a marked increase in tension, with many reported incidents of political violence thought to be generated by the possibility of elections being called, which have meant that humanitarian space is slowly being restricted in the country. As of February 2011, partners have been obliged to take many more precautions before going to certain areas, and in some cases (Nyanga and Masvingo) have been forced to suspend certain monitoring activities.
- ii.) *Partners:* Humanitarian/emergency partners are more numerous than during in 2008, and their capacity has generally improved. At this stage of the LRRD process, partners need to be able to work in a transitional environment, whilst retaining an emergency response capacity.
- iii.) *Absorption capacity on the ground and efficiency of operations:* Very few problems have been noted with regard to absorption capacity on the ground.

¹ Directorate-General for Humanitarian Aid and Civil Protection

(4) Envisaged DG ECHO response

This HIP reflects a **reduction** in the DG ECHO contribution from EUR 15 million in 2010 to EUR 10 million in 2011, as **food assistance is phased out completely** following a successful exit strategy from the sector.

In 2011, DG ECHO will channel the bulk of funding into actions to support the delivery of **integrated public health services** with a view to consolidating the systems which have already been established (WASH Emergency Response Unit - **WERU**, Health Emergency Response Unit - **HERU**, **clusters**) and making further progress towards more sustainability in the transition phase (**LRRD**). A particular focus will be placed on early warning and response capacity, and partners will be encouraged to collaborate closely with the Ministry of Health and Child Welfare as well as within the clusters in order to enhance LRRD and avoid the creation of parallel structures. As primary health care services are gradually being taken over by longer-term funding support, DG ECHO will only consider further supporting this type of intervention where localised gaps in services are identified. DG ECHO will, however, continue to support the rehabilitation of **water production facilities** for urban and growth points, particularly in clinics and schools where the needs are clearly identified, as it is likely to take some time until longer-term structural interventions are able to cover the needs in **safe water supply**. DG ECHO may refine the description of the type of water and sanitation activities to be supported in the light of the results of an **external evaluation** of the WERU/LRRD approach, which has been commissioned by DG ECHO and is due to take place in March/April 2011.

A recent additional contribution of EUR 10,000,000 from development funds (exceptional ad-hoc decision) to the multi-donor action to procure and distribute **essential drugs** (implemented by UNICEF), has ensured the Commission's commitment to the supply of drugs for 2011. In view of the time lag between procurement and delivery to the country (approximately 3 months), however, it may be necessary for DG ECHO to make a contribution from humanitarian funds towards the end of 2011 to ensure delivery early in 2012, when it becomes clearer whether, and if so how much, further development funding become available for Zimbabwe.

In addition to supporting an integrated public health approach, DG ECHO will aim to provide support to **coordination and protection** mechanisms and actions. Protection actions should include an element of **preparedness** for pre- and post-electoral violence, and might also include initiatives focusing on the sustainable **re-installation** of displaced population groups.

(5) Expected results of humanitarian aid interventions.

System of early warning and response to crises functions (alert investigation within 48 hours; response within 72 hours) ; reduction of mortality and morbidity linked to epidemics and other emergencies (displacement) ; safe water provided to populations most at risk ; SPHERE standards respected ; progress made in linking relief to rehabilitation and development, including at the level of the clusters (transitional/programmatic approach reinforced).

4. LRRD, COORDINATION AND TRANSITION

(1) Other DG ECHO interventions

In 2010, DG ECHO mobilized an additional EUR 2 million from EDF funds, as part of the first phase of the EU's Short-Term Strategy for Zimbabwe to contribute to the procurement of essential drugs, and funded an emergency intervention to the tune of EUR1 million to support an emergency measles vaccination campaign. Funding is, moreover, provided from thematic funding to support a post of health cluster coordinator (WHO-Health Action in Crises) and one post to support Save the Children in rolling out the Cash Learning Partnership (CaLP) in Zimbabwe.

Furthermore, funds from the Disaster Relief Emergency Fund (DREF) as well as small-scale humanitarian response and epidemics decisions could be mobilized, according to the needs, in case of natural disasters or epidemics.

(2) Other services/donors availability for LRRD and transition

There is a lack of reliable longer-term funding to ensure the support of the critical structural interventions in the health and water sectors which are required to mitigate the collapse and signal the recovery of the delivery of basic services to the population.

The EU suspended development cooperation assistance under Article 96 (Cotonou) in February 2002, a suspension which has been confirmed every year since (most recently in February 2011). The European Commission adopted, in September 2009, a Short-Term Strategy for Zimbabwe, endorsing the priorities identified in the GNU's strategy for the stabilization of Zimbabwe in the Short Term Economic Recovery Programme (STERP). This Short-Term Strategy takes a coordinated approach to programming funding by including all EU funding instruments. An important constraint is that the specific context of Zimbabwe makes it difficult to apply the usual phases of a post-conflict transition, with progress on the economic front unmatched by progress on the political front.

The Short-Term Strategy is now in its third phase, with an ad hoc decision making funds available for essential medicines, food security (cash/voucher, urban agriculture actions) and education through the Education Trust Fund. The Short-Term strategy reflects the advanced transitional phase of the LRRD continuum.

The trigger for moving forward in the transition process will be the holding of free, fair and peaceful elections in Zimbabwe, which in turn would undoubtedly encourage donors to release substantial long-term funding.

(3) Other concomitant EU interventions

Besides the above-mentioned strategy encompassing the various European Union services and institutions (EEAS, DEVCO, Humanitarian Aid), which needs to be revised or renewed following a somewhat laborious process every year, there is very little prospect of assured longer-term funding for the above-mentioned activities from the European Union side. It should be noted that the draft 10th EDF Country Strategy Paper as it currently stands does not address the water issue at all. Against this background, humanitarian funding is likely to continue be called upon to fill the gap.

(4) *Exit scenarios*

The much improved situation in the agriculture/food security sector has provided a window of opportunity to rapidly implement an exit strategy from humanitarian funding to longer-term, development-oriented programmes in the sector. In 2009, Zimbabwe benefited from the best harvest in five years, which came fortuitously at a time of currency stability, of economic liberalisation, and of transitional strategies. Furthermore, the EU Delegation's access to a series of food security instruments to support the 2009/2010 and 2010/2011 agricultural campaigns has made it possible for the EU Delegation to directly take over, and expand, actions previously funded by DG ECHO, and for DG ECHO to phase out completely from the sector (after a second successive successful harvest). The LRRD strategy of advocating for a scaling down of the massive food distributions in favour of food security actions, and reinforcing the complementarities with the EU Delegation and other donors' food security projects, has borne fruit. Consolidating the success of this strategy very much depends, however, on Zimbabwe's continued access to the Food Security Thematic Budget Line.

The limited likelihood of a complete phasing out of humanitarian assistance in the absence of progress on the political front is discussed above.

5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2011/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

5.1 Contacts²

Operational Unit in charge: ECHO/B/3

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5.2 Financial information

Indicative Allocation: EUR 10,000,000.

Man-made crises: Hum. Aid: EUR 10,000,000

Total: Hum. Aid: EUR 10,000,000

² Single Forms will be submitted to DG ECHO using APPEL (e-SingleForm)

5.3 Proposal Assessment

Assessment round 1

- Description of the humanitarian aid interventions relating to this assessment round : All interventions as described in section 3.4. of this HIP.
- Indicative amount to be allocated in this round of proposals: up to EUR 10,000,000.
- Actions will start from 01/07/2011.
- Costs will be eligible from 01/07/2011.³
- The expected initial duration for the Action is up to 12 months.
- Potential partners: All DG ECHO Partners
- Information to be provided: Interested partners are invited to submit a Single Form.
- Indicative date for receipt of the above requested information: by 15/05/2011⁴
- The following principles will be respected during the assessment of proposals:
 - **Pertinence/quality/feasibility of the proposal.** This covers, interalia, the quality and pertinence of the needs assessment, knowledge of the country, relevance and appropriateness of the proposed activities, previous experience and track record of the partner in the sector – including an objective analysis of lessons learned, compliance with DG ECHO's sector policies and strategy for the country, respect of DG ECHO's **HIV and AIDS guidelines**.
 - **Quality of analysis on LRRD and transition arrangements.** Advocacy to achieve a sustainable transition to longer-term development funding of basic service delivery, and sector coordination through the cluster approach, are major goals in DG ECHO's strategy for the country. Partners are invited to clearly illustrate how the transfer/integration of their short-term humanitarian action to/with local structures and institutions is envisaged.

³ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single Form or the eligibility date of the HIP, whichever occurs latest.

⁴ The Commission reserves the right to consider Single Forms transmitted after this date, especially in cases where certain needs/ priorities are not covered by the Single Forms received.

- **Respect of humanitarian principles and standards.** This includes adherence to the EU Consensus on Humanitarian Aid.
- **Respect of the General Conditions governing DG ECHO's agreements.** This includes ensuring appropriate visibility for DG ECHO funding.
- **Risk assessment.** This includes an evaluation of the risk assessment made by the partner, risk management and contingency planning.

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