eSINGLE FORM FOR HUMANITARIAN AID ACTIONS
2017/00024/MR/01/01

REFERENCES

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ECHO/-SF/BUD/2017/91000

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Non-emergency action

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End of programme report

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24/05/2017

1. GENERAL INFORMATION

1.1 Name of Humanitarian organisation
Save the Children

1.2 Title of the Action
Zimbabwe Food and Nutrition Emergency Cash Transfer Programme

1.3 Narrative summary
The programme objective was to mitigate the effects drought induced of El Nino induced food insecurity in 3 wards namely ward 8, 11 and 12 of Gokwe North district.. The aim was to improve Household (HH) food security through unconditional mobile cash transfers and increase access to nutrition intervention to prevent, identify and treat severe and moderate acute malnutrition among children (0-59 months) from February- April 2017. . Under the programme CARE through ECHO funding, reached its target of 9 400 beneficiaries (4 446 men; 4 954 women), drawn from 1 799 households in the district were registered to receive monthly cash transfers to assist them in meeting expenses for basic household needs from February up to April 2017 The cash transfer value was USD7/person/month and USD10 for a single person HH and this amount met 66% of the HH Kilocal needs of the 2,100 kcal/person/day on a basic diet of maize, pulses & vegetable oil.

Nutrition activities contributed to reducing deaths among children under 5 years through early detection and treatment of cases of acute malnutrition among children (0-59 months) and pregnant/lactating women during the 2016/17 lean season (January to May). In Gokwe North the rates of Global Acute Malnutrition were high (8.0%). Under the nutrition component of the project 208 children (6-59 months) and 53 pregnant and lactating women were screened to be malnourished. These were referred for malnutrition treatment at the three CMAM sites that were established in the district. Households with malnourished individuals were also enrolled into the cash transfer component of the project. The project also responded to households whose houses were destroyed by floods. The project assisted a total of 27 households with a total of 141 households with non-food items namely blankets, washing soap, mosquito nets, solar lamps, plastic sheets and sanitary pads.

1.3.1 [FIN] Narrative summary

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1.4 Area of intervention

World area	Country	Region	Location
Africa	ZIMBABWE	Midlands Province	Gokwe North District

1.4.1 [FIN] Area of intervention

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1.5 Dates and duration of the Action

Start date of the Action

15/02/2017

Duration of the Action in months

Four

Duration of the Action in days

120 days

Start date for eligibility of expenditure

15/02/2017

Justify the duration of the eligibility period before the start date

The programme preparations started on the 1st of February to ensure that the targeted beneficiaries received their entitlement at the end of February. Activities before the start date included stakeholder sensitization, ward ranking and inception meetings as well as prepositioning of staff.

2. HUMANITARIAN ORGANISATION IN THE AREA OF INTERVENTION

2.1 Presence in the area

CARE has been working in Zimbabwe since 1992, when it first began programming to respond to the regional drought. CARE's approach tailors CARE's global experience in sustainable agriculture, women's empowerment, market engagement, microfinance, nutrition and climate change with the pathways toward secure and resilient livelihoods for different segments of poor farmers. CARE Zimbabwe's head office is in Harare and a sub-office in Masvingo. CARE works in Masvingo and Midlands Provinces and in other provinces through partners, and currently runs 8 district offices. CARE is responding to the current food insecurity through USAID-funded ENSURE project in three districts of Masvingo Province, and through a large scale DFID-funded cash transfer project reaching 15 districts. CARE is running projects in water and sanitation, natural resource management, youth economic development and girls' education. CARE has established offices in Gokwe North, where it is implementing DFID cash transfer project. CARE has a good working relationship with key government stakeholders and line ministries

2.2 Synergies with other actions

The present food insecurity was a cumulative effect of two consecutive poor agricultural seasons; in 2014/15 and the El Niño induced drought affecting the 2015/2016 season. Results from the Zimbabwe Vulnerability Assessment Committee (Zim-VAC) 2016 Rural Livelihoods Assessment showed that approximately 4.1 million people required food assistance during the peak food insecure period of January to March 2017. Save the Children, CARE , Plan and World Vision were major stakeholders in responding to this emergency through ECHO funds as well as private funds and therefore were fully engaged and coordinated with the overall emergency response in Zimbabwe.

The consortium also implemented an ECHO funded action (ECHO/-SF/EDF/2015/01003) (January 2016-May 2017) which initially started with 78,901 beneficiaries a month before scaling up across the 8 districts of Kariba, Binga, Bubi, Lupane, Nkayi, Gokwe South, Chiredzi and Mutasa. The programme worked in coordination with WFP and district authorities to provide maximum coverage in those areas.

Through the DFID supported Cash Transfer Project (CTP) CARE and World Vision collaborated with other actors responding to the El-Nino induced drought.

The ECHO project built on the existing platform, to ensure that the most food insecure individuals are targeted to address their food and nutrition insecurity. The consortium worked closely with the Department

of Social Services, MoHCC, District Drought Relief Committees, Food and Nutrition Councils and local leadership in the response, including ward and beneficiary targeting and harmonising registers with the Department of Social Services and other food aid players in the districts to avoid duplication and cases of double dipping.

In Gokwe North CARE was already implementing DFID funded emergency Cash Transfer Project and had built vey string stakeholder collaborative relationship and active and responsive accountability system.

3. NEEDS ASSESSMENT

3.1 Needs and risk analysis

3.1.1 Date(s) of assessment

Famine and Early Warning Systems (FEWSNET) Zimbabwe Outlook (June 2016 to January 2017)

FEWSNET Zimbabwe price Bulleting (July 2016).

Zimbabwe Emergency Food Security Mobile Cash Transfer Response HEA baseline Report (June 2016).

FEWSNET Southern Africa Special Report (March 2016)

Government of Zimbabwe 2016-2017 Drought Disaster Domestic and International Appeal for Assistance (February 2016)

ZimVac Lean Season Rapid Assessment (February 2016)

2nd Crop and Livestock Report - Government of Zimbabwe (April 2015)

Zimbabwe Vulnerability Assessment Committee (ZimVAC) Rural Livelihoods Assessment (2016) - This Assesment includes the nutrirional status across the whole country.

Joint Market Assessment(FEWSNET and WFP) - Multiple Stakeholders (July 2015)

Zimbabwe Poverty Atlas 2016

UNICEF; Vital Medicines Availability & Health Services Survey (July -September 2016).

3.1.2 Assessment methodology

The most important and comprehensive assessment done annually (in June) is the ZimVAC's annual Rural Livelihoods Assessment (RLA). This is a multi-stakeholder committee, and is a consortium of Government, UN agencies, NGOs (including SC and the consortium Partners) and other International Organisations. These stakeholders contribute to annual and other assessments in various capacities and logistics. ZimVAC is chaired by the Food and Nutrition Council (FNC) of the GoZ. Planning for RLAs starts in January of each year with resource mobilisation and is followed by a consultative process for the development of data collection tools. Field work which includes data collection and analysis takes place from May-June of each year. The finalised report is presented to Cabinet and then disseminated to national, provincial and district level stakeholders. All reports from ZimVAC are circulated and is accepted by all stakeholders in Zimbabwe as a true picture of food security needs in the country. The ZimVAC RLAs are done using the random sample of the targeted population approach and data collection takes a 2-pronged approach: primary and secondary data collection using different tools and approaches. The national and sub-national assessment is built from secondary data, particularly from the Ministry of Agriculture, Mechanisation and Irrigation Development's 2nd Crop and Livestock Assessments, GMB stock levels, Private Sector stocks, the humanitarian pipeline and HH level production and stocks from the survey data.

HHs access to food is assessed by estimating a HH's ability to access enough food to meet 2100 kilo calories/ person/day for each of its members over the consumption period using all the income sources at the household's disposal. HH utilisation is assessed by establishing the HHs access to safe water, access to improved sanitation facilities, HH food consumption patterns.

According to FEWSNET Zimbabwe Outlook (June 2016-January 2017), since the start of the main harvest in April, the national economy was impacted by critical cash shortages and this negatively

impacted basic economic and livelihood activities, including remittances, agricultural and non-agricultural labour, as well as self-employment opportunities in rural and urban areas. Since the Importation of over 643,000 MT of maize between April 2015 and March 2016 to cover the cereal deficit for the previous 2015-16 consumption year, formal maize imports continued early in the 2016-17 consumption year. About 79,300 MT of maize was imported in May 2016, which is 164% higher than those received in May 2015. These trends suggest a deeper deficit this consumption year compared to last year and an early start to the 2016-17 lean season due to below normal production.

The GoZ conducts 2 Crop and Livestock Reports during each agricultural year. The 2nd Crop and Livestock Report was produced by the Ministry of Agriculture, Mechanization and Irrigation Development through the collection of primary data at the end of the 2014/2015 agricultural season (April 2015). District level information is compiled and the report is published widely at national level. Cereal and other key staple goods' production levels are shown by province with an indication of surpluses or deficits. This key information feeds into the ZimVAC report. This report indicated that Zimbabwe will have a deficit of 650,000 MT of cereal at the end of the production year. The 2016 ZimVAC report indicated a GAM rate of 4.4% though wide disparities were evident across districts, with some districts recording GAM rates above 10% during this post-harvest period.

3.1.3 Problem, needs and risk analysis

Since October 2015, Zimbabwe experienced an intense drought driven by one of the strongest El Niño episodes on record with the driest rainfall season in 35 years. The number of food insecure people trebled from 1.5 million in July 2015 to 4.1 million people that were food insecure between January-March 2017. When the El Nino weather pattern ended, the La Nina pattern followed, resulting in heavy rainfall and flooding during the wet season.

The GAM rate of children aged 6-59 months was the highest recorded in the past 15 years. In January 2016 (at the peak the last season's peak hunger period) it was 5.7%. In June 2016, it dropped to 4,4%. This drop was due to the little harvest that communities had reaped during the post-harvest period in the drought. It is important to note that this figure is higher than GAM rates observed during the post-harvest period over the past 15 years which normally is between 2% and 3%. Many humanitarian actors commenced nutrition responses in districts with GAM rates above the Zimbabwe emergency threshold of 7%. However, there were some districts with GAM below this threshold that had rates of severe acute malnutrition of 2% or higher. Despite a low GAM rate these districts met the WHO threshold for emergency response based on SAM rate. Among these districts were Chiredzi (GAM 2%; SAM 0.8%) and Gokwe North (GAM 8%; SAM 4%). As the year progressed and approached the 2016/2017 peak hunger period, food stocks dwindled, and the GAM rates were expected to increase to even higher levels than those observed during the June ZIMVAC assessment which was conducted soon after harvesting. As such, SAM rates for Guruve (1% in June 2016) and Mbire (1% in June 2016) rose to 2% in January 2017 at the peak of the hunger period.

Despite the Ministry of Health implementing Integrated Management of Acute Malnutrition (IMAM) at all health facilities in all districts in the country, the OTP sites are only located at rural health facilities and not decentralized to communities as well. This current structure compromised the coverage of the OTP sites and increased the number of OTP defaulters to more than 15% throughout the country. The MoHCC lacked capacity to adequately implement the community-centred activities such as active case finding within communities and infant and young child feeding counselling activities at community level. In addition, the MoHCC struggled to deliver quality IMAM services due to various reasons such as high staff turn-over. This resulted in poor stock management and consequent stock-out of IMAM supplies and interrupted service delivery. This challenge is currently being addressed by UNICEF which provides adequate Ready-to-Use Therapeutic Food (RUTF) to health facilities, since only 6.3% of health facilities were found to have RUTF stock-outs in September 2016. The management of other Community-based Management of Acute Malnutrition (CMAM) stocks, however required further capacity building since stock-outs of Iron and Folic Acid may have been as high as 88% with rural primary health care facilities being more likely to have stock outs than secondary and tertiary health facilities. The food insecurity and resultant malnutrition challenges continued in 2017 with FEWSNET forecasting that the majority of poor households will continue to experience food access challenges due to limited livelihood

options, liquidity challenges, and high food prices. As a result of a poor national cereal production from the 2015-16 cropping season; it is assumed that national carryover stocks into the 2016-17 consumption year was lower than typical. Although the strategic grain reserves were expected to hold a minimum of 500,000 MT at all time, as of early June 2016, the Grain Marketing Board (GMB) was reported to be holding less than 100,000 MT of maize. Even the traditionally surplus-producing areas in the north were affected by drought conditions 2016/17 season and they exhausted their household carryover stocks from last season. The private sector relied mainly on maize imports for much of the 2015-16 consumption year.

Although the government delayed in releasing the official crop production report, maize production from the 2015-16 cropping season it was estimated that the production levels were ranging from 35 to 50 percent of the five-year average. This meant that for the 2016-17 consumption year the estimated national cereal deficit would be over 1 million metric tonnes. The gap was filled through international and regional imports, by January 2017, Zimbabwe had imported 0.7MT of maize from Mexico, South Africa and Zambia. (www.fao.org/giews/countrybrief/country.jsp?code=zwe)

The significant downturn in the Zimbabwean economy which has resulted in increased unemployment rates has exacerbated vulnerabilities for families. In addition, since many households depend on remittances from family members who have migrated for labour in South Africa, the severe weakening of the South African Rand has caused a significant reduction in remittances. Food insecurity coupled with the economic challenges have profound effects on communities with families often resorting to harmful negative copying strategies, which affect women, men, girls and boys in different ways. Early marriage becomes a common negative coping strategy and women also turn to prostitution in a desperate attempt to earn income. Unfortunately, due to the sensitive nature, little documentation is available to measure the scale and prevalence these negative coping strategies. School drop-outs (with 32% of drop-outs reporting financial constraints) and irregular school attendance of children are on the increase, as a consequence of the drought, with the girl-child being the worst affected. This is evidenced by the findings of the ZIMVAC(2016) which highlights the existence of child marriage, child labour, sexual exploitation and an increase in the number of child headed households as a result of drought induced internal migration.

While the cash crisis is a challenge, prices have remained mostly stable throughout the country. CARE actively monitored the market availability and prices in case of any disruption. Despite the liquidity challenge, project beneficiaries were able to transact through the use of mobile merchants and person to person (p to p) transaction.

3.1.4 Response analysis

The intervention directly contributed towards Strategic Objective 1 of the Zimbabwe Humanitarian Response Plan (September 2016), which is "Provide emergency food and nutrition assistance to vulnerable communities affected by drought". The action provided 3 months of cash transfers and nutrition activities to address malnutrition, from February to April 2017.The mobile cash transfer value met 66% of the household kilo-calorific needs of the 2,100 kilocalories/individual/day based on a basic diet of maize, pulses& vegetable oil. This translates to approximately 10kg of maize, 0.4kg of pulses, and 0.55 litres of vegetable oil. It was estimated that HHs would be able to meet their remaining kcal requirements through green harvest and other livelihoods activities. The cost of this ration was estimated at an average of $7/person/month. The price calculation was based on the prevailing (December 2016) average cost of these commodities on local markets. After coordination, all UN and NGO agencies agreed to harmonize the cash transfer value to $7/person/month as means to provide a unified response in all the affected districts. One member HH received $10/month and there was no capping on members per household, however all households listed as 10 members and above were verified by projected staff. The cash transfer was done through mobile cash transfer services (Ecocash). Ecocash is a service offered by Zimbabwe's main mobile service provider, Econet that allows Econet subscribers to perform simple financial transactions such as person to person money transfers and payments to traders and service providers. EcoCash wallets are PIN protected thereby safeguarding the beneficiaries' money from theft. Beneficiaries received their monthly entitlement through SIM cards/cell phones and "cash out" with registered local (EcoCash) agents at their convenience. The beneficiaries can also pay using their phone through the use of the `pay bill' and `pay

merchant' facility to access goods and services. This platform was most common in Gokwe given the liquidity challenges the country is currently facing.

In addition to Cash transfers CARE worked closely with the Ministry of Health and Child Care (MoHCC) in the implementation of quality Community-based Management of Acute Malnutrition (CMAM) for a period of 3 months during the peak hunger season.

A decentralized approach is necessary to ensure maximum access by rural communities to increase coverage of nutrition care services. CMAM has been adopted by the MoHCC as the national strategy to address acute malnutrition based upon successful models of community based therapeutic care (CTC) in other African contexts. This was achieved through four interventions: (1) support of quality delivery of inpatient care services for children with severe acute malnutrition with medical complications; (2) management of children with severe acute malnutrition without medical complications through the outpatient therapeutic programme; (3) management of moderate acute malnutrition in children through the targeted supplementary feeding programme; and (4) community mobilization and strengthening nutrition surveillance and detection systems at the community and health facility level. CARE provided technical support to the MoHCC to ensure delivery of quality CMAM services at all CMAM sites in the targeted district; this included joint MoHCC supportive supervision, supportive mentorship and quality monitoring of services. In addition, CARE worked in close collaboration with MOHCC to ensure timely reporting on CMAM activities.
The following activities were being implemented during the programme period - CMAM community mobilisation, capacity building of community volunteers on CMAM screening, Community sensitisation and mobilisation, Dissemination of key nutrition , IYCF and hygiene messages in communities, Monthly Mid-Upper Arm Circumference (MUAC) screening in communities, Establishment of CMAM referral mechanism, Supporting of established CMAM sites including Stabilisation Centres, Out-patient Programme, and Ensuring of quality of care in the treatment of acute malnutrition.

Children (0-59 months) and pregnant/lactating women involved in the nutrition activities benefited from the cash transfers under this grant. This assisted in the improvement of the overall nutrition status of the household since the money from the cash transfers was used to purchase foods.

In Gokwe North where CARE was implementing the HIP project experienced flooding and river overflows, heavy water logging, leaching of crop fields and excessive erosion, which washed away crops and fertile top soils. The rains had a toll on rural livelihoods. As part of the ECHO crisis modifier, CARE verified and registered families whose dwelling shelter that were affected by floods. A total of 27 households were found to have been affected by the floods across the three operational wards. Full statistics are in Table 1:

Table 1: Persons Verified to have been affected by Floods

Ward name	Total households verified	Number of households with destroyed dwellings	Total number of beneficiaries
Makore 1	43	24	118
Makore 2	4	3	23
Total	**47**	**27**	**141**

Persons affected by floods received support in the form of non-food items (NFIs). Table 2 below shows the items distributed to 27 flood affected households with a total 141 beneficiaries in wards 11 and 12. The District Administrator's office attended the handover of NFIs to Persons affected by floods.

Table 2: Non Food Items distributed to Persons affected by floods

ITEM	Blankets	Mosquito nets	Solar lamps	Washing soap	Sanitary pads	Plastic rolls	Vaseline
QUANTITY	77	81	27	54	63	27 (13mx2m)	102

3.1.5 Previous evaluation or lessons learned exercise relevant for this Action

Yes

3.1.5.1 Brief summary

- The mobile agent completed a full survey of network coverage in Gokwe North District as well as engaged and trained adequate brand ambassadors before the start of a project. CARE constantly engaged with service provider to ensure the project received the best value.
- Beneficiary education on how to use the Ecocash platform was done during public meetings, through trained Gender and Accountability Focal Point Persons and distribution of pamphlets with information on how to use the Ecocash wallet. The Gender and Accountability Focal Point Persons (GAFPPs) were volunteers selected amongst the beneficiaries who would assist with information provision during the course of project implementation. A total of 55 GAFPPs were trained . The pamphlets had information on how to set the PIN, safe keeping of the PIN, replacing lost SIM cards, and how to make electronic payments using Ecocash among other issues also the dos and don'ts of the Ecocash platform.

- Enough time was allowed by CARE to conduct all the processes, i.e. Beneficiary registration, verification and validation, as well as cleaning of beneficiary cash disbursement lists before they were sent to SC for payment.

- Close local government stakeholder coordination was done through participation in the district project launch, attending District Drought Relief Committee meetings, sharing of activity plans and monthly reports, and joint monitoring visits.

- Deloitte tip-off anonymous was set up as a complaints handling mechanism because of its neutrality. Deloitte posters were put up in all operational wards and the numbers were distributed to beneficiaries at public ward meetings. This was done with support from GAFPs. The Gender and Accountability Focal Point Persons (GAFPPs) were volunteers selected amongst the beneficiaries who would assist with information provision during the course of project implementation.

- Active case finding mechanisms were put in place which included screening of under 5s by Village Health Workers using MUAC tapes so as to improve detection of acute malnutrition and offer many children at risk of mortality an opportunity to be treated and avert death.

- Positive treatment outcomes prevailed throughout the course of the supported programme; witnessed by high cure rates (above 75%) throughout all four months and low defaulter rates (<15%) were achieved, through the utilisation of a quality of care supportive and supervision visits and joint monitoring activities by CARE and MoHCC on a weekly basis to health facilities.

- Integration of Cash transfer programme and CMAM was achieved through admitting households with malnourished children into the CTP to reduce the number of relapses and failure to respond treatment outcomes in the CMAM programme.

3.1.6 [INT] Report On Needs Assessment

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3.2 Beneficiaries

3.2.1 Estimated total number of direct beneficiaries targeted by the Action

Individuals

9400

Organisations

1

3.2.2 Estimated disaggregated data about direct beneficiaries (only for individuals)

3.2.2.1 [FIN] Disaggregated data about direct beneficiaries reached (only for individuals)			
	Estimated % of target group	% female	% male
Infants & young children (0-59 months)	16	50	50
Children (5-17y)	38	50	50
Adults (18-49y)	35	53	47
Elderly (equal or over 50y)	11	59	41

3.2.3 Does the action specifically target certain groups or vulnerabilities?

Yes

3.2.3.1 If yes, which groups or vulnerabilities?

Infants and young children - Children - Elderly - Pregnant lactating women (PLW)

3.2.4 Beneficiaries selection criteria

The project in Gokwe North targeted the most vulnerable food-insecure HHs including infants, children, elderly, disabled, and PLW. Beneficiary selection was led by communities, through a government approved participatory approach, to enhance transparency and curb double dipping. Ward level local leadership led meeting were held. The meeting included a public address to the entire community, explaining the programme objectives, modalities, beneficiary targeting and selection. Beneficiary targeting at village level was led by the village head, and facilitated by CARE staff.

Selection criteria was generated using food security indicators including variables such as HH production and stocks, livestock ownership, arable land for cultivation, income source, casual labour availability, women, elderly, and child headed HHs, etc. Communities selected the relevant indicators. These were then used to select and rank HHs. The data was then triangulated to eliminate inclusion and exclusion errors. CARE staff encouraged HHs to register women as recipients of the entitlements in targeted HHs, as this has proved to provide more assurances that cash will be used for food purchases. HHs with children admitted into the CMAM programme were automatically enrolled into the Cash Transfer programme.

For the Nutrition component, beneficiary selection was based on the draft Nutrition Emergency Response guidelines in Zimbabwe. All children 0 - 59 months were routinely screened for acute malnutrition using the Mid-Upper Arm Circumference (MUAC) tape.
The project worked with enumerators to facilitate beneficiary selection and registration. The enumerators were trained on how to conduct beneficiary registration electronically using the Magpi software with Tablets. During registration and through our the project, Beneficiaries were given several options to share their views and complaints about the implantation of the project which include Deloitte Tip-offs Anonymous Service, district office hot line, the suggestion box and the help desk. During registration selected beneficiaries without registered Ecocash SIM cards/numbers were issued with a new SIM cards. The SIM cards were registered at registration point by Econet/Ecocash personnel. Ecocash brand ambassadors were engaged and were part of the registration team throughout the registration

3.2.5 Beneficiaries involvement in the Action

Beneficiaries determined the food insecurity indicators for the registration and selection process. Those with sufficient literacy levels were encouraged to promote peer to peer education on the use of the Eco Cash platform, also participated in setting up of complaints and response mechanisms. Beneficiaries were briefed on the programme concepts and on community feedback and response mechanisms. Throughout the action beneficiaries were given opportunities to raise complaints and feedback with no fear of reprisal as measures were also be put in place to guarantee their safety. CARE adopted the Deloitte tip-offs Anonymous system- a leading fraud and ethic hotline service provider in Southern Africa that is a unique and innovative business solution that combats fraud, theft, embezzlement etc. and other inappropriate behaviour.

3.2.6 More details on beneficiaries

In Gokwe North, the programme targeted 9400 beneficiaries from the seven most food insecure wards in the district. Ward ranking and prioritization was done by the District Drought Relief Committee, taking into account the food and livestock production in each ward.

Of the 9400 beneficiaries, from the total number that was screened; 261 children (6-59 months) and pregnant/lactating women were identified to be malnourished. A total of 1 784 beneficiaries from the 261 households with malnourished individuals were registered in all the 3 operational wards. These beneficiaries were reached through active nutrition screening and nutrition education during screening sessions.

3.2.7 [FIN] Report on beneficiaries

9400

4. LOGIC OF INTERVENTION

4.1 Principal objective

To contribute to provision of emergency food and nutrition assistance to vulnerable communities in 4 districts of Zimbabwe affected by El Nino induced drought during the 2016/17 lean season.

4.2 Specific objective

4.2.1 Specific objective - Short description

To improve access to nutritious food for food insecure households, malnourished children under age of 5 through cash transfers in 4 districts of Zimbabwe during the 2016/17 lean season

4.2.2 Specific objective - Detailed description

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4.2.3 Specific objective - Indicators

4.2.3.1 Specific objective indicator (1/2)

Indicator

% of the target population with acceptable Food Consumption Score (FCS)

Description

FCS measures dietary diversity, energy and macro and micro value of the food consumed at household level.
FCS score calculated according to WFP methodology and definition of thresholds.
"Acceptable" is generally designated as a score of greater than 35.
Should be the outcome indicator for all general Humanitarian Food Assistance projects.
The target value should be greater than 80%, but may be context specific.

Baseline

0

Target value

100

Progress value

Source and method of data collection

EFSA; PDM survey; FCS specific surveys on household level with representative sample, end of project review

Comments on the indicator and the achievement of the target value

% of the target population with acceptable Food Consumption Score (FCS) for the District was 92% which was lower than the target of 100% but above the 80% target for Humanitarian Food assistance. This indicates improved dietary diversity, energy and macro and micro value of the food consumed at household level.

[FIN] Progress report on indicator

92%

4.2.3.2 Specific objective indicator (2/2)

Indicator

Severe Acute Malnutrition Recovery rate

Description

Proportion (%) of the total number of discharged [as cured + defaulters + death] across all treatment facilities, over the period of programme which are discharged as cured.

Baseline

0

Target value

75

Progress value

-

Source and method of data collection

[Adjust/specify as necessary and justified]
Records of treatment facilities.

Comments on the indicator and the achievement of the target value

Proportion for total discharge as cured was 88.9% which is above the recommended 75% hence an indicator of quality care services during the programme duration.

[FIN] Progress report on indicator

88.9%

4.3 Results

Result (1/3) - Details

Title

9400 Food insecure Individuals, PLW and malnourished Children (6- 24 months) had improved access to nutritious foods through cash transfers during the lean season 2016/2017

Sector

Food security and livelihoods

Sub-sectors

Availability of, access to and consumption of food

Estimated total amount

272,679.60USD

Result (1/3) - Beneficiaries

Estimated total number of direct beneficiaries targeted by the Action

Individuals	**9400**	
Organisations	**1**	
-**Households**	**1799**	
- **Individuals per Household**	**5.2**	-
Total individuals	**9400**	-

Beneficiaries type

Local population

Does the Action specifically target certain groups or vulnerabilities?

Yes

Specific target group or vulnerabilities

Infants and young children - Children - Elderly - Pregnant lactating women (PLW)

Cash transfer reached 9400 beneficiaries out of this 261 individuals were treated for acute malnutrition.

More comments on beneficiaries

[FIN] Report on beneficiaries

12960

Result (1/3) - Transfer Modalities

	Estimated total net amount	Estimated number of individuals	Conditional transfer?	Origin
Cash	272,670.60	9400	No	
Voucher	N/A	N/A	N/A	
In kind	N/A	N/A	N/A	N/A

Comments on transfer modalities in this result

The cash transfer was done through the ecocash mobile platform. EcoCash is a service offered by Zimbabwe's main mobile service provider, Econet. Eco-Cash is a financial payment service that allows Econet subscribers to perform simple financial transactions such as person to person money transfers and payments to traders and service providers. EcoCash wallets are PIN protected thereby safeguarding the beneficiaries money from theft. Through the use of the `pay bill' and `pay merchant' options, the liquidity challenges were addressed because there was no transfer of actual physical cash when the beneficiary paid the Merchant for goods and services. Beneficiaries received their monthly entitlement through SIM cards/cell phones and "cash out" with registered local (EcoCash) agents at their convenience.

Beneficiary selection was done by communities in coordination with the district authorities' office, to enhance transparency and also to curb double dipping as there were other ongoing similar food assistance programmes in the district. Firstly, ward level meetings were conducted before the registrations and was convened through local leadership. The meeting included a public address to the entire community, explaining the program modalities, beneficiary targeting, and selection and distribution methods. At village level targeting was presided by the village head and facilitated by the program staff. Selection criteria was generated using food security indicators including variables such as HH production and stocks, livestock ownership, arable land for cultivation, income source, casual labor availability, women, elderly, and child headed HHs etc. Communities selected the specific indicators, ensuring ownership of the project. These indicators were then used to select and rank HHs by vulnerability. Since communities were involved in selecting the indicators and ranking the HHs, it allowed the most vulnerable HHs to be selected in each ward and limited the amount of inclusion/exclusion errors faced by the programme.

Each beneficiary received $7 USD per month. A household with a single person received $10 USD per month. Children identified with malnutrition were integrated into the Cash Transfer programme.

[FIN] Comments on transfer modalities in this result

Transfers were done through the Ecocash mobile platform

Result (1/3) - Indicators

Result 1 - Indicator 1

Type / Subsector

Availability of, access to and consumption of food

Indicator

Number of people enabled to meet their basic food needs

Definition

Basic food needs: assistance, combined with beneficiaries' own resources, to at least international standard of 2100 Kcals per person per day for the period of the action.
Any kind of transfer modality (in-kind, voucher, cash) and combination thereof with objective to ensure immediate access to the necessary food commodities.
This may include supplementary foods provided alongside general distribution for vulnerable people.

Baseline

0,00

Target value

9400

Progress value

9400

Source and method of data collection

PDM surveys with representative sample; Registration records; Distribution reports
Eco cash successful cash out reports

Comments

A total of 9400 people were enabled to meet their basic food needs.

Result 1 - Indicator 2

Type / Subsector

Custom

Indicator

-

Definition

% increase in HH income spent on food

Baseline

0,00

Target value

66,00

Progress value

85.8

Source and method of data collection

PDM monthly reports

Comments

85.8% of the Household income was spent on food

Result 1 - Indicator 3

Type / Subsector

Custom

Indicator

-

Definition

Net amount of cash distributed to beneficiaries

Baseline

0,00

Target value

272,670.60

Progress value

272,670.60

Source and method of data collection

Successful Eco-cash distribution report

Comments

272,670.60 was distributed to the targeted beneficiaries

Result (1/3) - Indicators comments

Additional comments on indicators

No comment

[FIN] Progress report on the indicators of one result

-

Result (1/3) - Activities

Result 1 - Activity 1

Short description

1.1 Mobilisation and sensitisation of stakeholders and communities

Detailed description

Mobilisation and sensitisation of stakeholders was done at district level through a District Drought Relief Committee (DDRC) and ward level done through community leaders such as ward councillors and village heads and communities through the public address to appraise them on the project activities and how they will be done

Result 1 - Activity 2

Short description

1.2 Program launch meeting

Detailed description

A project launch at district level with project staff and stakeholders was done to make them understand the project scope and different activities for the project

Result 1 - Activity 3

Short description

1.3 Targeting and selection of beneficiaries

Detailed description

Ward level meetings were conducted before the registrations and was convened through local leadership. The meeting included a public address to the entire community, explaining the program modalities, beneficiary targeting, and selection and distribution methods. At village level targeting was presided by the village head and facilitated by the program staff. Selection criteria was generated using food security indicators including variables such as HH production and stocks, livestock ownership, arable land for cultivation, income source, casual labor availability, women, elderly, and child headed HHs etc.

Result 1 - Activity 4

Short description

1.1 Verification exercises, Registration of beneficiaries on the money transfer system data base

Detailed description

10% random verification of the registered beneficiaries was done, comparing registers with social services department so as to identify inclusion errors.

Result 1 - Activity 5

Short description

1.5 Distribution of cash through mobile cash transfers and direct distribution

Detailed description

Cash distribution to registered beneficiaries was done through the ecocash mobile platform

Result 1 - Activity 6

Short description

1.6 Monitoring and evaluation of market prices

Detailed description

Price tracking was done from four sentinel points to monitor market prices of the food basket which comprises of carbohydrates, pulses and oil.

Result 1 - Activity 7

Short description

1.7 Monthly coordination meetings to report on project activities progress

Detailed description

Monthly coordination meetings were done, reporting on project progress and against project indicators

Result 1 - Activity 8

Short description

1.8 Training of beneficiaries on child safeguarding and accountability

Detailed description

Child protection issues were discussed at public ward assembly with beneficiaries.

Result 1 - Activity 9

Short description

1.9 Conduct social Protection system planning meeting with Stakeholders

Detailed description

Meetings were conducted with department of social welfare and ministry of women affairs, gender and community development on social protection issues.

Result (1/3) - [FIN] Overall update on activities of the result

-

Result (2/3) - Details

Title

Increased access to interventions aimed at preventing, identifying and treating severe and moderate acute malnutrition among children (0-59 months).

Sector

Nutrition

Sub-sectors

Prevention of undernutrition

Treatment of undernutrition

Estimated total amount

Result (2/3) - Beneficiaries

Estimated total number of direct beneficiaries targeted by the Action

Individuals	**261**
Organisations	**1**
Households	
Individuals per Household	**5.5**
Total individuals	**261**

Beneficiaries type

Local population

Does the Action specifically target certain groups or vulnerabilities?

Yes

Specific target group or vulnerabilities

Infants and young children - Children - Pregnant lactating women (PLW)

More comments on beneficiaries

A total of 2177 individuals were screened for malnutrition. From the total number that was screened a total of 261 individual as follows: 208 children (6-59 months) and 53 pregnant/lactating women were identified to be malnourished. A total of 1 784 beneficiaries from the 261 households with malnourished individuals were registered in all the 3 operational

[FIN] Report on beneficiaries

261 individual as follows: 208 children (6-59 months) and 53 pregnant/lactating women were identified to be malnourished were admitted into the Cash Transfer project

Result (2/3) - Transfer Modalities

Estimated total net amount	Estimated number of individuals	Conditional transfer?	Origin

Cash	US$	261	No		
Voucher		N/A	N/A	N/A	
In kind		N/A	N/A	N/A	N/A

Comments on transfer modalities in this result

The MoHCC provided therapeutic food required for the management of severe acute malnutrition. The therapeutic food was distributed in accordance with recommended requirements in kilograms per kg body weight per day. The MoHCC emergency nutrition guidelines were used as the main reference. A cash transfer was then provided to those households in accordance with the criteria in Result 1. This cash transfer ensured food security at household level in households with children who are malnourished. Increased household food security in a household with malnourished children cushioned household members from deteriorating food security, minimise possibility and impact of sharing ready-to-use therapeutic food and propagate positive CMAM treatment outcomes and prevent relapse of cured CMAM beneficiaries. The therapeutic food was distributed to children with acute malnutrition defined by MUAC <125mm and Weight-for-height <-2 standard deviations. The cash transfer was provided to a household upon receipt of proof that the individual with acute malnutrition in that household reported to the health facility for follow-up that month. During action period the CMAM follow-up card and registers were utilised to monitor children attending CMAM follow-up visits.

[FIN] Comments on transfer modalities in this result

Therapeutic feeding was provided by MOHCC according to their guidelines and malnourished children identified were referred to Cash Transfer as well as CMAM treatment services.

Result (2/3) - Indicators

Result 2 - Indicator 1

Type / Subsector

Custom

Indicator

-

Definition

% of children 0 to 59 months screened for acute malnutrition in the target districts

Baseline

0,00

Target value

80,00

Progress value

24

Source and method of data collection

VHW Monthly MUAC screening reports

Comments

2124 Children were screened for acute malnutrition in the District as compared to the 80% target, due to not enough VHWs covering all the villages hence unable to cover all their catchment area within the reporting period, most VHWs are the point persons for all community health projects not only nutrition hence an overwhelming of activities at community level, they also needed more time to assimilate ability to use the MUAC tape and identify signs and symptoms of malnutrition just after training hence a delay in the coverage of screening activities just after they had been trained.

Result 2 - Indicator 2

Type / Subsector

Custom

Indicator

-

Definition

% of children 6-59m referred who are admitted to the appropriate CMAM service (SC, OTP)

Baseline

0,00

Target value

100,00

Progress value

100

Source and method of data collection

CMAM monthly reports

Comments

Of all children referred and reported to the health facility all of them were admitted to the appropriate CMAM service

Result 2 - Indicator 3

Type / Subsector

Custom

Indicator

-

Definition

Proportion of malnourished children in rural target area who receive nutritional rehabilitation is >50%

Baseline

0,00

Target value

50,00

Progress value

90.2

Source and method of data collection

CMAM monthly reports from Health Facilities in Rural Wards

Comments

90.2% of all malnourished children who received nutritional rehabilitation were from rural wards

Result 2 - Indicator 4

Type / Subsector

Custom

Indicator

-

Definition

Exit indicators for severe acute malnutrition reach or exceed SPHERE standards (Optional SCI Indicator)

Baseline

0,00

Target value

75,00

Progress value

88.9

Source and method of data collection

CMAM Monthly reports

Comments

Recovery Rate was at 100.0%, Defaulter rate is 0%.

Result 2 - Indicator 5

Type / Subsector

Treatment of undernutrition

Indicator

Number of children under 5 admitted for treatment of Severe or Moderate Acute Malnutrition

Definition

Total number of cases admitted in nutrition program during the timeframe of the program.
Children which are admitted to MAM treatment after SAM treatment should be counted only once.
Provide disaggregated data for SAM and MAM in comments field.

Baseline

0,00

Target value

100,00

Progress value

208

Source and method of data collection

Admission register; CMAM monthly reports

Comments

10 Children were admitted for SAM treatment and 198 Children were admitted for MAM treatment

Result (2/3) - Indicators comments

Additional comments on indicators

No comment

[FIN] Progress report on the indicators of one result

Result (2/3) - Activities

Result 2 - Activity 1

Short description

2.1 CMAM community mobilisation

Detailed description

Community mobilisation was done through ward assembly meetings, local leadership, village health workers and health workers at health centre level

Result 2 - Activity 2

Short description

2.2 Build capacity of community volunteers on CMAM screening

Detailed description

A total of 96 village health workers and Gender and Accountability Focal Point Persons were trained on screening for malnutrition, IYCF and health issues, mobilisation, referral, and defaulter tracing, appropriate referral, follow up on non-respondent, defaulter cases and cases of concern, as well as delivery of key health and nutrition messages

Result 2 - Activity 3

Short description

2.3 Community sensitisation

Detailed description

Community sensitization on the programme objectives, including reinforcing messages about early referral of sick and malnourished children was done to VHWs, volunteers and outreach staff in order to maximise coverage, and also provide nutrition and health education.

Result 2 - Activity 4

Short description

2.4 Monthly MUAC screening in communities

Detailed description

Regular and systematic community based and clinic MUAC/oedema screening was conducted to identify early deterioration and facilitate response. A total of 2124 Children were screened for malnutrition.

Result 2 - Activity 5

Short description

2.5 Establish a CMAM referral mechanism for both CMAM cash transfers

Detailed description

Facilitated the strengthening and setup of a referral mechanism in all the 15 OTP sites (e.g. referral forms, accurate information on referral facilities, records) to ensure follow up in the CMAM programme systems. CMAM or OTP beneficiaries were automatically enrolled into cash transfers and cash transfer beneficiaries were screened for CMAM if they deserved to be enrolled into CMAM.

Result 2 - Activity 6

Short description

2.6 Coordination

Detailed description

Liaised with ministry of health for the constant supply of therapeutic feed to health facilities for CMAM beneficiaries

Result 2 - Activity 7

Short description

2.7 Support CMAM sites including Stabilisation Centres and Out-patient Programme

Detailed description

- Provided technical and logistical support for 15 OTP sites and 1 SC site in the District. CARE distributed 15 salter scales and 4-star diet flyers to the 15 OTP sites. The salter scales are for use by Community Health Workers in conducting their routine anthropometric measurements.

Result 2 - Activity 8

Short description

2.8 Treatment of acute malnutrition

Detailed description

Awareness on malnutrition prevention and management to households participating in the cash transfer programme was done through the use of trained VHWs

Result 2 - Activity 9

Short description

2.9 Nutrition education to caretakers of malnourished children

Detailed description

Nutrition and health education sessions at the SC or OTP or TSFP for caretakers of malnourished children was done by VHWs and Health staff as well as the distribution of flyers with messages that are aligned with government priorities and are focused on infant and young child feeding practices

Result 2 - Activity 10

Short description

2.10 Coordination

Detailed description

Coordinated activities with ministry of health at district level, specifically the nutrition department.

Result 2 - Activity 11

Short description

2.11 Strengthen stabilisation care

Detailed description

Strengthened the existing hospital facility for inpatient care for SAM cases with complications (Stabilisation Centre) by the provision of staff training and technical support and capacity development

Result 2 - Activity 12

Short description

2.12 Building CMAM capacity of MOHCC staff

Detailed description

28 MoHCC staff were trained on causes and identification of malnutrition and provision of appropriate nutrition services (SC, OTP)

Result 2 - Activity 13

Short description

2.13 Supportive supervision of implementation of all components of the CMAM programme

Detailed description

Conducted joint supportive supervision visits with the MoHCC to sites to improve programming, learning and to support staff and VHWs.

Result 2 - Activity 14

Short description

2.14 Programme monitoring

Detailed description

Provided on-going monitoring of programme performance indicators on a weekly and monthly basis

Result 2 - Activity 15

Short description

2.15 Monitoring and evaluation

Detailed description

Conducted joint monitoring visits to all OTP sites with MoHCC district team

Result 2 - Activity 16

Short description

2.16 Programme review meetings

Detailed description

Conducted regular meetings with MoHCC at district level to improve engagement and promote government ownership of the outcomes.

Result (2/3) - [FIN] Overall update on activities of the result

-

Result (3/3) - Details

Title

In case of floods in the targeted districts an emergency life-saving response is delivered within 72 hrs in the target district affected wards

Sector

Disaster Risk Reduction / Disaster Preparedness

Sub-sectors

Contingency planning and preparedness for response

Estimated total amount

N/A

Result (3/3) - Beneficiaries

Estimated total number of direct beneficiaries targeted by the Action

Individuals	**141**	-
Organisations	**1**	-
Households	**27**	
Individuals per household	**5.2**	
Total individuals	**141**	

Beneficiaries type

Local population

Does the Action specifically target certain groups or vulnerabilities?

yes

Specific target group or vunerabilities

The combined effects of prolonged incessant rains and Tropical Cyclone Dineo that was downgraded to a tropical depression, resulted in loss of 246 human lives nationally, injuries of 128 people, 1,985 people left homeless while approximately 2,579 homesteads suffered damages in varying degrees according to Government estimates reported in the Local newspaper The Herald on the 3rd of March 2017. The heavy rains damaged the road network (including bridges), 140 dams, hospitals, schools, and water and sanitation infrastructure causing health concerns (The Herald March the 3rd 2017). In Gokwe North where CARE was implementing the HIP project experienced flooding and river overflows, heavy water logging, leaching of crop fields and excessive erosion, which washed away crops and fertile top soils. The rains had a toll on rural livelihoods. Verification and registration of families whose dwelling shelter that were affected by floods was also undertaken. A total of 27 households were found to have been affected by the floods across the three operational wards

More comments on beneficiaries

Persons affected by floods received support in the form of non-food items (NFIs). Table below shows the items distributed to 27 flood affected households with a total 141 beneficiaries in wards 11 and 12. The District Administrator's office attended the handover of NFIs to Persons affected by floods.

Table : Non Food Items distributed to Persons affected by floods

ITEM	Blankets	Mosquito nets	Solar lamps	Washing soap	Sanitary pads	Plastic rolls	Vaseline
QUANTITY	77	81	27	54	63	27 (13mx2m)	102

[FIN] Report on beneficiaries

-

Result (3/3) - Transfer Modalities

Estimated total net amount	**Estimated number of individuals**	**Conditional transfer?**	**Origin**

Cash	N/A	N/A	N/A	
Voucher	N/A	N/A	N/A	
In kind	N/A	N/A	No	- Local - Regional

Comments on transfer modalities in this result

This is support to the Department of Civil Protection for assessments, Non food items and food.

[FIN] Comments on transfer modalities in this result

-

Result (3/3) - Indicators

Result 3 - Indicator 1

Type / Subsector

Contingency planning and preparedness for response

Indicator

Number of people covered by early action/contingency plans

Definition

Plans must be developed, tested and have provisions for maintenance.
To include opportunities for anticipation, pre-emptive and early action (e.g. evacuation and shelter in advance of impact; scalability of service to respond to increase in demand; etc.)
Action triggered by plan has to be coordinated, timely and effective.

Baseline

0,00

Target value

N/A

Progress value

N/A

Source and method of data collection

[Adjust/specify as necessary and justified]
Community and local administration's contingency and preparedness plans;
Signatories and sign offs (e.g. plan agreement, updating).

Comments

-

Result (3/3) - Indicators comments

Additional comments on indicators

-

[FIN] Progress report on the indicators of one result

-

Result (3/3) - Activities

Result 3 - Activity 1

Short description

1. Refresher training of civil protection committee on assessment and standardization of tools

Detailed description

N/A

Result 3 - Activity 2

Short description

2. Support training of committees on assessments

Detailed description

N/A

Result 3 - Activity 3

Short description

3. Distribution of food and/or Non-food items to 20% of the affected populations in consortium affected districts

Detailed description

N/A

Result (3/3) - [FIN] Overall update on activities of the result

-

4.4 Preconditions

- Absence of political upheaval that would cause severe restriction of the operating environment in Zimbabwe - Absence of complete economic upheaval that would cause severe restrictions on the operating environment in Zimbabwe. Currently there is a liquidity crisis in the country, but markets are still operating. - Affected areas still accessible - Stable food prices and availability of commodities on the market. - Availability of cash in the form of USD and Bond Notes - Acceptance by public on the use of 'plastic' money, which can be wired from one Eco-Wallet to another, as opposed to reliance on physical cash. - Acceptance by public and merchants of Bond Notes - Widespread use of Eco-Cash services and other mobile payment providers - Upsurge in cases of acute malnutrition in the target districts

4.5 Assumptions and risks

Assumptions - Local market prices for basic commodities remain stable - Market commodities remain available - The mobile cash service provider, EcoNet maintains acceptable coverage of network service, availability of EcoCash agents for cashing out in most areas, and cash liquidity of those agents - The MoH will support the implementation of the project and actively collaborate and participate in project monitoring and supervision visits - CSB+ suppliers and Anthropometric equipment suppliers deliver a quality product in a timely manner as stipulated in the contracts. - The Municipal administrations will timely transport the required medical supplies for the nutrition program to the nutrition centers so that stock outs do not occur. - Village Health Workers are motivated to do the community screening Risks - Beneficiaries not sufficiently understanding the technology of mobile cash (i.e. forgetting their pin numbers and failing to access their entitlements) - EcoNet agents taking advantage of beneficiaries by requiring the purchase of goods only at their shops for providing cash services or not providing total cash amount during transaction. - Disgrantled non beneficiaries - Duplication of beneficiaries with other humanitarian programs - Gender Based violence cases may increase due to disagreement at household level on how the cash must be used - Beneficiaries may inflate HH sizes in order to receive more entitlements - Beneficiaries being asked to pay extra amount whilst making mobile transactions or cashing out by EcoCash agents or merchants due to liquidity crisis. -Upsurge in the number of cases with acute malnutrition -Staff rotation and Rural Health Centres reducing CMAM capacity at the health facilities

4.6 Contingency measures

CARE conducted monthly market assessments and price tracking, basic commodities remained available and no price increases were noted throughout the duration of the project.

CARE worked with Ecocash to ensure availability of pay merchant points to avert the liquidity crisis, hence beneficiaries were able to buy directly using ecocash without any need for cash. In Gokwe North econet coverage is good throughout the district.

CARE did beneficiary education on how beneficiaries can come up with personal identity numbers which they will not forget during ward assembly meetings and through the distribution of Ecocash flyers. Econet provided Econet Ambassadors who were tasked to assist beneficiaries with the use of the technology.

To mitigate Eco cash agents taking advantage the program raised beneficiary awareness on how the

platform operates. Awareness on the programme conditions and the use of the EcoCash platform in relation to the programme was done to both the agents and beneficiaries. The community feedback and accountability mechanism was used in identifying when agents did not follow EcoCash guidelines and protocol.

Public meetings were done to reduce dissatisfaction of non-beneficiaries, while determining selection criteria and beneficiaries were also made aware of the feedback and accountability mechanisms within the programme.

To avoid double dipping CARE compared registers with the Department of Social Services and engaged in harmonised monitoring activities.

To reduce gender based violence CATRE worked closely with the community structures, local leadership to strengthen referrals to government partners such as Ministry of Women's Affairs Gender and Community Development, Department of Child and Social and Zimbabwe Republic Police. CARE also engaged officers from the Ministry of Women's Affairs Gender and Community Development to give beneficiary education on gender based violence.

Verifications were done to ensure these cases of inflating HHs sizes were rooted out as well as inclusion errors

The monthly MUAC screening activities and weekly CMAM data will served as a surveillance mechanism to monitor the changes in the number of cases of acute malnutrition in the district and from the surveillance there was no upsurge of CMAM cases. CARE provided logistical support to ensure timely distribution of the supplies to the rural health centres.

There were no health staff removed from Health facilities in Gokwe North. CARE also facilitated the training of additional health staff on CMAM guidelines to quickly bring them up-to speed quality management of acute malnutrition and fill any capacity gap.

4.7 Additional information on the operational context of Action

-

4.8 [FIN] Report on precondition, assumptions and risks

-

5. QUALITY MARKERS

5.1 Gender-age markers

5.1.1 Marker Details

• ***Does the proposal contain an adequate and brief gender and age analysis?***	Yes
• ***Is the assistance adapted to the specific needs and capacities of different gender and age groups?***	Yes
• ***Does the action prevent/mitigate negative effects?***	Yes
• ***Do relevant gender and age groups adequately participate in the design, implementation and evaluation of the Action?***	Yes

- ***Initial mark*** 2

5.1.2 Additional comments and challenges

CARE ensured the equal participation of both women and men throughout the project duration. Both men and women equally participated in the defining of food security indicators and selection of beneficiaries. During the registration process, CARE encouraged women to be registered as the HH cash recipients as this proved more efficient in ensuring that the cash was used to purchase food. There was equal representation of both males and females in the number of beneficiaries who were engaged as Gender and Accountability Focal Point Persons who were used to channel beneficiary complaints and feedback to CARE. Gender awareness campaigns were conducted at public meetings where beneficiaries were educated on collective budgeting and correct cash utilization so as to avoid gender based violence (GBV). Women were empowered to become effective food decision-makers. Officers from the Ministry of Women Affairs, Gender and Community Development partnered with CARE staff in educating beneficiaries in all the CTP wards on how to correctly deal with GBV issues. Measures were taken to ensure age and sex disaggregated data and data analysis would continuously be carried out to understand the factors impacting on gender. CARE ensured the involvement of men in IYCF through engagements of men's groups and fathers of children 0-23. The integration also ensured messages tailor made for men and women to suit their respective gender roles and ensured the nutrition of children is prioritized regardless of their sex. Nutrition beneficiaries were also linked to existing care groups for additional IYCF information. CARE ensured gender sensitive training for male and female village health workers including skills to tackle the gendered dynamics of nutrition and child care issues facing women, and communication skills to support good maternal nutrition and exclusive breastfeeding.

5.1.3 [FIN] Additional comments and challenges

5.2 Resilience

5.2.1 Marker Details

- ***Does the proposal include an adequate analysis of shocks, stresses and vulnerabilities?*** Yes
- ***Is the project risk informed? Does the project include adequate measures to ensure it does not aggravate risks or undermine capacities?*** Yes
- ***Does the project include measures to build local capacities (beneficiaries and local institutions)?*** Yes
- ***Does the project take opportunities to support long term strategies to reduce humanitarian needs, underlying vulnerability and risks?*** Yes

- ***Initial mark*** 2

5.2.2 How does the Action contribute to build resilience or reduce future risk?

CARE strengthened community knowledge on nutrition. 3 nutrition ward coordinators and 28 Community Health Workers (5 males and 23 females were trained on nutrition education focusing on 4 star diet (eating of at least 4 food groups from 8 main ones namely: meat and meat products, milk and milk products, grains and tubers, yellow coloured fruits and vegetables, other fruits and vegetables, legumes, oils), conducting cooking demonstrations, good hygiene practices, water storage and purification methods and linking beneficiaries under-fives such as monthly growth monitoring with health services through village health workers.

Cooking demonstrations using local foods were done so that communities could appreciate the range of local foods, cooking methods and how to plan a healthy meal for the family. Communities were encouraged to keep

of small livestock such as goats and chickens which mature early compared to cattle and can be used for food and income through sales.

The main nutrition education topic was '**A 4 Star Diet'** promoting consumption of a variety of locally available foods and upholding hygiene practices to prevent the spread of diseases. A total of 9400 beneficiaries were reached through nutrition education. A total of 3 cooking demonstrations were held, with 163 beneficiaries and non-beneficiaries participating in the cooking demonstrations..

5.2.3 [FIN] Report on Resilience marker

-

6. IMPLEMENTATION

6.1 Human resources and Management capacities

CARE had a full staff complement to implement the project led by a Emergency Coordinator and Team Leader who are both experienced in managing food assistance programmes. An experienced and capable team was also recruited to implement the project at district level. The team comprised of a Field Supervisor, Two Project Field Assistance, One Monitoring and Evaluation Assistant and a Project Driver. The team was supported by a Grants Officer, Database Officer and Monitoring and Evaluation Officer, including CARE senior leadership team who made periodic visits to the field to support process monitoring activities.

6.1.1 [FIN] Human resources and Management capacities

-

6.2 EU Aid Volunteers

No

6.3 Equipment and goods

The procurement of equipment and goods for this project was minimal. The following equipment was purchased:

· 8 Tablets for registration and data collection purposes

· 1 Pinter

· SIM cards for beneficiaries

· Visibility clothing for programme staff and key community representatives involved in implementation as appropriate

6.3.2 [FIN] Equipment and goods

-

6.4 Use of HPCs

No

6.6 Specific security constraints

The country has been facing a liquidity crisis since May 2016 and the response by the Government of Zimbabwe was the creation of bond notes pegged 1:1 with the USD. The bond notes were introduced on the 28th November 2016 in denomination of $1,$2 and $5 and are in use though insufficient to fully eliminate the cash crunch being experienced in the country.

The security situation remained stable across the country and the situation remained calm through the life period of the project. No localised inter and intra community social tensions and incidents of insecurity were witnessed. The projects targeting criteria was openly communicated to reduce opportunity for such tensions between those receiving and not receiving this support. Targeting was done in recognition of the change in context and the growing number of households falling into the category of food insecurity. Local leaders were very supportive hence there were no tensions. Staff training on effective targeting methodology and working with community/beneficiaries was continuously strengthened.

CARE maintained robust safety and security procedures which included mitigation measures for security risks. All CARE staff received security briefings.

6.6.1 [FIN] Specific security constraints

-

6.7.1 Are there Implementing Partners?

No

6.7.2 Implementing Partner added value

In this case CARE was a sub-grantee to SCI

6.7.4 Coordination, supervision and controls

Agreements have been put in place, both at international and country level, to ensure that CARE will adhere to all of the requirements stipulated by DG ECHO in relation to the proposed action. The contractual relationship with DG ECHO was retained by SC Norway throughout project implementation. Save the Children Zimbabwe monitored the action and provided support through close and continuous engagement with CARE. It also provided technical assistance and program oversight, both internationally and in-country at all stages of the project cycle.

CARE amended the existing MOUs with Gokwe North local authority.

Implementing Partners

Implementing Partner (4/5) Type (FPA/Non FPA)

FPA

Implementing Partner name

Stichting **CARE Deutschland-Luxemburg**

Estimated share

22 %

Address

8 Ross Avenue
Belgravia
Harare
Zimbabwe

Status

International NGO

If other status, please specify

-

Narrative field (in case of non-FPA implementing partner)

-

Role to be carried out by each implementing partner

CARE led the implementation of this Action in Gokwe North district. CARE held a district launch, standardisation meeting, community mobilisation and all processes to do with beneficiary registration, verification and validation of registers for beneficiaries to receive their entitlements. The organisation was also responsible for monitoring the project activities in CARE's implementation areas. CARE also conducted programme staff recruitment and induction on policies and procedures for their staff. CARE maintained cordial relationships with the district stakeholders and responsible authorities.

Type of relationship with implementing partner(s) and the expected reporting by the implementing partner

Upon signing of the grant agreement between Save the Children Norway and DG ECHO, Save the Children International and CARE entered into a legally binding and specific sub-grant agreement which governed the relationship related to this specific Action. This agreement included all relevant flow-through compliance issues and regulations of DG ECHO. It stipulated disbursement amounts and modalities as well as financial and programmatic reporting requirements.

6.8 Are there any subdelegatees?

No

6.8.1 Subdelegatees explanation

-

6.8.2 [INT] Subdelegatees explanation

-

Subdelegatees

6.10 [INT] Report on Implementing Partners

-

7. FIELD COORDINATION

7.1 Operational coordination with other humanitarian actors

SC, CARE, Plan, and CARE are all active partners in the most relevant humanitarian forums including the most relevant for issues related to food insecurity, which include the Agricultural and Food Security Working Group and the Cash Sub Working Group coordinated by the WFP and co-chaired by Care. Save the Children is also the co-chair of the newly formed School Feeding working group. This consortium spearheaded the harmonized amount of 7 USD per beneficiary to be used during a cash-transfer programme across the country and all partners are playing an active role in the consolidating of market/price monitoring tools, since the situation will need to be monitored closely in the coming months. Furthermore, these forums are used to coordinate the districts and wards where each agency is working so there is no overlap and the largest coverage can be achieved. These groups also includes invited representatives from the major donors that may fund activities related to the current crisis, including USAID, DFID, and the EU, as well as the key governmental focal point for the response such as the Food and Nutrition Council.

In addition to this, CARE, WVZ and SC (as alternate) are the selected representatives of the newly re-instituted Humanitarian Coordination Team led by the UN Resident Coordinator's Office. SC is a member of the National Civil Protection Committee and will utilize its presence in this forum to coordinate with relevant government and other stakeholders regarding this Action and will keep abreast of the changing situations as they arise SC and the Implementing Partners will fully utilize all of these forums to ensure the maximum coordination of geographic coverage and technical approaches to the current crisis, especially leading on the issues related to resilience building conditional cash transfer activities.

In the 4 districts targeted for intervention, the organisation will coordinate with the district authorities and WFP to complement other food aid activities being carried out in the areas to avoid duplication and provide the best quality of service for the beneficiaries.

7.2 Action listed in

UN Consolidated Appeal Process

Yes

Flash Appeal

-

ICRC / IFRC appeal

-

Other

-

Not applicable

-

If other, please specify

-

7.3 Coordination with National and local authorities

Save the Children, CARE, PLAN and World Vision have Private Voluntary Organisation registration with the government, and are all considered long term, dependable and compliant partners to the Government of Zimbabwe and thus hold very positive working relationships at national and local levels. All organizations have appropriate MoUs in place that authorize both the geographic presence and implementation of the types of activities that are proposed in this Action.SC and Implementing Partners attended all district level meetings to do with food security in their respective districts of implementation. Usually these are run by the District Drought Relief Committee, chaired by the District Administrator. It was in such meetings where issues to do with food security implementation by organisations were discussed. Monthly activities reports were provided to the representative of the government- District Administrators- in the respective districts. SC and the Implementing Partners consciously coordinated with other actors in the area to avoid duplication and ensure coverage of all communities made vulnerable by the drought. A key and strong recommendation of the ZimVAC report issued by the Food and Nutrition Council (FNC) of Zimbabwe was that cash transfers were preferable to in-kind assistance when possible. The FNC indicated that conditional cash transfers are in line with the Zimbabwean Government's ZIMASSET development plan and that this modality promoted resiliency in the rural population.

7.4 Coordination with development actors and programmes

The activities proposed for this Action are fully aligned with the Government of Zimbabwe's short-term development plan, the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET). Recently, a pooled funding mechanism named the Zimbabwe Resilience Building Fund (ZRBF) and managed by UNDP has been established which will fund resilience building activities in coordination with the GoZ. SC will closely collaborate with the ZRBF and contribute, through this Action, to the goals and programs established by this initiative, as a coordinated effort of the consortium of major International NGOs in the country.

The single most important value add of this proposed Action in building resilience is the households that will participate by providing an important step in financial literacy and access to information, communication, and services that they would not have had access to before. Rural households will have gained knowledge and exposure that they will not ever lose. Mobile technology permits rural households to receive remittances (both nationally and internationally), and to take advantage of savings and insurance (crop insurance, life insurance) and microfinance products offered by the mobile service provider. They will also gain access to information such as climatic forecasts and meteorological advice through programs offered by the mobile service provider. It is important to note that SIM card is a powerful development tool that, although introduced by this emergency Action, will bear more fruit in development activities well beyond the life of this Action. In addition, the nutrition aspect of this will be complemented through a longer scale and country wide nutrition intervention aimed at combatting malnutrition which is being spearheaded by UNICEF from October 2016 to September 2017.

7.5 [FIN] Report on Field Coordination

-

8. MONITORING AND EVALUATION

8.1 Monitoring of the Action

CARE conducted regular visits to the project sites. Implementation was done based on continuous monitoring activities in coordination with the relevant line ministries. Quantitative and qualitative data was reported on. All Quantitative data was disaggregated by sex and age. CARE collected routine data from health facilities (on a monthly basis) , SC sites, OTP sites activity monitoring reports the monthly monitoring reports from partners and regular consultations with the beneficiaries, to identify the challenges they face with the platform.

After each cash distribution was made CARE conducted a Post Distribution Monitoring (PDM) exercise. The exercise was conducted two weeks after each monthly cash distribution. The specific objective of the PDM exercise was monitoring trends in household income, expenditure patterns, different food sources of the household and HH consumption patterns. An analysis of client satisfaction, basic commodities price trends, and market monitoring was done as part of the exercise. The PDM exercise provided feedback on quality programming, accountability and also acted as a platform for ongoing verification for any exclusion and inclusion errors. A team of enumerators was contracted by CARE for

the exercise with supervision from the respective district team. Ten percent (10%) of beneficiary households from target wards were selected using random sampling approach on project stratas for administration of the household questionnaire. Mobile data collection was used for the

exercise using the Magpi system to ensure efficient collection and analysis and eliminating other operational costs associated with paper based surveys.

The data was analysed and district specific reports produced using a standardised reporting template provided by SCI. The reports were shared within respective districts and with SCI head office. A consolidated report was produced by SCI head office MEAL team and shared within the consortium and also feedback into other processes like the situational report writing, the cash working group and other coordination working groups on the ongoing food security response.

The option of performing M&E activities through remote PDM using mobile phones was considered but due to costs and questions regarding the quality of this information and political sensibilities in the district where we work this work was not pursued. Providing mobile phones is a sensitive issue because the GoZ is wary of technology that can be used to spread information and politicized messages, furthermore elections are scheduled for 2018 and 2017 will be an election campaigning year, creating heighten sensitivities. Additionally, the costs of purchasing the handsets and the likely training courses that would have to be provided to the beneficiaries in order for them to answer the feedback questions, are too costly for this programme.

At the end of the project an internal evaluation of the projects activities, with a strong focus on lessons learnt was conducted by CARE with stakeholders.

8.2 Evaluations

Internal evaluation

Yes

External evaluation

-

External audit

-

8.2.1 Further details

An end of project report was written by the CARE project team outlining the achievements of the project.

8.3 Studies carried out in relation to the Action (if relevant)

No

Explain the content of these studies

-

8.4 [FIN] Report on monitoring and evaluations

-

9. COMMUNICATION, VISIBILITY AND INFORMATION ACTIVITIES

9.1 Standard visibility

A. Display of EU Humanitarian Aid visual identity on

A1. Signboards, display panels, banners and plaques

Yes

A2. Goods and equipment

Yes

Please provide additional details on section A

Banners with project information and visibility jackets for programme staff were purchased with logos of ECHO and the organisations'. Banners were displayed for specific events such as registrations and trainings and all other public meetings

B. Written and verbal acknowledgement of EU funding and partnership through

B1. Press releases, press conference, other media outreach

Yes

B2. Publications, printed material (for external audiences, not operational communication)

Yes

B3. Social media

Yes

B4. Partner's website (pages related to EU funded projects)

Yes

B5. Human interest blogs, photo stories

No

B6. Audiovisual products, photos

No

B7. Other

-

Please provide additional details on section B

CARE specifically acknowledge EU funding in press releases, partner's website, social media and photos/ audio-visual products. CARE in consultation and in accordance with ECHO requirements will ensure that:

-ECHO logo and main donor information is included in all publications and printed materials related to the project

-Project's activity information is shared and ECHO funding is acknowledged on the website and social media channels

-Interesting stories and other visual products will be developed and shared through the above means.

9.2 Do you foresee communication actions that go beyond standard obligations?

No

9.3 [FIN] Report on progress

-

10. FINANCIAL OVERVIEW OF THE ACTION

10.1 Estimated expenditure

	Initial budget	Revised budget	Interim report incurred costs	Final report incurred costs	Final report final update
Total direct eligible costs	**(max 7%)**	-			
Indirect costs			-	-	-
Total costs					

10.3 Funding of the Action

	Initial budget	Revised budget	Final budget	Final report final update
Direct revenue of the action				
Contribution by applicant				
Contribution by other donors				
Contribution by beneficiaries				
Contribution requested from ECHO				
% of total funding (*)				
Total funding				

(*) Rounding to the second decimal. To compute the final payment, the real percentage until four decimals will be applied.

10.4 Explanation about 100% funding

-

If other, please explain

-

10.5 Contribution in kind

N/A

10.6 Financial contributions by other donors

N/A

10.7 VAT exemption granted? (applicable only to NGO's)

Do not know yet

Please specify

It is highly unlikely that the Government of Zimbabwe will grant VAT exemptions for neither the Applicant nor the Implementing Partners. An attempt to request VAT exemption will be made, however, a similar request made to the GoZ in 2013 for VAT exemption on an ECHO funded consortium project was rejected. The financial statement and budget submitted with this proposal includes the costs of VAT in its pricing.

11. REQUESTS FOR DEROGATION

11.1 Specific derogations

#	Derogation

11.2 Permanent derogations

#	Derogation
1	Pursuant to Article 18.5 b) of the General Conditions, it is agreed that for reporting purposes expenditure directly incurred by Save the Children [Sweden, Denmark, Norway, United Kingdom] shall be converted into EUR using the monthly rate of the first pre-financing as published on ECB website with the exception of euro-pegged currencies for which the fixed rate at the moment the expenditure is incurred shall be used and any transaction paid in EUR directly. Overseas expenditure incurred by Save the Children International («SCI») in local currency and converted into USD are included in reporting to the Commission, after Save the Children [Sweden, Denmark, Norway, United Kingdom] verified the compliance with SCI's general methodology on exchange rates, based on the actual exchange rate practiced by SCI when selling pooled currencies received from Save the Children FPA partners.

12. ADMINISTRATIVE INFORMATION

12.1 Name and title of legal representative signing the Agreement

Mr Amar Bokhari - International Program Director

12.2 Name, address, e-mail and phone of the contact person(s)

Name	Office location	E-mail	Phone
Sara Blin	Harare, Zimbabwe	sara.blin@savethechildren.org	+236(4)4251724
Linnea	Oslo, Norway	Linnea.Crafoord@reddbarna.no	+4748080789
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Aster S Granum	Oslo, Norway	aster.granum@reddbarna.no	+4748183472

13. CONCLUSIONS AND HUMANITARIAN ORGANISATION'S COMMENTS

13.2 [INT] Comments

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