



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**HUMANITARIAN AID
for
the Vulnerable Populations in
Zimbabwe**

GLOBAL PLAN 2007

Humanitarian Aid Committee – January 2007

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1 Executive summary

The Directorate-General for Humanitarian Aid – ECHO's (DG ECHO) Global Plan for Zimbabwe in 2007 aims at mitigating the impact of an enduring crisis on the most vulnerable population groups. Zimbabwe, extremely unstable and vulnerable, continues to be immersed in a profound crisis. The country has been suffering from chronic food insecurity since the 2002 drought. The problems common to the Southern African sub-region – high rates of people infected and affected by HIV/AIDS, declining soil productivity and erratic rainfall – are exacerbated in Zimbabwe by the adverse implementation of the Fast Track Land Reform Programme (FTLRP) and wider inappropriate economic policies. Today Zimbabwe has one of the world's fastest crumbling economies and faces a comprehensive, rapid decline of social services.

The situation of the Internally Displaced Persons (IDPs), victims of the countrywide 'clean up' ("Murambatsvina"/"Restore Order") operation in 2005, shows some signs of improvement, however, it still remains a subject of serious concern. In the course of 2006, the IDPs dwelling at urban and suburban sites, were to some extent assisted by the international community. However, land tenure continues to be a matter of concern for those groups, and further assistance is needed in terms of health care, shelter and water and sanitation.

Despite improved food production in 2006, which is much closer to the needs of the country than last year, an estimated 1.9 million people are in need of food assistance in the agricultural season 2006/2007. The 2006 harvest of maize alone, the staple cereal, is estimated by the FAO at 1.1 million metric tonnes (MT) whilst the minimum human consumption requirement is 1.4 million MT (2005 food production was estimated in the range of 500,000 million MT). Nevertheless, access to food and the purchasing capacity of vulnerable groups' remain a serious problem, not in the least due to unequal food distribution over the country, hyperinflation and dwindling income-earning opportunities.

The Directorate General for Humanitarian Aid of the European Commission will continue channelling humanitarian aid to Zimbabwe in 2007, addressing the most urgent needs of the vulnerable populations groups. In line with its needs-based approach, DG ECHO will support humanitarian operations including food aid¹, food security, IDPs, water and sanitation and basic health care provision, as well as other interventions aimed at preserving the livelihood of the most vulnerable groups of Zimbabwean society. From 2007 onwards, DG ECHO intends to refocus on its core mandate and to start progressively phasing out those interventions that are better supported by more suitable longer-term, rehabilitation instruments. This approach is defined with a view to other funding available through multi-annual financial instruments of the European Commission and other donors.² DG ECHO also aims at supporting and enhancing humanitarian co-ordination mechanisms, in order to improve the effectiveness and efficiency of the humanitarian response.

The envelope proposed for DG ECHO's Global Plan for Zimbabwe in 2007 is EUR 8,000,000. The expenditure under this Decision shall be eligible as from 1 March 2007.

¹ The food aid allocation for Zimbabwe proposed by DG ECHO in 2007 in a separate Food Aid Decision is EUR 10,000,000.

² EC Food Security Budget Line, 'Africa, Caribbean, Pacific – European Union' Water facility; new EC Food Security Strategy & Indicative Programme for 2007-2010; UNICEF pooled fund for Orphans and Other Vulnerable Children; UK Department for International Development (DFID) Protracted Relief Programme, etc.

2 General context and current situation

2.1 General context

Zimbabwe's official population estimate was recently revised from 12.9 to 11.8 million³, which makes it the fifth most populated country in the Southern African Region after South Africa, Angola, Mozambique and Malawi. It occupies an area of 391,000 sq km. About 60 percent of Zimbabwe's population live in rural areas, and their livelihoods are largely based on crop production and livestock farming.

In the late 80ies Zimbabwe became a *de facto* one-party state, with the President, Robert Mugabe extending his powers to both presidential and executive authority. In 2000, Mr Mugabe lost the constitutional referendum, but defeated the Movement for Democratic Change (MDC) opposition in the parliamentary elections, although he failed to gain the two-thirds majority needed to change the constitution. Following the seriously flawed 2002 presidential elections, Mr. Mugabe resorted to using state machinery, war veterans and youth militias to spread a culture of intimidation, suppress dissent, gag the media and violate human rights⁴. Repression cast a shadow on the elections in March 2003 and on the subsequent parliamentary elections in March 2005, won over again by ZANU-PF.

The adverse implementation of the Fast Track Land Reform Programme (FTLRP) by the Zimbabwean Government, founded on forcible seizures of mostly white-owned land by ZANU war veterans, and wider inappropriate economic policies, crippled the country and led to an unrelieved shortage of basic commodities and services from 2000 onwards. The crisis had been aggravated by a severe drought in 2002; since then Zimbabwe has been suffering from chronic food insecurity. The country, once the "breadbasket" of the Southern African region, had become a food importer. Today Zimbabwe has one of the world's fastest crumbling economies and faces the overall rapid decline of social services. The spread of HIV/AIDS (over 20% infection rate⁵) is another factor which has a deleterious effect on the humanitarian situation.

2.2 Current situation

The current term in office of Mr. Mugabe, as a President and Head of State, is due to end in 2008. 82-years old Mr. Mugabe said that he would not seek re-election in 2008. Over a year before 2008, the succession fight has already started, the execution of power becomes increasingly chaotic and the seizure of commercial farms and land continues unabated.

Zimbabwe's current economic situation is dramatic, with the critical shortages of fuel and electricity being particularly paralysing. The decline of social services and of access to those services (health care, sanitation, water) and horrendous inflation (approx. 1200% per year) also continue. Hyperinflation, combined with extremely high levels of unemployment (around 80%), greatly limits access to food for the most vulnerable population groups: people living with HIV/AIDS (PLWHA), orphans and other vulnerable children (OVCs), the elderly,

³ Central Statistical Office (CSO) 2005. This is, among others, due to a large scale work-related emigration over the past five years, and the HIV/AIDS pandemic. An estimated 25% of the population has left Zimbabwe in search of economic opportunities and political protection.

⁴ After many international reports, including the analysis by International Crisis Group: 'History of the Crisis'; September 2004

⁵ UNAIDS Report 2006: National adult HIV prevalence is estimated at 20.1%, down from 22.1% in 2003.

widow- and child-headed households, and displaced population groups, including ex-commercial farm workers. The 2006 Zimbabwean Vulnerability Assessment Committee (ZIMVAC) has noted an improvement in the food security status of the rural population of Zimbabwe, estimating a total cereal deficit in the current agricultural season 2006/2007 at 91,000 MT. According to the ZIMVAC estimates, only 83% of the population will be able to meet their cereal needs (compared to 64% last year). Consequently, a cumulative total population of 1.4 million rural people (17%) will not be able to meet their domestic cereal requirements during the current agricultural year (2006/2007). These most vulnerable people are not able to purchase the cereal, even if made available in the market.

The overall humanitarian situation remains complex and precarious; characterized by pockets of humanitarian emergency spread all-over the country. The underlying factor of this situation, apart from adverse governance, is the high prevalence of HIV/AIDS. The epidemic, despite a slight decrease reported in 2005, is at the root cause of the excess in mortality rates in Zimbabwe, reaching humanitarian alert thresholds. Despite EC funding, a third of drugs and medical supplies available in the country, Zimbabwe periodically suffers from shortages of essential drugs.

The outbreak of cholera that occurred in the first months of 2006, added to the vulnerability of the poorest communities. Historically, cholera epidemics have occurred in Zimbabwe every 8-10 years. For the last 3-4 years, however, there have been annual outbreaks in rural areas. In 2006, the outbreak, characterised by a high case fatality rate, also affected Harare and its peri-urban settlements. The overall decline of sanitary and health services, poor access to safe drinking water and low public awareness of cholera and its transmission has further contributed to the spread of the disease.

The country-wide 'clean-up' operation ("Murambatsvina"/"Restore Order"), executed in the winter of 2005, left large groups of the population in urban and sub-urban sites across the country homeless and deprived of their livelihoods⁶. To date, the situation of many displaced people remains of serious concern. Despite some improvement in access to the urban IDPs and construction of temporary shelter - thanks to the assistance of the international community - the provision of safe water and sanitation remains well below acceptable standards, which poses a serious health threat. Access to health care is rudimentary and insufficient and the long-term land tenure uncertain.

These combined developments have exacerbated the humanitarian situation and continue to hamper recovery. According to the human development index (HDI), calculated by the United Nations Development Programme (UNDP), Zimbabwe is a low development country. In recent years Zimbabwe dropped from a HDI ranking of 128 to 151 (out of 177 countries).⁷

3 Identification and assessment of humanitarian needs

The following should be given particular emphasis by the humanitarian community:

Food Aid / Food Security

Zimbabwe, once a net food exporter to the Southern Africa region, has remained below subsistence levels of grain production since the Government of Zimbabwe (GoZ) initiated the Fast Track Land Reform in 2000. Food requirements for human consumption in 2007 are

⁶ Report of UN Special envoy, Mrs. Anna Tibaijuka, July 2005 for further reference.

⁷ Human development Index, HDR 2006

considered to be 1.4 million MT. The Food and Agriculture Organization (FAO) have estimated that the harvest in the 2006/2007 season for maize grain was 1.1 million MT. Based on these calculations, FAO assumes that there will be a maize deficit of approximately 0.3 MT during the marketing year 2006-2007. There are indications that the Government of Zimbabwe has already placed orders to import maize grain from South Africa and Zambia during the recent months. However, a continuously declining economy with high inflation rates, and a shortage of foreign currency may well hamper government efforts.

Despite considerably improved production figures compared to last year (0.6 MT), diminishing purchasing power due to the economic challenges will considerably affect access to food for particularly vulnerable groups. According to the ZIMVAC a cumulative total population of 1.4 million people (2.9 million in 2005), constituting 17 percent (36% in 2005) of the rural population, will not be able to meet their household cereal requirements during the 2006/07 agricultural season, even if cereal is available on the market. Due to the significant improvement of the food security situation in the country, and taking into consideration the new needs scenario, the World Food Programme's (WFP) current operation, from 1 August 2006 to 31 July 2007, will be considerably reduced (1.9 million beneficiaries) compared to last year (4.5 million beneficiaries). During this period, their Targeted Feeding Programme⁸ will cover approximately 900,000 beneficiaries and, during the lean period (December to March) their Vulnerable Feeding Programme will cover approximately 1 million beneficiaries. Throughout the said period, WFP intends to distribute approximately 130,000 MT of food.

According to UNICEF, malnutrition data reveal that acute malnutrition has remained relatively stable at approximately 6%, and well below 10% of the emergency threshold. However, chronic malnutrition has reached 29.4%, at its highest since 1988; this could reveal a close relationship between the current economic situation and the increase in poverty levels. It is important to underline the high percentages of children admitted for severe malnutrition in health centres who are HIV positive.

According to FAO, agricultural production in the country has shifted from developed technological commercial farming to basic subsistence methods, drastically compromising yields from 1.8 MT/Hectare in 1986 to 0.8 MT/Hectare in 2004. The economic breakdown has severely affected production and availability of inputs such as fertilizer. The decline in purchasing power to acquire seed, fertilizer, draught power, and the rise in livestock mortality has undermined the production capacity of vulnerable households, in particular poor households on communal land, which increasingly rely on government and/or international donors' support.

Water and Sanitation

Over the last years, Zimbabwe's population has been experiencing a decline in access to safe water supply and sanitation together with a deterioration of hygiene practices. Several factors have been contributing to the worsening situation of the sector including the economic breakdown and an increased lack of capacity at institutional and community level. UNICEF reports a reduction in the number of people with access to safe drinking water from 70% in 1999 to 60% in 2006; and 40% of rural households using safe sanitary facilities in 2006 as opposed to 60% in 1999.

⁸ TFP includes: School Feeding; Home Base Care and other related minor HIV/AIDS food programmes; IDPs.

The good last rainy season of 2005/2006 has significantly improved surface and underground water levels, relieving pressure on rural water facilities, thus providing livestock with alternative sources of water. The water situation is likely to worsen due to the ongoing economic instability, especially due to financial constraints resulting in the lack of spare parts for pumps and, in some cases, an unavailability of pump manufacturing companies for production.

Poor access to appropriate water and sanitation facilities increases the distress suffered by communities infected and affected by HIV and AIDS, as safe excreta disposal structures and safe water requirements are three times higher for this particular group⁹. Also women-headed households, orphans and other vulnerable children (OVC), and child-headed households (CHH) as well as IDP groups are severely affected since their coping mechanisms have been exhausted.

Currently, 17,068, 24% of rural communal water supply facilities are not functioning according to the National Water and Sanitation Inventory 2004. As a result, there is a daily shortage of safe water supply for drinking and other domestic purposes for approximately 2,500,000 people (Census 2002) in rural areas. Cholera epidemic outbreaks have continued and have affected 27 rural districts and the city of Harare between November 2005 and October 2006, with a total of 1,034 confirmed cases and 70 deaths reported¹⁰. Outbreaks have been associated with poor hygiene, sanitation and, in some cases, shortage of safe drinking water supply in the affected districts. The government's Operation "Murambatsvina" ("Restore Order") of May 2005 rendered thousands IDPs in the urban areas highly vulnerable due to an acute lack of access to safe water supply and basic sanitation services. It is believed that increased poverty is affecting households' hygiene practices and, consequently, increasing disease.

A matter of increasing concern is the degradation of water and sewage systems in most urban areas due to age, excessive load, pump breakdowns and poor operation and maintenance. Despite the good average rainfall over the 2005/06 season there is, for instance, a current, persistent shortage of water in Bulawayo City, which poses a serious threat to the health and well-being of approximately 1,000,000 city residents.

IDPs

The Fast Track Land Reform programme started in 2000 led to the displacement of approximately 200,000 ex-commercial farm workers. In addition, Operation "Murambatsvina" launched in 2005, created approximately 700,000 displaced people. Over the last years the international community has been addressing the needs of both groups, rural and urban, in order to alleviate suffering and improve their living conditions.

The assessment of the conditions of IDPs in Zimbabwe has been extremely challenging and political sensitivity runs very deep into the root causes of the situation. Access to the affected groups and provision of assistance has improved considerably over the last year and so has the condition of targeted beneficiaries. Nevertheless, farms continue to be seized and urban evictions have sporadically continued; therefore, further displacements may continue to occur.

DG ECHO's support to *Rural IDPs* concentrated on the provision of food and non-food assistance, including water and sanitation and livelihood support, such as agricultural inputs

⁹ UNICEF; Consolidated Appeal Process (CAP) for Zimbabwe, 2006

¹⁰ Ministry of Health and Child Welfare, Zimbabwe, October 2006.

where land tenure was guaranteed. At this stage, it is essential to re-assess the numbers in need and the assistance strategy to follow, without neglecting the humanitarian assistance needs of some groups. Beneficiary groups that have been receiving assistance for a number of years have reached living conditions similar to those of the host communities within which they are established. Those IDP groups that have reached good recovery levels should be discharged from IDP-programmes and included, if necessary, in other food security or/and water and sanitation programmes, in order to enhance their self-reliance.

The *urban IDPs* situation has also improved considerably thanks to the provision of food and non-food assistance, including water, sanitation and shelter. However, there is a clear need to continue providing food and non-food items, shelter, water and sanitation, and basic health care services. DG ECHO should also facilitate the involvement of other donors who are providing support to community initiatives to reduce their vulnerability to future risks, thus supporting the development of a more self-sufficient and sustainable community.

Target population and regions concerned:

Province	Target Population	Needs
Matabeleland South	Rural Vulnerable Communities	Food Security including Agriculture, Water and Sanitation
Matabeleland North	Rural Vulnerable Communities	Food Security including Agriculture, Water and Sanitation
Midlands	OVCs	Integrated Child Support
Manicaland	Rural Vulnerable Communities, OVCs and IDPs	Food Security including Agriculture, Water and Sanitation, Integrated Child Support, NFIs
Mashonaland Central	Rural Vulnerable Communities, OVCs and IDPs	Food Security including Agriculture, Water and Sanitation, Integrated Child Support, NFIs
Mashonaland West	Rural Vulnerable Communities, OVCs and IDPs	Food Security including Agriculture, Water and Sanitation, Integrated Child Support, NFIs
Mashonaland East	Rural Vulnerable Communities, OVCs and IDPs	Food Security including Agriculture, Water and Sanitation, Integrated Child Support, NFIs

HIV/AIDS, Orphans and Other Vulnerable Children (OVC)

In 2006, HIV and AIDS has remained the largest cause of mortality in Zimbabwe, with an estimated 3,000 deaths per week. According to the Zimbabwe Demographic and Health Survey 2005-2006, Zimbabwe's HIV prevalence figure is 18% (20.1% according to UNAIDS 2006 report on the global AIDS epidemic). It includes a striking differential in prevalence between women and men of 21% and 15% respectively. A total of 1.8 million people in Zimbabwe are considered to be People Living with HIV and AIDS (PLWHA); of those only slightly over 40,000 patients are receiving anti-retroviral therapy (ART). Life expectancy in Zimbabwe was reported to have dropped to 34 years for women and 37 years for men. Given the above scenario, the impact of HIV/AIDS, combined with other factors, such as the continuously deteriorating macro-economic situation, is increasing the vulnerability of the population as a whole.

The negative impact of HIV/AIDS on vulnerable groups and the economy, in general, can hardly be overemphasized. In households affected by HIV/AIDS, more resources are channelled towards care of the sick, and this reduces the household asset base that is normally geared towards supporting household food deficits. Household production is likely to decline as people in the most productive age group (15-35 years) are particularly affected by HIV/AIDS and thus contribute less to family labour and income generation.

Children are particularly at high risk due to their social status, limited resource base and still developing coping mechanisms. According to UNICEF, of an estimated 1.4 million orphans (children 0-17 years old) in Zimbabwe in 2005, about 75% were orphaned by AIDS. Children in the country are increasingly at risk of child abuse, sexual exploitation, malnutrition, dropping out of school, child labour, and loss of inheritance and property rights.

The majority of OVC are still being cared for through extended family networks. An increasing number of vulnerable children have been losing access to education and other basic social services (health, water, sanitation, food, nutrition, shelter/housing). An underlying cause for this increased vulnerability is the deterioration of parental care and protection as family and social structures disintegrate under the pressure of economic hardship and the impact of HIV/AIDS. Due to the lack of economic resources, even willing extended family members often find it difficult to take in more orphans and vulnerable children in the way they once did traditionally. The society also continues to suffer from various forms of Sexual and Gender Based Violence (SGBV) and harmful traditional/religious/cultural practices.

Recently, the Government of Zimbabwe supported the National Action Plan (NAP) for OVC endorsing the implementation of community based care and support interventions aimed at reaching out to OVC nationwide with basic services. UNICEF is the agency that is managing pooled donor funds (DFID, European Commission, and Swedish International Development Cooperation Agency among others). UNICEF will support organizations implementing OVC programmes all over the country.

Co-ordination

UNOCHA's new office, which became operational at the beginning of 2006, works towards improving co-ordination, transparency and awareness of overall humanitarian activities and enhancing donor's organization. The presence of a significant number of international aid agencies and non-governmental organisations in the country and limited access to reliable information on the humanitarian situation, in particular as regards the IDPs and food security data¹¹, may bring about the risk of duplication and overlap of humanitarian interventions. DG ECHO supports UNOCHA in its role of coordinator of an overall humanitarian action. Furthermore, DG ECHO continually grants its support to FAO and UNICEF in their position of leading agencies in sectoral co-ordination of humanitarian actors' operations in two focal sectors of humanitarian interventions in Zimbabwe respectively: food security and water and sanitation.

4. Proposed DG ECHO strategy

DG ECHO's response will be to focus on an integrated cross-sector package of food aid, food security, water and sanitation, non-food items, protection and coordination, with particular

¹¹ In 2006, as in the three previous years, FAO/WFP was prevented from carrying out the Crop and Food Supply Assessment Mission (CFSAM) to Zimbabwe.

attention being paid to DG ECHO's strategic priorities, vulnerable groups (covering internally displaced population, PLWHA, OVC etc) and HIV/AIDS prevention mainstreaming. Food security and water and sanitation interventions can in the medium-term possibly improve conditions for vulnerable groups, including IDPs, by increasing their own capacity to provide food security at household level. Food security interventions will, on the one hand, reduce the reliance of affected populations on food aid, and on the other, restore people's dignity by increasing their self-sufficiency. The food aid distribution, to be carried out by WFP and NGOs, will co-ordinate with and complement agricultural and food security interventions¹².

DG ECHO's continued support to food security programmes is to reinforce the coping capacities of vulnerable households to overcome the impact of the deteriorating food security situation. However, long-term food security recovery programmes are a far more appropriate and effective tool for guaranteeing more sustainable subsistence agriculture. To this effect, DG ECHO's role in supporting recovery programmes should be decreased in favour of long term, multi-year programmes, such as the current EC Food Security Budget Line and DFID's Protracted Relief Programme. Therefore, a proposed decrease in DG ECHO's support to food security programmes is considered besides adhering to a more basic humanitarian food security approach and activities.

During the last three years, DG ECHO has been one of the largest donors in funding emergency water and sanitation interventions. The previously described situation deserves continuous support to water and sanitation programmes in Zimbabwe. However, DG ECHO should concentrate on basic humanitarian actions that guarantee access to water and sanitation facilities. Comprehensive and sustainable long-term water and sanitation programmes are considered more appropriate to tackle the country's degraded water infrastructure. Different instruments like the EU-ACP Water Facility and the DFID Protracted Relief Programme provide for good examples of funding for multi-year interventions. DG ECHO will, therefore, focus on supporting humanitarian interventions promoting linkages between basic water point rehabilitation and food production, i.e. in the form of nutritional gardens. Furthermore, DG ECHO will support hygiene promotion and awareness combined with distribution of hygiene kits, where appropriate.

DG ECHO will continue to provide assistance to both rural and urban mobile vulnerable populations in the form of food, non-food items, shelter, water and sanitation, basic health care services, and livelihood recovery assistance. To allow effective assistance, new caseload assessments should be conducted countrywide in order to define the need for assistance, the number of beneficiaries and the type of assistance required. At the same time DG ECHO will focus its support on the urgent needs of the yet unassisted IDP caseload. It is important to underline that DG ECHO's approach should be cautious and focus on basic humanitarian aid in order not to favour IDPs over what are often also extremely poor host communities.

DG ECHO's support to OVC programmes should only concentrate on basic assistance. The wider needs of OVC, including psycho-social support, will be covered by UNICEF in the framework of the multi-year NAP. Once children become orphans, apart from the psychosocial trauma, they immediately experience shortages of the most basic commodities, including clothes, shoes, blankets, hygiene products and other household items, as income generation disappears with the absence of the adult members of the household. DG ECHO's

¹² Food aid is not a subject of this Global Plan, it will however be funded under DG ECHO Global Food Aid Plan 2007.

role in addressing these basic needs, can be of added value, bridging the immediate gap and serving as a linkage to the long term NAP.

4.1 Coherence with DG ECHO's overall strategic priorities

The strategy proposed under this decision is consistent with the overall DG ECHO strategic priorities in three ways:

- **Needs-based approach:** Geographic priorities in DG ECHO are defined every year by a combination of field level needs assessments and analyses of aggregated data on relevant humanitarian indicators (food insecurity, access to water and sanitation facilities, IDPs, mortality and morbidity rates, malnutrition rates, OVCs, PLWHA etc). There is also a comprehensive consultation of humanitarian actors and stakeholders. Zimbabwe has been identified as one of the countries most affected by poverty, natural and man-made disasters in DG ECHO's Global Humanitarian Needs Assessment.
- **Humanitarian crisis:** The situation in Zimbabwe continues to be of major concern. DG ECHO will continue to support humanitarian interventions in order to mitigate the impact of an enduring crisis on the most vulnerable population groups. In accordance with DG ECHO's policy as a humanitarian donor, DG ECHO's response to the crisis, which resulted from combination of major policy constraints (e.g. Land Reform process), continued adverse governance, the devastating effects of the HIV/AIDS pandemic and erratic weather conditions, must be limited to and pertinent to its emergency mandate and type of response, which is short-term in nature.
- **Promoting quality humanitarian aid through systematically mainstreaming cross-cutting issues into its operations:** Support to cross-cutting issues will be provided by mainstreaming them into the individual projects identified by the partners (e.g. a non-exhaustive list of issues may include HIV/AIDS, gender, women and children, protection, co-ordination. etc).

4.2 Impact of previous humanitarian response

DG ECHO has been present in Zimbabwe since June 2002, providing funding for humanitarian aid projects implemented by UN Agencies, International Organizations, the Red Cross and various International NGOs, aimed at alleviating the deterioration of the humanitarian situation in Zimbabwe. Since 2002 to date, DG ECHO has adopted seven financial decisions for a total of EUR 80,872,692.00 to respond to the growing needs of the most vulnerable populations in Zimbabwe, benefiting beneficiaries as follows:

YEAR	EUROS	BENEFICIARIES	SECTORS
2002	15,476,899.00	2,146,047	Food Security (Agriculture); Home Based Care – HIV/AIDS; Water and Sanitation; Nutrition; UN Co-ordination; Orphans & Other Vulnerable Children; and Internally Displaced Populations.
2003	23,395,793.00	3,157,081	
2004	15,000,000.00	1,740,233	
2005	15,000,000.00	1,331,442	Food Security (Agriculture); Food Aid; Water and Sanitation; Internally Displaced Populations; and Orphans & Other

			Vulnerable Children.
2006	12,000,000.00	3,446,014	Food Security (Agriculture); Water and Sanitation; Health; Internally Displaced Populations; Orphans & Other Vulnerable Children; and Humanitarian Co-ordination.

The humanitarian situation in Zimbabwe continues to be characterised by a) significant humanitarian needs such as: pockets of food insecurity, cholera outbreaks, and recent re- evictions; and b) chronic vulnerabilities such as: inadequate access to basic social services, insufficient agricultural inputs, disrupted livelihoods, continuous economic decline, emigration of skilled and unskilled labour and the HIV/AIDS pandemic.

Although it is too early to give a complete picture of the results of DG ECHO's humanitarian response in 2006, as programmes are on-going, the expected results can be indicated as follows:

Food Security (Agriculture): Improved food security conditions in targeted rural vulnerable communities, including OVCs and PLWHA, through the provision of seeds, fertilizer, training, improved farming techniques and micro irrigation kits. Enhancement of the co- ordination mechanism in the food security sector.

Water & Sanitation: Improved access to safe drinking water and sanitation facilities in rural communities and improved knowledge of health and hygiene management through construction and/or rehabilitation of water points (boreholes, deep wells and open wells); construction of sanitation facilities and health and hygiene training.

Internally Displaced Populations and Other Vulnerable Groups: Reinforced food security and well being of IDPs and other vulnerable groups, OVC's and PLWHA, increased availability of non-food items, water and sanitation, hygiene products. HIV/AIDS awareness and prevention was mainstreamed through all of the above mentioned programmes.

Coordination: Strengthened co-ordination mechanism of humanitarian actors; improved effectiveness and efficiency of humanitarian interventions; completed mapping and improved co-ordination of nutrition and water and sanitation activities.

4.3 Co-ordination with activities of other donors and institutions

The deterioration of the humanitarian situation in Zimbabwe is mainly due to the considerable socio-economic breakdown and HIV/AIDS; therefore, international humanitarian aid and transitional relief support will continue to be needed in the course of 2007. The European Commission/DG ECHO provides a large share of humanitarian aid made available to Zimbabwe and support to many NGOs and UN Agencies. Other donors currently providing assistance in the country are DFID, SIDA, Dutch-, Irish-, Spanish-, German-, French-, Norwegian-, Japanese-, and South African Governments, AusAID, CIDA, and USAID¹³. UN Agencies represented in the country are UNOCHA, UNDP, UNICEF, FAO, UNAIDS, UNIFEM, UNFPA, WFP, IOM, WHO, ILO and UNHCR.

An UNOCHA Country Office supported by DG ECHO works towards strengthening the humanitarian co-ordination mechanisms, facilitating joint needs assessments and promotes linkages between relief and transitional support initiatives. A Financial Tracking Service of humanitarian contributions, shared with all key stakeholders, ensures transparency of

¹³ AusAID - the Australian government's overseas aid program; CIDA – Canadian International Development Agency; USAID - United States Agency for International Development.

humanitarian response. Monthly sectoral co-ordination meetings continue to take place on Food Aid/Food Security, Agricultural Recovery, Nutrition, Health, Water and Sanitation, IDPs/Protection/Shelter, Child Protection, and HIV/AIDS. UNOCHA will also work actively with each cluster/sector to strengthen working groups and support the implementation of the humanitarian reform (e.g. co-ordination, clusters, CERF). In addition, with DG ECHO funding, UNOCHA is focusing on improving the relationship between the Government and the humanitarian community, through dialogue and reciprocal information sharing.

4.4 Risk assessment and assumptions

Despite the fact that the governing ZANU-PF party has succeeded in consolidating power after the March 2005 election, the situation in the country remains volatile. 82-year-old President Mugabe, who has led Zimbabwe since independence in 1980, is due to retire in 2008. The succession struggle has already started and the execution of power in the country seems to become increasingly chaotic. The governing Zanu-PF party is said to be looking at delaying the presidential poll until 2010 so that it would coincide with planned parliamentary elections. However, another option would be taking up a dialogue with the opposition with a view to a possible interim government to govern until the 2010 parliamentary elections. However, the opposition, Movement for Democratic Change (MDC), remains divided and weakened by the recent government crackdown on the Trade Unions, banning their September 2006 protests and arresting and assaulting the leaders.

Operation "Restore Order" ("Murambatsvina") had heavy repercussions on great parts of the population, which have moved or have been forcibly displaced to rural areas. The operation further undermined overstretched coping capacities of many rural households. In the aftermath of the infamous "clean up", the authorities continued to crack down on allegedly illegal dwellings and small businesses in towns and cities. In the course of 2006, a number of "clearouts" of informal businesses and forced displacement of small groups of people has been reported. Despite some improvements in access to forcibly displaced people in urban sites, and the government proving to be less obstructive than in 2005, the whole IDPs caseload across the country, in both rural and urban areas remains in a greatly politicized context. The provision of the humanitarian assistance to these groups has proved to be complex and difficult.

The NGO Bill, pending since February 2005, remains a serious threat to non-governmental organisations, primarily for the local human rights organisations, but also possibly for international humanitarian NGOs. The Bill violates the right of freedom of association and significantly extends government control over organisations provided for in the current Private Voluntary Organizations (PVO) Act, which it seeks to repeal. The Bill, if signed, would in practice give discretionary powers to the government to decide whether an NGO is allowed to work or not.

These combined factors pose a risk to development overall and, more particularly, to the humanitarian situation in the country. However, it should be underlined that no major difficulties in carrying out the humanitarian interventions or significant problems of access to beneficiaries or project areas have been noted in 2006.

4.5 Components of DG ECHO Strategy¹⁴

4.5.1 Principal objective

To mitigate the impact of socio-economic breakdown in Zimbabwe by reinforcing the coping mechanisms of the vulnerable populations.

4.5.2 Specific objectives

- Specific objective 1: To safeguard the nutritional status of vulnerable groups, mitigate further depletion of households' assets and address households' livelihood restoration through emergency food security (agricultural) interventions linked to long-term food security recovery programmes.
- Specific objective 2: To increase access to safe water sources; basic sanitation facilities; and hygiene/health awareness education, by funding water and sanitation programmes and basic irrigation systems, linked, when possible and appropriate, to food security (agricultural) production to address basic food needs.
- Specific objective 3: To provide basic integrated assistance to IDPs and other vulnerable groups in order to cater for their urgent needs whilst linking these activities to transitional support mechanisms. This will include the reduction of morbidity and mortality of the most vulnerable populations and the saving and preserving of life during emergencies and their immediate aftermath through the provision of basic health care. It will also include the strengthening of the general and sectoral co-ordination mechanisms of humanitarian actors and their interventions.
- Specific objective 4: To maintain the existing technical assistance in the field in order to continue assessing needs, appraising project proposals, co-ordinating and monitoring the implementation of operations.

Components:

- Specific objective 1: Provision of seed packages, fertilizer, training, improved farming techniques and micro irrigation systems to targeted vulnerable populations. Strengthening food security co-ordination mechanisms. HIV/AIDS prevention mainstreaming in all emergency response activities whilst linking information on HIV/AIDS with behavioural change approach.
- Specific objective 2: Construction and/or rehabilitation of water points (boreholes, deep wells and open wells), micro-irrigation systems linked to food security (agricultural) activities; construction of sanitation facilities; provision of hygiene kits;

¹⁴ Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and Commission Regulation (EC, Euratom) No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002). Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action. Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in ECHO's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at http://ec.europa.eu/echo/index_en.htm.

and provision of hygiene/health awareness education. HIV/AIDS prevention mainstreaming in all emergency response activities while linking information on HIV/AIDS with behavioural change approach.

- Specific objective 3: Provision of non-food items, hygiene products and temporary/transitional shelter; access to safe water sources and sanitation facilities; HIV/AIDS prevention, mitigation and awareness to IDPs and other vulnerable groups Provision of basic health care services and medical supplies to the most vulnerable populations. Strengthening of general and sectoral co-ordination mechanisms of humanitarian actors and their interventions, including: assessments, information systems and mapping.
- Specific objective 4: The Commission will continue maintaining DG ECHO's support office in Harare (Zimbabwe). The office will continue to provide technical assistance and support for the implementation of relief projects in Zimbabwe and the Southern Africa Region.

4.5.3 Results

- Specific objective 1: The nutritional status of targeted vulnerable communities has not deteriorated any further; depletion of households' assets has been mitigated and households' livelihood restoration has been linked to long-term food security recovery programmes.
- Specific objective 2: Targeted vulnerable communities' access to safe drinking water sources, basic food requirements, and basic sanitation facilities has increased and their hygiene practices have improved.
- Specific objective 3: IDPs' and other vulnerable groups' emergency needs have been catered for through basic holistic assistance and linked to transitional support mechanisms. Effectiveness and efficiency of humanitarian interventions have been improved by strengthening the co-ordination mechanisms of humanitarian actors.
- Specific objective 4: DG ECHO operations in Zimbabwe and in the Southern Africa Region are monitored and supervised in a transparent and effective manner through its field office.

4.6. Duration

The duration for the implementation of this decision will be 18 months. Considering that the situation in Zimbabwe will remain unpredictable and highly volatile, an implementation duration of 18 months is necessary for this decision, thus allowing maximum flexibility to adapt the implementation of relief operations to the prevailing unstable and uncertain working environment. Humanitarian operations funded by this decision must be implemented within this period. If the implementation of the actions envisaged in this decision is suspended due to force majeure or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the decision.

Expenditure under this Decision shall be eligible from 1 March 2007
Start Date: 1 March 2007

4.7 Amount of decision and strategic programming matrix

Principal objective: To mitigate the impact of the socio-economic breakdown in Zimbabwe by reinforcing the coping mechanisms of the vulnerable populations.

Specific objectives	Allocated amount by specific objective	Possible geographical area of operation	Activities	Potential partners
Specific obj.1: To safeguard the nutritional status of vulnerable groups, mitigate further depletion of households' assets and address households' livelihood restoration through emergency food security (agricultural) interventions linked to long-term food security recovery programmes.	2,200,000	Matabeleland South Matabeleland North Manicaland Mashonaland Central Mashonaland West Mashonaland East	Provision of seed packages, fertilizer, training, improved farming techniques and micro irrigation systems to targeted vulnerable populations. Strengthening food security co-ordination mechanisms. HIV/AIDS prevention mainstreaming in all emergency response activities while linking information on HIV/AIDS with behavioural change approach.	- COSV - MILAN - HELP - UN - FAO - WORLD VISION – UK - SCF - CONCERN - GOAL - GERMAN AGRO ACTION - ACF - CARE
Specific obj.2: To increase access to safe water sources; basic sanitation facilities; and hygiene/health awareness education, by funding water and sanitation programmes and basic irrigation systems, linked, when possible and appropriate, to food security (agricultural) production to address basic food needs.	2,600,000	Matabeleland South Matabeleland North Manicaland Mashonaland Central Mashonaland West Mashonaland East	Construction and/or rehabilitation of water points (boreholes, deep wells and open wells) linked to food security (agricultural) activities; construction of sanitation facilities; provision of hygiene kits; and provision of hygiene/health awareness education. HIV/AIDS prevention mainstreaming in all emergency response activities while linking information on HIV/AIDS with behavioural change approach.	- ACF - GERMAN AGRO ACTION - UN - UNICEF - WORLD VISION DEU - SCF - CONCERN - GOAL - PRACTICAL ACTION - CARE

Specific obj.3: To provide basic integrated assistance to IDPs and other vulnerable groups in order to cater for their urgent needs whilst linking these activities to transitional support mechanisms. This will include the reduction of morbidity and mortality of the most vulnerable populations and the saving and preserving of life during emergencies and their immediate aftermath through the provision of basic health care. It will also include the strengthening of the general and sectoral co-ordination mechanisms of humanitarian actors and their interventions.	2,400,000	Nationwide	Provision of non-food items, hygiene products and temporary/transitional shelter; access to safe water sources and sanitation facilities; HIV/AIDS prevention, mitigation and awareness to IDPs and other vulnerable groups. Provision of basic health care services and medical supplies to the most vulnerable populations. Strengthening of general and sectoral co-ordination mechanisms of humanitarian actors and their interventions, including: assessments, information systems and mapping.	- IOM - UN - UNICEF - UN - OCHA - WHO - UNFPA - DIE JOHANNITER
Specific obj.4: To maintain the existing technical assistance in the field in order to continue assessing needs, appraising project proposals, coordinating and monitoring the implementation of operations.	200,000	Nationwide and in the Southern Africa Region.	The Commission will continue maintaining a DG ECHO support office in Harare (Zimbabwe). The office will continue providing technical assistance and support in the implementation of relief projects in Zimbabwe and the Southern Africa Region.	
Contingency reserve, max. 10% of the total amount	600,000			
TOTAL	8,000,000			

5. EVALUATION

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of DG ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

http://ec.europa.eu/echo/evaluation/index_en.htm

6. BUDGET IMPACT ARTICLE 23 02 01

	CE (EUR)
Budget Appropriations for 2007	485,000,000
Supplementary Budgets	-
Transfers	-
Total Available Credits	485,000,000
Total amount of the decision	8,000,000

7. ANNEXES

Annex 1: Statistics on the humanitarian situation

Annex 2: Map of country and location of DG ECHO operations

Annex 3: List of previous DG ECHO operations

Annex 4: Other donors' assistance

Annex 5: List of abbreviations

Annex 1: Statistics on the humanitarian situation in the Southern Africa

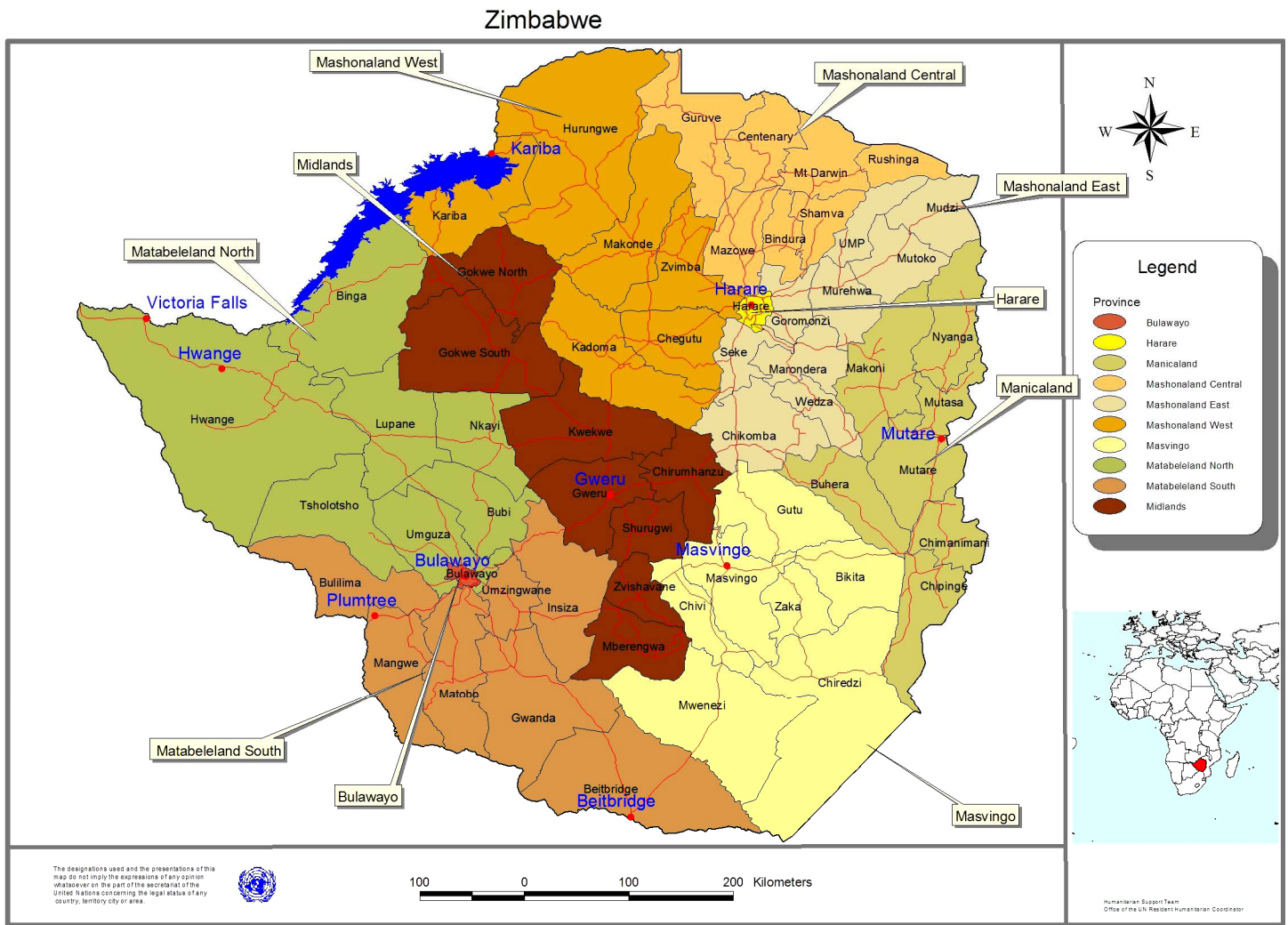
Global Index for Humanitarian Needs Assessment (GNA 2006/07)			I	II	III	IV	V	VI	VII	VIII
DG ECHO Directorate- General for Humanitarian Aid			HDR 2005 UNDP Human Developme nt Index HDI	HDR 2005 UNDP Human Poverty Index HPI	CRED Natural Disasters + Droughts	HIK 2005 Conflicts	IDPs & Refugees/ Total Population	UNICEF 2006 %of Children under WEIGHT (age<5)	UNICEF 2006 %of Child Mortality Rate (age<5)	WHO HIV + Malaria + Tuberculosis
			Countries ranking including ODA	2006-07	2006-07	2006-07	2006-07	2006-07	2006-07	2006-07
Rank	Country	Average	Score	Score	Score	Score	Score	Score	Score	Score
70	LESOTHO	2	3	3	3	0	0	2	2	3
75	MALAWI	2,375	3	3	3	0	1	3	3	3
86	MOZAMBIQUE	2,375	3	3	3	0	1	3	3	3
116	SOUTH AFRICA	1,5	1	2	1	0	1	2	2	3
120	SWAZILAND	2,25	3	3	3	0	1	2	3	3
138	ZAMBIA	2,75	3	3	3	0	4	3	3	3
139	ZIMBABWE	2,625	2	3	3	0	5	2	3	3

Key:		Score parameters1: GNA average	
3	high need	>	2,0
2	medium need		
1	low need	<	1,0
0	No need		

Key:		Score parameters2: IDPs & Refugees / Total population	
6	high need	>	5%
5		>	1,7%
4	medium need	>	0,4%
3		>	0,17%
2	low need	>	0,06%
1		>=	0,005%
0	no need	<	0,005%

Source: The draft DG ECHO Global Index for Humanitarian Needs Assessment 2006/07. The information used in the GNA comes from OECD, CRED, HIK and UN organisations. It complements needs assessments at field level. The above table reflects the global humanitarian situation in these countries in a comparative perspective across eight aggregated indicators. It draws on data collected by international organisations like UNICEF, UNHCR etc in recent years at national level. The reliability of the data may be limited given the unstable environment and time in which they were collected. Due to the high level of aggregation they may also not precisely reflect existing "pockets of needs" at subnational level. They can nevertheless provide a general indication on the severity of the humanitarian situation in a comparative perspective in the absence of other, more reliable data. The method is based on a ranking of each country for each indicator into a scale from 1 (low need) to 3 (high need) and an average across indicators. However, the scale for indicator five ranks from 0 (no need) to 6 (high need) providing a more detailed ranking of needs.

Annex 2: Map of country and location of DG ECHO operations



Annex 3: List of previous DG ECHO operations

List of previous DG ECHO operations in Zimbabwe					
			2004	2005	2006
Decision number	Decision type		EUR	EUR	EUR
ECHO/ZWE/BUD/2004/01000	Non emergency		15,000, 000		
ECHO/ZWE/BUD/2005/01000	Non emergency			15,000, 000	
ECHO/ZWE/BUD/2006/01000	Non emergency				12,000, 000
	Subtotal				
	Total (y-2)+(y-1)+(y)				42,000,000
Dated : 14/11/2006					
Source : HOPE					

Annex 4: Other Commission services / other donors' contributions

Donors in Zimbabwe the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		ECHO	12,000,000	US	26,441,499
Belgium	150,000	Other services	50,900,000 (3)	Canada	342,164
Bulgaria				Japan	2,437,383
Cyprus				Norway	32,731
Czech republic				Switzerland	272,055
Denmark	277,531			South Africa	6,249
Estonia				Australia	1,189,157
Finland				Private donors	407
France	700,000			CERF	1,055,700
Germany	1,594,496				
Greece	48,969 (2)				
Hungary					
Ireland	3,695,000				
Italy	458,577(2)				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	2,656,961				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	711,401				
Sweden	4,559,797				
United kingdom	29,049,141 (2)				
Subtotal		Subtotal	62,900,000	Subtotal	31,777,345
Subtotal	43,901,873	Grand total	138,579,218		
		Grand total	138,579,218		

Dated : 20/11/2006

1 Source : DG ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>

2 Source: UNOCHA. The UNOCHA figures were in USD and were converted at a rate of USD1 = EUR 0.77958
3 Source: EC services

Annex 5: List of Abbreviations

ACF	Action Contre le Faim / Action Against Hunger
AusAID	Australian Government's Overseas Aid Program
CAP	Consolidated Appeal Process
CIDA	Canadian International Development Agency
COSV	Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario
DFID	Department for International Development, UK
DG ECHO	Directorate General for Humanitarian Aid (ECHO), European Commission
EC	European Commission
EDF	European Development Fund
EU	European Union
FAFA	Financial and Administrative Framework Agreement
FAO	Food and Agriculture Office
FPA	Framework Partnership Agreement
GAA	German Agro-Action
GNA	Global Needs Assessment
GoZ	Government of Zimbabwe
GP	Global Plan
HDI	Human Development Index
HDR	Human Development Report
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HPI	Human Poverty Index
IOM	International Organisation for Migration
IDPs	Internally Displaced Persons
NFIs	Non-food Items
NGOs	Non-Governmental Organisations
MDC	Movement for Democratic Change
MoU	Memorandum of Understanding
OCHA	Office for Co-ordination of Humanitarian Aid
OVC	Orphans and Other Vulnerable Children
PLWHA	People Living with HIV/AIDS
SIDA	Swedish International Development Agency
UDI	Unitaral Declaration of Independence
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Committee for Refugees
USAID	United States Agency for International Development.
WFP	World Food Programme
WVI	World Vision International
ZANU	Zimbabwe African National Union
ZAPU	Zimbabwe African People's Union
ZIMVAC	Zimbabwe Vulnerability Assessment Committee

COMMISSION DECISION

of on the financing of a Global Plan for humanitarian operations from the budget of the European Communities in ZIMBABWE

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid¹⁵, and in particular Article 15(2) thereof,

Whereas:

- 1) Zimbabwe will continue to face a protracted emergency situation due to political instability, adverse governance and socio-economic breakdown;
- 2) The country is faced with insufficient agricultural production, high HIV/AIDS infection rates, and a rapidly growing number of AIDS orphans estimated at 1.1 million living under extreme vulnerability;
- 3) Of particular concern are the protection and living conditions of the estimated 800,000 internally displaced population and a further 700,000 individuals affected by the clean-up campaign;
- 4) It is essential to continue supporting the implementation of an integrated emergency intervention to reduce the extreme vulnerability of population groups at particular risk in Zimbabwe;
- 5) In order to maximize the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field;
- 6) In order to provide a coherent framework for action in Zimbabwe, where the scale and complexity of the humanitarian crisis is such that it seems likely to continue;
- 7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 18 months;
- 8) It is estimated that an amount of 8,000,000 EUR from budget line 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to extreme vulnerable populations, taking into account the available budget, other donors' interventions and other factors;
- 9) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002¹⁶, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by

¹⁵ OJ L 163, 2.7.1996, p. 1-6

¹⁶ OJ L 248, 16.9.2002, p. 1

Regulation (EC, Euratom) No 2342/2002¹⁷ and last amended by Regulation (EC, Euratom) No 1248/2006¹⁸, and Article 15 of the internal rules on the implementation of the general budget of the EC¹⁹.

- 10) In accordance with Article 17 (3) of Regulation (EC) No.1257/96 the Humanitarian Aid Committee gave a favourable opinion on 25 January 2007.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of 8,000,000 EUR for a Global Plan for humanitarian aid operations for assistance to vulnerable population groups in Zimbabwe, by using line 23 02 01 of the 2007 general budget of the European Communities.
2. In accordance with Articles 2 and 4 of Regulation (EC) No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
 - To safeguard the nutritional status of vulnerable groups, mitigate further depletion of households' assets and address households' livelihood restoration through emergency food security (agricultural) interventions linked to long-term food security recovery programmes.
 - To increase access to safe water sources; basic sanitation facilities; and hygiene/health awareness education, by funding water and sanitation programmes and basic irrigation systems, linked, when possible and appropriate, to food security (agricultural) production to address basic food needs.
 - To provide basic integrated assistance to IDPs and other vulnerable groups in order to cater for their urgent needs whilst linking these activities to transitional support mechanisms. This will include the reduction of morbidity and mortality of the most vulnerable populations and the saving and preserving of life during emergencies and their immediate aftermath through the provision of basic health care. It will also include the strengthening of the general and sectoral co-ordination mechanisms of humanitarian actors and their interventions.
 - To maintain the existing technical assistance in the field in order to continue assessing needs, appraising project proposals, co-ordinating and monitoring the implementation of operations.

The amounts allocated to each of these objectives and to the contingency reserve are listed in the annex to this decision.

¹⁷ OJ L 357, 31.12.2002, p. 1

¹⁸ OJ L 227, 19.8.2006, p.3

¹⁹ Commission Decision of 06.02.2006, SEC(2006)131

Article 2

Without prejudice to the use of the contingency reserve, the Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision.

Article 3

1. The duration for the implementation of this decision shall be for a maximum period of 18 months, starting on **1 March 2007**.
2. Expenditure under this Decision shall be eligible from **1 March 2007**.
3. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 4

1. The amount of EUR 8,000,000 shall be conditional upon the necessary funds being available under the 2007 general budget of the European Communities.
2. This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Specific objectives	Amount per specific objective (EUR)
1. To increase access to safe water sources; basic sanitation facilities; and hygiene/health awareness education, by funding water and sanitation programmes and basic irrigation systems, linked, when possible and appropriate, to food security (agricultural) production to address basic food needs.	2,200,000
2. To increase access to safe water sources; basic sanitation facilities; and hygiene/health awareness education, by funding water and sanitation programmes and basic irrigation systems, linked, when possible and appropriate, to food security (agricultural) production to address basic food needs.	2,600,000
3. To provide basic integrated assistance to IDPs and other vulnerable groups in order to cater for their urgent needs whilst linking these activities to transitional support mechanisms. This will include the reduction of morbidity and mortality of the most vulnerable populations and the saving and preserving of life during emergencies and their immediate aftermath through the provision of basic health care. It will also include the strengthening of the general and sectoral co-ordination mechanisms of humanitarian actors and their interventions.	2,400,000
4. To maintain the existing technical assistance in the field in order to continue assessing needs, appraising project proposals, coordinating and monitoring the implementation of operations.	200,000
CONTINGENCY RESERVE	600,000
TOTAL	8,000,000