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COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels,
C(2008) XXX final

Draft

COMMISSION DECISION

of [...]

**the financing of a Global Plan for humanitarian operations from the budget of the
European Communities in Zimbabwe
(ECHO/ZWE/BUD/2008/01000)**

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**the financing of a Global Plan for humanitarian operations from the budget of the
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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 aid¹, and in particular Articles 2 and 4, and Article 15(2) thereof,

Whereas:

- (1) Zimbabwe will continue to face a protracted emergency situation due to adverse governance and socio-economic breakdown;
- (2) The country is faced with a collapsing health service due to lack of essential medicines and equipment, and the migration of qualified staff. This situation is compounded by the wider HIV and AIDS epidemic;
- (3) The limited availability of safe water and the precarious hygiene conditions are causes for great concern, as demonstrated by the increased occurrence of epidemic outbreaks of diarrhoeal diseases, including cholera ;
- (4) The drought of end 2006-2007 and the floods of end 2007-2008 have compounded the effects of socio-economic collapse;
- (5) It is essential to continue supporting the emergency delivery of basic services to displaced and mobile populations at particular risk as a consequence of natural and man-made disasters;
- (6) In order to maximize the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field;
- (7) It is necessary 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;
- (8) 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,
- (9) It is estimated that an amount of EUR 10,000,000 from budget article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to more than 1,000,000 vulnerable people, taking into account the available budget, other donors' interventions and other factors,

¹ 1- OJ L 163, 2.7.1996, p. 1-6, Regulation as amended by Regulation (EC, Euratom), n° 1882/2003, OJ L 284, 31.10.2003, p. 1

- (10) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002², Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002³, and Article 15 of the Internal Rules on the Implementation of the general budget of the European Communities⁴.
- (11) In accordance with Article 17(3) of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 9 June 2008.

HAS DECIDED AS FOLLOWS:

Article 1

1. 1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves an amount of EUR 10,000,000 for a Global Plan for humanitarian aid operations for vulnerable populations in Zimbabwe from article 23 02 01 of the 2008 general budget of the European Communities.
2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
 - To relieve human suffering caused by natural and man-made disasters through the provision of humanitarian assistance in different sectors, including health, water and sanitation, protection, support to displaced and mobile groups
 - To support community preparedness to respond to the consequences of epidemic outbreaks, natural or man-made disasters
 - To contribute to the strengthening of the general and sectoral co-ordination mechanisms of humanitarian actors and 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 specific objectives are listed in the annex to this Decision.

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific 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 and does not exceed EUR 2,000,000.

² 2- OJ L 248, 16.9.2002, p.1. Regulation as last amended by Regulation (EC, Euratom) No 1995/2006, OJ L 390, 30.12.2006, p.1 and by Regulation (EC, Euratom) No 1525/2007 of 17 December 2007, OJ L 343 of 27.12.2007, p. 9.

³ 3-OJ L 357, 31.12.2002, p.1 Regulation as last amended by Commission Regulation (EC Euratom) No. 478/2007, OJ L 111 of 28.4.2007, P. 13

⁴ 4-Commission Decision of 5.3.2008, C/2008/773

Article 3

1. The duration of the implementation of this Decision shall be for a period of 18 months, starting on 1 August 2008.
2. Expenditure under this Decision shall be eligible from 1 August 2008.
3. If the actions envisaged in this Decision are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 4

1. The Commission shall implement the budget by direct centralised management or by joint management with international organisations.
2. The actions supported by this Decision will be implemented by humanitarian aid organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA).
3. Taking account of the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this Decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation.

Article 5

This Decision will 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	Targeted beneficiaries	Amount per specific objective (EUR)
To relieve human suffering caused by natural and man-made disasters through the provision of humanitarian assistance in different sectors, including health, water and sanitation, protection, support to displaced and mobile groups	1,040,000	8,200,000
To support community preparedness to respond to the consequences of epidemic outbreaks, natural or man-made disasters	10,000	1,000,000
To contribute to the strengthening of the general and sectoral co-ordination mechanisms of humanitarian actors and interventions	National	600,000
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	1,050,000	200,000
TOTAL		10,000,000



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**HUMANITARIAN AID
for
vulnerable populations
in
Zimbabwe**

GLOBAL PLAN 2008

Humanitarian Aid Committee – June 2008

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1. EXECUTIVE SUMMARY

In the late 1980s, Zimbabwe became a *de facto* one-party state, with President Robert Mugabe extending his powers to both presidential and executive authority. He sought re-election once again on 29 March 2008, opposed for the first time by a candidate from within his own party standing as an independent, as well as by the Movement for Democratic Change. The country, once the breadbasket of southern Africa, has become a food importer, has one of the world's fastest crumbling economies and faces the overall rapid decline of social services. The spread of HIV/AIDS is another factor which continues to have a deleterious effect on the humanitarian situation. The effects of the socio-economic collapse are being felt widely by urban, peri-urban, and rural dwellers alike. Access to foodstuffs and essential household and hygiene commodities, as well as to essential medicines, has become increasingly difficult. Inflation spiralled to more than 100,000% at the end of 2007, creating huge pressure on the banking system, on electricity provision, and on access to foreign exchange.

The limited availability of safe water is a cause for great concern all over the country. Epidemic outbreaks of diarrhoeal diseases, including cholera, have appeared regularly in peri-urban areas since mid-2007. Health services are, furthermore, greatly affected by the migration of qualified staff, and by the incidence of HIV and AIDS among staff as well as in the general population. The overall humanitarian situation remains complex and precarious; characterized by pockets of humanitarian emergency spread all over the country.

The main challenge remains how to intervene to mitigate this process of deterioration, to protect the capacity for ensuring the delivery of basic services and prevent a major humanitarian crisis which, in turn, would require major resources to save lives and which would require massive support. At the time of writing the final results of the March elections are still not available. In view of the violence which has marked the elections of recent years, the possibility of population movements during this unstable post-election period cannot be ignored.

DG ECHO's⁵ response will be to focus on the sectors where the needs are greatest and where the humanitarian and food aid budget lines respectively can bring the best added value and complementarity. The funds made available through this Global Plan will, therefore, be used to support – as a priority - interventions in the crucially important health and water and sanitation sectors, with attention being paid to residual needs of the longer-term displaced and the emergency needs of those newly displaced due to, for example, violence around the period of the elections. At this stage, EUR 15,000,000 has been made available from the 2008 food aid budget line managed by DG ECHO, which will be used to fund food aid and emergency food security interventions. In both cases, DG ECHO will work closely with the European Commission's Delegation in Harare in order to ensure coherence and bolster the link between emergency humanitarian interventions and medium- and long-term programmes (LRRD)⁶ funded in the health sector by the European Development Fund (EDF). All interventions funded by DG ECHO will include a component of HIV and AIDS prevention and awareness activities,

⁵ Directorate-General for humanitarian aid – ECHO

⁶ Linking Relief Rehabilitation and Development

in line with the priorities of the HIV and AIDS guidelines.

An amount of EUR 10,000,000 is foreseen for interventions which will start as of 1 August 2008, for a maximum period of 18 months.

2. CONTEXT AND SITUATION

2.1. General Context

Occupying an area of 391,000 km², Zimbabwe's official population estimate was recently revised from 12,900,000 to 11,800,000⁷, 60% of whom live in rural areas with livelihoods largely based on crop production and livestock farming.

In the late Eighties, Zimbabwe became a *de facto* one-party state (ZANU-PF), with President Robert Mugabe extending his powers to both presidential and executive authority. Following a series of flawed elections since 2000, he has held on to power and presided over the progressive economic collapse of his country.

The adverse implementation of the Fast Track Land Reform Programme (FTLRP) implemented forced 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 was aggravated by a severe drought in 2002, since when Zimbabwe has suffered from chronic food insecurity. The country, once the breadbasket of southern Africa, has become a food importer, has one of the world's fastest crumbling economies and faces the overall rapid decline of social services. The spread of HIV/AIDS (estimated 15,6% prevalence⁸) is another factor which continues to have a deleterious effect on the humanitarian situation. This rapid decline is demonstrated by an effective loss of about 30 places in the Human Development Index (HDI)⁹ compiled by the United Nations Development Programme : Zimbabwe's index fell – one of a tiny handful of such cases – from 0.654 in 1990 to 0.513 in 2005. Countries with an index of 0.654 (Sao Tome and Botswana) are 123rd and 124th respectively in the HDI. Zimbabwe, with an astonishing adult literacy rate of 90%, now comes in at 151st, just above Togo and Yemen, with adult literacy rates of 53% and 54% respectively.

2.2. Current Situation

As his current term in office as a President and Head of State is coming to an end, Mr. Mugabe, aged 84, sought re-election on polling day, 29 March 2008. The months before the election were characterized by rumours of splits within ZANU-PF, confirmed by the

⁷ Central Statistical Office (CSO) 2005. This is, inter alia, 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.

⁸ UNAIDS Report 2006: National adult HIV prevalence is estimated at 20.1 %, down from 22.1 % in 2003. Ministry of Health uses the figure of 15,6 % prevalence, based on a 2007 national estimate

⁹ UNDP Human Development Report 2007/2008

decision of former Finance Minister Simba Makoni to stand as an independent candidate, and the effective split into two factions of the main opposition party, the Movement for Democratic Change (MDC). The Morgan Tsvangirai faction fielded its own candidates, whilst Arthur Mutambara declared the support of his faction for Mr. Makoni. Amidst reports of pre-election violence and alleged manipulation of voter rolls, electoral boundaries and media access¹⁰, election day itself was characterized by an atmosphere of calm and stoicism in spite of the presence of tanks in the streets of Harare and of police at the polling stations. Notwithstanding this, many reports were received¹¹ of a number of incidents, including intimidation, absence from the rolls of registered voters, presence on the rolls of dead people, polling agents being turned away, and inconsistencies in the application of procedures. On 29 March, the MDC had already announced its victory. As tension built up, the Zimbabwe Electoral Commission only started releasing official results on 31 March, and then very slowly. Initial results put ZANU-PF and the MDC neck-and-neck. At the time of writing it appears that the final results of the harmonised elections will not be available within the near future and that this 'junction period' would possibly continue for several weeks, if not months.

The severe drought in Zimbabwe took a heavy toll on the 2007 harvest, which resulted in shockingly low yields from some of the best land in the country, and poor recompense to farmers. The impact of adverse weather, combined with the severe economic constraints combined to reduce maize production by 42.8% over that of the previous year. Apart from dry weather, the reduction in the harvest was due to shortages of tractor/draught power for tillage, fuel, and fertilizers, under-investment in infrastructure and lack of incentive because of price controls.

Whilst the drought has affected mainly the provinces of Masvingo and Matabeleland North and South with their overwhelmingly rural populations, flooding affected northern areas in December 2007 and January 2008. These natural phenomena have compounded the effects of the socio-economic collapse which is being felt much more widely by urban and peri-urban, as well as rural dwellers. Access to foodstuffs and essential items such as household and hygiene commodities has become increasingly difficult, and especially so since late June 2007, when the Government implemented Operation Dzikisa Mitengo (Reduce Prices), with the aim of reversing the rampant inflation, then about 7,600%¹². The enforced slashing of prices by half resulted in shelves being emptied overnight, and put many producers and suppliers out of business, whilst others suspended production – even of basic foodstuffs such as meat and milk, previously so plentiful in Zimbabwe - in order to avoid producing at a loss. Though there was a partial reversal of that policy in August, the damage was already done, with most shops still remaining empty many months later and inflation spiralling to probably well over 100,000% at year's end. One of the consequences of the inflationary pressure is that by the end of December, the banking sector became unable to meet the demand for cash from the public, cash machines ceased operating, and tiny limits were imposed on withdrawals.

¹⁰ "Zimbabwe : Prospects from a Flawed Election", International Crisis Group, 20.03.2008

¹¹ From the Zimbabwe Electoral Support Network, and dissenting members of the SADC election observation team

¹² As of October 2007, the Government no longer published inflation figures. By January 2008, inflation was thought by some, such as the International Monetary Fund, to be up to 150,000%

Moreover, a chronic shortage of foreign exchange means that imports of fuel and electric power, as well as essential drugs and medicines (in spite of the fact that the European Commission funds a third of drugs and medical supplies available in the country) and other consumer goods, have long been in scarce supply. This situation has had knock-on effects on, for example, the delivery of clean water and basic health services, with the breakdown of water pumping stations, cold chains in clinics, etc. In January 2008, South Africa and Zambia, faced with increasing domestic shortages, reduced their supply of electricity to Zimbabwe, the Democratic Republic of Congo being the only other source.

There is only a limited supply of safe water all over the country. This is cause for great concern as epidemic outbreaks of diarrhoeal diseases, including cholera, have been appearing regularly in peri-urban areas since mid-2007, for example around Bulawayo and Kadoma, and more recently in greater Harare. The low public awareness of cholera and its transmission has further contributed to the spread of the disease. Moreover, the migration of qualified staff and the incidence of HIV and AIDS among health staff have also been major contributing factors to the deterioration of the health services and the water supply. The collapse of veterinary services for similar reasons increases the possibility of livestock illnesses and epizootics, which not only erodes the collective productive capacity and assets of households, but can also, in some cases, be transmitted to humans.

The collective result of all of these events is that the difficult access to food – both physical and economic – has had, and is likely to continue to have, serious deleterious effects on the food security status of vulnerable populations, with an increasing risk of epidemics and other health problems. The most vulnerable groups, among them single parent or child-headed households and orphans, with the most fragile coping mechanisms, are likely to struggle the most.

The overall humanitarian situation remains complex and precarious, characterized by pockets of emergency spread all-over the country and aggravated by the high prevalence of HIV/AIDS. The epidemic, despite a slight decrease reported in 2005, is at the root cause of the increase in mortality rates in Zimbabwe¹³.

Though the effects of the 2005 country-wide 'clean-up' operation ("Murambatsvina"/ "Restore Order") are still being felt by the large groups of displaced in urban and sub-urban sites across the country, their situation is probably now no worse than that of other vulnerable rural and urban groups. Despite some improvement in access to the urban displaced and construction of temporary shelter, the provision of safe water and sanitation remains, as for other groups, well below acceptable standards, which poses a serious health threat. Access to health care is rudimentary and insufficient and long-term land tenure uncertain.

¹³ The average life expectancy of a Zimbabwean fell from 61 years (1992 census) to 35.5 years in 2006 (World Health Organisation)

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

The general situation in the **health sector** could be characterised as a severe structural crisis which seems to progress unabated towards a certain collapse, with a potential dramatic impact on all of the social sectors. The main challenge remains how to intervene to mitigate this deterioration process in order to protect the capacity for ensuring the delivery of basic services and prevent a major humanitarian crisis which, in turn, would require major resources to save lives and massive support in the medium- to long-term for the rehabilitation and recovery of the social systems.

The problems facing the health sector are numerous, on both the structural and operational level : the depletion of human resources due to migration and death from HIV and AIDS¹⁴ ; the lack of essential medicines due to the lack of foreign exchange to procure drugs outside the country and the collapse of basic domestic production which did exist ; lack of safe water and electricity, lack of cash at health facility/council level ; lack of transport which affects deliveries of goods, referrals and the basic access of populations to the health facilities ; the galloping inflation, which has effectively increased fees and made treatment unaffordable in many cases ; and, of course, the challenges of treating a large number of HIV and AIDS patients.

The impact of all of these factors is being seen in many areas. Vaccination coverage rates (previously a model for the continent) have fallen from 80% in 1994 to 53% in 2005¹⁵. The proportion of pregnant women delivering in an institutional environment as part of a safe motherhood programme has dropped from 72% in 1999 to 53.6% in 2005¹⁶. The maternal mortality level is high, at 555/100,000 live births. In view of the serious deterioration in the health sector since these statistics were compiled, it is highly likely that vaccination and safe motherhood coverage has fallen even further. Furthermore, 73.4% of the HIV and AIDS patients eligible for anti-retroviral treatment (ART) have not been treated¹⁷, whilst prevention of mother-to-child transmission (PMTCT) coverage is only 6%, despite its clear and significant added value. Though HIV and AIDS is a long-term problem whose response requires long-term interventions by the Global Fund and the Ministry of Health, the collapse in the health system is more immediately threatening the basic implementation of universal precautions in health facilities.

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

¹⁴ According to Ministry of Health statistics, 88% of posts for primary care nurses were vacant in December 2006

¹⁵ Zimbabwe Directorate of Health Services survey 2006

¹⁶ Although the percentage of ante-natal care coverage is still high when compared to other countries, deliveries attended by trained personnel are much lower and the percentage has shifted towards less qualified health staff (traditional birth attendants) mainly due to problems in access (financial + transport + drug availability at health facility).

¹⁷ Though it needs to be clearly noted that, despite the fact that an additional 200,000 may be in need, the increase in the number of patients under ART has been really impressive from 43,000 in January 2007 to 94,000 in November 2007, especially considering the crisis and its severe impact on the health system

community level. UNICEF reports a 15% decline in access to safe drinking water and a 30% decline in access to sanitation from 1999 to 2006, despite the considerable efforts made by the international community to maintain levels.

The good rainy seasons of the last two years have gone some way towards improving surface and underground water levels, and relieving pressure on rural water facilities in some areas. However, the benefits in the south of the country (the provinces of Masvingo and Matabeleland North and South) were seriously mitigated by the severe drought of 2007. The water situation is likely to worsen due to the ongoing economic instability, the degradation of water and sewage systems in most urban areas due to age, excessive load, pump breakdowns and absence of spare parts, poor operation and maintenance due to the departure of technicians and the breakdown of the cost recovery system. The persistent shortage of water in Bulawayo City, for example, poses a serious threat to the health and well-being of approximately 1,000,000 city residents.

Currently, about one quarter of rural communal water supply facilities are not functioning, causing a daily shortage of safe water supply for drinking and other domestic purposes for approximately 2,500,000 people (Census 2002) in rural areas alone. Outbreaks of cholera and other diarrhoeal diseases occur with increasing frequency, such as in Kadoma and most recently in Epworth and Tafara Mabvuku, greater Harare. Outbreaks have been associated with poor hygiene, sanitation and, in some cases, shortage of safe drinking water supply in the affected districts. Washing hands with soap and water has the highest impact on decreasing the incidence of diarrhoea, and neither of these inputs are available to any degree in Zimbabwe.

In the area of **food security/food aid** Zimbabwe, once a net food exporter to the southern African 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 2008 are considered to be 1,850,000 metric tonnes (MT). The 2007 harvest for maize, by contrast, produced an estimated 799,000 MT¹⁸, a decrease of 54% over that of the previous year.

Over and above the shockingly low domestic production, access to food for vulnerable groups is likely to be further negatively affected by an ever-diminishing purchasing power brought about by economic mismanagement. According to the draft Zimbabwe Vulnerability Assessment Committee (ZIMVAC) report of June 2007, a cumulative total population of 600,000 people (1,400,000 in 2006/07) will not be able to meet their household cereal requirements during the 2007/08 agricultural season, even if cereal is available on the market. Generally, however, the food security situation in the country has improved thanks mainly to the intervention of the international community. Taking account of these needs, the World Food Programme's (WFP) new Prolonged Relief and Recovery Operation, from 1 May 2008 to 30 April 2010, will target 1,825,000 beneficiaries, a slight reduction compared to last year (1,900,000 beneficiaries), at a projected cost of USD 288,000,000 (of which USD 128,000,000 for food). During this period, their Emergency Vulnerable Group Feeding Programme will cover approximately 1,000,000 beneficiaries during the lean period (December to March), with 720,000 and 105,000 being covered respectively by their Social-based and Health-based Safety Net

¹⁸ Draft Zimbabwe Vulnerability Assessment, FAO Crop and Food Supply Assessment Mission, June 2007

programmes. The mandate of DG ECHO does not cover all of the components proposed by WFP : DG ECHO's contribution will be based, inter alia, on the findings of the recent real-time evaluation of a pilot project delivering food aid in the context of Home-Based Care (HBC) for HIV and AIDS patients.

Preliminary results from the national nutritional survey conducted in October/November 2007 by the Ministry of Health and Child Welfare (MOHCW) and United Nations Children's Fund (UNICEF), of 21,720 children aged 6m-59m from 44,000 households covering all 59 rural districts and major urban areas, show that the nutritional situation seems to be much better than expected according to the food security assessments. Although chronic malnutrition levels (stunting) remain high (28.9%)¹⁹ global acute malnutrition (GAM/wasting) levels remain low (4.7% nation wide), with only 5 districts showing global acute malnutrition above 7%²⁰. However, these highest levels of chronic malnutrition since 1988 could point to a close relationship between the current economic situation and the increase in poverty levels.

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, displaced approximately 700,000 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. A bigger problem, however, may be that of the continuing **migration** of many thousands, mainly towards South Africa and Botswana. Those who do not succeed in crossing the borders, or who are sent back, often do not go home, but remain in the border areas, hoping to seize the opportunity to cross. This creates large groups of effectively displaced persons with emergency needs in terms of access to basic services, creating an environment where sexual violence can flourish. As an indication of the scale of the problem, almost 127,000 people registered for assistance at International Organisation for Migration's (IOM) Beitbridge reception centre (border with South Africa) from January to December 2007, whilst the most recent figures available show an average of more than 4,000 a month being sent back from Botswana through Plumtree.

The assessment of the conditions of displaced and mobile populations in Zimbabwe has been extremely challenging as any examination of the root causes of the situation are highly politically sensitive. Access to the affected groups and provision of assistance, and thus their conditions have improved considerably over the past two years. Nevertheless, farm seizures and urban evictions have sporadically continued, making further displacements likely. In view of the violence which has marked the elections of recent years, the possibility of population movements during the unstable post-election period cannot be ignored.

DG ECHO's support to the rural and urban displaced has concentrated on the provision of food and non-food assistance, including water and sanitation, shelter and livelihood support. This assistance had contributed to a significant improvement in the humanitarian situation of those who have been displaced for some time, and who have attained living conditions similar to those of the non-displaced communities, and should

¹⁹ Similar to previous survey June 2007 and Demographic Health Survey 2005-2006.

²⁰ Chipingue (7.3%), Gwanda (9.5%), Lupane (8.4%), Mbire (7.1%), Umguza (7.4%).

be included, where possible, in longer-term food security or/and water and sanitation programmes, in order to enhance their self-reliance. The focus of emergency humanitarian interventions should, thus, shift to vulnerable groups who are newly displaced.

The United Nations Office for the **Co-ordination** of Humanitarian Assistance (UN-OCHA) became operational at the beginning of 2006 with the aim of improving co-ordination of donors and implementing agencies, as well as the transparency and awareness of overall humanitarian activities. In order to avoid the risk of overlap and duplication of humanitarian interventions the UN agencies are, in 2008, likely to implement the cluster approach. DG ECHO supports UNOCHA in its role of coordinator of an overall humanitarian action, as well as the Food and Agriculture Organisation of the United Nations (FAO) and UNICEF as leading agencies in the sectoral co-ordination of food security and water and sanitation interventions respectively. In 2007, this support has translated into an update of the nutrition, water and sanitation and food security atlases, which ensure an accurate mapping of interventions.

Furthermore, this Global Plan will include support to **emergency preparedness and response** measures in order to minimise vulnerability when disasters occur. Interventions funded under this component will not only seek to improve communities' awareness to potential risks but also reinforce their capacity to be better prepared to cope with, and respond to epidemic outbreaks, natural or man-made disasters. The emphasis will be very much at the local, community level.

4. PROPOSED DG ECHO STRATEGY

DG ECHO's response will be to focus on the sectors where the needs are greatest and where the humanitarian and food aid budget lines respectively can bring the best added value and complementarity. The funds made available through this Global Plan will, therefore, be used to support – as a priority - interventions in the crucially important health and water and sanitation sectors, with attention being paid to residual needs of the longer-term displaced and the emergency needs of those newly displaced. At this stage, EUR 15,000,000 has already been made available from the 2008 food aid budget line managed by DG ECHO, which will be used to fund food aid and emergency food security interventions. In both cases, DG ECHO will work closely with the European Commission's Delegation in Harare in order to ensure coherence and bolster the link between emergency humanitarian interventions and medium- and long-term programmes (LRRD) funded in the health sector by the European Development Fund (EDF) and in the food security sector by the Food Security Thematic Budget Line, for example. In the particular case of the health sector, though, it would perhaps be more correct to refer to **LDRR** – the link between development, relief and rehabilitation – where the deterioration of the system paradoxically means that development actions need to be complemented and completed by humanitarian interventions.

In the health sector, the recommended areas of intervention – where there is a clear need for support – are two-fold :

a) At the structural level, through the provision of essential drugs and supplies, detailed assessments and surveys, advocacy for policy changes and programmatic interventions (for example through the Global Fund for AIDS, TB and Malaria (GFATM) in close collaboration with the EC Delegation and other donors.) Failing to address this level will have implications in terms of opportunity cost, as it is very likely that DG ECHO would have to address it at a later stage with much higher cost, both financial and in terms of recovery time. The provision of drugs at the peripheral level will avoid disease complication and resistance. Moreover, efficient public health management advocates that patients who are treated at peripheral level incur fewer costs than when their health conditions are allowed to deteriorate and they are forced to seek expensive hospital treatment at secondary level.

b) Through supporting life saving operational interventions, primary health care, and coordination. Such support will focus on collaboration with implementing partners for the field-based provision of basic services, as well as basic preparedness and response to epidemics outbreaks and violence.

If DG ECHO wishes, as part of the European Commission's response, to have an impact on the protection of the health system and on the protection of the lives of the most vulnerable, both levels need be addressed and properly coordinated.

Within health sector interventions, contributing to a reduction in maternal and infant mortality remains a clear priority. In this context, due to its strategic relevance, its high public health value in reducing and preventing transmission of HIV, and its consistency with the DG ECHO mandate and tools, interventions in the area of the prevention of mother-to-child transmission (PMTCT) could be envisaged. As the level of implementation of PMTCT in Zimbabwe is still in an initial stage, it would not be advisable or appropriate for DG ECHO to engage at central/national level. However, it would be an area where DG ECHO could contribute to the development and implementation of the strategy, and to the HIV and AIDS response package, by promoting its implementation in integrated primary health and home-based care (HBC) projects and ensuring its quality.

During the past years, DG ECHO has been one of the largest donors in funding emergency water and sanitation interventions. This support will continue in view of the worsening situation, but will focus on basic humanitarian actions that guarantee access to water and sanitation facilities. Attention will also be paid to covering gaps in access to safe water, building on the work already done to update an atlas of water points on a national level. Comprehensive and sustainable long-term water and sanitation programmes are considered more appropriate to tackle the country's degraded water infrastructure.

Furthermore, though the nutritional situation appears to be fairly stable, continuous monitoring is necessary in order to identify problems at an early stage.

With regard to displacement, DG ECHO will focus on the continuing provision or rapid establishment of a package of basic services to the most vulnerable, including shelter, water and sanitation, primary health care, non-food items, protection and, if funding is unavailable through the food aid budget line, food aid as an immediate relief response.

As mentioned above, DG ECHO will continue to support food aid and emergency food security programmes from the specific DG ECHO-managed budget line, but not through this Global Plan, in order to reinforce the coping capacities of vulnerable households to overcome the impact of the deteriorating food security situation. The two budget lines managed by DG ECHO will be used in a coherent and mutually supportive manner, for example by supporting vegetable gardens associated with borehole rehabilitations, in order also to enhance synergies. DG ECHO's role in supporting recovery programmes will, however, be decreased in favour of long-term, multi-year programmes, such as the current EC Food Security, and future Thematic, Budget Lines, and the Protracted Relief Programme supported by the UK's Department for International Development (DFID).

DG ECHO will also continue to support the coordination of humanitarian activities, and will expect a progressive strengthening of coordination capacity.

DG ECHO seeks to improve local capacity to assess and respond to epidemic outbreaks, natural and man-made disasters by supporting initiatives which aim to strengthen emergency preparedness and response. Building local partners' capacities and strengthening local early warning systems will not only ensure a speedier and more efficient response, but it will also facilitate the link between emergency humanitarian interventions and other LRRD initiatives within the health and food security sectors.

All interventions funded by DG ECHO will include a component of HIV and AIDS prevention and awareness activities, in line with the no. 1 priorities of the HIV and AIDS guidelines.

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 as it reflects a needs-based approach, where geographic priorities are defined every year by a combination of field level needs assessments and analyses of aggregated data on relevant humanitarian indicators. 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. The strategy for Zimbabwe responds to DG ECHO's mandate and type of response, and seeks to build on the LRRD approach in areas, such as food security, where conditions and the availability of other European Commission funding allow. It seeks to identify the best added value of emergency humanitarian funding as a complementary and coherent element of the overall EC response. DG ECHO's strategic priorities will be further addressed by mainstreaming cross-cutting issues into the individual projects identified by partners, for example HIV and AIDS, gender, women and children, protection.

4.2. Impact of previous humanitarian response

DG ECHO has been present in Zimbabwe since 2002, providing funding for humanitarian aid projects implemented by UN Agencies, International Organizations, the Red Cross family and various International NGOs, aimed at preventing the deterioration

of the humanitarian situation and alleviating its impact. Since 2002, DG ECHO has made available a total of EUR 95,654,193 to respond to the growing needs of the most vulnerable populations. To this must be added EUR 15,000,000 from the food aid budget line in 2007, the first year in which that source of funding came under DG ECHO management. A breakdown of the numbers of beneficiaries reached is given below :

YEAR	EUR	BENEFICIARIES	SECTORS
2002	15,540,998	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	22,913,195	3,157,081	
2004	15,000,000	1,740,233	
2005	15,000,000	1,331,442	Food Security (Agriculture); Food Aid; Water and Sanitation; Internally Displaced Populations; and Orphans & Other Vulnerable Children.
2006	12,000,000	3,446,014	Food Security (Agriculture); Water and Sanitation; Health; Internally Displaced Populations; Orphans & Other Vulnerable Children; and Humanitarian Co-ordination.
2007	8,000,000	2,452,086	Food Security (Agriculture); Water and Sanitation; Health; Internally Displaced Populations; Orphans & Other Vulnerable Children; and Humanitarian Co-ordination. Food aid, food security Health, epidemics, water and sanitation
		4,780,986	
	15,000,000	3,098,000	
	7,200,000		
Total	110,654,193		

As programmes are on-going, it is too early to give a complete picture of the results of DG ECHO's humanitarian response in 2007. However, the expected results, as were identified in the 2007 Global Plan, can be indicated as follows:

- Improved food security conditions in targeted rural vulnerable communities, through the provision of seeds, fertilizer, training, improved farming techniques and micro irrigation kits. Co-ordination mechanism enhanced.
- 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, sanitation facilities and training.
- Full range of essential services provided to displaced and mobile populations
- Humanitarian co-ordination mechanism strengthened to improve effectiveness and efficiency of interventions; nutrition and water and sanitation activities mapped.
- Supply of essential medicines enhanced; epidemic outbreaks treated and controlled.

4.3. Coordination with activities of other donors and institutions

The deterioration of the humanitarian situation in Zimbabwe is mainly due to the dramatic socio-economic breakdown, HIV/AIDS and erratic weather conditions. International humanitarian aid and transitional relief support will continue to be needed in the course of 2008, whilst the emergency response capacity of partners, including the

Civil Protection Unit for natural disasters, and donors needs to be increased to take account of increasing deterioration. Through DG ECHO, the European Commission provides a large share of humanitarian aid made available to Zimbabwe, through support to many NGOs and UN Agencies. Other donors currently providing assistance in the country are DFID, SIDA, the Dutch, Irish, Spanish, German, French, Norwegian, Japanese, and South African Governments, AusAID, CIDA, and USAID. A series of UN agencies are represented in the country²¹.

The UNOCHA Country Office, supported by DG ECHO, works towards strengthening the humanitarian co-ordination mechanisms, facilitating joint needs assessments and financial tracking. Monthly sectoral co-ordination meetings continue to take place. UNOCHA will also work actively with each cluster/sector to strengthen working groups and support the implementation of the humanitarian reform.

For DG ECHO, support to the strengthening of donor coordination and joint planning should be seen as a strategic intervention to contribute to the process of LRRD, whereby DG ECHO could provide urgent relief support whilst at the same time support tools to strengthen the sector-wide approach (SWAP). This is fully in line with the EU consensus on humanitarian aid, the International Health Partnership and good donorship practices.

4.4. Risk assessment and assumptions

There are various potential risks to the implementation of actions funded under this Decision. A possible constraint, as indeed it is to all donor-funded interventions in Zimbabwe, is the repressive legislation such as that enshrined in the Private Voluntary Organisations Act (PVO). This Act also applies to non-Governmental organisations (NGOs). The repeal of the Act, together with other similar pieces of legislation, is part of the package of measures subject to mediation at the level of the Southern African Development Community (SADC), led by South Africa. Implementing agencies have also to contend with difficulties caused by the Temporary Employment Permit legislation, which affects the entry and stay in the country of foreign nationals. High levels of inflation are a clear constraint, as is the deterioration of the banking system, which affects foreign currency transfers and access to cash.

In view of the current difficulty of access to fuel, the risk that supplies may be interrupted completely cannot be ignored. This will mean that potential partners will, within the limits of the very strict import restrictions in place, need to make alternative plans to secure their fuel supply before interventions start. Lack of access to fuel may, in the medium-term, mean that interventions funded in the framework of this Decision may need to be suspended.

At the time of writing, the outcome of the 29 March elections is still not clear. Whatever the outcome, however, the humanitarian situation is not expected to improve in the foreseeable future.

²¹ UNOCHA, UNDP, UNICEF, FAO, UNAIDS, UNIFEM, UNFPA, WFP, WHO, UNHCR.

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 2007.

4.5. DG ECHO Strategy

Principal objective : To mitigate the impact of socio-economic breakdown in Zimbabwe by reinforcing the access of vulnerable populations to basic essential services

Specific objectives :

- To relieve human suffering caused by natural and man-made disasters through the provision of humanitarian assistance in different sectors, including health, water and sanitation, protection, support to displaced and mobile groups
- To support community preparedness to respond to the consequences of epidemic outbreaks, natural or man-made disasters
- To contribute to the strengthening of the general and sectoral co-ordination mechanisms of humanitarian actors and 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

Components:

- Specific objective 1: Provision of primary health care, including prevention of the transmission of HIV and AIDS; provision of essential medicines; epidemiological and nutritional surveillance; epidemic preparedness and response; construction and/or rehabilitation of water points (boreholes, deep wells and open wells); rehabilitation of pumping facilities ; construction of sanitation facilities; provision of hygiene kits; and provision of hygiene/health awareness education; mapping of water points; provision to displaced and mobile populations of basic health care, non-food items, hygiene products, temporary/transitional shelter, and access to safe water sources and sanitation facilities.
- Specific objective 2: Building partners' capacities to respond to humanitarian needs; strengthening Early Warning Systems; community information and awareness-raising campaigns.
- Specific objective 3: 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 interventions in Zimbabwe and the Southern Africa Region.

All interventions will include a component of HIV and AIDS prevention and awareness activities, in line with the no. 1 priorities of the HIV and AIDS guidelines.

In order to maximise the impact of the humanitarian aid for the victims, the Commission decides to maintain a DG ECHO support office located at Harare. This office will appraise project proposals, co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The office provides technical assistance capacity and necessary logistics for the good achievement of its tasks.

Results :

- Specific objective 1: The health and nutritional status of targeted vulnerable communities has not deteriorated any further; the supply of essential drugs in the country is maintained; transmission of HIV and AIDS has been limited by prevention activities ; the occurrence and impact of major epidemic outbreaks limited by timely detection and proper control ; targeted vulnerable communities' access to safe drinking water sources, and basic sanitation facilities has increased and their hygiene practices have improved; the emergency needs of mobile and displaced populations have been catered for through the provision of a basic assistance package.
- Specific objective 2: Partners' capacities to respond to disasters has been strengthened and rapid and effective emergency interventions have taken place; Early Warning Systems have been reinforced; level of community awareness to risks and protection from disasters is increased through campaigns.
- Specific objective 3: The effectiveness and efficiency of humanitarian interventions have been improved by strengthening the co-ordination and information mechanisms of humanitarian actors.
- Specific objective 4: The prevailing humanitarian situation in Zimbabwe and in the Southern Africa Region is monitored, and DG ECHO-funded operations are monitored 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, a 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 humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

Expenditure under this Decision shall be eligible from 1 August 2008

Start Date: 1 August 2008

4.7. Amount of Decision and strategic programming matrix

4.7.1 Total amount of the Decision: EUR 10,000,000

4.7.2. Strategic Programming Matrix for the Global Plan

Principal objective	<i>To mitigate the impact of socio-economic breakdown in Zimbabwe by reinforcing the access of vulnerable populations to basic essential services</i>				
Specific objectives	Allocated amount (EUR)	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
Specific objective 1: To relieve human suffering caused by natural and man-made disasters through the provision of humanitarian assistance in different sectors, including health, water and sanitation, protection, support to displaced and mobile groups	8,200,000	National, border areas	Provision of primary health care, including prevention of the transmission of HIV and AIDS; provision of essential medicines; epidemiological and nutritional surveillance; epidemic preparedness and response; construction and/or rehabilitation of water points (boreholes, deep wells and open wells); rehabilitation of pumping facilities ; construction of sanitation facilities; provision of hygiene kits; and provision of hygiene/health awareness education; mapping of water points; provision to displaced and mobile populations of basic health care, non-food items, hygiene products, temporary/transitional shelter, and access to safe water sources and sanitation facilities	<ul style="list-style-type: none"> • Functioning epidemiological surveillance system is in place. • Functioning nutritional surveillance system is in place. • Mortality and morbidity from cholera and other epidemic diseases cases remains within international standards • Adequate supply of essential medicines present in health facilities. • Safe water supply ensured for beneficiaries • Debit of, queuing time at, and distance from water points within international standards • Minimum water supply (15l/pers/day) available • Water tested free of bacteria • Decrease in frequency of diarrhoeal disease outbreaks • Maps produced of location of water points • Camps are coordinated in an efficient manner 	<ul style="list-style-type: none"> - ACF - FAO - GERMAN AGRO ACTION - HELPAGE - ICRC-CICR - IFRC - IMC UK - IOM - MSF-ESP - MSF-NL - OXFAM (GB) - RED CROSS (DK) - SC(UK) - UNICEF - WHO - WVD - WVUK

Specific objective 2: To support community preparedness to respond to the consequences of epidemic outbreaks, natural or man-made disasters	1,000,000	National, border areas	Emergency preparedness and response	<ul style="list-style-type: none"> • Beneficiaries' knowledge on preparedness issues is increased • Response to disasters is swift and efficient • Quality and appropriateness of inputs delivered 	<ul style="list-style-type: none"> - RED CROSS (DK) - IFRC - IOM - MSF-ESP - MSF-NL - UNICEF - WHO
Specific objective3: To contribute to the strengthening of the general and sectoral co-ordination mechanisms of humanitarian actors and interventions	600,000	National	Strengthening of general and sectoral co-ordination mechanisms of humanitarian actors and their interventions, including assessments, information systems and mapping	<ul style="list-style-type: none"> • Beneficiaries and their needs are identified in an accurate and timely manner. • Regular updated reports are provided to donors and partners • Activities are mapped in order to avoid double funding and/or gaps. 	<ul style="list-style-type: none"> - FAO - OCHA - UNICEF - WHO
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	200,000	Harare	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.	<ul style="list-style-type: none"> • Improved responses. • Improved co-ordination. • Regular Project Monitoring (at least one field visit per contractual period) • Timely reporting and administrative follow up of grant agreements. 	
Risk assessment	Election violence, mass migration, lack of fuel, collapsing banking system, NGO bill, work permits				
Assumptions	Implementing partners will be able to continue to work				
Total cost	10,000,000				

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)
Initial available appropriations for 2008	486.095.000,00
Transfers Commission	
Total available appropriations	486.095.000,00
Total executed to date (14 May 2008)	411.650.000,00
Available remaining	74.445.000,00
Total amount of the Decision	10.000.000,00

Estimated payments schedule:

2008	2009	2010	TOTAL
EUR 4,000,000	EUR 5,000,000	EUR 1,000,000	EUR 10,000,000

7. MANAGEMENT ISSUES

Humanitarian aid actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at http://ec.europa.eu/echo/partners/index_en.htm.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.

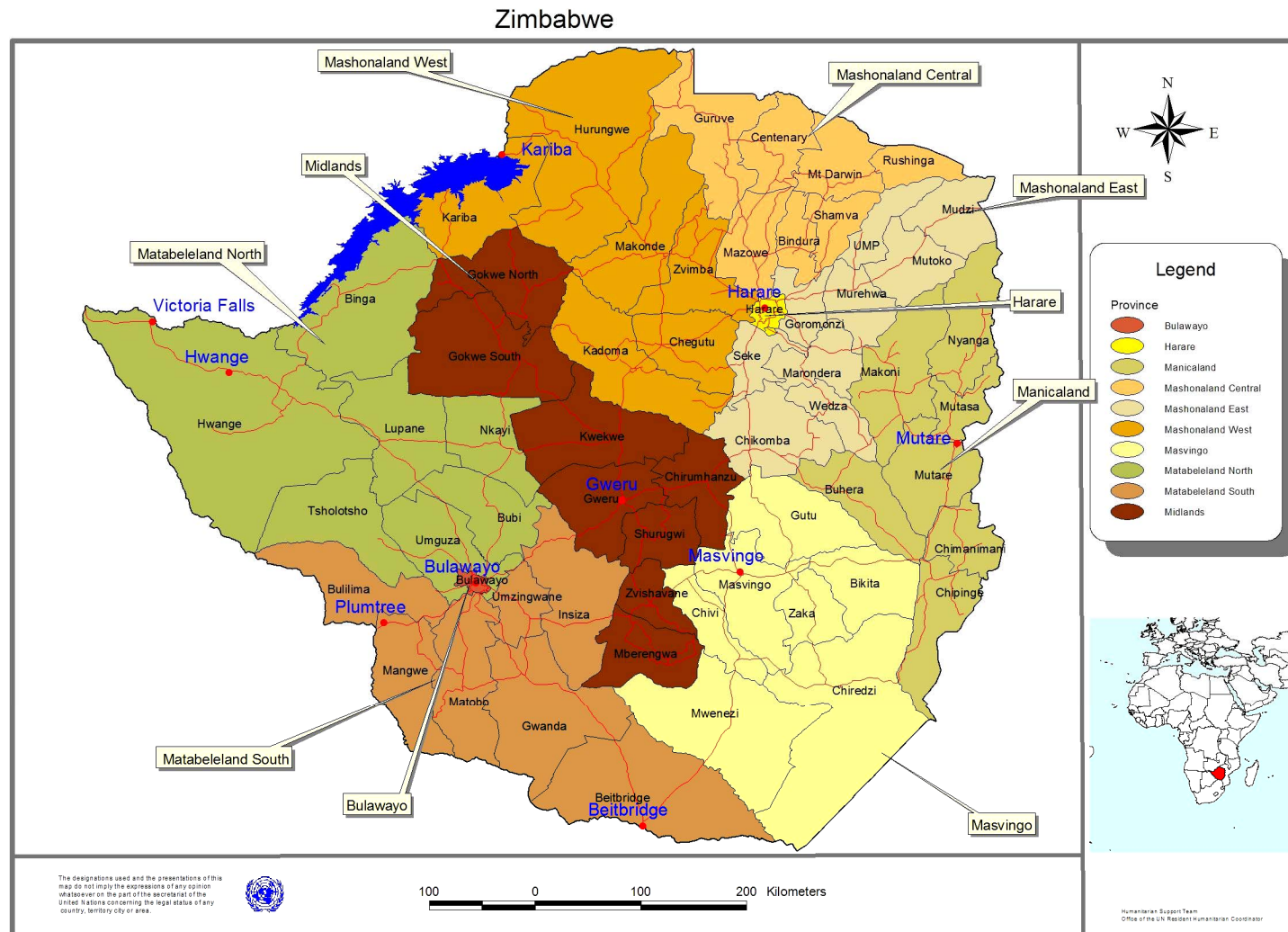
8. ANNEXES

Annex 1: Statistics on the humanitarian situation

<i>Countries - GNA 2007-08</i>	score	aver.	HDI	HPI-1	HDI/ HPI	R+ I+r	R+I+r / 2	U5U W	U5 M	U5	HMT	Phis .	GDI	Gi ni	Health + Inequ ality	C/ND/ R	C o	N D	Ref+IDP
Zimbabwe	3	2.44	3	3	3	5	2.5	2	2	2	3	2	2	2	2.3	3	0	3	3

HDI-HPI Human Development Index, Human Poverty Index
 U5 Children Under Weight, Child Mortality and Conflicts
 RefIDP(VI) Refugees, Internally Displaced People and Returned Refugees
 Inequality-Health GNI, GDI, Access to health services, HIV + Malaria + Tuberculosis -
 RefIDP(CI) Refugees and Internally Displaced People -

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



Annex 4: Overview of donors' contributions

Donors in ZIMBABWE the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	30,200,000		
Belgium	750,000	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark	495,979				
Estonia					
Finland					
France	500,000				
Germany	4,299,755				
Greece	50,000				
Hungary					
Ireland	1,748,833				
Italy	100,000				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	3,231,730				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	4,722,738				
United kingdom					
Subtotal	15,899,035	Subtotal	30,200,000	Subtotal	0
		Grand total	46,099,035		

Dated : 11 February 2008

(*) Source : DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>
Empty cells means either no information is available or no contribution.

Annex 5: List of abbreviations

ACF	Action Contre le Faim / Action Against Hunger
ART	Anti-retroviral treatment
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 Organisation
FLTRP	Fast Track Land Reform Programme
FPA	Framework Partnership Agreement
GAA	German Agro-Action / Deutsche Welthungerhilfe
GAM	Global Acute Malnutrition
GNA	Global Needs Assessment
GoZ	Government of Zimbabwe
GP	Global Plan
HBC	Home-based care
HDI	Human Development Index
HDR	Human Development Report
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HPI	Human Poverty Index
IFRC	International Federation of the Red Cross
ICRC	International Committee of the Red Cross
IMC UK	International Medical Corps UK
IOM	International Organisation for Migration
IDPs	Internally Displaced Persons
LRRD	Linking Relief, Rehabilitation and Development
MDC	Movement for Democratic Change
MOHCW	Ministry of Health and Child Welfare
MoU	Memorandum of Understanding
MSF ESP	Médecins sans Frontières /Medicos sin Fronteras ESP
MSF NL	Médecins sans Frontières / Artsen zonder Grenzen NL
NFIs	Non-food Items
NGOs	Non-Governmental Organisations
OCHA	Office for Co-ordination of Humanitarian Assistance (United Nations)
OVC	Orphans and Other Vulnerable Children
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
SADC	Southern African Development Community
SC UK	The Save the Children Fund UK
SIDA	Swedish International Development Agency
UDI	Unilateral Declaration of Independence
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNCT	United Nations Country Team

UNDP	United Nations Development Programme
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNHCR	United Nations High Committee for Refugees
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development.
WFP	World Food Programme
WHO	World Health Organisation
WV D	World Vision Deutschland
WVI	World Vision International
WV UK	World Vision UK
ZANU	Zimbabwe African National Union
ZAPU	Zimbabwe African People's Union
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZDHS	Zimbabwe Department for Health and Security