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**HUMANITARIAN IMPLEMENTATION PLAN (HIP)****ZIMBABWE****1. CONTEXT**

Since the peak of the humanitarian crisis as a consequence of the political crisis and socio-economic breakdown in 2008/2009, which resulted in widespread violence, a major food crisis and a large-scale uncontrolled cholera outbreak with 4,000 deaths, the humanitarian situation in Zimbabwe has stabilised considerably. Today, Zimbabwe is considered to be in a state of transition and recovery, with the worst effects of past humanitarian and economic crises now mainly subsided. Despite recent progress, the process still presents significant challenges that are expected to continue for several years. Political instability, food insecurity and structural needs affecting the provision of basic services remain tangible threats to recovery. In a worst-case scenario, these factors could result in a new crisis producing significant humanitarian needs.

The signature of the Global Political Agreement in 2009 had put an end to the violent political crisis, which arose after the 2008 elections. The two main political parties, ZANU PF of President Mugabe and the two branches of the Movement for Democratic Change (MDC) formed a Government of National Unity. Despite the overall progress on political consensus and joint governance, the polarization is still extremely pronounced and the situation remains largely unpredictable. While the elections deadline (mid-2013) is approaching, there are increasing tensions around the Constitution making process and consensus has yet to be reached. A derailment in the process could lead to early elections without referendum and without consensus. If this happens, the risk of widespread political violence will be very high.

In 2011, the economy grew by 9.3% and was estimated to grow by 9.4% in 2012. However, growth prospects for 2012 have been lowered through underperformance by the major economic sectors in the first quarter of 2012 and the impact of drought on the 2011/2012 season's agricultural production.

The Human Development Index (HDI) 2011 ranks the country 173rd out of 187 countries. Zimbabwe has a Global Needs Assessment (GNA) Vulnerability Index of 3 and a Crisis Index of 3. The population is estimated at between 12-13 million, though this figure much decreased (possibly by 2 million) due to migration, mainly to South Africa.

The main humanitarian needs in Zimbabwe are currently related to: 1) food security, with the specific situation of agricultural season 2011-2012 and the loss of one third of the harvest; 2) requirements relating to specific needs of a wide range of highly vulnerable groups, such as internally displaced people (IDPs), returned migrants, refugees and asylum seekers; 3) the continued threat of disease outbreaks.

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## 2. HUMANITARIAN NEEDS

### 1) Affected people/ potential beneficiaries:

The Zimbabwe United Nations (UN) Consolidated Appeal refers to approximately 8 million people in need of some type of assistance.

The 2012 food security and vulnerability assessment (ZIMVAC) estimates 1.6 million people at risk of acute food insecurity during the peak of the lean season.

Within a population of approximately 500,000 long term IDPs, 100,000 are estimated to be in need of humanitarian assistance. In addition, new displacements continue to take place. During the last ten months, 122 new displacement events have been registered, affecting 19,254 individuals. About 85% of the new displacements resulted from forced farm acquisitions related to land reform and 15% from politically motivated acts of violence or intimidation. Third Country Nationals (TCNs) and deportees from South Africa constitute groups in need of humanitarian assistance showing an increasing trend. The closure of the South African border, along with the food crisis in the Horn of Africa, has caused a significant build-up of TCNs in Zimbabwe. In the first six months of 2012, 21,162 migrants were deported and returned from South Africa to Zimbabwe through the Beitbridge post. On average, 700 refugees and asylum seekers per month request assistance at the transition centre at the border with Mozambique.

The risk of epidemic outbreaks remains high. Since October 2011, Zimbabwe continues to struggle with a protracted outbreak of typhoid fever spreading from Harare to neighbouring districts. The outbreak is linked to a lack of maintenance and increasing demands on sewage and water supply systems in major towns. This has affected near 6,000 people now and has not yet been contained. The emergency response to the outbreak has, for now, managed to limit its the impact (in terms of lives lost), but a change in the nature of the current pathogen or the emergence of another outbreak (major risk factors will remain for long time) can at any moment lead to a much higher impact.

### 2) Description of most acute humanitarian needs

#### Food Assistance

The food security situation in Zimbabwe has been improving since 2009, partially due to better production, but also since spiralling inflation has been contained by the substitution of the Zimbabwe dollar by the USD and the liberalization of the grain market, previously controlled by the Grain Marketing Board (GMB). Reflecting this, DG ECHO<sup>1</sup> has gradually phased out from food assistance and food security programmes, and currently DG ECHO does not support any Food Aid/Food Security Projects (FA/FSP).

However, Zimbabwe will be facing acute food insecurity during the 2012/2013 agricultural season. Poor and late rains have severely affected crop production and

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<sup>1</sup> Directorate General for Humanitarian Aid and Civil Protection (DG ECHO)

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pastures in Southern parts of Zimbabwe. In the worst affected areas, crop production was minimal and it is estimated that one third of the harvest was lost. The 2012 ZIMVAC, released in July 2012, states that 1.6 million people (19% of the rural households) are at risk of acute food insecurity during the peak of the lean season (between November 2012 and March 2013). The 3 most affected provinces have been considered at phase 3 ("crisis") within the integrated phase classification (IPC). The cumulative energy deficit for all estimated food insecure households is equivalent to 660,000 MT.

The short-fall in production, limited income opportunities and worsening pasture and water conditions indicate that food insecurity will increase for vulnerable households in the most affected areas (Masvingo, Matabeleland South and Matabeleland North). The situation is not expected to develop into a severe food emergency characterised by high acute malnutrition rates and excess mortality. However, the deeper and earlier lean season will result in poor access to adequate food and depletion of assets such as livestock. Furthermore, the Southern Africa region has recorded an overall cereal deficit of 3.91 million tonnes. All countries except Malawi and Zambia have recorded deficits and this will have an impact on prices and could even impact the availability of grain in the early months of 2013.

#### Protection and IDPs:

Long-term IDPs: More than a decade after the launch of the Fast Track Land Reform Programme (FTLRP), internally displaced former farm workers in 241 communities remain extremely vulnerable and rely heavily on humanitarian aid due to unavailability of alternative livelihood options. The most recent assessments outlined a critical lack of access to basic services and economic opportunities; the absence of personal documentation and regularised status in their current place of residence; limited exercise of citizenship rights; and inadequate access to land and security of tenure.

While the displacements obey to different reasons (evictions as a result of land reform, clearance of slums, informal mining areas...), the root cause is to a large extent the same, namely political. Farm workers, the urban poor and victims of political violence are all believed to be perceived as predominantly supporting the political parties opposing President Mugabe. For this reason, any political violence arising in the coming months risks having a severe impact on this population group.

As the constitutional referendum and elections are drawing closer, tensions are mounting and there are indications of increasing displacements linked to political violence. In addition, some factions of ZANU PF seem determined to carry out the evictions of the remaining 200-250 farms.

Deportees and TCNs asylum seekers/refugees/migrants: After considering the process of regularization concluded, South Africa, has in October 2011, re-launched the deportation of Zimbabweans living in South Africa. Whilst estimates vary (from 0.5 to 1.5 million), it is generally assumed that approximately 1 million Zimbabweans reside in South Africa. Beyond the drastic repercussions in the economy of the country, the situation could also have humanitarian consequences because of the potentially massive deportation. The situation in the Horn of Africa

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and Great Lakes has resulted in an increased flow of mixed migrants towards Zimbabwe. Migrants arriving at the border are often exhausted and require temporary humanitarian assistance. The majority are undocumented and there is a relatively high proportion (4.5%) of unaccompanied minors.

#### Water and Sanitation and Health:

Since the 2008 cholera outbreak, the country has significantly improved the early warning systems and general awareness. The capacity to respond has also increased importantly although it is still dependent on international support for logistics and supplies. In 2012, epidemic outbreaks, mostly in urban areas, - continued - being reported. Although rapidly detected, there have been difficulties in containing the spread. The typhoid outbreak in Harare (reaching nearly 6,000 cases) has raised concerns as despite the low mortality, it has not yet been contained and it could evolve towards a much more deadly disease.

According to the 2012 Health Demographic Survey, maternal mortality rates are amongst the highest in the world with 960 deaths per 100,000 live births (data of a 7-year period preceding the survey).

HIV/AIDS prevalence in Zimbabwe is 13.7%. Although chronic in nature, HIV/AIDS remains the major cause of mortality in Zimbabwe. Life expectancy is 51 years. The non-governmental organisation (NGO) community is expressing serious concerns about the drastic reduction of the Global Fund budget in Zimbabwe and referring to an imminent gap which risks interrupting the treatment of at least 85,000 people.

### **3. HUMANITARIAN RESPONSE**

#### 1) National / local response and involvement

The Government of National Unity has introduced economic reforms which have had a positive impact on the humanitarian situation. However, the budget capacity to contribute delivering basic services to the population remains very limited.

Joint government-donors' transition strategies have been started up through multi-donor funds: The Health Transition Fund and the Education Transition Fund. Both are managed by UNICEF and mostly funded by the European Commission and European Union Member States (EU MS). A multi-donor fund has also been established for the Water, Sanitation and Health (WASH) sector although implementation has been significantly delayed.

#### 2) International Humanitarian Response

The UN Consolidated Appeals Process (CAP) 2011 has moved from a project-based emergency approach to a transitional, programmatic approach. In 2011, the CAP received approximately USD 185,000,000 out of a total request of USD 430,000,000 (43% of funding). In 2012, the CAP was reduced to USD 268,000,000 and, until June 30, the contributions have already reached USD 115,000,000 (43%).

### 3) Constraints and DG ECHO response capacity

Access/humanitarian space: Although the situation has largely improved, access constraints remain a reality in Zimbabwe, particularly during the electoral period. The pressure on international and national NGOs has escalated significantly during the last few months and is expected to increase. Human rights organizations as well as actors involved in protection related issues may be those most heavily affected.

Partners: Major humanitarian/emergency partners remain present in Zimbabwe with reduced budgets and more development oriented programmes and teams. At this stage of the Linking Relief Rehabilitation and Development (LRRD) process, partners need to be able to work in a transitional environment, whilst retaining an emergency response capacity.

Absorption capacity on the ground: Although there have been no major problems in terms of absorption, DG ECHO has observed insufficient capacity to deploy a scaled emergency response, as well as poor quality of some of the interventions.

### 4) Envisaged DG ECHO response and expected results of humanitarian aid interventions.

While political and economic stability are not entirely consolidated, it is important to maintain a minimum humanitarian capacity able to monitor the situation and respond in case of emergency.

Over the last three years, DG ECHO contributions have been progressively decreasing (EUR 18,000,000 in 2010, EUR 10,000,000 in 2011 and EUR 5,000,000 in 2012). The global trend for humanitarian needs remains positive and justifies a further reduction of DG ECHO interventions. For next year, DG ECHO will therefore reduce its allocation to Zimbabwe to EUR 3 million, with a good proportion of the budget (EUR 2 million) allocated to the current food security crisis.

DG ECHO's 2013 HIP will focus on 3 main axes: a) Food Assistance; b) Protection and other multi-sector support to the displaced population and c) WASH and Health in connection with epidemic outbreaks. Moreover, DG ECHO will continue to mainstream the preparedness component in all of its interventions and will consolidate the transition from humanitarian aid to recovery and development (LRRD).

#### a) Food Assistance

A moderate and time-bound humanitarian response that supports vulnerable communities in the most affected areas during the lean season of 2012/13 (ending March 2013) is necessary to prevent further deterioration of the situation. In addition, DG ECHO is also planning a more immediate intervention (regional EDF decision) to contribute to covering the needs of the latter part of 2012 of Zimbabwe and other countries of the region affected by food insecurity.

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DG ECHO's contribution will aim at providing a short-term seasonal and targeted support in order to prevent further deterioration of the food security situation. The return to large-scale in-kind food assistance would compromise the last two years' development gains. DG ECHO will prioritise emergency food assistance, to the extent possible, through cash transfers. Other actions addressing asset protection, stabilisation of grain market prices, and the provision of agricultural products will also be considered.

#### b) Protection and other multi-sector support to the displaced population

DG ECHO's support to the displaced population, TCNs and deportees will be based in the following pillars:

- Emergency humanitarian assistance to address the needs of new displacements/new arrivals, including the provision of food, non-food items (NFI), basic services and protection-related needs. This may involve the maintenance of an operational capacity for emergency response.
- Support to durable solutions processes, primarily addressing local integration of long-term IDPs. Actions using a Community Based Planning (CBP) approach will be prioritised. Protection-related interventions aiming at facilitating and advocating for access to registration, ID papers for the stateless and land tenure for IDPs will also be considered.
- Documentation and monitoring of displacement patterns, through data bases (including IDP profiling), qualitative assessments, or other coordination tools.

Interventions addressing gender-based violence could be considered if connected to an escalation of the conflict and/or other ad hoc circumstances.

#### c) WASH and Health in connection to epidemic outbreaks

Since 2012, and in line with the recommendations of an external evaluation commissioned by DG ECHO in March/April 2011, DG ECHO's support prioritised a Disaster Risk Reduction (DRR) approach in epidemic prone areas with an integrated approach of health, water and sanitation.

In 2013, DG ECHO's response, unless large scale emergencies arise, will imply the final phase out of the support from this type of intervention. Priority will be given to the consolidation of existing systems and structures in order to facilitate its integration into development programmes.

The interventions will remain community-based and focused on early warning and public awareness, as well as on the interaction between communities and district authorities at per-urban and rural levels. Contribution to national policy making and quality assurance as well as synergies or complementarities with other development programmes will be specially valued.

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Should humanitarian needs arise in other sectors not initially prioritised under this plan, DG ECHO will consider any relevant requests on an ad hoc basis.

#### 4. LRRD, COORDINATION AND TRANSITION

##### 1) Other DG ECHO interventions

Other funds from EDF (B-envelope) and/or the HIP for the Disaster Relief Emergency Fund (DREF), as well as small-scale humanitarian response and epidemics HIPs could be mobilized, according to need, in case of natural disasters, epidemics and new displacement crisis.

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

The EU suspended development cooperation assistance to Zimbabwe - under Article 96 of the Cotonou Agreement - in February 2002, a suspension which has been confirmed every year since. The European Commission has adopted a Short-Term Strategy for 2012-2013 for Zimbabwe, endorsing the priorities identified in the Government on National Unity (GNU) strategy for the stabilization of Zimbabwe in the Short Term Economic Recovery Programme (STERP). This Short-Term Strategy (STS) takes a coordinated approach to programming funding by including all EU funding instruments.

Following the European Council's draft conclusions, n° 12585/12 of 23 July 2012, to cancel the measures in Article 96 of the Cotonou Agreement, the Zimbabwean government now qualifies to get direct funding from the EU. However, as funding for 2013 has already been committed through the STS, the measure will mainly have an impact on the new cycle of the EU-Zimbabwe cooperation which starts in 2014 (11<sup>th</sup> EDF).

#### 5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2013/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

##### 5.1. Contacts<sup>2</sup>

Operational Unit in charge	: ECHO/B.3
Contact persons at HQ	: Flavio BELLO
In the field	: Immaculada VAZQUEZ-RODRIGUEZ

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<sup>2</sup> Letters of intent should be submitted to DG ECHO using APPEL. Instructions on how to submit Letters of

intent using APPEL are available at

[http://www.dgecho-partners-helpdesk.eu/preparing\\_an\\_action/financing\\_decision/intention\\_letter](http://www.dgecho-partners-helpdesk.eu/preparing_an_action/financing_decision/intention_letter)

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## 5.2. Financial info

Indicative Allocation: EUR 3,000,000

Man-made crisis : Humanitarian Aid: EUR 1,000,000

Natural Disasters : Food Assistance : EUR 2,000,000

## 5.3. Proposal Assessment

### Assessment round 1

a) Description of the humanitarian aid interventions relating to this assessment round: all interventions as described under section 3.4 of this HIP.

b) Indicative amount to be allocated in this round of proposals: up to EUR 3,000,000 (EUR 1,000,000 HA and EUR 2,000,000 FA).

c) Costs will be eligible as from 01/01/2013.<sup>3</sup> Actions will start as from 01/01/2013.

d) The expected initial duration of the Action is up to 12 months.

e) Potential partners: All DG ECHO

f) Information to be provided: Single Form.

g) Indicative date for receipt of the above requested information: from 01/01/2013 onwards.

h) Commonly used principles will be applied for the assessment of proposals, such as:

- Pertinence/quality/feasibility of the proposal. This covers, inter-alia, the quality and pertinence of the needs assessment, knowledge of the country, relevance and appropriateness of the proposed activities, previous experience and track record of the partner in the sector (including an objective analysis of lessons learned), compliance with DG ECHO's sector policies and strategy for the country, respect of DG ECHO's HIV and AIDS guidelines.

- Quality of analysis on LRRD and transition arrangements. The commitment to achieve a sustainable transition to longer-term development funding of basic service delivery and sector coordination through the cluster approach are major goals in DG ECHO's strategy for the country. Partners are invited to clearly illustrate how the transfer/integration of their short-term humanitarian action to/with local structures and institutions is envisaged.

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<sup>3</sup> The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date in the Single form or the eligibility date of the HIP, whichever is most recent.



- Risk assessment. This includes an evaluation of the risk assessment made by the partner, risk management and contingency planning.