



## Rapid Response Fund

### ACT Secretariat Approval

**Project Code** 07/2024  
**Project Name** Emergency Response to El Nino Induced Drought

The ACT Secretariat has approved the use of **USD150,000** from its Global Rapid Response Fund (GRRF24) and would be grateful to receive contributions to wholly or partially replenish this payment.

**For further information please contact:**

National Forum Coordinator	Sostina Takure (sota@dca.dk)
ACT Regional Representative	Elizabeth Kisiigha Zimba (elizabeth.zimba@actalliance.org)
ACT Humanitarian Programme Officer	Caroline Njogu (caroline.njogu@actalliance.org)

A handwritten signature in black ink, appearing to read "Cyra".

**Cyra Michelle Bullecer**  
Global Humanitarian Operations Manager  
ACT Alliance Secretariat



## Rapid Response Fund

### Project Proposal

#### Emergency Prepared and Response Plan

Do you have an EPRP	23-May-24
When was the last update?	2024
Do you have a Contingency Plan for this response?	
EPRP link on the online platform	

Please submit this form to the Regional Humanitarian Programme Officer of your region with a copy to the Regional Representative

Date submitted to ACT Secretariat

4 Jun 2024

### Section 1 Project Data

#### Project Information

Project Name	Emergency Response to El Niño
Project Code	07/2024
Country Forum	Zimbabwe
ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member)	Methodist Development and Relief Agency (MeDRA)
Name of person leading the project	Kudzaiishe Ndawana
Job Title	National Director
Email	<a href="mailto:kndawana@medrazim.org.zw">kndawana@medrazim.org.zw</a>
WhatsApp/Signal/Telegram/Skype	263774394226
Location(s) of project (city / province)	Gokwe South/Midlands Province and Buhera/Manicaland Province
Project start date (dd/mm/yyyy)	1 Jul 2024
Project end date (dd/mm/yyyy)	30 Sep 2024

#### Which sectors your response activities most relate to

(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	MeDRA		Member 2		Member 3	
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers	648	792				
Camp Management						
Education						
Food/Nutrition						
Health						
Household items						
Livelihood						
Psychosocial	1,800	2,200				
Shelter						
Wash	1,800	2,200				

### Section 2 Project Description

#### 2.1 Context

### **1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project**

Zimbabwe is experiencing a severe drought due to significant below-average rainfall experienced during the last rainy season October 2023– March 2024 (Relief Web). The country received less than 20% of the typical rainfall expected during this season. El Niño events in Zimbabwe appears every two to six years and have been associated with prolonged dry spells, reduced rainfall, and increased temperatures. Water shortages and loss of crops are often the effect, affecting food security and livelihoods. On 4th April 2024, the president of Zimbabwe declared drought a national disaster in Zimbabwe (BBC). All 72 districts are affected in varying degrees with 30/72 being the most affected (OCHA, 5 May 2024)

### **2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help**

As a result there is widespread food insecurity among drought affected rural communities as the affected areas are primarily rural communities who rely heavily on agriculture.

The Government of Zimbabwe estimates that a total population of 7.6 million people urgently require lifesaving and life-sustaining humanitarian assistance and protection support, as well as livelihood support, so that they may recover their losses, rebuild resilience, and access basic services. Of these an estimated 6 million (4.5 million rural and 1.5 million urban) people are food insecure. The 2024 rural and urban ZIMLAC assessments results for both rural and urban have not yet been published as these are also expected to give a real snapshot of the situation countrywide. Expected harvests for the 2024 crop season are 700,000 metric tons (mths) of maize, out of an annual requirement of 2.2 million mts.

- The impacts of El Niño has negatively affected local production, with estimates of a 52 percent shortfall. According to the Crop, Livestock and Fisheries Assessment Report (CLFA 1), the Ministry of Lands, Agriculture Fisheries and Rural Development in Zimbabwe’s found that crop production was negatively affected: 40 percent of maize crops was classified as ‘poor’, and 60 percent as ‘a write off’. According to the 2023 Zimbabwe Vulnerability Assessment Committee (ZimVAC) Report; even before the drought, 35 percent of rural households were accessing inadequate to water services, while forty-five percent of rural households were traveling more than half a kilometre to fetch water. El Nino has significantly increased the risk and even more people will be faced with water insecurity leading to longer distances travelled to access water.
- El Niño induced drought has a negative impact on health and nutrition. Diarrhoeal diseases increase, there is also reported higher risks of disease outbreaks, reduced immunity, heat stress, mental illness, and infectious and respiratory illnesses. Pregnant women and girls are considered at high risk for maternal complications related to drought as observed during previous El Nino events in 2015-2017.
- The deterioration of nutrition status will render children under age 5, as well as pregnant and breastfeeding women, more vulnerable, as they require higher energy and micro-nutrient intake. Poor nutritional status and consequent poor immunity of children under age 5 will further increase their vulnerability to infectious diseases, while pregnant and lactating mothers will be at risk of poor maternal and neonatal outcomes.
- Faced with such a dire situation, households in Gokwe South and Buhera are resorting to negative coping mechanisms by feeding on wild fruits, reducing the number of meals per day, posing a risk especially to vulnerable groups like children under 5 years, pregnant and lactating women, those with chronically illness, and the elderly.
- The drought's impact on livelihood increases the risk of gender-based violence (GBV), sexual exploitation, and abuse. During drought events, an increased likelihood of child marriage and exposure to gender-based violence has been recorded. Meanwhile, limited access to water and dignity affect the menstrual hygiene of girls and women.

### **3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis. (maximum 3 bullet points)**

Currently, MeDRA does not have access to any funding to response to this emergency situation in a bid to support the most vulnerable affected communities. Efforts are being made to mobilise resources through the Methodist Church in Zimbabwe and other funding partners.

## 2.2 Activity Summary

### 1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis.

An estimated 700,000 metric tons (MT) of maize, out of an annual requirement of 2.2 million MT have been projected for the 2024 crop season and 40 per cent of maize crops was classified as 'poor' and 60 per cent are written off and will not produce any food.

The body of more than 1.4 million cattle are deteriorating due to lack of pasture (Zimbabwe Drought Flash Appeal). The proposed project proposes an integrated response to the drought crisis to provide a holistic life-saving response to needs of affected communities targeting to support 4,000 people in Buhera and Gokwe South to be food and water secure and manage stress as a result of drought.

#### Unconditional Cash Transfer

- Assisting the most food-insecure people through Unconditional Mobile Cash Transfers (Ecocash/Mukuru)

Cash transfers will be done to vulnerable Households targeting 360 households at USD 76 per HH/month for 3 months from July to September 2024. The target reach is 1,440 people

The cash transfers will enable families to buy food and non-food items. The use of cash is in line with government policy which recommends the use of cash where markets are functional. The use of cash is safe, cost-effective, and preferred by the beneficiaries.

#### Water, Sanitation, and Hygiene

- Rehabilitation of 4 Water Points

During droughts, natural water sources dry up or become contaminated. Rehabilitating water points ensures a reliable supply of safe drinking water, crucial for preventing waterborne diseases like recurrent Cholera, maintaining public health, and improving water security, the project will include rehabilitation of water points to address access to safe water. 4 water points (2 Gokwe South and 2 Buhera) are targeted and a reach of 1,000 people will be reached.

To ensure sustainability refresher trainings will be conducted to the Water Point Committees to ensure good water governance. The Water Point Committees are responsible for operating and maintaining the borehole once it becomes functional. The WPCs will also be capacitated on how to mobilize resources for the operations and maintenance of the borehole from the villagers. Options of village ISAL, user pay, or monthly subscriptions will be shared with the committees.

### 2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

MeDRA has operations in Gokwe and Buhera districts and contacts with all the actors. MeDRA has already signed a Memorandum of Understanding with the local authorities, thus activities can start promptly.

Immediately after the approval of the RRF, MeDRA will conduct inception meetings in the 2 districts with the district stakeholders sharing the project objectives and targets. This will pave the way for close collaboration with the District Development Coordinator and the Department of Social Development to identify areas to be prioritized.

The Department of Social Development has already registered the most vulnerable households in all the wards in the district which MeDRA will leverage on and conduct verification processes and registration using the approved templates.

As a member of the National Cash Working Group, MeDRA has collected quotations from 2 service providers of cash transfers who presented during the working group meeting, Ecocash and Mukuru and these have agreed in principle to partner. Once the RRF has been approved, a written agreement with the actual amounts to be paid will be done.

The organization has been supporting communities in borehole rehabilitation thus pre-supply agreements are available with suppliers that produce borehole parts.

**3. CHS Commitment 6. How are you co-ordinating and with whom?** *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

MeDRA will work with the Food Security and Livelihoods Cluster in Zimbabwe and the National Cash Working Group to ensure complementarity or interventions apart from working closely with other forum members.

MeDRA will also work with the Livelihoods and Climate Justice Community of Practice sub group for ACT Alliance Zimbabwe Forum.

MeDRA will also work with the relevant line Ministry in providing assistance to the communities and with the government Department of Social Services Department to complement the government's food assistance and Harmonized Social Cash Transfer (HSCT) schemes with technical guidance and collaboration from the National Cash Working Group in which MeDRA is an active member.

**4. CHS Commitment 3, 9. Where are you planning to procure your goods or services? Please tick boxes that apply.** *Goods and services procured locally supports and revitalises economic activity either as livelihood for people or income for small businesses.*

Locally or within the affected areas	X	Nationally	X	Regionally or neighbouring countries		Internationally	
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Do you have a procurement policy? What factors did you consider when you made this decision?

MeDRA has a Procurement Policy that is carefully crafted to guide the procurement process of project materials to ensure transparency, efficiency, compliance and accountability of resources. When a procurement process is being done, the following factors are considered:

Value for money - MeDRA strives to purchase the best project materials balancing the cost considerations with quality and suitability to the needs.

Transparency and accountability - as guided by the policy, in all procurement processes clear procedures are adhered to in request for quotation, soliciting for tenders, awarding of contracts with procedures in place to prevent conflicts of interests.

MeDRA complies to government and donor requirements in all its procurement processes

**2.3 Description of Target Population**

**1. CHS Commitment 1, 9. How do you calculate the beneficiary numbers for this project?**

MeDRA uses the standard of 4 members per household. A household is defined as people who live and eat together on a daily basis.

The project targets to support:

360 HH X 4 persons per HH = 1,440 persons. (648 M / 790F) for cash transfers to be food secure. This will include children under five years.

1000 HH X 4 persons per HH = 4,000 (1,800M/2,200F) to have access to clean and safe water and reduce stress through CBPSS. This will include children under five years.

**2. CHS Commitment 1, 2, 3, 4. Which vulnerable groups are you specifically targeting? What makes them vulnerable? Please explain.**

**People with Disability:** PWD often face unique challenges that can exacerbate their vulnerability like limited Access to Resources such as food, water, healthcare, and income-generating opportunities. Physical barriers, discriminatory attitudes, and lack of accessible transportation restricts their ability to access markets, food distribution points, and essential services. Thus households with PWD will be targeted in this project.

**Children:** Under 5s as they are at risk of malnutrition and stunted growth, These will be targeted to ensure they are food secure so as to curb possible long-term consequences for their health and development.

**Pregnant and lactating women:** have increased nutritional requirements as they may not be able to meet their increased nutritional needs, putting them at risk of malnutrition. Malnutrition during pregnancy can lead to adverse outcomes such as low birth weight, preterm birth, and birth defects. Inadequate nutrition during lactation can also impair the quality and quantity of breast milk, affecting the health and growth of infants.

**The Elderly:** The drought has left the elderly very vulnerable as they have limited livelihood opportunities to earn non agriculture based income as they depend on their farms to access food (Zimbabwe largely gets its food sources from agriculture) In addition, the elderly have additional health needs and chronic diseases making them more susceptible to malnutrition and illness when not receiving adequate food and nutrition.

**Very Poor Smallholder Farmers:** These farmers make up a significant portion of Zimbabwe's population and are highly dependent on agriculture for their livelihoods and lack alternative sources of non agricultural based income. rye vulnerable in this emergency and they deserve to be targeted.

**Vulnerable and poor Women-** Women in Zimbabwe often have less access to land, credit or agricultural inputs which limits their ability to diversify their income. Additionally, cultural norms may restrict women's access to education, employment, and decision-making, further exacerbating their vulnerability.

### 3. CHS Commitment 4. Explain how the target population has been/is involved in your proposed intervention

(maximum 5 bullet points)

- A Rapid Needs Assessment conducted identified the food security gaps in Buhera and Gokwe South. The assessment collected information related to food security among other information like opportunities available and coping mechanism adopted. This was cemented by a Rapid Gender Analysis that was conducted in Buhera post Cholera Emergency response.
- As MeDRA has implementing other longer term projects in the 2 targeted districts, MeDRA has been able to engage with community members during project monitoring to identify the impact of the drought leading to the gap in food security among affected community members. During these interactions, communities have shared their experiences with staff from MeDRA since the beginning of the El-Nino phenomenon (October 2023).
- MeDRA's feedback mechanisms in these two districts through suggestion boxes, toll free line and community facilitators and leadership has also allowed community members to be involved by providing feedback to MeDRA on the drought situation, impact and possible response solutions.

## 2.4 Expected Results

### 1. What will this project's success look like based on your time frame? Please write your activities milestones including dates.

- To contribute to meeting the basic needs of targeted Households (including food and other needs) for 1,440 individuals through 3 months unconditional cash transfers July- September 2024.
- Improved Water Security for 1,000 people through access to safe drinking water from rehabilitated 4 water points by August 2024.
- Strengthened Psychosocial Well-Being for 4,000 drought-affected people through counselling by 20 trained Faith leaders in Community Based Psychosocial Support. The affected individuals will experience better mental health and resilience by September 2024.
- Robust participation mechanisms to ensure accountability, inclusion, and continuous improvement of project activities will be done continuously throughout the project at all project gatherings.

## 2. Describe the risks to a successful project and how you are managing them.

- Delays in fundraising (Medium-risk) – Funds disbursement can be delayed from ACT Alliance which could impact the timeliness of MeDRA’s response. This will be mitigated by MeDRA prefinancing the initial activities of registration and verification of program participants.
- Political interference (low-risk) – Political tensions can disrupt project activities and pose safety risks to staff and beneficiaries. This will be mitigated by fostering good relationships with local authorities and community leaders and emphasising the apolitical stance of MeDRA.
- Changes in government policies (medium-risk) - the change of currencies may affect the project implementation. The project will use USD in cash transfers and procurement of materials.
- Failure by stakeholders and communities to own projects (Low-Risk) - poor coordination by partners and stakeholders. The project will be implemented in close collaboration with the relevant government line ministries and with close engagement with community leaders and committees formed.
- The project will be implemented when the country is facing economic challenges hence it is imperative to plan for

## 2.5 Monitoring, Accountability & Learning

### 1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

#### Monitoring Approach:

To ensure the effective implementation and impact of the project, a comprehensive monitoring strategy will be employed. This will involve regular tracking of activities, progress against objectives, and immediate outputs and outcomes. The monitoring process will ensure transparency, accountability, and continuous improvement.

1. Activity Tracking Sheets: Project staff will fill out activity tracking sheets during and after the completion of each activity, noting the number of participants, location, and any immediate feedback.
2. Beneficiary Feedback Mechanisms: Regular feedback will be collected through suggestion boxes, feedback forms, and community meetings.
3. Monitoring and Evaluation (M&E) Framework: To outline key indicators, data sources, and data collection methods. An M&E plan will be developed, detailing specific indicators for each project component (food security, WASH, protection, and psychosocial support). Regular data collection will be scheduled, and assessments will be conducted.
4. Site Visits and Field Observations: To verify the progress and quality of project activities on the ground. Regular site visits will be conducted by Programs Manager and M&E officer. Observations will be documented using standard checklists to ensure consistency. This will include Post Distribution Monitoring which will be done 2 weeks after every cash transfer (monthly). To gather qualitative data on the project's impact and community perceptions Focus Group Discussions (FGDs) will be held with different community groups (women, men, youth, and vulnerable groups) to discuss the project's progress and any emerging issues.
5. Monthly Progress Reports: To summarize project achievements, challenges, and learnings will be compiled and

### 2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

MeDRA has a Code of Conduct which is signed by all staff members, volunteers, and consultants upon engagement. This governs the conduct of the staff, volunteers, and consultants as they conduct their work on empowering communities under MeDRA. The reading, understanding, and signing of the Code of Conduct is a mandatory part of the onboarding process for all new staff members, volunteers, and consultants. During orientation sessions, the code will be presented, explained, and discussed to ensure understanding. Dedicated induction sessions are held to go through the code of conduct in detail, highlighting key principles, expectations, and consequences of breaches. The Code of Conduct outlines key responsibilities and conduct and the safeguarding policy enhances this. The policy ensures the protection of communities against exploitation and abuse.

**3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5 □**

MeDRA will work with and through stakeholders that include Government line Ministries and other local leaders from the inception right through the project duration. To ensure accountability, MeDRA and the stakeholders will recognize the affected people as first responders and decision-making power should be in the hands of the people directly impacted by crises, especially on beneficiary selection. MeDRA will acknowledge women, girls, men, and boys of all ages and diverse backgrounds as the first responders and active agents in their relief and recovery. The project will be guided by humanitarian principles that will guide the accountability plan that will hold MeDRA staff and stakeholders responsible for community engagement. There will be regular engagements with affected communities, and this will include informing, involving, and listening to them. Accountability of the project will involve functioning and open communication channels. MeDRA will utilise existing various platforms to disseminate information. These will include community meetings and the organisation's website and social media platforms. The platforms will be regularly updated with project progress, impact stories, and relevant data. MeDRA will work closely with local partners, government stakeholders, NGOs, and community leaders and establish networks that can help amplify our project's message. The project will produce IEC material that explains our project's goals, activities, and impact. MeDRA will ensure that these materials are culturally sensitive and available in local languages. Complaints and feedback mechanisms will be put in place that include the help desk, suggestion box and toll-free hotline. The help desk will be manned by representatives of MeDRA, community leaders, government stakeholders and Special Groups including women and PWDs. They will have a book to record all grievances and will follow complaints handling procedures and timelines to ensure that appropriate redress is given in the shortest possible time. Hotline banners will be displayed, and recipients made aware and encouraged to use them where necessary. Through feedback and complaints handling tracker, all concerns will be





## Rapid Response Fund

### Consolidated Financial Report

Project Code

Project Name

Budget Exchange rate (local currency to 1 USD)

1.000000000

Please use exchange rate from this site:

<https://www.xe.com/currencyconverter/>

	Total Budget	Total Expenses	Burn Rate	Budget			Total Expenses		
				MeDRA	Member 2	Member 3	Member 1	Member 2	Member 3
<b>1 Total Project Staff Costs</b>	<b>13,464</b>	-	-	<b>13,464</b>	-	-			
<b>2 Project Activities</b>	<b>102,202</b>	-	-	<b>102,202</b>	-	-			
2.1 Cash/Vouchers	86,132	-	-	86,132	-	-			
2.2 Camp Management	-	-	#DIV/0!	-	-	-			
2.3 Education	-	-	#DIV/0!	-	-	-			
2.4 Food/Nutrition	-	-	#DIV/0!	-	-	-			
2.5 Health	-	-	#DIV/0!	-	-	-			
2.6 Household items	-	-	#DIV/0!	-	-	-			
2.7 Livelihood	-	-	#DIV/0!	-	-	-			
2.8 Psychosocial	5,360	-	-	5,360	-	-			
2.9 Shelter	-	-	#DIV/0!	-	-	-			
2.10 WASH	10,710	-	-	10,710	-	-			
<b>3 Project Implementation</b>	<b>3,040</b>	-	-	<b>3,040</b>	-	-	-	-	-
3.1 Forum Coordination	3,040	-	-	3,040	-	-			
3.2 Capacity Development	-	-	#DIV/0!	-	-	-			
<b>4 Quality and Accountability</b>	<b>14,290</b>	-	-	<b>14,290</b>	-	-			
<b>5 Logistics</b>	<b>8,610</b>	-	-	<b>8,610</b>	-	-			
<b>6 Assets and Equipment</b>	<b>150</b>	-	-	<b>150</b>	-	-			
<b>Direct Costs</b>	<b>141,756</b>	-	-	<b>141,756</b>	-	-	-	-	-
Staff Salaries	7,284	-	-	7,284	-	-			
Office Operations	960	-	-	960	-	-			
<b>Indirect Costs</b>	<b>8,244</b>	-	-	<b>8,244</b>	-	-	-	-	-
<b>Total Budget</b>	<b>150,000</b>	-	-	<b>150,000</b>	-	-	-	-	-

0.68