



Rapid Response Fund

Approval

Project Code RRF No. 03/2026
Project Name Emergency Flash Flood Response

The ACT Secretariat has approved the use of **USD50,009** from its Global Rapid Response Fund (GRRF26).

Reporting Deadlines	
SitRep (<i>one month after approval</i>)	2 Mar 2026
Final Reports (narrative and financial)	2 May 2026
Audit Report (<i>for projects >USD50,000</i>)	Not Applicable

For further information please contact:

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Approved By the RRF review Panel

02/02/2026



**Rapid
Response Fund
Project Proposal**

Emergency Prepared and Response Plan	
Do you have an EPRP	21 /01/2026
When was the last update?	2025
Do you have a Contingency Plan for this response?	No
EPRP link on the online platform	Not Applicable

Regional Humanitarian Programme Officer of your region with a copy to the Regional	Date submitted to ACT Secretariat
	30 Jan 2026

Section 1 Project Data

Project Information	
Project Name	Emergency flash flood response
Project Code	Mar-26
Country Forum	Zimbabwe ACT Forum
are more than one member, please use ALT+<Enter> to add another member)	Zimbabwe Council of Churches Lutheran Development Services
Name of person leading the project	Sostina M Takure
Job Title	National Coordinator
Email	sota@dca.dk
WhatsApp/Signal/Telegram/Skype	263 774 394 226
Location(s) of project (city / province)	LDS-Chiredzi district, Masvingo province, Zimbabwe ZCC-Mwenezi district
Project start date (dd/mm/yyyy)	02/Feb/26
Project end date (dd/mm/yyyy)	02/05/2026

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	(Lutheran Development Services)		(Zimbabwe Council of Churches)	
	Male	Female	Male	Female
Cash/ Vouchers				
Camp Management				
Education	0	0		
Food/Nutrition	0	0	128	192
Health				
Household items	120	180		
Livelihood				
Psychosocial	96	144	208	313
Shelter	9	6		
Wash/ dignity kits	96	144	208	313

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 (maximum 5 bullet points)

Large parts of Zimbabwe, particularly the South-Eastern and Western regions, are experiencing sudden-onset flash flooding following Tropical Cyclone Dudzai in January 2026. Prolonged and intense rainfall of up to 105mm in 24 hours associated with the cyclone has caused widespread damage to community infrastructure and severely disrupted livelihoods across affected areas.

Tropical Cyclone Dudzai formed over the Indian Ocean on 10 January 2026 and rapidly intensified, reaching a Category 4—equivalent system by 12 January, with wind speeds of approximately 130 km/h. Although it temporarily weakened to a Category 1 storm, the system regained strength on 15 January, with winds increasing to up to 177 km/h, its impacts extending far inland, with Zimbabwe experiencing sustained heavy rainfall between 10 and 20 January 2026.

The flash floods have caused acute food insecurity and livelihood disruption due to destruction of crops, loss of stored food and household items. Leaching and water logging is affecting crops and community gardens threatening agriculture yields which will likely impact long term food security of the affected community. The heavy rains have caused flash flooding damaging road networks and community infrastructure across the districts impacting mobility and access to social services such as health and education. In addition, further displacements due to shelter loss have resulted in protection risks particularly for female-headed households and children.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help (maximum 5 bullet points)

- According to District Civil protection reports and Rapid needs assessments the cyclone induced heavy rainfalls have caused the collapse of homesteads and flash flooding resulting in displacement of families and shelter loss, and protection risks. The displaced families have been forced into unsafe temporary shelters or open spaces, exposing women, children, older persons, and people with disabilities to heightened risks of injury, exploitation, and gender-based violence.
- Acute food shortages are rife as households have lost entire food stocks due to flooding. With the current agriculture season midway, most families will not have access to food during the lean season period. Flash flooding has drastically affected agriculture production and disrupted livelihoods. Leaching and water logging is affecting crops and community gardens threatening agriculture yields which will likely impact long term food security of the affected community.
- The affected families have suffered loss of basic household assets and dignity with many households having lost all essential items, including clothing, blankets, furniture, cooking utensils, and critical documents such as national IDs and birth certificates, significantly undermining dignity, access to services, and recovery capacity.
- The flash floods have escalating public health threats from the contamination of water sources and damaged sanitation facilities increasing the risk of cholera, typhoid, and dysentery, while stagnant floodwaters heighten malaria transmission.
- The heavy rains have caused flash flooding damaging road network and community infrastructure across the districts impacting mobility and access to social services such as health and education. School-going children have been affected as school materials such as books were washed away and damaged during the flash floods. School infrastructure such as classroom blocks and toilets have collapsed compromising access to education.

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

Currently, ZCC and LDS do not have prepositioned funds to respond to the flash flood emergency situation and provide support to the most vulnerable affected communities.

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis. If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.

1. Provision of Food assistance support basket comprised of 10kg mealie meal, 2kg sugar beans and 750ml vegetable oil for 320 individuals for 1 month: Food assistance support will reduce acute hunger, as most food stocks were destroyed by floods in Mwenezi district.
2. Distribution of NFIs (hygiene kits, buckets, blankets, sanitary wear) to 314 households (74 Mwenezi and 300 Chiredzi) : NFIs kits will reduce public health risks associated with flooding such as cholera and dysentery. WASH-related NFIs, including water buckets for safe water storage, aqua-tablets for household water treatment and hygiene materials will be provided to enable affected families to access safe drinking water and prevent water-borne diseases.
3. Provision of PSS to 314 households : Integrated Psychological First Aid (PFA) to help displaced families and vulnerable groups, stabilize emotionally.
4. Capacitate 100 Faith leaders, Local leaders and Ward based Disaster risk reduction committee on flood early warning preparedness and response: Emergency preparedness, response awareness and sensitization targeting at risk communities will improve emergency response and preparedness thus reducing disaster impact
5. Provision of shelter(tents) to 15 households to provide temporary accommodation to households that have lost their shelter to floods.

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.*

The ZCC and LDS has operations in the affected district and have signed Memorandum of Understanding with the local authorities, thus activities can start promptly.

Immediately after the approval of the RRF, The organisations will conduct project inception meetings in the districts with key stakeholders to pave the way for close collaboration and coordination. The list of affected households will be obtained from the District civil protection committee to ensure immediate assistance to the affected households.

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

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*

ZCC and LSD will work with the WASH Cluster in Zimbabwe and the Emergency Response Working Group to ensure complementarity or interventions apart from working closely with other forum members. They will also work with the relevant line Ministry and district civil protection committee in providing assistance to the communities and with the government Department of Social Services Department to complement the government's food assistance.

ZCC and LDS will work with the Food Security and Livelihoods Cluster in Zimbabwe to ensure complementarity or interventions apart from working closely with other forum members.

such as the Livelihoods and Climate Justice Community of Practice sub group for ACT Alliance Zimbabwe Forum.

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*

Locally or within the affected areas	<input checked="" type="checkbox"/>	Regionally or neighbouring countries	<input type="checkbox"/>	Internationally	<input type="checkbox"/>
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Do you have a procurement policy? What factors did you consider when you made this decision?

The member organisations have a Procurement Policies that are 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 – The Member strive 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.

Compliance 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? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

The target population was what was collected from the rapid needs assessments conducted in the affected areas. The RRF will use the standard of 4 members per household. A household is defined as people who live and eat together on a daily basis. For Mwenezi district the targeted population of (521 individuals) 74 HH was derived from district civil protection assessments reports and assessments which is the number of the affected people in the area who will need shelter,NFIs,dignity kits and food assistance support. For Chiredzi district the project targets to support a total 300 (120 males and 180 females) 240 households with wash and dignity kits given as per assessment reports which is the number of the affected people in the area who will need shelter,NFIs and dignity kits.

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 water borne diseases and access to shelter, These will be targeted to ensure they are secure so as to curb possible long-term consequences for their health and development.

Pregnant and lactating women: are highly vulnerable and being displaced due to the floods can affect their health and the growth of foetus as access to food may be negatively impacted. 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 floods have left the elderly very vulnerable as they have limited mobility making them vulnerable. Access to food is also now limited as homes have been destroyed by the incessant rains

Vulnerable and poor Women- Women led households will have a special consideration as they are highly vulnerable and their choices limited when it comes to responding to a disaster. The floods have rendered them homeless and household equipment destroyed and they are economically vulnerable to replace the lost goods quickly and restore quality of life.

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 (RNA) was conducted to swiftly gather critical information required to guide life-saving interventions and mobilize essential resources. The assessment focused on the immediate impacts of severe flooding and widespread destruction of infrastructure, employing a combination of direct observation, key informant interviews, and focus group discussions with affected households to ensure accuracy and inclusivity.

To strengthen the legitimacy and community ownership of the process, consultative meetings with village heads, kraal heads, traditional chiefs, and the District Development Coordinator were convened. These engagements ensured that local leadership perspectives were incorporated and that the assessment findings reflected the lived realities of the communities.

The target population demonstrated strong cooperation, willingly granting staff permission to document the extent of damage through photographs of destroyed infrastructure. Furthermore, affected households actively participated by listing priority emergency response items required for immediate use within their compounds. These items include essentials such as food supplies, clean water, temporary shelter materials, sanitation kits, and basic health commodities.

The RNA findings highlight the urgent need for donor support to enable rapid deployment of emergency assistance. The evidence gathered provides a clear roadmap for targeted interventions that will not only address immediate humanitarian needs but also lay the foundation for recovery and resilience-building in the aftermath of the disaster

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.*

1. Rapid Needs Assessment (RNA)
2. Completion of the assessment report is validated by local leaders and the District Development Coordinator. Completed – February 6, 2026.
3. Community Consultations & Verification
4. Meetings held with chiefs, kraal heads, village heads; priority needs list finalized 2-6 February 2026
5. Procurement of Emergency Items: Food, water purification tablets, temporary shelter materials, sanitation kits, and health commodities secured 6–10 February 5, 2026
6. Distribution of Emergency Supplies 100% of targeted households receive listed emergency items; photographic documentation completed February 10–15, 2026
7. Provision of PSS support 100% to affected victims get access to PSS support through faith leaders and government stakeholders, 28 February 2026
8. Capacitation of ward-based DRRM structures on early warning, preparedness, and response: 100% of DRRM structures have access to information and are raising community awareness. February 28 2026
- Monitoring & Feedback Mechanisms
9. Community feedback sessions conducted; complaints and suggestions logged and addressed Feb- April, 2026

10. Final Reporting & Donor Update
- submission of narrative and financial report to donor; lessons learned documented April 25, 2026

What Success Looks Like

Immediate relief delivered: All affected households receive essential emergency items within four weeks.

Community ownership: Local leaders and households actively engaged in planning, verification, and monitoring.

Transparency & accountability: Documentation (photos, lists, reports) shared with stakeholders and donors.

Resilience foundation: Emergency response lays groundwork for recovery and longer-term resilience

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

- 1) Delays in fundraising and fund disbursement (Medium risk): Delays in the release of funds from ACT Alliance could affect the timeliness of the response. This risk will be mitigated through prefinancing of initial activities, including beneficiary registration and verification, by the two implementing organisations to ensure a rapid start-up.
- 2) Political interference and security risks (Low risk): Political tensions may disrupt activities or pose safety concerns for staff and beneficiaries. Mitigation measures include maintaining strong relationships with local authorities and community leaders, adhering to coordination structures, and clearly communicating the neutral and apolitical nature of the response.
- 3) Policy and macro-economic changes (Medium risk): Changes in government policies, including currency fluctuations, could affect procurement and implementation. The project will mitigate this risk by conducting transactions and procurement in USD. The risk of government intervention in NGO domiciled accounts is assessed as low, given the current multi-currency policy framework in place until 2030.
- 4) Limited stakeholder and community ownership (Low risk): Weak coordination or insufficient community engagement could undermine project effectiveness. This risk will be mitigated through close collaboration with relevant government line ministries, active participation in coordination platforms, and meaningful

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?**

high-quality project implementation. Monitoring will focus on tracking progress against planned activities, outputs, and outcomes, while integrating community feedback and adaptive management.

-Activity Tracking Tools: Project staff will use standardized activity tracking sheets to record completed activities, beneficiary numbers (disaggregated by sex, age, and vulnerability), locations, and immediate observations or feedback.

-Beneficiary Feedback and Complaints Mechanisms (CFCM): Feedback will be gathered through suggestion boxes, feedback forms, and regular community meetings, ensuring safe, confidential, and accessible channels for all community members.

-Monitoring and Evaluation Framework: An M&E plan will guide monitoring, outlining key indicators, data sources, and collection methods for each project component, including WASH, shelter/NFIs, protection, and psychosocial support. Routine data collection and periodic assessments will inform progress reviews.

-Field Monitoring and Post-Distribution Monitoring (PDM): Regular site visits will be conducted by the Programmes Manager and M&E Officer using standard observation checklists to assess quality, relevance, and timeliness. Post-Distribution Monitoring will be conducted approximately two weeks after each monthly distribution to assess utilization, satisfaction, and any unintended effects. Focus Group Discussions (FGDs) will be held with women, men, youth, and vulnerable groups to gather qualitative insights on impact and community perceptions.

-Progress Reporting: Monthly progress reports will be compiled, summarising achievements, challenges, lessons learned, and corrective actions. These reports will be reviewed by project management and shared with relevant stakeholders to support transparency and informed decision-making.

Learning and Lessons Gathering

-After-Action Reviews (AARs): AARs will be conducted after major activities or milestones to reflect on performance, identify good practices, and address challenges. These sessions will involve project staff, community representatives, and key stakeholders.

-Case Studies and Stories of Change: Qualitative documentation will capture successes, challenges, 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.*

ZCC and LDS have 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. 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

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

ZCC and LDS 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, the implementing organisations 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. The Organizations 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 ZCC and LDS 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. Implementing Organisations will utilise existing various platforms to disseminate information. These will include community meetings and the organisations website and social media platforms. The platforms will be regularly updated with project progress, impact stories, and relevant data. They will work closely with local partners, government stakeholders, NGOs, and community leaders and establish networks that can help amplify our project's message.

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 ZCC and LDS, 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 completed systematically by the project team. ZCC and LDS will monitor the distributions to ensure the efficiency of the process and adequacy of entitlements received. Exit interviews as well as post-distribution monitoring will be done to monitor the success of every distribution.



Rapid Response Fund

Consolidated Budget and Financial Report

Project Code

Project Name

Budget Exchange rate (local currency to 1 USD)

Exchange rate for revised budget (local currency to 1 USD)

Please use exchange rate from this site: <http://www.floatrates.com/historical-exchange->

		Approved Budget				Reported Expenses				Unspent Amount	Burn Rate
		LDS	ZCC	Member 3	Total Budget	LDS	ZCC	Member 3	Total Expenditure		
1	Total Project Staff Costs	3,748	4,408	-	8,156	-	-	-	-	8,156	0%
2	Project Activities	15,765	15,336	-	31,101	-	-	-	-	31,101	0%
2.1	Cash/Vouchers	-	-	-	-	-	-	-	-	-	0%
2.2	Food/Nutrition	-	10,860	-	10,860	-	-	-	-	10,860	0%
2.3	Household items	12,195	-	-	12,195	-	-	-	-	12,195	0%
2.4	Water, Sanitation, and Hygiene (WASH)	-	4,076	-	4,076	-	-	-	-	4,076	0%
2.5	Shelter	1,050	-	-	1,050	-	-	-	-	1,050	0%
2.6	Disaster Risk Reduction (Max 10% of the budget)	-	250	-	250	-	-	-	-	250	0%
2.7	Mental Health and Psychosocial Support	2,520	150	-	2,670	-	-	-	-	2,670	0%
2.8		-	-	-	-	-	-	-	-	-	0%
2.9		-	-	-	-	-	-	-	-	-	0%
2.10		-	-	-	-	-	-	-	-	-	0%
3	Project Implementation	800	860	-	1,660	-	-	-	-	1,660	0%
4	Quality and Accountability	1,702	1,224	-	2,926	-	-	-	-	2,926	0%
5	Logistics	720	900	-	1,620	-	-	-	-	1,620	0%
6	Assets and Equipment	-	-	-	-	-	-	-	-	-	0%
Direct Costs		22,735	22,727	-	45,462	-	-	-	-	45,462	0%
Overhead Costs		2,274	2,273	-	4,546	-	-	-	-	4,546	0%
Total Budget		25,009	25,000	-	50,009	-	-	-	-	50,009	0%