**THE DANISH EMERGENCY RELIEF FUND**

**RAPID RESPONSE – INTERVENTION application form**

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**Applying organisation**: Dreamtown

**Title of the intervention**: Rapid Response to the Tropical Storm Ana in Manicaland, Zimbabwe

1. **The Humanitarian intervention** (describe within max. 4 pages)

**1.1 The context**

**a) How we have ensured the intervention is appropriate and relevant (CH1):** This intervention builds on the strong partnership that exists between Dreamtown and Justice for Children (JCT) who collaborates on several different interventions in Zimbabwe. One of the interventions takes place in the city Mutare, which is situated in the heart of Manicaland, which is, as mentioned in the DERF call, one of the provinces affected the most by the Tropical Storm Ana in Zimbabwe. With a regional office in Mutare, JCT was able to quickly dispatch a team to undertake a rapid emergency assessment immediately after the DERF call was announced. The assessment focused on Mutasa and Nyanga, which are two of the most affected districts in Manicaland. To strengthen the impact of the intervention, JCT has teamed up with the two community-based organisations (CBOs) - Chiedza Community Welfare Trust (Chiedza) and Nyanga Community Development Trust (NCDT) who are located directly within Mutasa and Nyanga respectively and therefore have a very strong understanding of what the local population’s needs are and who constitutes the most vulnerable groups. In addition, JCT already have in place a strong network of volunteer community paralegals within the affected areas, who also have played an important role in ground truthing the intervention.

**b) How the intervention is effective and timely (CH2) in relation to the context: *i)*** Since JCT, Chiedza and NCDT already know each other from past collaboration, they will be quick to set up a strong partnership and project organisation; ***ii)*** SinceJCT has its regional office in Mutare and Chiedza and NCDT are located within the targeted communities, and all partners already work closely with the local authorities, we have direct and unrestricted access to the affected communities; ***iii)*** Finally, the intervention is designed so that each partner is lead on a specific outcome, which directly builds on to the partners respective strengths and experiences which makes the implementation plan clear and easy to follow.

**1.2 Content of the intervention**

**a) Describe the intervention’s activities, the results these will have and what the outcome of these will be**

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| --- |
| **Overall objective:** Vulnerable groups in Mutasa and Nyanga, affected by the tropical storm Ana, receive rapid response support within the areas of protection, health, and food/livelihood |
| **Outcome 1:** Access to justice and strengthening of community-based protection mechanisms in emergency situations (Partner: JCT lead)  |
| **Result 1.1.** Access to legal aid services for 180 people  | **A. 1.1.1.** Mobile Legal Aid clinics; **A. 1.1.2.** Identification and profiling of documentation cases; **A. 1.1.3**. Support to Mobile Registration Clinics (Recovery of rights documents birth certificates, death certificates etc.); **A. 1.1.4.** Legal representation (court attendances and watch in brief services for cases, provision of legal advice and client assistance etc.)  |
| **Result 1.2.** Access to safe shelter benefitting 240 people  | **A. 1.2.1.** Needs assessment and Compilation of bill of quantities (BOQ); **A. 1.2.2.** Emergency rehabilitation of community infrastructure (Distribution of building materials and supplies. Basic infrastructure / shelter repair) |
| **Results 1.3.** Protection of communities and children at risk from violence and abuse for 1200 children and youth (age 0 – 24) | **A. 1.3.1.** Training and setting up of community-based protection committees (child and adult based protection committee); **A. 1.3.2.** Support to Paralegal surveillance protection activities; **A. 1.3.3.**  Rights based education sessions with communities |
| **Outcome 2**. Equitable and timely access to Emergency Primary Health Care and hygiene (Partner: Chiedza lead) |
| **Result 2.1.** Combating water borne diseases benefitting 600 people | **A. 2.1.1**. Protection and repair of wells, open and destructed water points; **A. 2.1.2.** Provision of water treatment and purification substances and containers; **A. 2.1.3.** Sensitisation on hygiene and water borne diseases |
| **Result 2.2.** Access to health services for 1000 people  | **A. 2.2.1**. Mobile Health Clinics (Immunisation, Health screening, etc); **A. 2.2.2.** Youth Hub Clinics on SRHR (distributions of ARVs, sanitary pads, contraceptives etc.); **A. 2.2.3** Training of Village Health Workers (VHW’s) on access to health in emergencies |
| **Outcome 3**. Provision of food and restoration of livelihoods to people affected by emergencies(Partner: Nyanga lead) |
| **Result 3.1.** Access to food supplies for 600 people  | **A. 3.1.1.** Distribution of Cash to beneficiaries for purchase of household food; **A. 3.1.2** Supply of food stuffs for Infant School Feeding Programme to beneficiary schools |
| **Result 3.2.** Rebuilding livelihoods and agriculture production for 360 people  | **A. 3.2.1**. Provision of agricultural inputs to selected households (Fertilisers, seeds etc to beneficiary households); **A. 3.2.2.** Re-stocking of small livestock for selected households (deleted ISAL activities) |

**b) The change the intervention will bring to the people affected by the crisis after completion:** At the end of the intervention 2000 vulnerable people, living in the target communities of Nyanga and Mutasa, will have received rapid response support, and therethrough, increased their resilience towards the devastating effects of the Tropical Storm Ana. More specifically people’s whose rights have been violated will have received legal aid and representation; people who are without safe shelter have been supported to rebuild their houses; vulnerable children at risk of violence and abuse have been protected by community based mechanisms; people’s whose wells have been contaminated will have access to safe drinking water; vulnerable groups in need of acute need of health services have received their needed treatments; people who lost their income and livelihood have received food and support to rebuild their means of livelihood.

**c) Measure the achievement of results and outcomes**

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| **Results**  | **Indicators**  | **Means of verification** |
| **Result 1.1.**  | a) Number of people accessing legal services; b) Number of documents replaced through mobile registrations | a) Client data forms, case files and court papers and extracts; b) Photocopies of replaced documents |
| **Result 1.2**  | 1. Number of structures repaired or renovated
 | A) Photo documentation of repaired structures |
| **Result 1.3.**  | a) Number of people trained in community-based protection mechanisms; b) Number of cases identified by paralegals; c) Number of people sensitised on their rights;  | a) Attendance registers; b) Paralegal case logbooks; c) Attendance register |
| **Result 2.1**  | a) Number of well and water points repaired and protected; b) Number of families receiving water treatment and purification materials; c) Number of people sensitised on Hygiene and water borne diseases | a) BOQs; b) Beneficiary Registers; c) Acknowledgement of receipt forms; d) Attendance registers  |
| **Result 2.2** | a) Number of people accessing Health services; b) Number of Youths accessing services through Youth Hub Clinics; c) Number of VHW’s trained | a) Health register; b) Attendance register; d) Participants register |
| **Result 3.1.**  | a) Number of people receiving cash disbursements; b) Number of children fed | a) Acknowledgement of receipts; b) Feeding register  |
| **Result 3.2.**  | a) Number of households receiving agricultural inputs; b) Number of households receiving livestock; c) Number of people trained | A+b) Acknowledgements of receipt; c) Training register; (removed indicators for ISAL) |

**d) Justification of modes of assistance: *Distribution of cash:*** The project will distribute hard cash to beneficiaries for the purchase of household food supplies. Household food needs differ from each family hence it is complicated to purchase food stuffs to meet the needs of each family. Food is locally available in the communities hence beneficiaries can buy on their own and meet their own family needs. Some families have peculiar health and dietary issues which demands particular types of food hence purchasing for each household will make programming difficult and unachievable. Furthermore, the amounts involved are small and less liked to be subjected to abuse. ***Distribution of goods:*** Inputs for agricultural purposes and building materials are uniform hence they can be purchased from a central position. Purchasing from a central position has several advantages including cost effectiveness as it is cheaper to purchase in bulk, transportation will be more convinced if the goods and supplies are transported once as one consignment. Furthermore, these funds for example materials for rehabilitation of wells and water points are meant to benefit the community and not an individual household. The funds are vulnerable to diversion by beneficiaries because of the amounts involved. It is therefore more convenient and less risky from a programming point of view to purchase the materials and deliver to the intended beneficiaries.

**e) Priorities of the call and how resources are managed effective, efficient and ethically (CHS 9):** The intervention directly addresses the following emergency actions mentioned in the DERF call: Food security; Shelter; Wash; Health, and Protection. To ensure that resources are managed and used in an effective and efficient manner, JCT will be lead on monitoring the financial spending on the ground. JCT has a strong financial management system in place and has a strong track record on managing diverse types of donor funds, including CISU funding, EU funding, UNICEF, Plan International and other. At the same time the two community partners play a vital role in ensuring the resources are managed in an ethical manner. Since they are already working within the target communities’ and are directly accountable towards the people living in these communities, they play a strong role as watch dogs – making sure the finances are used for their intended purpose. Finally, Dreamtown already has a visit planned to Zimbabwe in April. The visit includes our Head of Finance and Head of Research and Learning. They will visit the affected communities to monitor how funds are spent and how activities are being implemented. Dreamtown will also undertake a monitoring visit towards the end of the project to evaluate the impact and use of resources.

**f) How we intend to start activities within 7 days of receiving the first transfer:** Dreamtown and JCT already collaborates on CISU funded projects, why we already have the needed financial set up in place for quickly disbursing funds. JCT office in Mutare is in close proximity to the target communities why the team will be able to move to the affected areas as soon as funding reach Zimbabwe. Furthermore, JCT already works with the two community partners and the local government - which are Mutasa and Nyanga Rural District Councils - why implementation can start from day one. In the first week of the intervention, we will facilitate coordination meetings with all actors (NGOs and government) working in the target communities and identify the specific target groups that needs the various types of support included across the 3 outcomes.

**1.3 The target group**

**a) Direct target group of the intervention:** The project will target 2000 vulnerable people across Mutasa and Nyanga community. The 2000 people includes parents/guardians and their children and dependents. The total target group will receive different types of support, based on their specific needs. Below is an overview of how many will receive specific types of support (NB: For double counting purposes it is important to note different groups will receive more than one type of support, why the numbers below, if added, will be higher than 2000). ***180 people will be supported with*** ***legal services,*** out of which 140 will be provided legal services through mobile legal aid clinics whilst 40 people will be supported to replace their lost documents. While many people have lost their houses because of heavy winds and rains associated with tropical storm Ana, the intervention will support ***40 affected households to repair their house***. These households have an average household size of 6 people making the total direct beneficiaries ***240***. These 40 households were identified by the Civil Protection Unit as the most affected hence the need to urgently address their shelter needs. In emergency situations protection of community members becomes an issue. Currently, in Mutasa and Nyanga the vulnerability of the affected communities has increased. Children and youth are at high risk of violence and abuse including sexual gender-based violence due to lack of adequate shelter and schooling. The project will use community protection mechanisms to fight or mitigate incidences of abuse and violence. ***1200 children and youth (age 0-24) will benefit from the protection*** ***mechanisms*** established by the interventions. ***1600 people will benefit from health interventions*** under the project through mobile health clinics and sensitisation sessions. These were identified following their health situations having been compromised by Tropical Storm Ana. As a result of heavy rains crops were destroyed and the livelihoods of people has been severely affected as they no longer expect any harvest. To cushion them, the project will provide ***cash hand outs for purchase of household food to 360 beneficiaries while 240 infant school children will be fed*** through a school feeding program. The project will further support the rebuilding of livelihoods and agricultural production to ***360 people***. Out of these 180 will be supported with agricultural inputs, another 180 with restocking of lost livestock. (Targets for ISAL removed).

**b) Quantify your planned target group by gender and age group in the table below**

|  |
| --- |
| **PLANNED TARGET POPULATION (INDIVIDUALS)** |
| **Age Group** | **Male** | **Female** | **Total** |
| Number of persons | Number of persons | Number of persons |
| < 5 | 100 | 100 | 200 |
| 6-14 | 250 | 350 | 600 |
| 15-24 | 150 | 250 | 400 |
| 25-49 | 150 | 300 | 450 |
| 50-64 | 100 | 100 | 200 |
| > 65 | 75 | 75 | 150 |
|  |  |  |  |
| **Total** | **825** | **1175** | **2000** |

**c) The particularly vulnerable target group:** Children and women are particularly vulnerable in situations of emergencies. Child headed families and households headed by women are particularly more vulnerable because they have cultural barriers which deter participation in issues that affect them in male dominated platforms. The project will target a bigger number of females compared to men. 1175 females will benefit compared to 825 males to make a difference of 350. People with disabilities are also a particularly vulnerable group who will be targeted. The project will make use of community volunteers and paralegals to identify such beneficiaries with particular needs.

## The implementing partner (describe within max. 1,5 pages)

**2.1. Capacity, experience and expertise**

**a) Capacity, experience, and expertise of the implementing partner(s) (CHS 8)**

***Dreamtown:*** Experience and expertise: Dreamtown has implemented several emergency projects, including: A DERF intervention in 2017 (where Dreamtown made the alert) focused on a massive mudslide in Freetown; a response to CISU’s global COVID-19 alert, in Sierra Leone; a response to the 2014 Ebola pandemic in Sierra Leone, and a COVID-19 emergency project in Uganda, funded through the Bestseller Foundation’s COVID-19 emergency fund. Experience derived from these projects includes working with Cash Based Assistance, supplying goods and services for affected populations, and setting of context specific complaints mechanisms. Organisational and financial capacity: Since its beginning Dreamtown has managed 25 projects above DKK 200.000. As part of Dreamtown’s organisational set up is a fulltime Head of Finance and Head of Research and learning who will lead this intervention. In preparations of applying for a CISU programme agreement in 2023, Dreamtown has just completed an organisational Capacity Assessment (which can be shared).

***Justice for Children (JCT):*** Experience and expertise: JCT is a law based non-governmental organization with extensive expertise in protection issues particularly in matters affecting children and young people. The organisation was involved in the Cyclone Idai emergency intervention under the Swedish IM project. From the targeted communities JCT and its partners have been implementing interventions on access to justice, protection, food security and health initiatives. JCT has been operating in the affected districts since 2007. Organisational and financial capacity: The organisation has offices in Harare, Bulawayo and Mutare and provides its services across the country. JCT has a secretariat of professionals made up of lawyers, social workers and development practitioners who have vast expertise in humanitarian work. In addition, the organisation works with paralegals in various districts and communities across the country who create a close connection between JCT’s central offices and the target communities where the organisation works.

***Chiedza Community Welfare Trust (Chiedza):*** Chiedza is a CBO working in Mutasa and parts of Nyanga. It works in various thematic areas with primary health care as its main focus. The organization works in close collaboration with the Ministry of Health and local health institutions. The organization also works with women and young people particularly adolescent girls in its Sexual and Reproductive Health Rights programmes. The organisation is the only Standards Association of Zimbabwe (SAZ) certified producer of reusable sanitary pads. The organization is also involved in other programmes for the provision of food and shelter to vulnerable groups in Mutasa and Nyanga.

***Nyanga Community Development Trust (NCDT):*** NCDT is a CBO from Nyanga working on economic empowerment programmes. They particularly work with youth and people living with HIV. They conduct awareness activities and have support groups for young people in most of the wards in Nyanga. NCDT strengthens community livelihoods through the support to income generating projects. They also focus on food and nutrition through the establishment of community gardens and food distributions to vulnerable members of the community. Finally, they have a network of over 90 functional youth groups in all the wards of Nyanga district who are capacitated in HIV support and economic empowerment.

**b) Access to the people at-risk, including particularly vulnerable people:** JCT, Chiedza and NCDT operates directly within the target communities. This ensures a localised response within the targeted communities. Since they are located in the community, they can ensure that the direct target group have a say in the planned development processes taking place; will make sure we in fact reach the most vulnerable people. While Chiedza and NCDT are partners in the intervention, their placement within the affected communities, also makes them part of the direct target group. They have direct linkages with the people affected and knows what the most challenging and pressing needs are, and who the most affected and vulnerable groups are. In addition, they understand the local policy environment and has a good understanding of how to navigate a difficult environment and how to deliver services and minimise conflict.

**2.2 The partnership**

**a) The main features of the partnership agreements:** Three different agreements will be entered. ***i)*** A partnership agreement between Dreamtown and JCT, outlining that Dreamtown has the overall responsibility of the intervention, and JCT has the lead responsibility of coordinating the intervention in Zimbabwe, including financial management and monitoring of the two community partners; ***ii)*** An MoU covering Dreamtown, JCT, Chiedza and NCDT which outlines each partners responsibility, and includes PSEAH and protection clauses; ***iii)*** A partnership agreements between JCT and Chiedza and Nyanga respectively.

**b) Contributions, roles and areas of responsibilities of all partners: *Dreamtown*** has the overall responsibility of the intervention and will make sure it is implemented in accordance with the DERF guidelines as well as the approved proposal and budget. Dreamtown will likewise undertake financial and programmatic monitoring in Zimbabwe and give on-going technical support. Dreamtown’s direct point of contact in Zimbabwe is JCT. ***JCT*** will be responsible for the coordination of the project in Zimbabwe which includes the financial management and monitoring the community partners. JCT is also responsible for submitting reports to Dreamtown. JCT will provide financial support to Chiedza NTDT. Furthermore, JCT will be lead on outcome 1 focused on protection. ***Chiedza*** will be responsible for Outcome 2 focused on health. Chiedza will also be responsible for the generation of both financial and narrative reports to JCT. ***NCTDT*** will be responsible for outcome 3 focused on food and livelihoods. NCTD will also be responsible for the generation of both financial and narrative reports to JCT. Both JCT, Chiedza and NCTDT will all work in Mutasa and Nyanga.

## Local strengthening (describe within max. 1 page)

**3.1 How the intervention strengthens local capacities and avoid negative effects (CHS 3)****:**

The project will ensure the inclusion of community members in the implementation of its interventions. Paralegals and volunteers will be drawn from people from the affected areas. Activities will be participatory as they will rope in leaders from communities to ensure transparency to beneficiaries as a way of avoiding harm. Partnerships with CBOs in the project which are based in the project areas also strengthens local capacities and avoid negative effects and conflicts which may arise from lack of familiarity. JCT being a law-based organisation with a strong human rights background will ensure the tackling of conflict sensitive issues from a human rights perspective.

**3.2 Strategies for informing and involving affected people in the intervention (CHS 4)**

The project will make use of community paralegals and NCDT and Chiedza to cascade information about the intervention. JCT will also team up with Government ministries with a mandate on delivering some of the intended interventions and ensure that all affected people are informed about the intervention. The team of community paralegals and volunteers will be drawn from the affected communities such that information dissemination is easy to achieve. JCT will also use existing structures for mobilisation and provision of services such that these structures are strengthened and involved in the project. Relevant members of the target group will be involved in the provision of services such as construction and repairs of wells and water points. The project will therefore draw labour and expertise from the local people.

**3.3 Environment marker**

**a) Choose which of the following three descriptions best characterises your intervention**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MARK |  | DESCRIPTION |  | EXPLANATION |
| X | → | **The intervention includes environmentally harmful components and incorporates some mitigation measures to reduce anticipated impact**  | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and applies some substantiated remedial action (e.g. sourcing, procurement, supply chains, logistics, transport, waste and service delivery). |

**b) Briefly explain your answer:** Although some of the activities in the intervention may involve environmental harmful components such as land cutting of trees to repair houses, the destruction of land through sourcing pit cent and river sand and disposal of rubbish, the implementing organisation will sensitise communities especially beneficiaries on the bad effects of land degradation as well as strongly discouraging it. The organisation will also ensure that community adheres to their local by laws regarding the protection of the environment to ensure that the project brings no harm to the environment. Where possible the beneficiaries will be encouraged to preserve the environment to ensure that no harm to the environment is incurred.

## 4. Risk Management & MEAL (describe within max. 1 page)

**4.1 The intervention’s risk management approach and systems and mitigation measures applied**

The intervention is mindful of the following contextual risks: ***i)*** COVID-19 resurgence may affect programming as gatherings are banned as a way of combating the spread of the pandemic leading to low turnouts in outreach activities. Application of the COVID-19 Standard Operating Procedures in programming will be used to protect all staff and beneficiaries. In the event of COVID-19 induced lockdowns being introduced the organisation will employ virtual means such as radio programs, provision of virtual legal aid through toll-free services to enhance access to justice. ***ii)*** The unstable political situation in Zimbabwe and polarisation of the political platforms may lead to the shrinking of civic space. JCT will always remain apolitical. To avoid political tension associated with mobilising communities during the election period JCT will take advantage of already organised and sanctioned gatherings such as food distribution and baby clinic to access communities. The organisation will also ensure that it works hand in hand with line ministries and other government departments. JCT’s Monitoring and Evaluation department will continuously monitor the project through risk assessments to ensure that emerging issues that may negatively affect project implementation are identified and addressed. ***iii)*** Children and other beneficiaries of the project may also face abuse as they work with the project. To ensure safety of children JCT will sensitise the communities on the Prevention of Sexual Exploitation and Abuse policy and sensitisation on Feedback and Complaints Mechanisms. A risk analysis will be carried out before each activity and all possible risks affecting beneficiaries or staff will be addressed. ***iv)*** There is high risk of inflation due to political activities which will negatively affect the economy and consequently the implementation of activities. The Zimbabwean currency will continue to lose its value thereby affecting budgets. Where necessary and applicable, JCT will make all payments in foreign currency.

**4.2 Monitoring, feedback, and accountability systems (CHS 5) and contextual complaint mechanisms**

**a) Monitoring and evaluation:** Monitoring of results of the intervention will be done through collection of data during implementation of the planned activities hence it will be an ongoing process. Data will be collected through reports of the activities carried out. The community-based partners will submit reports of activities to JCT for review and tracking of achieved results. Evaluation of activities will also be used to monitor progress. The evaluation will include pre and post training feedback to check on knowledge levels prior to the intervention activities and after the activities. The community partners will also visit their volunteers for feedback from the communities and beneficiaries. JCT will also undertake physical visits into the communities to monitor progress. These visits will include interviews with the beneficiaries, local organisations and individuals, feedback meetings with leadership and cite viewing to physically see the developments and results of the intervention. The monitoring of the project will follow the result framework and indicators to track progress. Since this is an emergency project, reporting between JCT and Dreamtown will be made more frequent and simpler than on our development projects. The reporting system will include monthly narrative and financial reports, and bi-weekly meetings to assess progress. Dreamtown will undertake two monitoring visits. One at the beginning of the project, and one towards the end of the project.

**b) Feedback and Complaint mechanism (FCM):** The feedback and complaints mechanism is a formalised mechanism that provides safe, accessible and effective channel for individuals to give feedback and raising complaints in order to get a response or remedy for the complains. Dreamtown has an overall complaint mechanism on the organisational website. In addition to this, a context and intervention specific complaint mechanism will be set up. The complaint mechanism will include several different channels, which includes: ***i)*** Direct feedback or complaints to staff members and community focal persons; ***ii)*** Report Cards during activities; ***iii)*** JCT’s toll free numbers and hotline; ***iv)*** Monitoring visits; ***v)*** Feedback and Complaints through Child Protection Committees, and ***vi)*** existing complaint boxes will be strengthened. ***To popularise the Feedback and Complaints mechanisms*** the following actions will be undertaken: ***i)*** Sensitisation of Community members on the FCM in place; ***ii)*** Sensitisation of Staff; ***iii)*** Establishment and sensitisation of Child Protection Committees and community cadres and ***iv)*** Establishment of a FCM focal team. ***Addressing and handling feedback complaints***: The project will set up a FCM team which will receive and handle any feedback and complaints of members from the targeted communities. The FCM team will comprise of focal persons from the implementing partners and stakeholders who are knowledgeable of the procedures involved in handling grievances from the communities. Protection committees established in the communities will receive grievances and refer them to the FCM team, which will investigate and make recommendations on the way forward. The team will also advise the complainants on the right process and remedies available. Cases falling under the criminal justice system will be referred to the police for investigations.

**4.3 How learning will be applied for improving future humanitarian interventions (CHS 7)**

Documentation of the challenges, successes, and emerging issues during intervention will be put together to inform future programming. Monitoring and Evaluation visits will be carried out periodically to collect data on successes and areas of improvements. During community activities feedback will be collected from participants and other members of the community to guide implementation and inform programming. Evaluation of activities will be done at the end of each activity to gather feedback from participants on the gaps that needs to be addressed. Dreamtown and partners will jointly reflect on learning throughout the intervention.

## 5. Coordination (describe within max. 0,5 page)

**5.1 How the intervention complements efforts of national and local authorities**

The government has a role to play regarding emergency situations as well as humanitarian interventions. To this end the Government has gone further to ensure that in all districts there is a Civil Protection Unit (CPU) which is responsible for overseeing civil protection issues in their districts and these exist in Mutasa and Nyanga. However, these Civil Protection Units are not resourced to finance and carry out their mandates in their respective communities. The project will therefore complement the efforts of the CPU in Mutasa and Nyanga to ensure that they are able to implement and discharge their duties as government CPU department. All the interventions proposed in this intervention will compliments and support the work of government in ensuring that communities are protected from humanitarian crisis or situations of emergency.

**5.2 How the implementing partner(s) participate in relevant coordination mechanisms**

All activities will be planned and implemented together by the three implementing partners. The partners will also coordinate their activities with other organisations and government bodies such as the Ministry of Health through the Bonda Hospital (the local hospital in the targeted communities). Partners will also rope in the community leaders from the affected communities, so that they are part and parcel of the project interventions as well as the local Civil Protection Unit. A main approach toward the coordination of activities in this intervention will be through ***a multi-sectoral human rights outreach programme.*** This is a well-tested model whereby relevant NGOs and government ministries undertake joint outreach programmes in crisis affected communities. During these outreach visits the stakeholders provides comprehensive services for the affected communities, and at the same time coordinates efforts. In this actin we have budgeted funds for the participation of 4 government ministries and 6 NGOs. These human rights outreach activities will be done monthly to ensure comprehensive service delivery as well as improved coordination amongst service providers.