

NGOs and Humanitarian Reform: Mapping Study Zimbabwe Report

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Commissioned by NGOs and Humanitarian Reform project

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TABLE OF CONTENTS

1. CONTEXT	3
1.1 Background and humanitarian situation	3
1.2 Humanitarian response	4
2. KEY STEPS OF THE STUDY	5
3. COORDINATION	6
3.1 Cluster coordination	6
3.2 Coordination and OCHA	13
3.3 Other frameworks	13
3.4 Involvement of NGOs and in particular of national NGOs	14
3.5 Involvement of the government	16
3.6 Coordination at field level	16
3.7 Donor coordination groups	17
3.8 Joint assessments	18
4. FUNDING	20
4.1 Central Emergency Response Fund – CERF	20
4.2 Emergency Response Fund – ERF	21
4.3 Funding through Clusters	22
4.4 CAP	22
4.5 Change in funding approaches of NGOs	23
5. LEADERSHIP	24
6. PARTNERSHIP	26
7. ACCOUNTABILITY TO BENEFICIARIES	28
8. IMPACT OF HUMANITARIAN REFORM	30
9. SUMMARY OF KEY ASPECTS, CONCLUSIONS AND RECOMMENDATIONS	32
9.1 The coordination framework	32
9.2 The funding framework	33
9.3 Leadership	33
9.4 Impact of humanitarian reform	33
9.5 Involvement of local NGOs	34

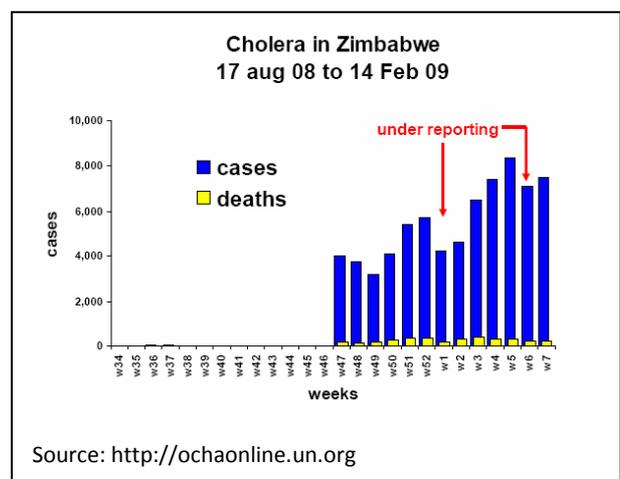
List of Acronyms

ACF	Action Against Hunger (Action Contre la Faim)
CAP	Consolidated Appeal Process
CEO	Chief Executive Officer
CERF	Central Emergency Response Fund
CRS	Catholic Relief Service
Dfid	UK Department for International Development
ECHO	European Commission Humanitarian Aid Department
ERF	Emergency Response Fund
FAO	Food and Agriculture Organization of the UN
FTS	Financial Tracking System
GB	Great Britain
GHD	Good Humanitarian Donorship
HACT	Harmonized Approach to Cash Transfers
HC	Humanitarian Coordinator
HoA	Heads of Agencies
HQ	Headquarters
IASC	Inter-Agency Steering Committee
IDP	Internally Displaced Person
INGO	International Non Governmental Organisation
IOM	International Organisation for Migration
MoU	Memorandum of Understanding
MSF	Médecines sans Frontières (Doctors without Borders)
NANGO	National Association of NGOs in Zimbabwe
NGO	Non Governmental Organisation
OCHA	UN Office for the Coordination of Humanitarian Affairs
OVC	Orphans and Vulnerable Children
PRP	Protracted Relief Program (Dfid)
RC/HC	Resident Coordinator and/or Humanitarian Coordinator
SCNO	Save the Children Norway
SCUK	Save the Children UK
SitRep	Situation Report
UK	United Kingdom
UN	United Nations
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNHCR	UN High Commissioner for Refugees
US	United States
USAid	US Agency for International Development
VGF	Vulnerable Group Feeding
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
ZHDAF	Zimbabwe Humanitarian and Development Assistance Framework

1. Context

1.1 Background and Humanitarian Situation

1. In the 1990s, International Non-Governmental Organisations (INGOs) in Zimbabwe were development-oriented and played a complementary role to government services, in particular in the agricultural sector. The situation changed with the land seizures in 2000, which have largely destroyed Zimbabwe’s agricultural sector. Prior to the seizures, the sector provided 45% of the country’s foreign exchange revenue and livelihoods for more than 70% of the population. Agricultural output has dropped 50-70% over the past seven years. Regular food gaps have occurred, making emergency interventions by a limited number of officially accepted INGOs necessary. When the situation deteriorated in 2003, a UN Humanitarian Coordinator (HC) was appointed.¹ The UN Office for the Coordination of Humanitarian Affairs (OCHA) has been present in Zimbabwe since January 2006. Within three years OCHA has had three different Heads.
2. The crisis in Zimbabwe can be called a multi-sectoral crisis. It includes not only natural disasters, such as floods and drought, and the collapse of the health and school system, but also a political crisis. In recent years the situation has worsened, with world-record hyperinflation and a collapsing banking system, and NGOs have had to scale up to be able to respond to the country’s increasing needs. The health status of Zimbabwe’s people has deteriorated in the past year due to a cholera epidemic, high maternal mortality, malnutrition, tuberculosis and anthrax.²
3. 2007 and 2008 were particularly challenging with frequent shifts between different crisis situations: natural disasters (floods and drought), episodes of political violence, food shortages and, since September 2008, the cholera outbreak. In some areas malaria is an additional threat and all over the country the HIV/AIDS pandemic continues. After three consecutive failed agricultural seasons, 5.1 million Zimbabweans (out of 12.2 million³) were projected to depend on food aid by the first quarter of 2009, according to UN estimates⁴.
4. Zimbabwe’s health system – once a model in Southern Africa - has basically collapsed. Cholera cases happen every year and in the past the government has been able to deal with outbreaks within 2 to 6 weeks. Last year the first cases were reported in March/April and the government managed to contain the outbreak. In August it happened again and by September/October 2008 it became clear that this time the government mechanisms would not work to manage the situation. The 2008 cholera epidemic that continues in 2009 is said to be a



¹ The HC is at the same time the UN Country Representative.

² "Health in Ruins - A man-made disaster in Zimbabwe", Physicians for Human Rights, January 2009

³ The number is contested by some stakeholders. Many believe that the population is between eight and 10 million but reliable figure are not available.

⁴ Source: CAP 2009

direct outcome of this health systems collapse, and of the failure of the state to maintain safe water and sanitation.⁵

5. It is difficult to obtain a full and clear picture of the emergency situation, as the data are unclear. Actors cannot even agree on a realistic figure for the population, with estimates ranging from eight to 12 million. There is also no consensus in the analysis and the classification of the humanitarian situation in Zimbabwe. Depending on the background of the person or organisation in question, they either see Zimbabwe as a deteriorating development context in a very difficult political environment, or they regard Zimbabwe and the recent food and cholera crisis as a humanitarian emergency. Despite a number of joint initiatives to assess the food situation there is not clear picture of the situation. A lot of anecdotal evidence exists about the price of maize in local markets and outrageous prices asked by travelling traders. However, the nutrition survey lead by Unicef does not confirm an emergency malnutrition status.⁶ The situation remains difficult to assess, even with thorough surveying. The illegal importation of food, for example, is a factor that can hardly be assessed.
6. Finally, there are different opinions about how best to react to the situation. While some promote recovery elements in the emergency response, others say it is too early for this and favour food distributions without any development-oriented input. In reality both approaches take place.
7. 78,882 cholera cases with 3,712 dead were registered on 17th February 2009. 90% of the districts were reported to be affected (56 districts/62).⁷ Again, the figures are not clear. At the beginning of February the Resident Coordinator/Humanitarian Coordinator (RC/HC) pointed out that the high number of cholera cases needs to be regarded cautiously as it is not the number of people who currently have cholera but a cumulative figure since August 2008. The precise number of active cases was not known.

With only a few organisations working in the health sector, gaps occurred in the cholera response. Aid agencies are now supporting 172 cholera treatment centres throughout the country, promoting awareness of the disease through information campaigns and helping to set up operational frameworks for cholera command centres and rapid response teams.⁸

1.2 Humanitarian Response

8. Over the last three years humanitarian agencies have scaled up their operations in the country, as have the UN and NGOs. Development-oriented NGOs started to scale up their emergency capacities, which was sometimes a painful experience for them. New positions were created in long-established organisations and emergency personnel brought in from all over the world.

⁵ "Health in Ruins - A man-made disaster in Zimbabwe", Physicians for Human Rights, January 2009

⁶ Unicef Combined Micronutrient and Nutrition Surveillance Survey 2008

⁷ Daily Cholera Update 17 February 2009 (Ministry of Health, WHO).

⁸ <http://www.reliefweb.int/rw/rwb.nsf/db900SID/EGUA-7NBTYA?OpenDocument>

9. In 2008 the Consolidated Appeal Process (CAP) for Zimbabwe was 75% funded.⁹ In March 2008 the Cluster Approach was introduced and rolled out over the year. During 2008, the Central Emergency Response Fund (CERF) was used to support under-funded sectors of the CAP. At the end of 2008 the ERF was re-activated to supplement other forms of funding. The 2009 CAP exercise raised US\$ 550 million.
10. The political situation continuously influences the humanitarian situation and response. NGOs and also the UN live in constant concern about their status and the security of their staff members. A climax was reached in summer 2008 when all field activities of NGOs were suspended from June to August. Food shortages and donor aid were politicised during the March 2008 election campaigns, with accusations of misuse and corruptions. Today, aid distribution is still reportedly used for political purposes.¹⁰
11. While the pressures of political influence are a problem common to NGOs and the UN, there is no consensus among actors in Zimbabwe as to how to deal with the government. The UN follows a non-confrontational path and is heavily criticised by some of the NGOs. But nor do NGOs have a common position in this regard. Some are more outspoken and others would never risk their operations for a political statement or pressure on the government. The restrictions and the long-lasting discussions about how best to react to the situation have led to major frustrations among aid agencies with concomitant effects on collaboration and partnership.

2. Key steps of the study

- a) Desk research
- b) Telephone interviews with NGO personnel at headquarters (HQ)
- c) Kick-off workshop and feedback presentation and discussion with NGOs in Harare
- d) Questionnaire to INGOs (via Heads of Agency Group) and questionnaire to national NGOs via the National Association of NGOs in Zimbabwe (NANGO). The response rate from INGOs was about 30%¹¹; the response rate from local NGOs was 0.
- e) Interviews - all together **91** people were interviewed individually or in groups:¹²
 - aa) **Interviews in Harare:**
 - NGOs: Care, Save the Children UK, Helen Keller International, Lutheran Development Service, Christian Aid, Mercy Corps, Oxfam, NANGO
 - UN: Humanitarian Coordinator, OCHA, WHO, WFP, Unicef, UNHCR, FAO, IOM, IASC Meeting
 - Donors: ECHO, Dfid, USAid, France

⁹ 64% in 2006 and 58% in 2007

¹⁰ Only recently IRIN reported that a R300 million (US\$32 million) South African aid package to Zimbabwe had been distributed outside the UN system and without an agreed monitoring mechanism in place to ensure transparency. <http://www.reliefweb.int/rw/rwb.nsf/db900SID/VDUX-7NAS9Z?OpenDocument>

¹¹ The questionnaire has been sent out to all organisations which are part of the Heads of Agencies email-list. The list includes 33 organisations (not included UNDP and NANGO). 11 organisations returned the questionnaire.

¹² See list of persons interviewed in appendix

- Government: Ministry of Public Service and Social Welfare

bb) Interviews in Binga District:

- NGOs: With Save the Children UK as host, KMTC (Partner of Save)
- Government: District Administrator (and attendance of District Drought Relief Committee Meeting)
- Site visits and interviews with beneficiaries (groups and individuals, elders and chiefs)

cc) Interviews in Masvingo Province:

- NGO: With Care as host, Hope Tariro Foundation, Safire (Partners of Care)
- Government: Deputy Province Administrator; Health Promotion Officer; Public Health Officer; Ministry of Social Welfare District Administrator, Gutu District; CEO of Gutu Rural District Council; Education Project Officer, Masvingo Rural District Council; Agriculture and Environment Management Project Officer, Masvingo Rural District Council
- Site visits and interviews with beneficiaries (groups and individuals, elders and chiefs)

3. Coordination

12. The coordination framework in Zimbabwe is a complex set-up involving development and humanitarian actors, government and research organisations. Its complexity has to do with the fact that Zimbabwe is not facing a sudden emergency with agencies rushing into the country and creating new coordination structures. The current coordination framework has built up gradually over about a decade, with increased speed in recent years and in particular in 2008¹³. This gradual evolution has had an effect on: the characteristics of some coordination mechanisms; the introduction process of new mechanisms; the ‘meeting culture’ in Zimbabwe; and the attitudes of both those participants who have been attending meetings for many years, and those who have only arrived more recently. INGOs attend about seven different coordination mechanisms on average.¹⁴ This includes between two and three Cluster Meetings on average.¹⁵ The great majority of the coordination mechanisms attended by INGOs take place at capital level, with only a few at district or provincial level.¹⁶ At provincial level the Bulawayo Coordination Forum was often stated as an important meeting.

3.1 Cluster coordination

Overview

¹³ The list of regular coordination meetings maintained by OCHA includes more than 20 regular meetings. The list is supposed to be published on the UN Humanitarian Support Team’s website but is presently not available at that location.

¹⁴ Figure taken from the questionnaire to INGOs.

¹⁵ See the following section about the Clusters for more details.

¹⁶ According to the questionnaire results, information about coordination mechanisms is mainly shared by email. The coordination mechanism leader is most often stated as the person/institution sending out the information. Only a small amount of information is disseminated via NGO umbrella organisations or the government.

13. In Zimbabwe there are five clusters and five working groups (WGs), which will eventually become clusters. Existing clusters are¹⁷:
- Agriculture
 - Emergency telecommunications¹⁸
 - Health
 - Nutrition
 - Water, Sanitation and Hygiene (WASH)
14. These clusters are structured and organised in different ways. For example, some have co-leaders (up to four), some include NGOs as co-leaders, some were established recently, others have existed in the present set up for many years (even if they were previously not called clusters), some have sub-groups, some are very active, others not or not yet, and so on. Consequently, the opinions about the relevance and effectiveness of the clusters (and also the WGs) are very different.
15. Among those INGOs that filled in the questionnaire, the majority attended the Agriculture cluster and the WASH cluster (eight each). Nutrition ranked second (seven) and Health third (four). None of the INGOs attended the Emergency Telecommunication Cluster.
16. The high number of groups, sub-groups, meetings and email-lists obviously raises concerns, in particular when it comes to coherence, links between relief and recovery and, last but not least, when it comes to time constraints of smaller NGOs to follow-up (see later). Some say that clusters tend to separate the sectors and that inter-cluster coordination is a problem.

Introduction of the clusters

17. The first workshop on humanitarian reform and clusters in Zimbabwe was held on 24th January 2007. A second workshop on the principles of partnership and cluster formation was held on 4th June 2007. At the beginning there was resistance from NGOs in Zimbabwe about the introduction of the cluster approach. The UN (the RC/HC, OCHA, UNICEF) tried hard to get NGOs on board. This was felt as 'pushy' by some NGOs and some examples show that the process was not always very consultative, nor clear (e.g. nomination process of the cluster co-leads, see below). One high-level representative of a UN agency interviewed for this study acknowledged that the introduction process was not good. NGO representatives say that the introduction process was not very specific and only got clearer after some time. The NGOs present in the Inter-Agency Steering Committee (IASC) meetings contributed to the process and tried to influence it. NGOs not present in the meetings have a different view on the process. The following quote from a member of a working group that was turned into a cluster may well express the feeling of many NGOs at the time: "One day we were suddenly a cluster."

¹⁷ To support coordination of cross-cutting issues, agencies have also appointed HIV/AIDS and gender focal points in each cluster with specific responsibility for mainstreaming these issues into the activities and objectives of each cluster.

¹⁸ There were no interviews related to this cluster during this study and none of the INGOs that filled in the questionnaire participates in this cluster.

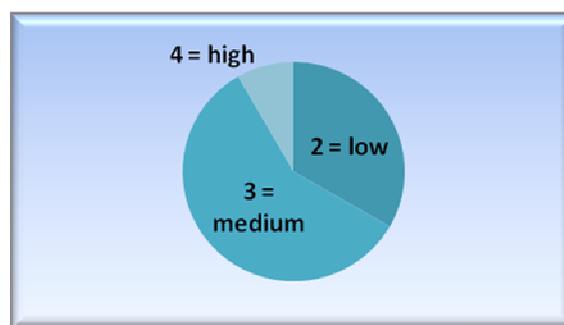
18. A group of like-minded NGOs engaged with the UN to influence the process and in particular to influence the cluster Terms of Reference (ToR). A letter was drafted by an informal group of INGOs – called Heads of Agencies (HoA) – and sent to OCHA. Initially there was no direct result or response, until some weeks later the HoA group received an invitation from the UN to co-lead some of the clusters. This invitation was taken up by two INGOs (Oxfam and Helen Keller International). The outcomes were very different, and their contrasting stories serve to illustrate how opaque the whole process was (see more details below under WASH cluster and Nutrition cluster).
19. The sceptical attitude of NGOs towards the cluster approach owed a lot to their fear that less bi-lateral funding would be granted. There were concerns that the cluster system would be not transparent, preventing NGOs from knowing details about donor contributions and the funding channels. This fear was theoretical until recently. The cholera emergency was the first instance in which money was actually going through the WASH cluster lead (in this case Unicef, which is leading the Nutrition and WASH clusters). In the other clusters the funding still goes directly to the agencies as usual and consequently the majority of the INGOs that filled in the questionnaire did not confirm that a funding shift happened because of the introduction of the clusters.¹⁹
20. The establishment of new coordination mechanisms is a process that takes time. In a couple of the cases cited, it took months for a group to get started, find a modus operandi, establish ToR etc. While this seems to be fine for some interviewees, others – especially those from operational agencies – have a problem with the duration of these processes. In a fast-changing context such as Zimbabwe it is hard to accept unnecessary delays or bureaucratic barriers for the establishment or adjustment of coordination meetings. For example, it took until the end of January 2009 to merge the WASH and Health Clusters to better coordinate the cholera crisis, although it was clear in November 2008 at the latest that the cholera crisis was a serious problem that could not be addressed by local capacities alone. And in 2008, the Protection WG did not become operational for a whole year, although many things happened in Zimbabwe that were very relevant for protection and which cried out for a coordinated approach.

Effectiveness of clusters

21. Criteria for good coordination, as stated by respondents:
- Better information
 - More regular technical updates
 - Opportunity to engage with IASC
 - Opportunity to raise concerns
 - Good chair
 - Good agenda
 - Action points at the end
 - Follow-up on action points

¹⁹ See more in the next chapter under 'Funding'.

22. According to the questionnaires received from INGOs the effectiveness of the clusters is ranked most often with three points out of five (five being the highest). If the effectiveness was not rated medium, then it was rather low (three answers out of 10 respondents) than high (one out of 10). This trend was confirmed during most of the interviews. Many interviewees see the meetings as time-consuming and not effective, but they attend nevertheless, as it is important to be there and information is difficult to obtain elsewhere.



Results from questionnaires: Percentages of answers ranking the effectiveness of clusters as low, medium or high

Water, Sanitation and Hygiene cluster

23. The WASH cluster is said to have a totally different dynamic than most other clusters. Interviewees described it as action-oriented with a good working atmosphere, whereas other clusters were described as ‘theoretical’ and not very relevant for the implementation of programs. The action-oriented approach to the management of the cluster attributed partly to the co-lead role taken by Oxfam, but also to the background and experience of the Lead Coordinator from Unicef who has previously worked with clusters in Pakistan.

24. The introduction of a co-lead with one NGO was discussed in the IASC at the time of the cluster roll-out. There are ToR for the cluster but no ToR for the co-lead position. Oxfam is committed to the co-lead and plays an active role in managing the cluster. Oxfam even recruited another person for its country office so that the person who was in charge of the co-lead position could concentrate fully on the coordination work.²⁰

25. For the cholera response there was a joint agency/sector rapid assessment. Unicef led the cholera appeal to donors. Eight main WASH partners participated in the appeal: Oxfam, German Agro Action, ACF, Mercy Corps, World Vision, Goal, Care, and AfriCare. To better respond to the emergency situation it has been decided recently to hold joint WASH and HEALTH cluster meetings as well as the separate meetings. The joint meetings turned out to be large meetings with big attendance from all sectors (including the private sector). Additionally, OCHA holds cholera meetings separately (twice a month).

26. Unicef organised the process of allocating the cholera response budget, with an independent committee to review a selection of proposals from the UN and from NGOs. The committee includes a representative from Unicef (not from Zimbabwe but from the regional office), the European Commission Humanitarian Aid Department (ECHO) as a donor, and one NGO

²⁰ Here it becomes obvious that larger NGOs have much better opportunities to work with the new mechanisms than smaller NGOs. (see later the example of Helen Keller International in the Nutrition cluster)

representative. 16 NGOs submitted proposals to the WASH cluster and eight projects were selected for priority funding.

27. Although this process seems to be inclusive and open, there could be more transparency. First of all the procedures for the selection of projects do not exist in writing and are not openly accessible. The detailed figures that were disbursed to Unicef and to NGOs are not available (not at OCHA and not at request during the interview with Unicef²¹).

Agriculture cluster

28. The group meets monthly and has about 100 members. The UN Food and Agriculture Organization (FAO) is the lead agency and receives funding from ECHO for coordination in the agriculture sector. The group issues technical guidelines, handbooks, designs training, and centralises the agenda and information flow. It includes the private sector and universities. The group is widely recognised for its effectiveness, relevance and good working atmosphere. This group was the only group that was said not to differentiate between local and international members.

29. Reasons for the positive sentiments about this cluster are manifold.²² First, this group is probably one of the oldest groups in the coordination framework of Zimbabwe. It started when the emergency context was not yet dominant and had time to develop, to grow slowly, and to learn on the way. Second, the group is led by an UN agency that is not as operational as others and is more willing to step back and to take a supportive role to other group members.²³ Third, the technical expertise offered in this group is not questioned and gives the leader the authority to drive the process.

30. Interviewees asked for reasons why they judge the group as effective stated the following criteria:

- Well organised
- Well chaired
- Good topics
- Well attended
- Brings in the right 'players', including donors (creating networking opportunities for members)
- Cluster lead is seen as service-oriented
- The cluster lead takes its authority from its technical expertise

Health cluster

31. WHO is the lead agency in the Health cluster. The group is less operational than the Nutrition or WASH Clusters. In the past the only NGO implementing projects in the health sector in

²¹ Some information was provided e.g. that 80% of the appeal amount went into the purchase of material. NGOs also benefited from procurement through Unicef e.g. 50 cars.

²² It has to be kept in mind that not all clusters/coordination mechanisms are in 'emergency mode'.

²³ The FAO representative interviewed for this study has a NGO background which probably contributes largely to a good relationship and understanding with NGO members of the group.

Zimbabwe was Médecines sans Frontières (MSF). Today more NGOs are engaging in this sector because of the cholera outbreak. Following the merger with the WASH cluster, the Health cluster has increased prominence. WHO is close to the government, which is a result of WHO's mandate, structure and way of working in non-emergency contexts. WHO has the leading role in compiling cholera-related information together with the government (weekly and even daily updates) and in running C4 - the Cholera Command and Control Centre.²⁴

The Health Cluster presently exists at Harare level and WHO recently called for a more decentralised approach, with more support to the Ministry of Health outside Harare. World Vision says that it is acting as a provisional health cluster lead in three provinces.

Nutrition cluster

32. The Nutrition cluster is led by Unicef and mainly seen as effective. Unicef has created two positions in 2008 but they have not been filled yet. One position is the *Nutrition Cluster Coordinator* and the other is *Unicef Emergency Nutritionist*. The group meets monthly. A sub-group was formed to deal specifically with emergency issues and emergency preparedness. That sub-group meets every two weeks or as deemed necessary. A combined Micronutrient and Nutrition Surveillance Survey was conducted in November 2008 and an emergency technical sub-working group has been formed for the Nutrition cluster. A common assessment tool is being developed to be used by cluster members intending to undertake nutrition assessments in their areas of operation.
33. The American NGO Helen Keller International, which is a member of the global nutrition cluster, informally expressed interest by email in co-leading the Nutrition cluster in Zimbabwe in 2008. The expression of interest answered an email invitation from OCHA to the HoA²⁵. At first there was no reaction to the informal expression of interest, until one day Helen Keller International received an official letter from Unicef confirming its nomination to be the co-lead. The HC put forward Helen Keller International as co-lead for Nutrition to the UN Under-Secretary-General for Humanitarian Affairs, and some weeks later the cluster approach was formalised in Zimbabwe with the NGO as co-chair. There was an exchange between Unicef and the NGO about what it means to be co-lead but there were never any specific ToR for this post as both organisations felt that this was a larger issue that affected other clusters as well. This was addressed in some coordination groups but never resolved. Helen Keller International nevertheless engaged in the collaboration and maintained a good working relationship with the focal point at Unicef. Still the role and the responsibilities remained unclear and a lot of frustration grew up on the side of the NGO. Although Helen Keller International still has an interest in coordination and believes in the co-chair approach, the organisation is now ready to step down from the position. Helen Keller International feels that the co-chair role should be discussed more broadly and more specifically, and at a higher level. The matter of resource allocation for co-chairing is also felt to be important.

²⁴ <http://www.who.int/hac/crises/zmb/en/>

²⁵ Consequently only those agencies who attend the HoA meetings could know about the opportunity of co-chairing a cluster.

34. In comparison with the experience of Oxfam as the co-lead of the WASH Cluster, this example shows how inadequately organised the introduction of the cluster set up can be. The process lacked clarity and consultations. It raises concerns about whether the UN lead tries to get NGOs on board on paper, but with no clear intentions to involve them in the management of the cluster. It also shows that a lot depends on the NGO concerned and its capacity to get involved.

Working Groups

35. Additionally to the clusters there are numerous Working Groups (WG). A few with relevance for the emergency are:

- Logistics
- Protection
- Education
- Mobile and Vulnerable Populations (MVP-the Zimbabwean term used for Internally Displaced Persons)²⁶
- Early Recovery

36. There is not enough room to refer to all WG but one illustrative example should be highlighted:

As the **Protection Working Group** deals with sensitive issues in a very sensitive political environment it was difficult to find a lead agency for the group for a long time. The group started slowly, with shared leadership, and has now moved to a core group of chairs including IOM, UNHCR, UNICEF and Save the Children Alliance. OCHA provides secretarial support. There are about 15 members, with national NGOs as a minority. NANGO is present and very outspoken. For national NGOs in particular, participation is very sensitive.

The group contributed to the 2009 CAP and has submitted and reviewed projects under the ERF and provided technical advice for consideration by the ERF Advisory Board. The group is content with the good relationships among its members. Some discontent is expressed about the fact that so far the group has not yet been very action-oriented. Smaller grass-roots organisations are getting especially frustrated about the long time it takes to set up the group and about the time needed to negotiate ToR and other formalities for the group.

At present the group is considering whether it should be turned into a cluster. By doing so the group would need to resolve the lead role and would become more formalised.

37. There are further meetings with relevance to the emergency situations²⁷:

²⁶ The International Organisation for Migration (IOM) currently leads this group. According to IOM, the organisation invests in good facilitation of the group – for example, through hiring a facilitator from South Africa with IOM's own funds.

²⁷ See table in Monthly SitRep Nov. 2008

- IASC meetings: IASC and NGOs, IASC and donors, and IASC Country Team meeting
- Inter Cluster Task Force meeting
- Humanitarian Weekly Technical Coordination Meeting
- Quarterly NGO meeting with HC
- Security meeting for security staff
- Human resources and finance meeting (upon request)

3.2 Coordination and OCHA

38. OCHA coordinates a high number of meetings and provides secretarial support to some of the working groups. OCHA is aware of the fact that coordination meetings are often perceived as not effective, too long and not well structured. It has suggested that a template for coordination meetings could be developed. If this is the right way to increase the effectiveness of meetings then one wonders why these templates do not already exist and why they were not introduced long ago.²⁸
39. OCHA produces weekly situations reports which are felt by many to be too UN-centric. An analysis of a number of these reports confirms that information about UN activities dominates these reports.
40. OCHA publishes funding overviews of the CERF and the ERF and organizes the Financial Tracking System (FTS). However, OCHA does not receive any information about direct donor funding to NGOs. Nor does OCHA have any figures for funding that goes through the WASH cluster, but refers to UNICEF for details. Funding priorities are discussed in the IASC and donors meetings, but they do not necessarily reflect the final allocation of funds.
41. OCHA reports that it has been a challenge to secure funding for its activities and that its capacity to do proper monitoring in the field is limited. Donors, on the other hand, talk about the challenge of monitoring the coordination activities of OCHA. Indicators used are mainly based on figures about meetings organised and maps produced. There is no linkage to results or any feedback from other stakeholders included in the assessment.
42. OCHA produces overviews about the performance of clusters, using a small number of criteria and three different colours for the performance level. To the knowledge of the consultant this document is not shared with other stakeholders. The version that was presented to the consultant was dated October 2008.²⁹

3.3 Other frameworks

43. Other frameworks with coordination functions that have links to the emergency are:

²⁸ OCHA NY has prepared some standard documents, forms and working tools. A simple meeting agenda and form is not included: <http://www.humanitarianinfo.org/IMToolbox/>

²⁹ For OCHA's role in leadership please see the leadership section of this report.

- **C-SAFE** is an alternative food pipeline for food distributions. C-SAFE is the Consortium for Southern Africa Food Security Emergency. Established in 2002, the regional consortium consisted of three core NGOs: World Vision, CARE and Catholic Relief Services (CRS). Funded by the US Agency for International Development Food for Peace (USAID-FPP)³⁰, the regional consortium was initiated in response to the food security crisis that affected millions of people across Southern Africa. Even though the consortium is no longer a regional entity and the overall scale of food distributions has reduced significantly from its height, the program in Zimbabwe is still relatively large. In Zimbabwe, World Vision International is the lead organisation. This initiative sought to complement other relief and development efforts in the region including the WFP food interventions. Recently C-SAFE provided a food loan to WFP to avoid a breakdown of the WFP pipeline.
- **Protracted Relief Program (PRP, now in Phase II)** is a Dfid funded multi-sector and multi annual programme that is implemented by a consortium comprised of INGO and local NGOs (24 in total, of which four are local NGOs). The programme is managed and coordinated by the Managing, Technical, Learning and Coordination Unit (MTLC).³¹
- **Orphans and Vulnerable Children (OVC) Programme** is implementing the National Action Plan for OVCs. Objectives, among others, are: to strengthen the existing coordination structures for OVC programmes and to increase resource mobilisation; to increase child participation as appropriate in all issues that concern them, from community to national level; to increase new school enrolment of OVC; to increase access to food, health services and water and sanitation for all OVC; and to increase education on nutrition, health, and hygiene for all OVC. The programme is implemented by a core team comprising the government, Unicef, NANGO and Save the Children Norway.
- The **NGO Joint Initiative for Urban Zimbabwe**: Mercy Corps is the lead agency for a consortium of six global humanitarian agencies and eight local partners implementing a five-year program, supported by a group of six donors, to restore the dignity and reduce the suffering of over 9,500 households in six urban areas of Zimbabwe.
- The **Zimbabwe Humanitarian and Development Assistance Framework (ZHDAF)** is a concept launched in Harare on 21 December 2008 by the Southern African Development Community (SADC). The framework mechanism includes representatives of the Zimbabwean government, UN agencies, religious groups, donors and farmers' organisations. The initiative of SADC is lead by South Africa, an important actor in humanitarian aid. However, South Africa is not participating in any of the above-mentioned coordination mechanisms and it is not clear what the approach to humanitarian aid is in this framework.³² The consultant requested a meeting with South Africa but it was not possible.

3.4 Involvement of NGOs and in particular of national NGOs

44. NGO participation in the coordination framework is as diverse as the NGO presence in Zimbabwe and the coordination framework itself . Many NGOs said that coordination meetings mainly serve the purpose of information exchange and that the information flow is often one way only: from the NGOs to the UN. Some NGOs reported that they do not provide all requested information to OCHA. Some said that the time investment does not outweigh the benefit of the information sharing. Those INGOs who filled in the questionnaire reported

³⁰ USAid's funding of food aid in Zimbabwe goes 50% to WFP and 50% to C-SAFE

³¹ <http://www.prpzim.info/>

³² See above footnote 9

that they spend between 2 and 20 hours per week on coordination meetings (per organisation).

45. For strategic issues, the **IASC plus NGOs meeting** plays a central role. Save the Children UK, Save the Children NO, Care and Mercy Corps were a group with a driving influence on humanitarian reform and in particular the introduction of the clusters. NGOs claimed participation in UN coordination mechanisms and achieved their participation in IASC meetings. NGOs even managed to get increased access, from three participating NGOs at the beginning to five NGOs today. This however excludes national NGOs and NGO attendance is irregular.
46. The IASC plus NGOs Meeting was mainly ranked low in effectiveness by NGOs interviewed for this study. Meetings are often felt to be too long and not action-oriented enough. Agencies are expected to send their heads of agency, which does not always happen in the case of the UN. NGOs send their heads but attendance is irregular in the case of some NGOs. There were disappointments among NGOs about the follow-up on decisions taken during the meetings. This forum was said to have suffered most from the ill-feeling between NGOs and the UN regarding the approach to the government during the NGO ban.
47. There are more than 1000 **national NGOs** in Zimbabwe, and they have to live with the fact that the government sees them as part of the political agenda. This has serious implications for NGO participation in meetings and for their willingness to share information in those meetings. In the past, painful lessons were learnt about the risks involved with incidents where IASC documents were shared with the government.
48. Among INGO and UN representatives interviewed for this study there is no specific idea why national NGOs do not participate very much in coordination meetings. The lack of relevance of issues discussed in these meetings is stated as one of the reasons why national NGOs are not interested. A second reason is that they do not have the capacity to attend in the same way as big INGOs and finally there are language constraints. Informants of INGOs and national NGOs likewise state that some NGOs see the UN as an authority which cannot be questioned publicly. Many NGOs are implementing partners of the UN. Their relationship to the UN is a donor-recipient relationship.
49. Many interviewees showed a meeting fatigue, which is partly related to the high number of meetings and partly to the limited effectiveness of some of the meetings. Many meetings are felt to be too talkative and not result-oriented enough. The role of the chair is central but also the composition of the group. The quote from one NGO emergency coordinator might summarise the view on coordination meetings best: “The coordination meetings in Harare are a waste of time but it is necessary to go.” The need to go to these meetings comes from the exclusivity of information that is shared during the meetings and the need to meet with other actors in the sector.
50. It is not easy to know what is happening in which meeting. A quote from one of the questionnaires illustrates this nicely: “There are no specific problems, however, it is noted

that one has to be familiar with the different coordination mechanisms for one to participate in them. One has to put on their "networking lenses" all the time!!"

51. Examples of time investment for participating in coordination meetings:

- The country directors of CARE and Mercy Corps (both are very active and outspoken in coordination meetings) never spend less than 10 hours per month on coordination. During times of crisis like the present, an estimated eight hours per week are spent in selected coordination meetings.
- At CARE each program coordinator spends about four hours per week in coordination meetings. In times without an active crisis this is reduced to about eight hours per month.
- The head of Christian Aid spends about four hours per week on UN-related meetings.
- The Emergency Coordinator of Save the Children's Vulnerable Group Feeding programme (VGF) allocates about one day per week for meetings and coordination.

3.5 Involvement of the government

52. The government takes part in the coordination framework, but its participation is not without difficulties. WHO and the Ministry of Health have a close relationship. Unicef makes an effort to involve the Ministry of Education. Government involvement is difficult not only because of the sensitive political environment but also because of the limited resources within the government. The Ministry of Social Services and Social Welfare, for example, is supposed to monitor all the activities of the NGOs. All NGOs are registered with the Ministry and have to report on their activities. The Ministry hardly has the means to do this accurately, particularly at the local level (see the following section).

3.6 Coordination at field level

53. The roll-out of the clusters at provincial level is in its infancy. In the Health Cluster the roll-out is still outstanding but is said to have started now. In the Agriculture Cluster the roll-out is happening but not yet with regular structures. Provincial meetings depend on the initiative and the presence of cluster coordinators from the capital. There is no OCHA presence in the provinces.

54. There is a comprehensive government planning and coordination framework in place at provincial, district, and community level. Numerous bodies and institutions could be listed here. Examples with relevance for the emergency are:

- Civil Protection Unit with task force (natural disasters)
- District Council³³
- Drought Relief Committee (at province, district and ward level)³⁴
- Rural District Development Committee

³³ All NGOs have to sign a Memorandum of Understanding (MoU) with the District Council about their activities in the district

³⁴ Ward is the administrative unit below district level. A district might, for example, be composed of 24 wards.

- Child protection committee at community level

55. Members of the local government administration have expressed their concern that NGOs often come with preconceived plans which do not necessarily match with the plans of the communities or the District Council. NGOs are also said to change their plans of activity without further consultation with the local government. On the other hand, the involvement of the Council and also of the Chiefs – according to the NGOs – always carries the risk of politicising aid. Local governments lack their own resources to participate more actively in coordination. Coordination is therefore often limited to information exchange. Some local governments perceive NGO assistance as too tight and not flexible enough (in particular during the emergency response where NGOs could not use existing budgets for the emergency but had to wait for new programs from other budget lines to be started).
56. Another challenge is that information from authorities in Harare does not filter down to provincial or district level. Due to the limited capacity of many local administrations there are difficulties in dealing with sophisticated information from Harare (in particular IT-based information sources).
57. UN presence in the provinces varies. Unicef does visit the provinces, as does WFP which also runs an office in Bulawayo.³⁵ WHO operates at Harare level only.
58. Regarding coordination between NGOs at provincial level, it could be observed that there is usually no specific forum for NGOs to exchange and to coordinate. Exceptions exist, such as the Matabeleland NGO Forum which was said to be effective and well attended. NANGO has established representation in some provinces. One example of a coordination gap could be observed in Masvingo, where there is no common approach to per diems for training events.³⁶

3.7 Donor coordination groups

59. Compared to major crisis countries such as DR Congo or Afghanistan, there is a small number of donors present in Harare. According to the FTS there is a comparatively high amount of funding to emergency aid (more than US\$ 200 million in 2008) and also a comparatively high number of donors (e.g. more than 10 donors of the Good Humanitarian Donorship (GHD) group). Nevertheless only a few donors are actively involved in the country. Informal coordination mechanisms are more important than official meetings. Regarding Humanitarian Reform the most important meeting is the IASC meeting with donors (different from the IASC meeting with INGOs, but the two are now merged for at least every second

³⁵ WFP organizes monthly meetings with implementing partners at provincial level.

³⁶ In the places visited for this study there is not yet a strong “per diem culture” as can be found in many other contexts with a long presence of NGOs. Early coordination about this aspect could prevent problems that occur in other countries with protracted emergency situations.

meeting³⁷). Coordination meetings mainly serve the purpose of information exchange and to find out about other donors' approaches to funding. It is interesting to note that newly arrived NGOs still prefer to approach donors one by one rather than just attending cluster coordination meetings and waiting for funding opportunities.

3.8 Joint assessments

60. There are only a few initiatives for joint assessments.³⁸ OCHA led assessments after the floods in 2008, Unicef does bi-annual nutrition surveys and WFP undertakes food needs assessments, which sceptically viewed by most interviewed for this study. Big NGOs such as Care would do their own livelihood household surveys annually if they were not impossible because of the political situation.
61. Some concerns were mentioned about data that is collected jointly (e.g. Unicef nutrition surveys) and then vetted by Unicef only, before it is published (and submitted to the government). It is felt that Unicef has the de facto ownership and control of important data even though the contribution comes from many actors.

Conclusions

- Coordination in Zimbabwe is fragmented, complex and lacks strategy and buy-in from all stakeholders. The high number of groups and meetings calls for rationalisation and contributes to a meeting and coordination fatigue among aid agencies.
- The complex coordination structure is particularly difficult for newcomers to assess and difficult for agencies with smaller capacities to follow. National NGOs are often de facto excluded from processes.
- Effective coordination needs resources on both sides: among those who participate in coordination and those who manage coordination (in particular OCHA but also co-leads). This capacity is not always sufficient in Zimbabwe. One of the reasons why national NGOs (but also smaller INGOs) are less present in coordination mechanisms is related to this.
- The effectiveness of the Clusters and WGs depends on multiple factors and varies a lot from one group to the next. In many groups NGOs miss the 'service factor' and feel that the information exchange is one way only. NGOs nevertheless have to attend meetings and invest significant time as often information is not accessible elsewhere.
- A lot of time is spent on procedures to set up and to adapt the framework. The cluster system reacts too slowly in a fast changing environment.
- Government participates in coordination but lacks resources to fully contribute to coordination (in particular at field level).

³⁷ The request to do so came from the NGOs participating in the IASC meetings.

³⁸ OCHA states: "There is room for strengthening joint assessments and monitoring and inter-cluster coordination." – CAP 2009, page 9. This self-critical comment about joint assessments is surprising as many give OCHA credit for its successful efforts to bring NGOs together for joint assessments during the floods last year and during the cholera outbreak.

- At Harare level the coordination is more around strategic issues and about information sharing. Detailed coordination in the sense of who does what where, when and how, takes place at provincial and district level. As the cluster roll-out is only now taking place, there is a missing link between high-level coordination in the capital and coordination in the field.
- Donors are also attached to the coordination frameworks but only a few are present and only a few follow proceedings in detail.

4. Funding

4.1 Central Emergency Response Fund – CERF

62. In 2007 the total amount of CERF funding to Zimbabwe was US\$ 11.2 million. According to OCHA’s annual report only US\$ 797,283 were forwarded to implementing partners.³⁹ In the results framework, however, a number of WFP implementing partners are listed for the implementation of an US\$ 8 million CERF food project (SC–UK; ORAP; WV; Oxfam GB; CI; GOAL; PI; Concern; CC: CRS; IOM; Africare; MCT; IPA). Further projects in other sectors claim NGO implementation as well, but the amounts are not stated. The figures are not clear, so it is not possible to find out on the web what amounts have been implemented by the UN and by NGOs. More specific figures could not be obtained from the UN in Zimbabwe directly. OCHA refers enquiries to the individual UN agencies concerned, but the figures they provide are not detailed.⁴⁰

63. There is no annual CERF report for 2008 yet. During 2008, the CERF was used to support under-funded sectors of the CAP. A CERF grant of US\$ 11,482,132 in total was approved. CERF also allocated funds through its ‘underfunded emergencies’ window to support the response to disease outbreaks, enhance telecommunications services to the humanitarian community, provide assistance to mobile and vulnerable populations, address the emergency sexual and reproductive health needs of MVPs, supply water and sanitation services, and launch immunisation programmes. In 2009 a US\$ 7.9 million CERF grant was approved for Zimbabwe.

Year	CERF (US\$)
2006	1,999,963
2007	11,999,076
2008	11,482,132 1,493,657
2009	7,899,348

64. Priority-setting for CERF allocations is felt by NGOs not to be a clear and transparent process. NGO representatives expressed their concerns that it is not clear who decides about the priorities and who has the expertise for it. In one case for example the funding priorities were “pushed around” between UN agencies in the IASC meeting. Direct intervention from a head of agency to change the priority setting followed – after they were already agreed in the meeting.

65. According to the UN representatives interviewed, the CERF is seen as a reliable source of funding. UN agencies start spending the moment the fund has been approved. They claimed that the turnaround time for them was two weeks. They said there was only some scrutiny with regard to procedures and selection criteria.

³⁹ Page 2 CERF Annual Report for Zimbabwe 2007

⁴⁰ According to Unicef, for example, ¾ of the CERF funding goes to NGOs.

4.2 Emergency Response Fund – ERF

66. The first two ERFs were allocated in 2006 and 2007. Towards the end of 2008, the ERF was again activated through a general call for proposals and 12 projects were recommended by the ERF Advisory Board for funding of US\$ 1.9 million in total. The aim was to supplement other forms of funding, including multi-year funding mechanisms such as the PRP, OVC and the Expanded Support Programme for HIV and AIDS. A second ERF for US\$ 6.5 million was approved for 2009.

67. The Terms of Reference for the ERF were made available through the IASC and discussed with the NGOs in the same forum. Again, NGOs claimed their right to participate in the decision-making bodies of the ERF – something which is happening today. The ERF Charter assumes six members of the Advisory Board: four UN agencies and two NGOs. It foresees a rotation every 12 months. The Charter states: “Ideally both international and national NGOs should be represented on the AB.” NGO representatives are nominated by the NGO coordination bodies. National NGOs are presently represented by NANGO. NANGO is part of the board but does not participate regularly. A donor representative initially participated as well.

68. The application process for ERF-funded programs is as follows:

- Call for proposals with a two-week deadline
- Agencies send their applications
- Proposals are shared with cluster leads for their feedback
- Advisory Board comprising of three UN agencies, two NGOs and originally one donor make recommendations for projects to be funded
- OCHA compiles list of recommended projects
- HC approves and signs

69. The overall turnaround last time took six weeks but that included the Christmas break.⁴¹ There were complaints from some NGOs that the two-week deadline for applications was too short. Opinions about the quality of the proposals are diverse. Whereas some were satisfied with the quality others were not, but agreed to the funding nevertheless. Local NGOs were said to have weaker proposals than INGOs. NGOs were not informed about reasons for rejection. Those interviewed, however, have not asked for feedback as either their capacities did not allow them to follow up or they had other priorities. Most interlocutors would apply for ERF budgets again as the funding is important for their activities.

⁴¹ The Christmas break in Zimbabwe is usually from mid-December to mid-January. This is very long and one might question whether the Christmas break is a good excuse for a slow turnaround time for emergency funding. Delays in procurement of emergency goods were also justified with the Christmas period in an IASC meeting.

70. Other NGOs stressed unwillingness to apply for ERF funding as it was not possible for NGOs to claim for overhead costs, whereas this was possible for UN agencies. During the last week of January 2009 the HC approved a change in policy so that all agencies are now entitled to overheads. This has settled an issue that has affected the relationship between the NGOs and the UN for a long time. The delay in coming to a solution could have been avoided had systems been in place right from the start.
71. Of those INGOs who have filled in the questionnaire, four have applied for ERF funding (36% of the respondents). They have sent one, two or three proposals. Their success rate was 100% in two cases, 50% in one case (one proposal out of two) and 0 in one case (no project out of two proposals).
72. Dfid has decided not to put more money into the UN. The ERF is seen as too slow compared to direct funding. Even with HQ pushing for more ERF funding, Dfid decided at Harare level (decentralisation) not to fund ERF at present. This inconsistency with donor policies can be observed in other countries and with other donors as well. On the one hand, this can be seen as positive in that donors are adapting their policies to situational needs and to local circumstances. On the other hand, it puts a question mark over some donor policies (e.g. GHD principles and the focus on the central role of the UN).

4.3 Funding through clusters

73. The cholera emergency was the first time that money was actually going through the cluster lead (Unicef)⁴². In the other clusters the funding goes directly to the agencies as usual. In the case of the Unicef lead, transparency becomes an issue. OCHA does not have the exact amounts and numbers of partners involved for the money that goes through the WASH cluster (see the same above under CERF).

4.4 CAP

74. Interlocutors see the CAP as not very clear. This is in particular the case when there is a discrepancy between an amount appealed for and an amount funded in the end. The reasons and mechanisms behind are not clear to all. Some feel that the planning process is done jointly (decision about priorities and objectives) but the fundamental part -the funding decisions- are not taken jointly. Some national NGOs interviewed did not know at all what the CAP is.
75. Almost everybody sees the process as too formal, too bureaucratic, and not efficient. It is felt that the cost-benefit relation is not right. Nevertheless, the CAP 2009 shows NGO participation to a significant extent. Big INGOs would send a number of project proposals to the CAP every year. Even if only one is funded in the end the agency would do the same

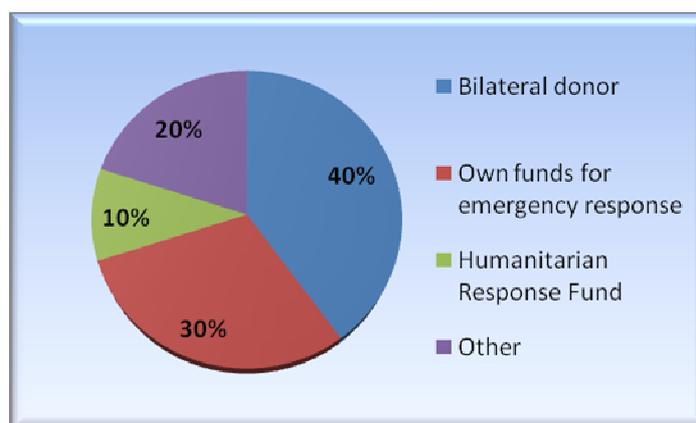
⁴² See already above under Cluster Coordination

again not to miss an opportunity. NGOs with smaller capacities do not have the same option.⁴³

4.5 Change in funding approaches of NGOs

76. According to the questionnaires for INGOs, 50% of the respondents say that the funding has changed significantly since 2005. However, when looking at the reasons given, those were mainly related to the change in context. Agencies state that worsening of the situation in Zimbabwe has changed funding amounts and the kind of funding (increased emergency funding). Respondents in interviews mainly said that funding has not changed because of new funding mechanisms or humanitarian reform.

77. The observation that changes in funding were less related to UN managed funding mechanisms goes in line with the fact that only 10% of the respondents to the questionnaire would approach the HRF for emergency funding. 40% would contact bilateral donors first, 30% would use their own funds (in particular from international networks) and 20% ticked the option 'other'⁴⁴.



Funding sources approached by NGOs in case of new emergency.

78. Some agencies would still turn to the UN for funding, even if their own funding sources are faster. The reason is that UN programs might have bigger budgets and could compensate for under-funded appeals in the NGO's own systems. Also of interest in this context is that all respondents to the questionnaire said that only between 0 and 25% of their funding for humanitarian activities in Zimbabwe comes from the HRF/ERF through the UN. Some donors also see pooled funding as a model for the future, but at present feel that more diversity in funding is needed because of concerns about the performance of some UN agencies.

Conclusions

- None of the three main mechanisms that are relevant for funding can be said to be fully transparent (ERF, CERF, Funding through the WASH Cluster). There have been recent improvements in transparency but there is more room for transparency in priority setting, allocation and expenditure of funds.

⁴³ Big INGOs have officers in charge of tender procedures. They are able to participate easily in a variety of different funding and appeal processes. Smaller organisations do not have this 'luxury' and each new application procedure is a new challenge.

⁴⁴ Of those, most mentioned that other sources of funding would also be bilateral donor funding, so the percentage for bi-lateral funding is actually higher.

- Some NGOs are participating in new funding mechanisms and there has been an improvement in their involvement in the decision making process. However only a few INGOs benefit from the improvements and the processes are still not fully open and transparent.
- Funding procedures are created gradually and changes are made slowly. In managing funds the UN is entrusted with responsibilities that previously rested with donors (management of calls for proposals, measurement and evaluation). In Zimbabwe some UN agencies seem to 'learn' gradually how to act like a donor. This learning process has implications for the relationship with partners (e.g. NGOs). Clear procedures and more expertise in managing the funds would have avoided many discussions and frustrations among the UN and NGOs in the past. For example, it should become common practice to inform applicants about the reasons why their application was successful or not. This would allow applicants to learn and to prepare quality proposals, it would improve transparency and would eventually contribute to a trust relationship between 'donors' and recipients.
- Access to funding is related to capacity. The way the (multiple) funding channels are organised at present makes it difficult for smaller NGOs to follow all options and to be well positioned to access funding.
- At present a significant shift in funding from emergency budgets from NGOs to the UN cannot (yet) be observed. Even if major donors fund less directly to NGOs, funding still goes to the same organisations as in the past, even if the planning and coordination is done in the clusters. The shift is starting now with funding related to the cholera response. The majority of the INGOs would nevertheless still turn to bi-lateral donors first for emergency funding.

5. Leadership

79. The aspect of leadership is a complicated story in the recent years in Zimbabwe. It would take a lot of space to recapitulate allegations among the HC, the Head of OCHA, NGOs and even donors. Within this study it is not possible to go deeply enough into the various relationships and to find out the truth, so we will not go into that level of detail here. But a few key events should serve to illustrate how serious the dispute became and to show how the trust among the actors has suffered in ongoing discussions over the last two years.

80. Many NGOs are deeply disappointed by the UN's passivity towards the government, especially during the NGO ban in 2008. This concerns in particular the role of the HC who is said to be too close to the government and too passive in his approach to the ban.⁴⁵ The HC, who is at the same time Residential Coordinator, spends according to his statement about 60% of his time on work related to the humanitarian crisis, 20% for advocacy and 20% for development-related work. The HC is seen as very controversial and there seems to be a divide among the NGOs and the UN in the assessment of his performance. Representatives from the UN see his role more positively than representatives from NGOs. Some say that the

⁴⁵ In this context, the HC's background is often mentioned. Of Mozambique origin, he was educated in Harare and is said to have good connections to the political elite in the country.

HC has influence because of his contacts in the country and that his achievements in negotiations with the government are just not visible enough.

81. In 2008 documents from IASC meetings were shared with the government although this was not agreed with the participating members of the meeting.
82. NGOs and also some donors are deeply concerned about the performance of OCHA and the role of the Head of OCHA. NGOs felt the need to address the issue openly in a letter to the HC on 1st October 2008. The NGOs never received a reply to this letter. However towards the end of 2008, OCHA NY sent personnel to investigate. Whether the reasons for the investigation were internal or related to the relationship of the Head of OCHA to other stakeholders is not clear. During the field visit for this research the Head of OCHA left the country. Again, what exactly the reasons were is not clear. The HC's relationship with the Heads of OCHA has also been part of the discussions over the last three years. The difficult relationship between the HC and the last Head of OCHA has been one of the reasons mentioned for the departure of the Head of OCHA this month. The fact that the HC is also the RC and that he is not only dealing with humanitarian issues is said by some to have contributed to the difficulties. Over the last three years there have been three different Heads of OCHA in Zimbabwe.
83. The leadership within the **NGO community** is mainly driven by a number of like-minded INGOs who have the capacity to attend most key meetings and to contribute to high level discussions openly. However leadership in the NGO community is not robust enough as NGOs do not always speak up when problems of their concern occur. NGOs also do not speak with one voice and local NGOs are not fully involved (see more details in the following section about Partnership).
84. **Donors** also do not fully trust the UN leadership (which – strictly speaking – is against the GHD principles, which all key donors have signed). For example, Dfid decided about 18 months ago that there should not be increased funding to the UN at present. At present this means that there is no more funding to the ERF. For the cholera response Dfid is still funding through the clusters.
85. ECHO plays a strong and influential role in Zimbabwe, with a very pro-active technical assistant. Donor capacity for a more pro-active and leading role however is limited. Compared to other disasters there are fewer donors present in the country, and those who are present do not have the resources to follow the situation as closely as needed.

Conclusions

- There is a serious problem with leadership in the humanitarian community in Zimbabwe. It is partly related to the sensitive context but in particular because of the failure of the UN to fulfil its lead role.
- A leadership gap occurred and was only partly filled by individual institutions and smaller groups (from NGOs, some donors, some UN agencies). This gap-filling was not systematic or strategic and could not fully compensate for the gap.

6. Partnership

86. Regarding **INGO-INGO** partnership the HoA Meeting is an important mechanism.⁴⁶ It is an informal group of mainly INGOs that meets once a month; responsibility for chairing the meeting rotates between members. Participation is irregular. Discussions are said to be often dominated by the same persons who are either representing stronger organisations and/or who are more outspoken than others. There is a core group of agencies who are driving the discussions and who attend more regularly. Some key initiatives came from this group, such as the letter sent to the UN regarding the performance of OCHA. The group was also a good entry point for this research. The NGO HoA got many positive comments in the questionnaires.
87. Agencies being protective about their work and competition among NGOs about areas of responsibility are often reported in aid contexts worldwide. Similar statements were made in Zimbabwe. However there were some positive examples mentioned where INGOs invite other INGOs to come into their area to cover sectors that cannot be covered by the INGO already present. Another case has been reported in which an INGO stepped in to fill a capacity gap of a big local NGO in one area.
88. Another important institution for NGO-NGO partnership is the National Association of NGOs (NANGO), the local NGO umbrella organisation. NANGO was founded in 1962 as a welfare organisation. Its activities are training and capacity building, information and networking, research, and advocacy. NANGO produces NGO and donor directories, runs resource centres and hosts NGO coordination meetings. NANGO does not have specific departments or activities for emergency aid organisations; it treats development and human rights agencies in the same way as agencies working in emergencies.
89. Regarding partnership between **INGO and local NGOs** it is worth mentioning that in past emergencies (e.g. displacements in 2005 and violence in 2007) national NGOs played a more prominent role than INGOs. Today operational INGOs collaborate with local NGOs of various kinds. 70% of the respondents to the questionnaire implement humanitarian programmes through local NGOs/community organisations. INGOs have an average of 10 national and local NGO partners.
90. Often INGOs contract specialised agencies to take over specific parts of larger programs (such as PRP or OVC). In these cases the partnership tends to shift to a donor-recipient relationship. INGOs make an effort to build the capacity of their local partners but struggle to obtain funding for it for their donors. 90% of the respondents to the questionnaire undertake capacity building activities with local NGOs/community organisations.

⁴⁶ Please see appendix for the rating given to this group during the kick-off workshop.

91. Project management and in particular financial management are the key challenges when it comes to local NGO capacity. In these relationships INGOs often find themselves in the same position as their donors (institutional or UN) and basically discuss the same issues with their partners: accountability, performance, and transparency.
92. There is no formal link between NANGO and HoA⁴⁷. NANGO participates occasionally in HoA meetings. Both NANGO and the HoA clearly expressed an interest in structuring processes more and in making efforts to integrate more actors.⁴⁸ If this interest was serious the agencies had structured the process already. The fact that this has not happened raises doubts about the interest in collaborating more closely. A firmer commitment might be needed to overcome present deficits in INGO/local NGO collaboration.
93. At Harare level discussions about humanitarian reform aspects seem to be dominated by INGOs. It was said that some national NGOs feel intimidated if expats talk about humanitarian reform issues, use abbreviations that are not known to others and do not recognise that not everybody around the table has the background information needed. Some INGOs on the other hand see a role for themselves in advising and guiding local partner organisations in their interaction with UN agencies. This approach applies in particular for those INGOs who are not operational themselves but work through their partners.
94. A participatory exercise during the kick-off workshop for this research revealed that participants judged 14 out of 16 possible coordination mechanisms as not inclusive enough of national NGOs.⁴⁹ The reasons for low participation of local NGOs in discussions about reform issues are manifold. In particular, smaller NGOs have various reasons not to fully engage with processes and coordination mechanisms:
- Some are protective about their work.
 - Some just do not care and do not see the relevance for their work.
 - Some do not have the personal skills or the attitude to speak up in these kinds of meetings.
 - Some see information sharing as dangerous.
 - Some think the discussions are too much driven by representatives of big organisations.
95. **NGO and UN** partnership is largely dominated by the above described history of the introduction of the reform mechanisms and the issues related to leadership. Also, the NGOs' fear of standing up against the government as well as against the UN organisations is said to play a role in partnership relations, and indeed sometimes to actively undermine the partnerships between (at least some) NGOs and the UN.
96. Often NGO and UN partnership is dominated by a donor-recipient relationship. How this is organised depends mainly on the UN agency. WFP, FAO, Unicef, etc. do not have a common

⁴⁷ One obvious reason for the missing formal link is the fact that HoA is an informal group.

⁴⁸ See for example the 'expectations exercise'.

⁴⁹ See appendix

approach to partnership with NGOs. WFP, for example, applies its global approach to partnership. UNHCR is very open and consults extensively with NGOs (but is not a major operational actor in the current crisis). Only Unicef applies a new mechanism related to implementing partners and disbursement modalities (Harmonized Approach to Cash Transfers – HACT).⁵⁰

Conclusions

- There are effective formal and informal partnership mechanisms in place that involve INGOs and national NGOs. INGO representation in high-level meetings (e.g. IASC) and the informal HoA group has been shown to be influential.
- When it comes to humanitarian reform aspects, these mechanisms are not including local NGOs well enough.
- NGO-UN partnership is influenced by the lack of leadership within the UN in Zimbabwe, the difficulties during the introduction of the cluster approach, the sensitive political environment and the donor-recipient relationship between the UN and their implementing partners.

7. Accountability to beneficiaries

97. Participatory approaches during the identification phases of the programs were gravely hampered by the political situation. For PRP II, as well as for Care's annual household level survey, no assessments could be undertaken last year as the timing fell into the election period. During this time NGOs could not organise any public gatherings as it would have caused too many problems and interference with political gatherings. Later in the year NGOs were not allowed to operate.
98. 70% of the respondents to the questionnaire undertook needs assessments involving crisis-affected communities in the last year. 80% involve crisis-affected communities in implementation and 50% in measurement and evaluation.
99. Some compliance mechanisms are in place (e.g. suggestions boxes, help desks) and some good practice examples were noted (e.g. OVC program run by Unicef where child participation is encouraged; the OVC program however is not an emergency program).⁵¹ Aid agencies apply methodologies from their development programs.
100. Another **good practice example** is Care's initiative to invite local stakeholders for a meeting to explain Care's mandate and working procedures. At the same time the meeting was used

⁵⁰ HACT is not a mechanism related to Humanitarian Reform. It is linked to UNDG and presently implemented by UNDP, UNICEF, UNFPA and WFP. It is a further step in implementing the Rome Declaration on Harmonization and Paris Declaration on Aid Effectiveness, which call for a closer alignment of development aid with national priorities and needs.

⁵¹ The Help Desk component of the VGF program was said to be improved following a 'lessons learnt' workshop led by WFP in March 2008

to discuss some ongoing problems. The meeting included among other the District Administrator, the CEO of the District Council and technical staff of the Council, as well as Chiefs. Although Care has worked in the area for many years, the meeting helped a lot to facilitate communication and to increase awareness of the limitations and procedures of the aid agency. This event however was a one-time initiative and is not part of Care's general practice.

101. Overall accountability to beneficiaries is still seen as a challenge. Most agencies rely on community meetings or need to leave it to their implementing partners who work at grass root level. For NGOs to be fully transparent (e.g. by sharing figures and budgets), a certain understanding of the aid sector is required. The capacities of local governments, beneficiary representatives and also local implementing partners are of relevance in this context.

102. Example: Participation of beneficiaries in VGF (Vulnerable Group Feeding)⁵²

There is no participatory process at the design phase of the project. WFP decides centrally about four groups of beneficiaries (Categories A-D) and the type and quantity of commodities.⁵³ The beneficiaries themselves do the assessment in their communities to determine which households fall under category A, B, C or D. The implementing agencies only do selected control checks to see if the aim of targeting the vulnerable is achieved.⁵⁴ Some field workers of the implementing agencies expressed how difficult it is for them to work with this centralised and un-flexible approach. It is up to them to explain the system to the communities, to explain whenever changes happen and to make excuses when there are delays or cuts in ratios.⁵⁵

Some of the field workers apply a very pragmatic approach in distributions and emphasise efficiency over participation. Because of remote locations and long travel times to get to distribution points, aid workers are sometimes under pressure and distribute the food quickly without much explanation, consultation or other community work. Community members are very disciplined in public gatherings. They are used to listening to their elders and leaders so they do not question the practice.

Conclusions

⁵² VGF is the current emergency feeding program by WFP. It runs during the lean period for 5 months from October to February.

⁵³ There is some flexibility, as shown in the case of Binga district. As this is one of the poorest and most remote districts of the country Save the Children was able to negotiate a higher quantity for the area.

⁵⁴ The concept of selecting individual households for food aid appears to be slightly misplaced in Zimbabwe as communities are used to sharing the aid they are given anyway. It was reported that before the food aid arrived 'richer' community members would help the poor. They now feel punished as they do not get a part of the available food aid, although they always shared with the poor. The term "discriminatory" was used by one district official who criticised the targeted feeding in Binga District. In Masvingo blanket feeding was introduced.

⁵⁵ In Masvingo however the program showed flexibility. After requests from beneficiary leaders, blanket feeding was introduced.

- Accountability to beneficiaries is still seen as a challenge. Good practice examples exist but in emergency programs a pragmatic approach often prevails.
- There is potential to apply approaches from development programs and to benefit from close relationships between aid agencies and beneficiary communities. This is not always fully exploited.

8. Impact of humanitarian reform

103. The main benefit from the reform process stated by interlocutors was the increased level of information. Thanks to coordination meetings and the publication of maps and reports actors feel well informed and it is clear who works where and how. How far this is thanks to 'reformed' mechanisms is not clear. For most interlocutors it did not make a difference whether a coordination meeting was now called a 'cluster' or just a 'working group'.
104. Despite the good level of information and the centralised approach, there is no timely and common analysis of the humanitarian situation in the country. The lack of leadership comes into play here. The system failed to react faster to the changing needs (in particular in the health sector). WHO for example is still working on an information tool to map who is doing what and where in the health sector. The cholera outbreak began in autumn 2008 and at the end of January 2009 the tool was still not yet ready. Another example is the late merger of the WASH and Health Clusters (also in January) and the late roll-out of the clusters in the provinces.
105. The centralisation of funding and procurement channels has obvious downsides (in particular regarding the cholera response but also in food aid). Serious bottlenecks in supplies occurred and could only partly be compensated by other pipelines. Advantages exist as well, e.g. the central procurement of vehicles for NGOs through Unicef.
106. In fact the present situation seems to be slightly bizarre: WHO and the government produce sophisticated information updates with many figures and graphs about the cholera outbreak. They are now published daily. There is no lack of information but what is missing is the action that follows. Aid agencies and local governments in the provinces complained to the consultant that materials for the cholera response have not yet been delivered. Awareness campaigns run by the aid agencies could be stronger if they were combined with distribution of hygiene materials.⁵⁶
107. Overall, interlocutors judged the impact of the reform as low. Major aid programs still run outside 'the system' (e.g. OVC program, C-SAFE) and some donors do not rely on the reformed mechanisms. Despite the coordination efforts these parallel structures do not always match. An example might be the WFP program VGF and the Dfid funded PRP: If a

⁵⁶ Delays in procurement because of the Christmas break have already been mentioned. The cholera outbreak was in October and by November at the latest one might have planned how to deal with bottlenecks during the Christmas break.

household receives livestock within PRP the household might move up to another beneficiary category within VGF and would no longer receive food aid. Consequently the livestock distribution might not prevent the farmer from selling livestock as she/he is still in need of food.⁵⁷ It could also be observed that some farmers had benefited extensively from PRP and were clearly better off than others in the area, but they were still receiving food aid.⁵⁸

108. Impact of the reform is certainly much higher at capital level. In the provinces traditional mechanisms are still dominant. The roll-out to the provinces is only happening slowly.

Conclusions:

- The impact of the Humanitarian Reform is limited. The new mechanisms were only introduced recently and have not yet been applied fully at provincial level.
- For certain aspects the Reform has had negative effects on the emergency response. The introduction of new mechanisms has also contributed to more complexity and formalities in coordination and funding.

⁵⁷ Reported in Ntengwe in Binga district

⁵⁸ Site visit in Masvingo Rural

9. Summary of key aspects, conclusions and recommendations

9.1 The coordination framework

1. The coordination and funding framework for Humanitarian Assistance in Zimbabwe is complex, partly created upon existing mechanisms, fragmented, sometimes not strategic, sometimes not clear and sometimes formalistic. This is only partly compensated by a few well-functioning coordination mechanisms, and by some donors and NGOs who are actively following humanitarian reform issues. NGO coordination and communication is also fragmented, lacks strategy and strength and does not involve national NGOs enough. The situation seems to call for a 'One-Stop-Shop' where comprehensive information about the context and coordination can be obtained by anybody easily. However, instead of creating new structures (which require capacity), existing structures should be further exploited. OCHA has a mandate and resources for coordination and the existing NGO groups (HoA and NANGO) have potential that has not yet been fully exploited. Consequently, OCHA should streamline the overall coordination framework and should help to increase the effectiveness of those coordination mechanisms that are not performing well enough. NGOs and donors should jointly push OCHA to fulfil this role. At the same time, NGOs should act more strategically and more in concert to have greater influence in the UN-NGOs-Donors triangle.
2. When humanitarian mechanisms are installed on top of existing structures dynamics happen that need to be taken into account. In Zimbabwe joint UN and NGO meetings had a history and some things happened that were bad for a trustworthy relationship. To regain trust takes time. However, time is in short supply in a complex, fast-changing emergency context. NGOs should continue to work on a trustworthy relationship with the UN and should not stop identifying issues of concern.
3. NGOs should be less sceptical about the humanitarian reform and in particular about the cluster approach. This does not exclude active participation in the discussion about whether clusters should be rolled out in a particular context or not. But once the decision is taken, NGOs should accept it and apply a constructive, well-informed and pro-active attitude towards the mechanisms. Rather than capitulating with frustration, NGOs should make an effort to influence the system. A few examples in Zimbabwe have shown that NGOs can succeed in getting better integrated into the system. However this is limited to a few NGOs and excludes local NGOs.
4. At Harare level the coordination is more around strategic issues and about information sharing. Detailed coordination in the sense of who does what where, when and how, takes place at provincial and district level. As the cluster roll-out is taking place only now there is a missing link between high-level coordination in the capital and coordination in the field.

9.2 The funding framework

5. Funding mechanisms are not yet fully transparent. There has been some improvement following NGO interventions but it is still difficult to get all the information and processes still exclude national NGOs.
6. Access to funding is related to capacity. The way the (multiple) funding channels are organised at present, make it difficult for smaller NGOs to follow all options and to be well positioned to access funding.

9.3 Leadership

7. A totally centralised system depends too much on OCHA and the HC. If there are doubts regarding their strategy, performance and capacity, the system cannot function to the full extent. Donors and NGOs likewise turn to alternative set ups which allow them to act more independently from the UN.
8. The weakness of the systems has contributed to delays in the emergency response, has created major frustrations in the NGO community and has led to an overall meeting fatigue (UN, NGOs and donors likewise). On the positive side the framework contributes to better information sharing. In a situation where the cluster approach is installed on top of existing structures, and where an emergency is complex and fast changing (such is the case in Zimbabwe), the system proves to be too complex, too formalistic and agencies too slow to adapt it to the fast changing environment.
9. There should be a clear and well-structured national strategy to address issues related to humanitarian reform. The strategy must select its targets properly and must not only concentrate on one actor (such as the UN or the donors). Only a multi-targeted approach, driven by the field and by HQ can lead to significant changes and can prevent the replication of mistakes in other contexts. Donors alone have neither the capacity, nor the interest, nor the knowledge, nor the means to influence the UN in the interest of NGOs.
10. The same approach should be applied to developing a national advocacy instrument for NGOs towards the UN, which would allow all NGOs (national and international, small and big) to express their concerns without getting too exposed to the UN.

9.4 Impact of humanitarian reform

11. There were no signs that humanitarian reform mechanisms have improved quality of aid (e.g. involvement of beneficiaries). However, this is difficult to call, partly because the mechanisms are still young and the system is still scaling up and adjusting in Zimbabwe, but also because the aid community seems to be busy with compensating for the lack of leadership and with catching up to the pace of the various disasters. Discussions around overheads and participation in mechanisms take a lot of time and energy. Some mechanisms are well established after many years but those are not the ones dealing with emergency aid (e.g. the Agriculture Cluster).

12. OCHA's performance is very controversial and there is a lack of clear criteria and priority issues about what NGOs (and donors!) expect from OCHA. There is a need to develop those criteria, to bring them forward and also to communicate them to donors. There is room for more direct, open but also well-grounded and systematic criticism.

9.5 Involvement of local NGOs

13. INGOs need to carefully consider how to get buy in from the majority of the NGOs present in Zimbabwe. The NGO sector in Zimbabwe is very diverse. If INGOs are serious about the involvement of national NGOs, then a number of distinct initiatives need to be taken to get them on board.
14. Effective coordination needs resources on both sides: among those who participate in coordination and those who manage coordination (in particular OCHA but also co-leads). This capacity is not always sufficient in Zimbabwe. One of the reasons why national NGOs (but also smaller INGOs) are less present in coordination mechanisms is related to this. Together with donors NGOs should increasingly continue to put pressure on OCHA and cluster leads to provide better services in coordination. To increase the involvement of local NGOs, INGOs need to consider on the one hand ways to coordinate which are appropriate for existing local NGO capacity and on the other hand the feasibility (and viability) of capacity support or capacity enhancement initiatives.