Monthly Humanitarian Update

OCHA Zimbabwe

October 2010

Key Points

- Influenza A H1N1 Outbreak declared.
- 114 post-measles campaign deaths recorded.
- End of 'Special Dispensation' in South Africa likely to affect 1.5 million Zimbabweans.

I. Situation Overview

Zimbabwe's humanitarian situation remains in a state of fragile stability since the second quarter of 2009 when the effects of the 2008/9 crisis started being overcome. It is, however, important to note that stakeholders are only moderately optimistic, particularly now that new challenges for 2011 seem to be emerging.

Persistent needs point to structural weaknesses that foster underlying vulnerabilities. For instance, infrastructural degradation in the basic sectors of health as well as water and sanitation keep the country in a situation of generalized humanitarian need as sudden shocks evolve into emergencies. Unless these are addressed, the country will remain vulnerable while its ability to respond to shocks remains compromised.

In this context and to consolidate the positive changes recorded so far, there is a need to reinforce the ongoing Early Recovery activities and to explore new ways of addressing the underlying vulnerabilities to the extent possible, while remaining mindful of the large remaining basic needs.

The unexpected Influenza A H1N1 outbreak in October, coupled with the ongoing cholera and measles epidemics reflect the fragile humanitarian situation. Ordinarily, such outbreaks would be easily controlled in a functional health system. The continued need for agricultural input support, food aid and income generating projects also testify of the same.

It was with this in mind that humanitarian partners met to plan for the 2011 Consolidated Appeal Process (CAP) with emphasis on the need to move from emergency to early recovery mode. This should address current challenges and pave way for long term relief and restoration of livelihoods.

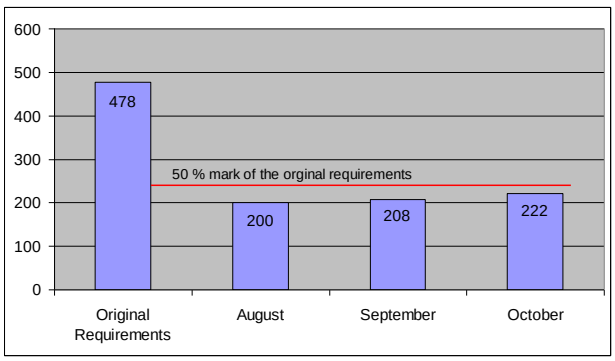
Limited inflows of both humanitarian and development funding continue to hamper the country's course from a generalized humanitarian crisis to early recovery.

Zimbabwe's current CAP requires $478 million to meet humanitarian needs. However, by end of October 2010, it was only 46.6% funded at $222 million. While this was a slight increase of $14 million, or 3% on the $208 million reported at the end of September 2010, it is insignificant in comparison to the country's needs.

An analysis of Zimbabwe's CAP between August and October 2010, reveals a worrying trend that reflects marginal support. In August, the CAP was 42% funded, followed by a 1.6% increase to 43.6% in September and the current 46.6% in October 2010.

This is far below the 50% mark at this time of year and inadequate to meet the country's needs. In October 2009, the country's CAP requirement of $719 million was 55% funded at $396 million.

An Analysis of the CAP over Three Months



The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

The current CAP requires more meaningful support if it is to have any significant impact on the country's humanitarian situation. As the country moves into the next cycle, there is need for partners to remain mindful of the outstanding needs.

To this end, humanitarian partners continue to appeal to donors for financial support in order to move the country from emergency to recovery.

II. Humanitarian Action

Health Update

General Overview on Health Situation

The fragility of Zimbabwe's health sector once again became eminent in October following new and continued disease outbreaks. The declaration of an Influenza A H1N1 outbreak in Matabeleland North province evidences the country's vulnerability. This new outbreak is in addition to the measles and cholera outbreaks that the country is already facing.

Health partners, continue to support Government efforts to contain disease outbreaks. However, this requires a massive financial investment, particularly in strengthening the infrastructure. Zimbabwe's chronic vulnerability is largely a consequence of the degradation in social services infrastructure. This compromises its capacity to respond to sudden shocks, which then evolve into emergencies.

Influenza A H1N1 Outbreak Declared

A suspected outbreak of Influenza A H1N1 (2009) was declared in Tsholotsho district in Matabeleland North province on 15 October 2010, following a notable increase in cases that presented with severe flu-like symptoms. Over 2,600 cases had been reported by end of the week ending 17 October 2010. The outbreak affected mostly children particularly of school going-age and those under five years.

In response, the Ministry of Health and Child Welfare (MoH&CW) structures at provincial and district levels with support from the Civil Protection Unit (CPU) conducted various activities. These include H1N1 case management refresher trainings; Active surveillance by motorised environmental health technicians (EHT); Staff augmentation by cancelling leaves and reinforcements from other districts; H1N1 Awareness campaigns done through distribution of information, education and communication (IEC) materials and sensitization meetings; Sourced Tamiflu from hospitals; Rapid Diagnostic Tests done on specimens to confirm influenza A; Protective clothing, fuel and transport sourced from partners; Infection control measures put in place; Setting up mobile health posts; and Deploying assessment teams to Binga, Bubi and Umguza districts in the province.

Latest on Cholera

Manicaland has been the focus of the cholera outbreak for the last two months, with Buhera, Chimanimani, Chipinge Mutare urban and Nyanga districts reporting cases.

By end of October 2010, a cumulative 20 deaths and 774 cumulative cholera cases, including 91 laboratory confirmed cases, had been reported in an outbreak that started in February 2010 and has spread to 18 of the country's 62 districts. In comparison, at the same time last year, 54 districts had been affected by the outbreak, which began in August 2008. The crude case fatality rate since the current outbreak started stands at 2.6% which is 1.7% lower than that of last year. Over the same period last year 98,522 cumulative cases and 4,282 deaths had been reported with a crude case fatality rate of 4.3%. Most, 72% of the cases currently reported are from rural areas compared to 67% during the corresponding week in 2009.

A patient recovers from cholera during Zimbabwe's worst outbreak in 20-08/9. Photo courtesy of http://trendsupdates.com

Health and water, sanitation and hygiene (WASH) cluster partners are responding to the outbreak through the Health Emergency Response Unit (HERU) and the WASH Emergency Response Unit (WERU) mechanism. HERU partners International Rescue Committee (IRC) and Medicins du Monde

(MDM) supported the response by setting up Oral Rehydration Corners, surveillance, community health and hygiene promotion, distribution of non-food items (NFI) to cholera affected communities and support in training for public health and in coordination efforts. WASH partners World Vision International (WVI) and Action Contre La Faim (ACF) are collaborating in controlling cholera in Chipinge. Key areas of intervention include health and hygiene promotion, distribution of aquatabs and support to surveillance.

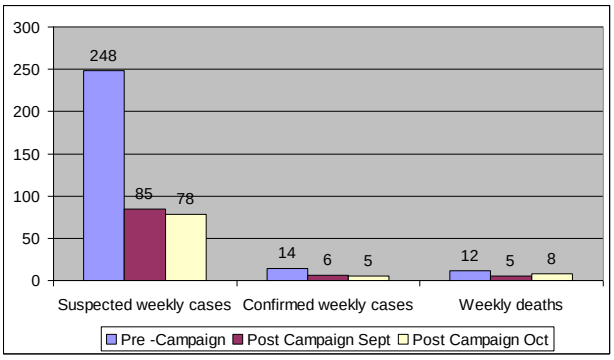
Measles Update

Reports of measles are still being received in parts of the country, albeit at a lower rate than in the period before the nationwide immunization campaign from 24 May to 2 June 2010. In the period 5 July to 17 October 2010 altogether 114 deaths and 1,128 suspected measles cases were reported, of which 69 were confirmed. Twelve districts reported confirmed measles outbreaks, although there were no confirmed outbreaks in the last 30 days. The attack rate of suspected cases is nine per 100,000. The attack rate of confirmed cases was one per 100,000. Prior to the nationwide immunization campaign, 517 deaths and 10,946 suspected cases were reported of which 602 were confirmed cases. Altogether 53 districts reported confirmed measles outbreaks. The attack rate of suspected cases was 90.1 per 100,000 while that of confirmed cases was five per 100,000.

The campaign covered 97% of the target group of children between six months to 15 years and reached more than five million children. There have, however, been notable changes in indicators since the campaign. Suspected cases declined from 248 to 85 in September and subsequently 78 in October. Confirmed cases reduced from 14 to six in September and five in October while weekly deaths dropped from 12 to five in September. However, it is concerning that deaths increased to eight in October.

Since the outbreak started in September 2009 in total 12,074 suspected cases and 631 deaths of measles have been reported in all Zimbabwe's districts. Of these, 673 confirmed measles IgM cases were reported in 61 districts with Bulilima in Matabeleland South being the exception as it has not reported a single confirmed case. However, this could be due to figures of this new district being lumped together into the Mangwe district as previously, the two districts were one. The attack rate of suspected cases is 99 cases per 100,000 population.

A Comparison of Weekly Pre & Post Measles Campaign Indicators



Health and WASH Assessments

The IRC this month conducted a health facility assessment at all rural health facilities including Government and council clinics in Mutare, Mutasa and Nyanga districts. Preliminary findings for Mutare were presented to the DMT in October, to guide the selection of clinics to be supported by the project for Emergency Obstetric Care. Part of the assessment in Mutare was done jointly with WASH partners Mercy Corps and others who were doing a province-wide assessment of WASH facilities at selected health centres.

WHO also carried out a health vulnerability assessment in 12 districts**1** supported by European Commission Humanitarian Aid Organisation (ECHO). The assessment focused on emergency preparedness, particularly to epidemics of cholera. It covered availability of buffer stocks/supplies, EPR training and plan, communication, transport and staff occupancy among others.

Preliminary findings are that all districts have staff who had received some kind of EPR training, representing about 80% in the last six to12 months, although this has not been cascaded to clinic level. None of the districts assessed had an EPR plan. However, Chimanimani and Chitungwiza indicated that they were working on theirs. Only Bulawayo, Chivi, Chegutu, Chitungwiza, Mudzi and UMP had buffer stocks. Staff occupancy rate ranged from 94% for Beitbridge to 54% for Mudzi. Mbire's designated district hospital, Chitsungo mission, has no doctor or registered nurse. Most districts had access to at least one form of communication**2** except Mbire which has

1 Beitbridge, Binga, Bulawayo, Chegutu, Chitungwiza, Chimanimani, Chivi, Guruve, Mbire, Mudzi, Mwenezi and UMP.
2 Radio, mobile phone, landline and internet.

none whatsoever. In terms of transport, Beitbridge has the biggest challenge with no functional vehicle at the time of the assessment, although it has an ambulance. Binga, Guruve and UMP have no ambulances. All theatres have obsolete equipment and most lack skilled staff to run them. Most rural districts have challenges in access to water and electricity.

WASH Update

11th Waternet Symposium

The 11th Waternet symposium, a major regional water, sanitation and hygiene (WASH) sector information and experience-sharing platform, was held in Victoria Falls from 27 to 29 October 2010 under the theme: "Regional integration and integrated water resources management: Where Science, Policy and Practice Meet." Over 400 delegates from Government, NGOs, academia, donors, private sector and communities attended the symposium, which provided an excellent opportunity for partners to share key lessons from WASH humanitarian and development interventions in Zimbabwe and the region, among other issues.

Discussions at the forum suggest that humanitarian and development partners need to review the approach on community based management given learning and questions raised on various aspects of the approach. Questions were raised on the new UN affirmation of the right to water versus disconnections in urban areas which are relevant to regional countries including Zimbabwe. Sector performance on urban rehabilitation needs to consider more effective systems for capturing sector key indicators such as unaccounted for water (UfW), financial status, human resources as per international or local standards, asset maintenance and cost recovery in order to strengthen linkages of recovery to development.

WASH Sector Knowledge and Information Management

The task force on WASH knowledge and information management has made recommendations on enhancing knowledge management in Zimbabwe's WASH sector. Key recommendations include setting up a regularly update web site for the sector, initiating a newsletter for circulation and promoting the development of a national database for WASH information. These have been forwarded to the National Coordination Unit (NCU) for onward submission to the Ministry of Water Resources and Development.

Food Security Update

Food Assistance Programmes

The WFP Safety Net programmes reached 379,523 beneficiaries with 4,330 metric tonnes (MT) of food in October. This is equivalent to 95% of planned food delivery and beneficiaries.

The start of the Vulnerable Group Feeding (VGF) has been delayed due to prolonged discussions with the Government of Zimbabwe (GoZ) on Food-for-Assets (FFA)/Community Works Guidelines, resulting in rushed preparations in October to register and respond to the imminent needs.

Close to 500,000 beneficiaries were targeted in October under VGF/Food-for-Assets (FFA) programme. However, only 276,852 beneficiaries were reached with 3,438 MT of food, equivalent to 55% of both planned food delivery and beneficiaries for the October 2010 distribution cycle.

The GoZ launched the Food Deficit Mitigation Strategy on 2 September 2010 and has begun to disburse the funds to food insecure households in a few targeted districts, at $20 per household per month. The strategy, targets14 rural districts starting with seven during the first phase and the remainder during the second phase.

Implementation of a small urban agriculture inputs voucher project as part of the Highly Vulnerable Households (HVHH) phase-out has begun.

Cash and Voucher

WFP's co-operating partners, Redan Mobile Transactions (RMT) and Christian Care, are implementing the voucher project within the framework of Health Based Safety Nets. In September, voucher distribution and food redemption went smoothly, reaching 5,064 households. Plans are underway for WFP to continue with a mixed food and non-food set of activities such as food or cash-for-work programmes, cash and voucher schemes. In a follow-up to last year's pilot, a scale-up in cash transfer activities within the VGF programme is planned for January 2011. On the other

hand, the voucher programme should expand to include Bulawayo.

Food Security Monitoring Update

WFP's monthly Food Security Monitoring System indicates the majority of households in rural wards have exhausted their own harvested stocks by the end of September and beginning of October 2010. Although maize meal is readily available in urban areas, availability in rural areas is low due to liquidity challenges and preference for maize grain. Maize grain is selling between 17 and 22 cents per kg in grain surplus districts. In grain deficit districts the prices range from 29 to 46 cents per kg or above.

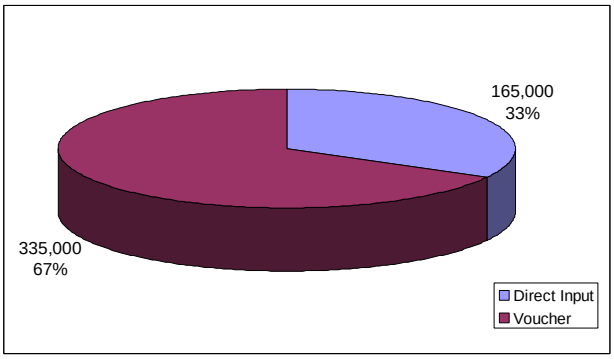
Agriculture Update

Agriculture Partners Support 2010/11 Season

About 500,000 households (HH) in 841 rural wards will receive seed and fertilizer assistance from the humanitarian community for the 2010/11 season. A total 165,000 HHs will benefit from direct input distribution and 335,000 HHs will receive voucher. On average, support is sufficient to cover an area of 0.25 to 0.5Ha per HH, consisting of maize, sorghum and millet cereal seed, as well as legumes seed and fertilizer. The distribution of inputs and vouchers to recipient HHs is ongoing.

The number of HHs receiving Conservation Agriculture (CA) assistance has increased from 130,000 HHs last season to about 150,000 HHs this season. However, there is need to monitor progress, adoption and correct implementation of CA techniques.

Agricultural Inputs Support



NGOs are encouraged to share information to reduce the possibility of HHs double dipping as there is potential for overlapping of assistance in 130 wards. FAO will continue to circulate updated versions of the database with NGOs to better coordinate the input assistance. FAO is working on a seed and fertilizer atlas which will be ready by the end of November 2010.

Altogether 400,000 HHs will benefit from a $30 million facility set aside by Government for the summer cropping programme. The inputs will be distributed through the various Grain Marketing Board (GMB) depots countrywide. Contracts to supply inputs have already been signed and transportation to the various depots has started.

Met. Dept Forecasts Good Rains

The Meteorology Department affirmed the rainfall forecast for the 2010/11 rainfall season to be "normal" or "above-normal" for all parts of the country. For the northern parts of the country (region 1) normal rains are expected, with a bias towards "above normal". In regions 2 and 3, precipitations within the "normal" range are expected with a weaker bias towards above normal rainfall.

According to the Meteorology Services Department, the rainfall season officially starts "when an area receives at least 20mm of precipitation in one to two days, and not followed by a dry spell of more than 10 days within a 30-day period." There are no areas in the country that have fulfilled these criteria yet.

LICI Update

Infrastructure Support Update

UNDP has approved community small scale infrastructure rehabilitation programmes in five districts, namely Binga, Bulilima, Hwange, Mberengwa and Zvishavane to be implemented by Ministry of Labour and Social Services (MoL&SS) through the district and ward structures. Support to the rehabilitation and construction of small scale infrastructure, including community centres, libraries, resource centres, recreation facilities, irrigation dams, small roads and bridges is prioritised by LICI as a key sector in contributing to Zimbabwe's early recovery. Small scale, community level infrastructure interventions will complement efforts in other sectors, particularly the two sectors of institutional capacity building and economic livelihoods covered by the LICI cluster.

Latest on Early Recovery Activities

A workshop on Early Recovery Joint Recovery Opportunities Assessment (JROA) aimed to capture further views from cluster leads and other sector members as well as agree on common issues was held in Harare on 28 and 29 October 2010. Key points that emerged from the WASH sector group work are that Government WASH line ministries have not been sufficiently involved or consulted in the assessment process. Further, key sector guidance documents and financing plans such as the Country Status Overview (2010), Report of the National WASH Stakeholders Workshop (2010), and Medium Term Plan (2010-2015) are not adequately reflected in the current output.

LICI Cluster Outreach

The LICI Cluster is planning to hold regional meetings to expand the membership of the Cluster to organisations working outside of Harare.

Protection Update

Protection Cluster Engages ONHR

The next meeting of the Protection Cluster on 10 November 2010 will feature a session with Minister Sekai Holland and other members of the Organ for National Healing and Reconciliation (ONHR). Cluster members are encouraged to attend this important event.

The meeting on 1 December 2010 will focus on issues of a durable solutions framework for Zimbabwe and also Core Commitments to Children.

Update on Internal Displacement

Some 40 households in Hurungwe, Mt. Darwin and Mutasa districts were displaced after they lost their homes to veld fires in October. In response, IOM provided food items and tarpaulins for emergency shelter. Also, hunger is a major concern now for the Internally Displaced Persons (IDP) displaced from Muzarabani in Mashonaland Central and now officially settled at Zaka district in Masvingo province. The families have managed to integrate with and have been accepted by the local community. Casual labour opportunities have been reduced, however, which has raised the risk of food insecurity. Alternatives to ensure adequate access to food are being explored. UNHCR's partner Christian Care has made some significant progress on the issue of the Mazare IDPs in Masvingo province. Although they are still located on an open space about 33km from Masvingo, through advocacy with the local authority some land for seven families has been found. However, the local authorities cannot relocate them until they find land for the other four families.

Human Rights/Rule of Law

Partners have noted an increase in cases and media reports related to evictions of persons from land and the destruction of housing. The circumstances of many of these situations are extremely complex, both from a legal and a practical perspective. Discussions are ongoing within the IDP sub-cluster, Humanitarian Country Team (HCT), persons affected and Government counterparts concerning these issues.

Protection Workshops Held in October

Twenty people, comprising 14 men and six women attended an IOM sponsored GBV workshop in Chinhoyi. This is an ongoing initiative to build capacity of the Vocational Training Centres (VTC) supporting the stabilisation programmes for the displaced persons and their host communities and should contribute to awareness gender-based violence (GBV) issues and reduction of relateed incidents. In addition two community training workshops were conducted in Bulawayo and Chinhoyi districts for displaced persons in Alaska and Trennance communities, addressing issues of GBV and access to services. Facilitators for these workshops were drawn from the Zimbabwe Republic Police (ZRP)'s Victim Friendly Unit (VFU) and those from the Ministry of Women Affairs, Gender and Community Development. The workshop should contribute to greater community awareness of GBV issues as well as access to specialized services.

Christian Care conducted three training workshops on community based counseling with IDP communities focused on child protection and sexual gender based violence (SGBV) which have been identified as the most prevalent protection issues. The objective of the workshops was to strengthen the capacity of participants such that whenever they are faced with such cases they will have appropriate skills and knowledge to deal with them. A network of community based counselors was also formed during the workshops.

UNHCR's partner Jesuit Refugee Services held a one day workshop at Tongogara Refugee Camp to impart

project management skills to Refugee beneficiaries that have been granted project assistance. The project should lead to greater self-reliance and enhance prospects for durable solutions. As part of the UN Week/Day celebrations from 18 to 22 October, UNHCR in partnership with the Ministry of Education, Arts Sports and Culture (MoESAC) and the Department of Social Welfare, conducted a schools outreach from 20 to 22 October 2010. The visits were conducted in schools in the catchment area of and servicing Tongogara Refugee Camp in Chipinge and focused on the theme: "UN working for You." In total 2,000 students from one secondary and four primary schools benefited from the programme.

Multi-Sector Update

SA Immigration Law Changes to Affect 1.5m

The end of the special dispensation is expected to affect up to 1.5 million Zimbabweans currently staying in South Africa, many of whom are irregular migrants. This population faces forced return and loss of their livelihoods in South Africa as of 1 January 2011 should they fail to furnish the authorities with proper documentation for their stay in South Africa.

The South African Cabinet on 2 September 2010 announced its decision to end the 'Special Dispensation' for Zimbabwean nationals in that country. The new measures specifically apply to those who have been in South Africa since the period before 31 May 2010. The new Zimbabwean Regularisation Project makes provision for three primary categories of Zimbabwean nationals in South Africa by relaxing the existing requirements for specific permits. Work, study and business permits will be available free of charge. However, applicants require a valid Zimbabwean passport to be eligible. In addition, there is an amnesty for Zimbabweans who hold fake South African identity documents, which are to be returned to South African Department of Home Affairs (DHA) regional offices before the deadline. No action will be taken against people returning fake documents. This amnesty will continue until 31December 2010. This process will allow South Africa to clear up its National Population Register.

To administer this project, the two Governments dispatched additional officials in order to facilitate the issuance of national identity documents, passports and South African permits. Following the announcement of the regularization exercise, tens of thousands of Zimbabweans have inundated passport offices both in South Africa and Zimbabwe. However, the documentation process has met with some serious logistical and resource constraints to facilitate the process. In addition to the sheer volume of applicants, there are concerns around lack of proper knowledge or confusion on the application process, as well as logistical and financial constraints for migrants who are staying in remote areas, for instance farm workers in the Limpopo province.

According to the South African Department of Home Affairs, the department has received 33,000 permit applications, out of which 9,890 had been adjudicated by the end of October.

Latest on Support to Returnees in Plumtree

A total 2,200 returned migrants, including 60 unaccompanied children, sought IOM assistance throughout October. This brings to 117,069 the total number of people who have received assistance since the Reception and Support Centre commenced operations in May 2008.

IOM continues to play a crucial role in enhancing accessibility of quality health care. A dialogue meeting was held to discuss water access, development and the role of the local leadership in addressing community development challenges within Plumtree**.** To this end, IOM embarked on activities to address gaps in the provision of health services to the youth and those on transit who require health services in Mangwe district, in Matabeleland South province by supporting health institutions with a borehole installation, additional drugs for treatment of minor ailments and opportunistic infections. Activities include the revival of an existing nutritional garden within the Plumtree hospital; dissemination of information on safe migration, HIV and AIDS and sexual gender based violence (SGBV), including Voluntary Counseling and Testing (VCT) for HIV and outreach into local schools and communities by engaging support groups of people living with HIV (PLWHA) and MoH&CW in the district.

Humanitarian Support Services

ETC cluster Updates

The Emergency Telecommunications Cluster (ETC) is looking at the possibility to incorporate the proposed Human Resources common roster to the

UN Zimbabwe website, that is managed by UNDP and hosted in the United States. Details of this plan will be presented to the Human Resources Working Group in the coming two weeks. The cluster invited the service provider, Africom, in an effort to get an update on the new products and services available in the country, as well as assess the capacity of providers. Africom made a commendable presentation and introduced new products and services that will be available by December 2010.

The UN still awaits response from the Government of Zimbabwe regarding the UN communication licence.

III. Funding

Concerns over Limited Support to CAP 2010

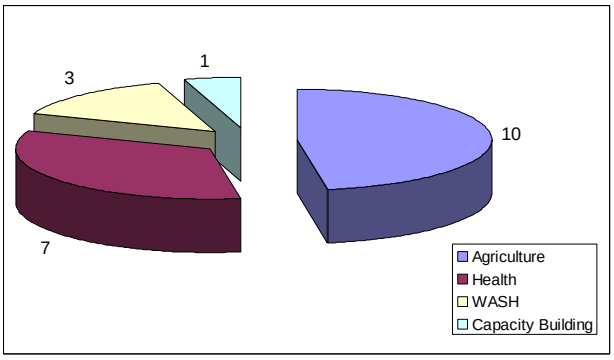
Under-funding of the CAP 2010 remains a grave concern as the cycle comes to a close. Funding towards the CAP 2010 as reflected on the Financial Tracking Service (FTS) stood at 46.6% by 31 October 2010. Zimbabwe's current CAP of $478 million is 46.6% funded at $222 million.

This is still far below the 50% that would ideally be expected at this time of the year and requires further analysis into the lack of financial support towards the country's CAP at a crucial time. Lack of funding for recovery and development remains a major hurdle to rebuilding the country's resilience to emergencies and its capacity to move to full recovery and subsequent development. It is therefore important that donors continue to consider funding urgent humanitarian needs alongside deploying funds for early recovery and development where feasible.

ERF Disburses $3.9m in 2010

Meanwhile, since the beginning of 2010, the Emergency Response Fund (ERF) that is managed by OCHA has funded a total 21 projects worth $3.9million in Zimbabwe. These include 10 projects in agriculture, seven in health, three in water, sanitation and hygiene (WASH) and one in capacity building for national NGOs working in WASH.

Number of ERF funded projects by cluster



All humanitarian partners including donors and recipient agencies are encouraged to inform FTS of cash and in-kind contributions by sending an email to: fts@reliefweb.int.

IV. Coordination

Key meetings scheduled for November 2010 are as follows:

- Tuesday, 2 November 2010

  Health Cluster Meeting. WHO Boardroom at Parirenyatwa Hospital. 02:30pm. Contact: bonkoungoub@zw.afro.who.int

- Wednesday, 3 November 2010

  Protection Cluster Meeting. UNICEF. 11:00am. Contact: trotterp@unhcr.org

- Thursday, 4 November 2010

  LICI Cluster Meeting. UNDP. 02:30pm. Contact: kirstine.primdal@undp.org

- Friday, 5 November 2010
  Nutrition cluster meeting. UNICEF. 09:00am. Contact: tstillman@unicef.org

- Wednesday, 10 November 2010

  Education Cluster Meeting. 18th Floor Ambassador House. 09:00am. Contact: jspink@unicef.org

- Wednesday, 17 November 2010
  Logistics Working Group Meeting. WFP. 11:00am. Contact: vladimir.jovcev@wfp.org

- Thursday, 18 November 2010
  Emergency Telecommunications Cluster

Meeting. WFP. 10:00am. Contact: solomon.misgna@wfp.org

- Wednesday, 24 November 2010
  Food Assistance Working Group Meeting. WFP. 09:30am. Contact: liljana.jovceva@wfp.org
- Thursday, 25 November 2010
  Agriculture Coordination Working Group Meeting. Celebration Centre, 162 Swan Drive, Borrowdale, Harare. 09:00am. Contact: constance.oka@fao.org
- Friday, 26 November 2010
  WASH Cluster Meeting. UNICEF. 09:00am.
  Contact: bmurima@oxfam.org.uk

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Cluster/Sector Membership List, September 2010[3]

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ACF, Action Aid, ACHM, ACTED, ADRA, Africa 2000, Africare, AGRITEX CADS, CAFOD, CARE, Christian Care, Concern, Cordaid, CSO, CRS, CTDT, Dabane Trust, DAPP, DVS, Environment Africa, FACHIG, FCTZ, GAA, GRM, GOAL, HELP, Help Age, ICRAF, ICRISAT, IFRC, IOM, LEAD Trust, Mercy Corps, MoAMID, MTLC, ORAP, OXFAM America, Oxfam GB, PENYA Trust, Plan, Practical Action, PSDC, River of Life, SAFIRE, SAT, SC-UK, SIDA, SIRDC, FEWSNET, Solidarités, USAID, UZ, WFP, WFT, WVI, ZCDT, ZFU, ZRCS	ADRA, CARE, Christian Aid, Christian Care, CRS, FABAZIM, FAO, GOAL, IFRC, IOM, IRC, LDS, MTLC, NHF, NPA, NRC, Oxfam GB, Progressio, SCN, UNAIDS, UNDP, UNFPA, UNHABITAT, UNHCR, UNICEF, USAID, WFP, WHO, ZPT	Africare, CARE, CFU, Chiedza, CRS, FAO, FAWEZ, GCN, IOM, Mercy Corps, MOESC, NHF, NRC, PLAN, SCN, SCUK, SNV, SOS, TDH, UNESCO, UNHCR, UNICEF, WFP, WVI, ZIMTA	CARE, FAO, HIVOS, ICRC, ILO, IOM, Oxfam, Save the Children, UNICEF, UNDP, UNDSS, UNESCO, UNFPA, UNHCR, WFP, WHO, World Bank, World Vision,	ADRA , Africare, CARE, COSV, CRS, Christian Care, Concern, GOAL, HAZ, ICRC, IOM, IPA, Mashambanzou Care Trust, NRC, ORAP, Oxfam-GB, Plan International, SC-UK, USAID, WVI	ACF, ADRA, Africare, Action Aid, CARE Zimbabwe, CDC CH, CRS, CWW DAPP, Elizabeth Glaser Pediatric AIDS Foundation, Merlin, GOAL Humedica, ICRC, IFRC, IMC, IOM,IRC, MSF (Belgium, Holland and Spain), MDM, Plan International, Sysmed, International Red Cross Societies (Japanese, Spanish, Zimbabwe) UNFPA, UNICEF WHO, WVI	ACF, Concern, GOAL, IFRC, MDM, NCM, SC-UK, UNICEF, WFP	ACF, Action Aid, ACTION, ADRA, AFRICARE, , Batsirai, CAFOD, CARE, CESVI, CFU, Christian CARE, CONCERN, COSV, CRS, C-SAFE, CTAZIM, ACHICARE, FACT, FAO, FCTZ, FNC, FOST, GAA, GOAL, GTZ, HELPAGE, HKI, IPA, LINKAGE, MDM, MERCYCORPS, MoHCW, MSF-B, MSF-H, MSF-L, MSF-Spain, MTLC, NHFZ, Nutrigain Trust, OXFAM, PLAN, SAFIRE, SC-N, SC-UK, SIRDC, TDH, Tree Africa, UNICEF, USAID, WFP, WHO, WVI, ZAPSO, ZCCJP, ZRCS, Zvitambo, ZWBTC	Cadec Care, Childline, Christian Care, CRS, Helpage, ICRC[4], IOM, IRC, ISL, Mercy Corps, MSF-H, Musasa project, NRC, OCHA, OHCHR, OXFAM GB, Plan International, SCN, SCUK, Transparancy International, UNDP, UNFPA, UNHCR, UNICEF, USAID, WVI, WHO, ZACRO, ZCDT, ZYWNP	ACF, Action Aid, ADRA, Africare, ARUP, Ayani, CAFOD, CDC, Christian Aid, Christian Care, Concern, CRS, Dabane, FAO, FCTZ, GAA, GOAL, Help Age, Help Germany, IDEZIM, ICRC, IFRC, IOM, IRC, IWSD, JRC, Lead Trust, Mercy Corps, MSF-A, MSF-B, MSF-L, MSF-S, MTLC, NCA, OXFAM, Padare, Plan, Practical Action, PSI, Pump Aid, SC-UK, Solidarités, UNDP, UNHCR, UNICEF, USAID, UZ, WFP, WHO, WVI, WWF, ZCDT, ZINWA

[3] Please note that this matrix is constantly being updated. Kindly send the names of new member organisations and/or any proposed changes to OCHA.

[4] The ICRC, as a strictly independent humanitarian organisation participates as a standing invitee in cluster meetings to complement and strengthen the coordination for an efficient and effective humanitarian response.

The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.