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**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

Zimbabwe – Complex Emergency

Situation Report #5, Fiscal Year (FY) 2009

April 13, 2009

Note: The last situation report was dated March 17, 2009.

BACKGROUND

Conditions for most Zimbabweans remain difficult due to the country's economic crisis, limited access to basic social services, the effects of HIV/AIDS, poorly maintained infrastructure, political instability, and violence. While declining in scope nationwide, cholera remains a potential concern due to the possibility of recurring localized outbreaks. Government of Zimbabwe (GOZ) policies and corruption and a decade of economic decline, characterized by hyperinflation and high unemployment, have resulted in insufficient maintenance of the infrastructure required for adequate agricultural production, water and sanitation, power generation, and fuel supply. While food security in Zimbabwe has improved since January 2009, food security remains precarious as a result of poor governance, fluctuating global food prices, drought, and low crop production due to lack of access to seeds and fertilizer.

On January 30, 2009, the ruling Zimbabwe African National Union–Patriotic Front (ZANU–PF) and opposition Movement for Democratic Change (MDC) agreed to implement the September 2008 power-sharing agreement, and MDC ministers joined the government on February 13. On March 3, GOZ Prime Minister Morgan Tsvangirai appointed Deputy Prime Minister Thokozani Khupe to the new post of humanitarian coordinator in the Office of the Prime Minister to help coordinate the GOZ response to the country's ongoing humanitarian crisis. In early April, ZANU–PF and MDC announced a 100-day plan to resolve ongoing inter-party tensions regarding power-sharing.

On October 6, 2008, U.S. Chargé d'Affaires a.i. Katherine S. Dhanani reissued a disaster declaration in Zimbabwe due to the complex emergency. On December 16, the U.S. Chargé d'Affaires a.i. declared a disaster due to the effects of the cholera outbreak. Activated in mid-December, a USAID/OFDA Disaster Assistance Response Team (USAID/DART) based in Zimbabwe identified humanitarian needs resulting from the cholera outbreak, evaluated response effectiveness, conducted field assessments, and participated in U.N. cluster meetings. To date in FY 2009, the U.S. Government has provided nearly \$112 million for health, protection, disaster risk reduction, agriculture and food security, humanitarian coordination and information management, local and regional food procurement and distribution, and water, sanitation, and hygiene (WASH) programs in Zimbabwe, as well as emergency relief supplies and emergency food assistance.

NUMBERS AT A GLANCE		SOURCE
Total Reported Cholera Cases in Zimbabwe	95,657	WHO ¹ – April 9, 2009
Total Reported Cholera Deaths in Zimbabwe	4,152	WHO – April 9, 2009
Zimbabweans in Need of Food Assistance in April	630,000	WFP ² – April 2, 2009

FY 2009 HUMANITARIAN FUNDING PROVIDED TO DATE

USAID/OFDA Assistance to Zimbabwe	\$15,843,072
USAID/FFP ³ Assistance to Zimbabwe	\$95,598,000
State/PRM ⁴ Assistance to Zimbabwe	\$550,000
Total USAID and State Humanitarian Assistance to Zimbabwe	\$111,991,072

CURRENT SITUATION

On April 3, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported findings from a community and household food security assessment conducted by relief agencies in March. The assessment recorded improvements in food security since November 2008, including a decrease from 60 to 27

percent in WFP beneficiaries consuming only one meal per day.

On March 26, relief agencies noted the potential for agricultural disruption and increased food insecurity resulting from 13 reported farm invasions in four provinces. On March 27, GOZ Prime Minister

¹ U.N. World Health Organization (WHO)

² U.N. World Food Program (WFP)

³ USAID's Office of Food for Peace (USAID/FFP)

⁴ U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

Tsvangirai directed the Ministry of Home Affairs to arrest and prosecute farm invaders. Relief agencies plan to continue working with OCHA to coordinate a potential response to humanitarian needs arising from farm invasions.

Cholera Outbreak and Response

Since the cholera outbreak began in August 2008, the outbreak has spread to 60 of Zimbabwe's 62 provinces. As of April 9, more than 95,600 reported cholera cases had caused more than 4,100 deaths, according to WHO. On March 21, the total caseload exceeded 92,000 cases, the previous WHO estimate of the outbreak's likeliest overall scope.

On April 9, WHO reported an overall case fatality rate (CFR) of 4.3 percent. Since the CFR peaked at 5.7 percent on January 21, WHO has recorded a steady decline in the CFR. WHO attributed the decline to improved case management and to social mobilization programs emphasizing early treatment, funded in part by USAID/OFDA.

On April 6, the U.N. WASH cluster reported a sustained decline in the rates of cholera deaths and new cases over the past nine weeks. On April 3, OCHA noted that despite the declining caseload nationwide, localized cholera outbreaks will likely persist without efforts to rehabilitate Zimbabwe's collapsed water and sanitation infrastructure. In addition, ongoing high caseloads in several districts—including the capital, Harare; the nearby high-density suburb Chitungwiza, where the outbreak first began; and Kadoma District in Mashonaland West Province—underscore the continued need for robust response activities and monitoring of epidemiological data, according to USAID/OFDA staff.

As of April 2, OCHA resumed planning for an interagency evaluation of the overall response to the outbreak in order to help prepare relief agencies for potential future cholera responses. Topics for evaluation include resource allocation timeliness and effectiveness, coordination mechanisms at central and field levels, response gaps, and sector and U.N. cluster response methodologies. In addition, on March 20, the U.N. WASH cluster produced draft terms of reference for an evaluation of the overall WASH response to the outbreak. USAID/OFDA staff affirm the importance of a comprehensive analysis of the overall response, as well as sector-specific evaluations through the U.N. WASH and health clusters.

To date in FY 2009, USAID/OFDA has committed more than \$7.3 million in emergency assistance for Zimbabwe's cholera outbreak to support the provision of emergency relief supplies for affected populations, humanitarian coordination and information management, health programs, WASH interventions, and hygiene promotion and social mobilization activities. USAID/OFDA staff continue to monitor the

cholera response by maintaining dialogue with partners, attending coordination meetings, and conducting additional health and WASH assessments as needed.

Agriculture and Food Security

In March, WFP provided 45,000 metric tons (MT) of food assistance to approximately 5.2 million beneficiaries. According to OCHA, WFP plans to discontinue food assistance to 4.6 million beneficiaries in April, when the harvest is expected to begin, while continuing to assist 630,000 highly vulnerable beneficiaries. In May, WFP plans to support an additional 170,000 beneficiaries—primarily schoolchildren starting the second term of the school year—bringing the monthly total to 800,000 beneficiaries.

On April 3, OCHA reported that generally sufficient rainfall in most provinces over the past several months should produce satisfactory harvest yields in April. However, on March 25, the USAID-funded Famine Early Warning Systems Network (FEWS NET) reported lower than average rainfall in eastern Zimbabwe since late January, potentially affecting crops planted late in the season.

From January 28 to February 15, GOZ ministries, U.N. agencies, and FEWS NET conducted a joint crop and livestock assessment to gauge progress toward national agricultural and food security targets. Despite critical fertilizer shortages during the planting season, the assessment team observed fair to good crop conditions in most parts of the country.

In addition, the assessment team observed fair to good livestock body condition overall but noted a significant drop in livestock populations in most parts of the country as a result of households selling livestock to buy needed grain.

USAID/OFDA has contributed nearly \$6 million for agriculture and food security programming to date in FY 2009. Programs support improved food security for individuals residing in drought-prone and marginal lands through the construction and rehabilitation of water catchment structures, training in conservation farming, and improvement of livestock health. In addition, to complement agriculture and food security programming, USAID/OFDA has committed more than \$2.5 million for the local and regional procurement and distribution of food.

The U.S. Government is the leading donor to WFP's emergency food assistance operations in Zimbabwe. To date in FY 2009, USAID/FFP has provided nearly 106,000 MT of P.L. 480 Title II emergency food assistance, valued at more than \$95 million, through WFP and the Consortium for Southern Africa Food Security Emergency (C-SAFE).

Humanitarian Access

As of March 25, OCHA planned to continue discussions with the GOZ Ministry of Social Welfare regarding ongoing delays in the process for registering as an international non-governmental organization

(NGO) and acquiring expatriate staff employment permits. USAID staff do not report any current GOZ constraints on humanitarian operations other than the time-consuming NGO registration process.

USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009

Implementing Partner	Activity	Location	Amount
USAID/OFDA ASSISTANCE¹			
Multiple	Agriculture and Food Security	Mashonaland West and Midlands provinces	\$1,507,259
Multiple	Agriculture and Food Security	Affected Areas	\$484,292
Multiple	Agriculture and Food Security; Risk Reduction	Matabeleland North Province	\$318,347
Multiple	Agriculture and Food Security; WASH	Affected Areas	\$1,235,874
Multiple	WASH	Bulawayo, Harare, Manicaland, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South, and Midlands provinces, Zimbabwe, and Limpopo Province, South Africa	\$5,216,200
Multiple	Local and Regional Food Procurement and Distribution	Bulawayo, Harare, Manicaland, Masvingo, and Midlands provinces	\$2,560,846
U.N. Food and Agriculture Organization (FAO)	Agriculture and Food Security	Affected Areas	\$2,434,000
U.N. Children's Fund (UNICEF)	Emergency Relief Supplies; Humanitarian Coordination and Information Management; WASH	Affected Areas	\$1,221,386
WHO	Health; Humanitarian Coordination and Information Management	Affected Areas	\$750,000
	Transport of Emergency Relief Supplies	Affected Areas	\$65,632
	Administrative Support and Travel	Countrywide	\$49,236
TOTAL USAID/OFDA			\$15,843,072
USAID/FFP ASSISTANCE²			
WFP	65,500 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$63,498,000
C-SAFE	40,300 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$32,100,000
TOTAL USAID/FFP			\$95,598,000
STATE/PRM ASSISTANCE			
Office of the U.N. High Commissioner for Refugees (UNHCR)	Refugee Assistance and Preparedness	Zimbabwe and neighboring countries	\$550,000
TOTAL STATE/PRM			\$550,000
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009			\$111,991,072

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of April 13, 2009.

² Estimated value of food assistance.