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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 #9, Fiscal Year (FY) 2009

August 26, 2009

Note: The last situation report was dated July 16, 2009.

BACKGROUND

Humanitarian conditions for most Zimbabweans remain difficult due to the country's economic crisis, limited access to basic services, the effects of HIV and AIDS, poorly maintained infrastructure, political instability, and violence. Although health authorities recorded the last reported case in the 2008/2009 cholera outbreak in early July, cholera remains a concern as humanitarian organizations have noted the potential for a renewed outbreak during the coming rainy season. Previous Government of Zimbabwe (GoZ) policies and corruption, as well as a decade of economic decline characterized by hyperinflation and high unemployment, have resulted in poor infrastructure for agricultural production, water and sanitation, and power generation.

On February 11, 2009, the Zimbabwe African National Union–Patriotic Front (ZANU–PF) and Movement for Democratic Change (MDC) implemented the September 2008 Global Political Agreement, forming a transitional government. However, tensions remain regarding ongoing police detentions of political activists, appointments to government posts, negotiations to draft a new constitution, and ongoing farm seizures, which disrupt agricultural production and lead to internal displacement.

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. From mid-December 2008 through early April 2009, 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 (USG) has provided more than \$201 million for health, protection, disaster risk reduction, agriculture and food security, economic recovery and market systems, 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 food assistance.

NUMBERS AT A GLANCE		SOURCE
Estimated Population in Need of Monthly Food Assistance in 2009/2010 during the peak lean season	2.8 million	OCHA ¹ – July 6, 2009

FY 2009 HUMANITARIAN FUNDING PROVIDED TO DATE

USAID/OFDA Assistance to Zimbabwe	\$30,904,673
USAID/FFP ² Assistance to Zimbabwe	\$166,617,000
State/PRM ³ Assistance to Zimbabwe	\$3,900,000
Total USAID and State Humanitarian Assistance to Zimbabwe	\$201,421,673

CURRENT SITUATION

On August 6, OCHA reported that the humanitarian situation in Zimbabwe had improved somewhat during the previous month, given the end of the 2008/2009 cholera outbreak and a substantial reduction in the number of food aid beneficiaries. However, OCHA indicated that one of the underlying causes of the 2008/2009 cholera outbreak, deteriorating or non-functional WASH infrastructure, remains only marginally addressed. OCHA also noted other humanitarian concerns, including the status of the

health system, a gap in agricultural inputs for the next planting season, and the potential spread of H1N1, or swine flu, after health authorities reported the first laboratory-confirmed cases in Zimbabwe on August 20.

Agriculture and Food Security

Based on the Zimbabwe Vulnerability Assessment Committee (ZimVAC) urban assessment in January 2009 and the May 2009 ZimVAC Interim and Rural

¹ U.N. Office for the Coordination of Humanitarian Affairs (OCHA)

² USAID's Office of Food for Peace (USAID/FFP)

³ U.S. Department of State's Bureau of Population, Refugees, and Migration (State/PRM)

Household Food Security Survey assessments, the USAID-funded Famine Early Warning Systems Network (FEWS NET) estimates that between 2 million and 2.4 million people are likely to be food insecure during the peak hunger period in the 2009/2010 consumption year. FEWS NET noted that between January and June 2009, the cost of certain basic food items fell by between 30 and 60 percent, but prices still remained between three and six times higher than the five-year average.

FEWS NET reported that livestock conditions remain fair to good across the country, with good grazing and adequate drinking water for animals. The organization noted that drier areas of the country will likely to face water shortages now that the winter season has concluded. FEWS NET also noted high incidences of tick-borne diseases due to erratic livestock pest prevention measures.

In July, USAID/OFDA staff participated in a feedback session on the preliminary findings of the recently concluded Seed System Assessment, convened by the International Center for Tropical Agriculture (CIAT) and Catholic Relief Services. More than 50 participants attended the session, including representatives of non-governmental organizations (NGOs), donor agencies, the GoZ, agricultural research institutes, private seed companies, and U.N. agencies.

Preliminary recommendations highlighted the need to support the reinvigoration of formal seed markets and limit direct distribution of seeds in the future seasons. The assessment teams reported that unlike the previous year, seeds and fertilizer are available on the market, but limited funds in rural areas could limit poor households' ability to access the inputs. The team also recommended that future donor agricultural input support for small farmers should be in the form of subsidized vouchers to stimulate the fledgling rural agri-dealers.

FAO reported that 10 donors have committed a total of more than \$60 million towards seed and fertilizer for the 2009/2010 agricultural season. According to FAO, approximately 595,000 households will receive assistance through seed and fertilizer distributions, seed fairs, or voucher schemes. On average, the inputs are sufficient to plant 1/4 to 1/2 a hectare, significantly below the one hectare per household originally envisioned for the season. The seed support includes cereal seed for maize, sorghum, and millet, as well as legume seed.

To date in FY 2009, USAID/OFDA has contributed nearly \$9 million for agriculture and food security programming, including the construction and rehabilitation of water catchment structures, training in conservation farming, distribution of agricultural inputs, and improvement of livestock health. In addition, to complement agriculture and food security

programming, USAID/OFDA has committed more than \$2.5 million for regional food procurement and distribution in Zimbabwe in FY 2009.

The USG is the leading donor to the U.N. World Food Program (WFP) protracted relief and recovery operation in Zimbabwe. To date in FY 2009, USAID/FFP has provided nearly 190,000 MT of P.L. 480 Title II emergency food assistance, valued at more than \$166 million, through WFP and the Consortium for Southern Africa Food Emergency (C-SAFE).

Water, Sanitation, and Hygiene

On July 28, the GoZ Minister of Health and Child Welfare officially declared the end of the nationwide outbreak of cholera, after 25 consecutive days with no new cases reported. According to the U.N. World Health Organization (WHO), the outbreak began in August 2008, with the last cases reported on July 3, 2009. WHO reported that the cholera outbreak caused 4,288 deaths out of 98,592 reported cases. WHO is compiling a standard report on the outbreak and continuing surveillance activities. According to OCHA, cluster members are currently updating the joint U.N. Health and WASH Cluster cholera response plan.

During the week of August 10, USAID/OFDA staff met with implementing partners, city officials, and U.N. staff in Bulawayo, Zimbabwe's second-largest city, to assess current WASH conditions and evaluate USAID/OFDA contributions to Bulawayo's relatively low cholera rates during the 2008/2009 outbreak. City officials noted that without the assistance of USAID/OFDA and other donors, Bulawayo would likely have suffered much higher cholera rates during the 2008/2009 nationwide outbreak. USAID/OFDA-supported programs included hygiene promotion activities to raise awareness; social mobilization to increase community reporting of cholera cases and sewage system breaks; distribution of soap and other hygiene supplies; and provision of water storage tanks to schools and houses.

In FY 2009, USAID/OFDA 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. In addition, USAID/OFDA has committed more than \$8.5 million for other WASH programming to date in FY 2009 to improve community resilience to cholera and other waterborne diseases and to help mitigate a potential recurrence of cholera later in 2009.

Health

On August 20, GoZ Minister of Health and Child Welfare announced that tests had confirmed five cases of the H1N1 virus at a school in Mutare, in eastern

Manicaland Province, the first laboratory-confirmed cases in Zimbabwe. WHO is supporting the GoZ Ministry of Health and Child Welfare's H1N1 prevention and control efforts, in part through the coordination structures established for the cholera response. WHO has provided trainings for health workers and distributed stocks of Tamiflu® to provincial and city health authorities. USAID/OFDA supported WHO coordination during the 2009/2010 cholera outbreak.

Protection

OCHA reported that training of data collectors for the joint U.N. - GoZ Internally Displaced Persons assessment took place August 20 and 21 in Harare.

The assessment, scheduled from August 24 through August 29, plans to cover 16 communities in eight provinces.

According to OCHA, members of the U.N. Protection Cluster are working with local partners in Mashonaland West, Manicaland, and Harare provinces to strengthen economic safety nets. Self-help groups are also serving as local protection committees to discuss issues including child protection and gender-based violence. Some cluster partners have increased activities in child protection through the establishment of child protection committees, mainstreaming of child protection in other humanitarian activities, and setting up child-friendly help desks at food distribution points.

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; Humanitarian Coordination and Information Management	Matabeleland North Province	\$379,807
Multiple	Agriculture and Food Security; Water, Sanitation, and Hygiene	Bulawayo, Harare, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South, and Midlands Provinces	\$3,736,848
Multiple	Emergency Relief Supplies; Humanitarian Coordination and Information Management	Affected Areas	\$2,000,000
Multiple	Water, Sanitation, and Hygiene	Harare Province	\$2,384,482
Multiple	Water, Sanitation, and Hygiene	Harare, Mashonaland Central, and Midlands Provinces	\$1,492,115
Multiple	Agriculture and Food Security; Economy and Market Systems; Humanitarian Coordination and Information Management; Protection	Bulawayo, Harare, Manicaland, Masvingo, and Midlands Provinces	\$427,127
Multiple	Emergency Relief Supplies; Water, Sanitation, and Hygiene	Mashonaland West and Masvingo Provinces	\$3,589,447
Multiple	Water, Sanitation, and Hygiene	Affected Areas	\$1,391,498
Multiple	Water, Sanitation, and Hygiene	Bulawayo, Harare, Manicaland, Mashonaland East, Mashonaland West, Masvingo, Matabeleland North, Matabeleland South, and Midlands Provinces, Zimbabwe; and Limpopo Province, South Africa	\$5,223,621

Multiple	Local and Regional Food Procurement and Distribution	Bulawayo, Harare, Manicaland, Masvingo, and Midlands Provinces	\$2,519,964
FAO	Agriculture and Food Security	Affected Areas	\$3,434,000
OCHA	Humanitarian Coordination and Information Management	Affected Areas	\$200,000
U.N. Children's Fund (UNICEF)	Emergency Relief Supplies; Humanitarian Coordination and Information Management; Water, Sanitation, and Hygiene	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	\$97,195
TOTAL USAID/OFDA			\$30,904,673
USAID/FFP ASSISTANCE²			
C-SAFE	92,370 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$71,619,000
WFP	96,340 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$94,998,000
TOTAL USAID/FFP			\$166,617,000
STATE/PRM ASSISTANCE³			
Office of the U.N. High Commissioner for Refugees (UNHCR)	Refugee Assistance and Preparedness	Zimbabwe and Neighboring Countries	\$2,100,000
International Organization for Migration (IOM)	Migrant Assistance	Limpopo Province, South Africa	\$300,000
International Committee of the Red Cross (ICRC)	Humanitarian Support	Countrywide	\$1,500,000
TOTAL STATE/PRM			\$3,900,000
TOTAL USAID/DCHA HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009			\$197,521,673
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009			\$201,421,673

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of August 26, 2009.

² Estimated value of food assistance.

³ State/PRM also provides un-earmarked support for Africa-wide UNHCR and ICRC programs, including activities assisting Zimbabwean refugees and displaced persons. To date in FY 2009, State/PRM has provided \$42.5 million to UNHCR and \$30.1 million to ICRC in support of programs throughout Africa. State/PRM is also providing \$200,000 to IOM for regional assistance to vulnerable migrants.