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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 #6, Fiscal Year (FY) 2009

May 13, 2009

Note: The last situation report was dated April 13, 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 and AIDS, poorly maintained infrastructure, political instability, and violence. Although continuing to decline in scope nationwide, cholera remains a concern due to recurring localized outbreaks. 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 a lack of infrastructure maintenance required for adequate agricultural production, water and sanitation, and power generation. Food security in Zimbabwe has improved in 2009 but remains precarious as a result of poor governance, fluctuating global food prices, and low crop production due to lack of access to seeds and fertilizer.

On February 11, 2009, the ruling Zimbabwe African National Union–Patriotic Front (ZANU–PF) and opposition Movement for Democratic Change (MDC) implemented the September 2008 power-sharing agreement, forming a transitional government. In early April, ZANU–PF and MDC announced a 100-day plan to begin the process of economic recovery. Tensions remain concerning rule of law and ongoing political detentions, farm seizures, and appointments to government posts.

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. also declared a disaster due to the effects of the cholera outbreak. From mid-December through early April, 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 \$148 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	97,905	WHO ¹ – May 7, 2009
Total Reported Cholera Deaths in Zimbabwe	4,271	WHO – May 7, 2009
Zimbabweans in Need of Food Assistance in May	800,000	OCHA ² – May 5, 2009

FY 2009 HUMANITARIAN FUNDING PROVIDED TO DATE

USAID/OFDA Assistance to Zimbabwe	\$15,827,136
USAID/FFP³ Assistance to Zimbabwe.....	\$131,617,000
State/PRM⁴ Assistance to Zimbabwe.....	\$550,000
Total USAID and State Humanitarian Assistance to Zimbabwe	\$147,994,136

CURRENT SITUATION

Throughout March and April, OCHA reported ongoing farm invasions, adversely affecting more than 3,100 households through loss of employment, shelter, and access to basic services. In addition, relief agencies continue to note the potential for agricultural disruption and increased food insecurity as a result of farm invasions.

On May 4, the Government of South Africa announced new regulations permitting Zimbabweans to enter and work in South Africa on a 90-day visitor’s permit without applying for asylum. When implemented, the new regulations could facilitate previously undocumented Zimbabwean migrants’ access to social services, according to relief agencies.

¹ U.N. World Health Organization (WHO)

² U.N. Office for the Coordination of Humanitarian Affairs (OCHA)

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)

Cholera Outbreak and Response

The current cholera outbreak began in August 2008 and spread to all of Zimbabwe's 10 provinces by late December. As of May 7, more than 97,900 reported cholera cases had caused nearly 4,300 deaths, according to WHO. However, on May 5, WHO noted that ongoing response efforts appeared to have brought the outbreak under control in most parts of the country.

On May 5, OCHA reported that new cholera cases and deaths continued to decline throughout April. However, Harare city, the nearby high-density suburb of Chitungwiza, and Makonde and Hurungwe districts in Mashonaland West Province continued to experience isolated occurrences of high caseloads. USAID/OFDA staff note that ongoing localized outbreaks underscore the need for continued robust response activities and monitoring of epidemiological data. On May 5, the U.N. health cluster noted that despite the declining caseload nationwide, Zimbabwe remains at risk for a new cholera outbreak due to poorly maintained water and sanitation infrastructure.

On May 7, the U.N. health cluster distributed guidelines regarding closure of cholera treatment centers (CTCs), indicating a decreased need for CTC care. According to the guidelines, the GoZ Ministry of Health and Child Welfare and relief agencies may close a CTC after 10 consecutive days without new cases.

On May 5, OCHA announced plans for the arrival of consultants to assist with the U.N. WASH cluster's evaluation of the overall WASH response to the current outbreak. Consultants plan to evaluate resource allocation timeliness and effectiveness, coordination mechanisms at central and field levels, and response gaps. According to OCHA, the evaluation process should be completed by late June. USAID/OFDA staff continue to affirm the importance of a comprehensive analysis of the cholera response, both of sector-specific activities and of the overall, interagency response, to help prepare relief agencies for future cholera outbreaks.

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 cholera response through discussions with partners, participation in coordination meetings, and additional health and WASH assessments as needed.

Agriculture and Food Security

On May 5, OCHA reported continued improvements in food security due to the April harvest and declining food prices. In March, prior to the current harvest, the U.N. World Food Program (WFP) and the Consortium for Southern Africa Food Security Emergency (C-SAFE) provided 45,000 metric tons (MT) of food assistance to approximately 5.2 million beneficiaries. In April, WFP and C-SAFE provided an additional 6,700 MT of food assistance to approximately 640,000 highly vulnerable beneficiaries. In May, WFP and C-SAFE plan to support approximately 800,000 beneficiaries.

In late March and early April, GoZ ministries, U.N. agencies, USAID/FFP, and the USAID-funded Famine Early Warning Systems Network (FEWS NET) conducted the second joint crop and livestock assessment of 2009 to gauge progress toward national agricultural and food security targets. The assessment team observed fair to good livestock condition across the country, as well as sufficient grazing access and water supply. Despite critical fertilizer shortages during the planting season, as well as low rainfall in late January and early February, the assessment team estimated a 160 percent increase in maize production compared to the previous year, due in part to sufficient average rainfall in most parts of the country. The assessment team also noted an increase of 110 to 190 percent in small grains production, including sorghum and millet, compared to the previous year. Overall, the assessment team estimated a combined cereal crop of more than 1.5 million MT during the 2008/2009 planting season, presenting a cereal shortfall of nearly 700,000 MT until the 2009/2010 planting season harvest, expected in April 2010.

In the coming months, WFP and other relief agencies plan to conduct additional assessments to determine precise food and agricultural input requirements for the onset of the next lean season, expected to begin in August or September.

To date in FY 2009, USAID/OFDA has contributed more than \$5.4 million for agriculture and food security programming, including 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 regional food procurement and distribution in Zimbabwe.

The U.S. Government is the leading donor to WFP's protracted relief and recovery operation in Zimbabwe. To date in FY 2009, USAID/FFP has provided more than 150,000 MT of P.L. 480 Title II emergency food assistance, valued at more than \$131 million, through WFP and C-SAFE.

USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
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	\$5,223,621
Multiple	Local and Regional Food Procurement and Distribution	Bulawayo, Harare, Manicaland, Masvingo, and Midlands provinces	\$2,519,964
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	\$66,761
TOTAL USAID/OFDA			\$15,827,136
USAID/FFP ASSISTANCE²			
C-SAFE	86,050 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$68,119,000
WFP	65,500 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$63,498,000
TOTAL USAID/FFP			\$131,617,000
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/DCHA HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009			\$147,444,136
TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009			\$147,994,136

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

² Estimated value of food assistance.

³ This figure does not include State/PRM regional Africa support for UNHCR and ICRC, which includes activities assisting Zimbabwean refugees and displaced persons. To date in FY 2009, PRM has provided \$10 million to UNHCR and \$13.7 million to ICRC for regional programs in Africa..