



# Zimbabwe Monthly Situation Report

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## HIGHLIGHTS

- *Humanitarian access remains a challenge in some parts of the country, due to misunderstandings;*
- *Devastating impact of the inflation and lack of access to cash either in Zimdollars or USD on humanitarian operations, NGOs and UN agencies seriously affected;*
- *Continued political stalemate and no agreement of the composition of an Inclusive Government, prolongs the uncertainties affecting humanitarian planning and response;*
- *South African teams visited the country to discuss SA humanitarian assistance package to Zimbabwe agriculture;*
- *Cholera outbreak continues to affect parts of the country, including Harare with high risk of spreading;*
- *Zimbabwe Consolidated Appeal Process (CAP) 2009 document prepared and submitted by the HC, after a wide consultative process of all stakeholders including NGOs, UN, Donors, civil society and Government. The CAP 2009 is an emergency response, although partners are ready*

## SITUATION OVERVIEW

### Access and Security

Humanitarian access remained a challenge for the reporting period. Humanitarian agencies continued to report impediments to their activities from various Provinces, but Masvingo, where 17 NGOs operating in the Province were given new restrictive instructions on how to operate by the new Governor (Resident Minister) fared the worst.

The security situation in the country was generally calm, with major areas of concern monitored being the political uncertainty and impasse which hasn't yet reached its climax, and tensions that are developing in response to the economic situation of the country. In October, as in the previous 2-3 months, crime rate has been on the rise throughout the country in residential areas, particularly in Harare. The direction the security situation might take is a factor of observed dynamics in the aforesaid political and economic conditions which is difficult to predict.

### Logistics

NGOs and UN agencies increasingly found it difficult to conduct their operations, mainly due to restrictive financial regulations, resulting very limited access to cash, a worthless local currency and the quasi impossibility to rely on banking transactions. In order to address this particular problem, consultations were made among NGOs, Donors and the UN which resulted in the formation of the Technical Working Group (TWG) that defined areas of priorities and recommended action points. The TWG met and identified permitting use of Foreign Currency for humanitarian operations, asking for the release of the money blocked by Reserve Bank of Zimbabwe (RBZ), and the re-authorization of the use of RTGS as the priority areas. The TWG also deliberated on feedbacks received from humanitarian partners and defined a strategy of intervention. It recommended that the Forex and the Zimdollars issues need to be addressed separately; and therefore agreed to issue letters requesting the use of Forex currency in relation with humanitarian operations, the re-authorization of the RTGS payments, as well as a secured access to Zimdollars cash. The recommendations were also discussed with the HC. In general, humanitarian organisations are calling for a dollarisation of humanitarian operations to be officialized.

### Main Developments

The outbreak of Cholera continued in Chitungwiza, Harare city, Makonde, Kariba, and Mudzi districts, with a total number of 402 cases with 34 deaths as at October 31. The case fatality rate ranged from 2% in Kariba to 12% in Makonde; (except in Mudzi where because of the death of a family of 3 people, the CFR is misleadingly 50%, out of a total of 6 cases). Response to the outbreak different parts of the country has been swift and efficient. Agencies responded with WASH, provision of immediate medical support, case management and reporting. Those that responded include; UNICEF, MSFs, WHO, OXFARM GB, Zim Red Cross, GAA and MOHCW. The Donor community also responded quickly with funds (DFID, ECHO, OFDA including CERF funds). There were also unconfirmed reports of 10 anthrax cases in Hurungwe district of Mashonaland West province.

Meanwhile, anecdotal evidence received during the month reveals deepening levels of food scarcity in many parts of the country. In some areas visited by humanitarian partners, non-beneficiaries thronged the food distribution points to pick up grain that will have dropped during sharing of food entitlements by beneficiaries. Reports of families having to spend days without food continued to be submitted to these partners' officers. According to these reports, the few informants that were interviewed revealed that some

families who relied on gardens for vegetables were now stranded as most gardens have ran-out of water. The water tables are dwindling by the day; hence, water is now being restricted to drinking purposes only for both humans and livestock.

Harvesting of the early planted wheat has started in some areas; however, its contribution to consumption is likely to be minimal given the small area planted amid major challenges to production. Furthermore, wheat delivery to the Grain Marketing Board (GMB) is minimal given the poor producer price compared to the lucrative open market where it can be sold in forex. In addition, in some areas, for instance, in Zvishavane and Buhera, the Grain Marketing Board do not have any stock, and a bucket of maize grain was going at US\$ 15-00 which is well beyond the reach of poor. The situation is made worse by the fact that some sellers are requiring payment in foreign currency which is not accessible to most.

On the other hand, the political deadlock on the sharing of ministerial posts continued after the Swaziland summit which MDC-T did not attend. A follow up SADC meeting was held in Harare on 27 October, under the auspices of a troika made of Angola, Swaziland and Mozambique and also failed to end the deadlock.

In October, the South African government announced that it has set aside Rand 300 million (US\$29.2m) for food aid relief, seeds and fertilizers assistance to Zimbabwe, contingent upon GoZ recognizing the role of relief aid agencies and the formation of multi – party Government. The Global Fund has also approved US\$500m to Zimbabwe to fight HIV/AIDS, Tuberculosis and Malaria. Despite the approval, disbursement of the funds for the latest Round (Round 8) may face problems if statements of expenditures on previous allotments are not duly submitted to the Audit Mission reviewing their utilisation.

## HUMANITARIAN RESPONSE

### Food Security

The food security situation of the country remains critical. Grain is often sold in forex (SAR 100-200/20litre bucket). However, Majority of HHs do not have access to foreign currency resulting in severe consequences for HH food security. Terms of trade (goat/grain) has considerably worsened compared to October 2007. Households now get a tiny fraction of what they used to one year ago. An increase in livestock sales for grain and cash has been noted across the districts, a tendency which will transfer livestock from vulnerable to better-off people. On the other hand, in most districts basic goods on the markets are being charged in foreign currency due to rapid devaluation of the local currency. This has a negative effect on the purchasing power of most individuals as the majority has little or no access to foreign currency.

The support pledged by donors for agricultural input support programmes covers only half of the need. About 250,000 HHs will be receiving inputs, out of 450,000 HHs in need (30% of communal households estimated to need assistance). On the positive note, timing of input distribution has greatly improved. The current season seems to be the best organised, despite unparalleled challenges in sourcing inputs. If confirmed, this will have a very positive impact on beneficiaries of programmes.

Based on the June 2008 CFSAM result, a total of 1.2 million MT of commodities was required to be imported this year to cover the needs of the population. Presently, only 435,000 MT has been imported; 175,000 MT by the government and 260,000 MT resourced by the international community. The estimated total cereal deficit in the country is 800,000 MT. WFP and FAO's estimation of foreign assistance was based on the assumption that the Government of Zimbabwe can import 800,000 MT of food. The reduction in the ability of government to import foodstuffs further affected the macro-level food security situation.

In October, WFP planned to reach 1.8 million VGF beneficiaries with 26,000 MT of food. WFP also planned to scale up the Safety Net activities to assist 700,000 beneficiaries with 8,000 MT of food. Distributions started in most wards with over 800,000 people receiving food aid under the VGF programme as of 24 October. Distributions will be scaled up each week. Meanwhile, during the lean season October 2008 – April 2009, WFP will conduct registration and distribution in 37 districts country-wide.

### Protection

There were no reports of political violence received during the reporting period. No reports have been received on displacements, and there were no unusual cross border movements as well.

The protection working group co-chaired by IOM, UNHCR, UNICEF and Save the Children UK completed a protection strategy and action plan to provide guidance to agencies implementing protection activities on the key priorities that need to be addressed in Zimbabwe. The Strategy document was shared with the Humanitarian Coordinator (HC).

UNICEF is partnering with the Ministry of Public Services, Labour and Social Welfare (MPSLSW) and other UN agencies to secure the sustainability of the International Programme on the Elimination of Child Labour (IPEC) in Zimbabwe. As part of the programme's first phase, a rapid assessment on the worst forms of child labour was carried out and completed on the 2nd week of October. The rapid assessment contained modules on prostitution, domestic workers, agriculture, mining and illicit activities. UNICEF also supported two day training on psychosocial support, with the objective to develop capacities to provide effective psychosocial support for children affected by the pre and post election violence. In total, 16 humanitarian workers from civil society organizations participated.

A recent assessment was carried out to assess the needs of 107 children that were separated from their families as a result of the political violence. The children are aged between 2 and 16 years, and comprise of 78 girls and 29 boys. Unlike recent cases of separated children dealt with by UNICEF, many of the children are unaware of the whereabouts of their parents. In two separate locations, the children are in urgent need of help both psychologically and in form of NFI. None of the children have attended school in

recent months, and only have access to one meal per day. Their sleeping conditions are cramped and unsuitable from a protection perspective, and they do not have access to clean water or suitable ablution facilities. NFI's were distributed, including buckets, washing materials, water purifying tablets and blankets. Training is being planned for the caregivers in basic psychosocial approaches and working with children as the care currently being provided. UNICEF will continue to monitor the situation closely.

IOM held a community based workshop on gender based violence and social protection issues targeting beneficiaries (150 households) of shelter interventions in Victoria Falls. It also trained a total of 80 community based peer educators on HIV and AIDS and gender based violence from MVP communities in Nyabira and Chiredzi. IOM Staff from the Plumtree Reception and Support Centre and information disseminators from Patsime Trust were trained on HIV, AIDS and GBV information dissemination and VCT services; in preparation for the implementation of a partnership with PSI for the provision of VCT services at the Plumtree RSC. (Conducted in September but not reported on).

The Protection working group has submitted projects for the CAP. Projects submitted included community and adolescent reintegration support for women and girls who have experienced SGBV, and issues to do with cross border migration.

## **Health**

The country continues to experience cholera outbreaks in cities and districts. During the period under review, Chitungwiza, and Harare Cities, Makonde district (Chinhohi city), Kariba District (Mahombekombe and Mola) reported cholera cases. The areas affected implemented various cholera control activities to reduce morbidity and mortality. The cholera transmission in most of the areas was perpetuated by the unavailability of water and poor sanitation. The situation in the affected areas is as indicated below. Partners from the Health and WASH clusters assisted with various materials and medical supplies for use during outbreak control.

### *Chitungwiza Cholera outbreak*

The first cholera suspected case was reported on the 27<sup>th</sup> of August 2008 and died on the same day. Two treatment centres were established; one at Seke North and the other at Chitungwiza general hospital. A total of 150 cases and 17 deaths were recorded (Case Fatality Rate 11.3%). The males (80) were mostly affected as compared to the females (70), 73% of the patients were above 15 years of age. The mostly affected suburbs were UNIT O and Zengeza 4. The last case was reported on the 12<sup>th</sup> of October 2008. The predisposing factors for cholera transmission in the town were use of water from contaminated wells, handling of dead bodies, poor sewerage reticulation and personal hygiene.

### *Harare City*

Harare city reported a new outbreak on the 14<sup>th</sup> of October 2008. Ogawa was isolated from stool specimen collected from the third and fifth patients. A total of 27 cases and 1 death were reported by city health department, giving a CFR 3.7%. The outbreak affected more females (15) than males (13) and the majority of the affected patients were above 15 years. Most of the patients came from Budirio. The other cases were sporadic in nature. The last case was reported on the 26<sup>th</sup> of October 2008. Similar predisposing factors were reported from Harare City.

### *Makonde District*

The district reported the first case on the 28<sup>th</sup> of September 2008. The outbreak was laboratory confirmed and a total of 75 cases and 12 deaths (CFR 12%) were reported as of 25 October 2008. A total of 50 males and 25 women were treated) for cholera, the mostly affected age group was that above 15 years. The last case was reported on 25 October 2008.

### *Kariba District*

The first case was reported at the health facility on the 21<sup>st</sup> of September 2008 from Mtiva village in Mola. An outbreak was also reported in Mahombekombe in Kariba town. A total of 44 cases (22 from Mahombekombe and 21 from Mola) and 1 death were reported from Kariba with a case fatality of 2.4%. The death was reported from Mola. The available information indicates that the last case was reported on the 7<sup>th</sup> of October 2008.

### *Mudzi District*

On 16 October, the Ministry of Health confirmed the second outbreak this year, in Mudzi district, with 6 cases and 3 deaths. The CFR is 50%, but the death of three members of a family at once inflates the case fatality rate.

The Health cluster responded by providing technical advise on setting up of camp, investigations and follow ups, Cholera control guidelines and Supplies such as Chloride of lime, IV fluids, Sodium hypochlorite, Chloride of lime, IV fluids Sodium Hypochlorite, Cholera beds, Aquatabs, IEC Materials, Gloves, gumboots.

IOM reported that 10 community-home-based-care givers from Hopley Farm benefited from week long training by health promoters and clinical health staff from City of Harare on community home based care.

On the other hand, the doctors and nurses strike, which began on 13 October, continues to escalate due to poor remuneration and condition of services. The Government is making efforts to intervene with negotiations, but have yet to reach a settlement. The strike is rapidly deteriorating the already vulnerable state of health facilities.

The distribution of vital and essential medicines procured under the pooled emergency medicines fund managed by UNICEF continues with additional transport support identified for distributing the life saving supplies from Harare central stores to regional stores and

surrounding health facilities until mid December.

Recent field visits conducted by UNICEF to monitor the vital and essential medicines programme in the provinces of Mashonaland West and East, Manicaland and Matabeleland South indicated that 31 of the 32 facilities received consignments which have improved stock availability at facilities to an average of 20%. UNICEF also continues its support to the distribution of essential medicines from NatPharm regional store to branch stores. Deliveries were conducted from Bulawayo stores, from the 1st to the 10th of October, to 42 rural health facilities and 4 district hospitals in Plumtree, Filabusi, Gwanda and Beitbridge for distribution to their surrounding clinics. On 17 October, 9 district hospitals and 17 rural clinics in the Midlands province had been covered by the Gweru Branch stores. Items distributed include: frusemide inj, ciprofloxacin tabs, syringes, cannulas, compress gauze, glibenclamide, and metformin

In order to speed up the distribution to essential medicines, which was becoming the major bottle neck with regards to access of medicine at facilities, UNICEF has supported the hiring an external transporter to transport goods from NatPharm Harare to branch stores in Bulawayo, Gweru, Masvingo, Mutare and Gewru so that they can then be transported to facilities in the provinces and district serviced by these branches. The transporter will also augment the NatPharm distribution system by distributing medicines and supplies to selected district and provincial hospitals.

In order to boost NatPharm capacity to distribute medicines and supplies, 8 trucks with a 9 ton loading capacity have been procured to be on loan to NatPharm to augment their fleet of 6 trucks that has currently been facing challenges servicing all the health facilities in Zimbabwe

Elsewhere, there were unconfirmed reports of 10 anthrax cases in Hurungwe district of Mashonaland West province. Investigations by the Ministry of Health are underway.

### **Mobile and Vulnerable Populations**

A total of 7609 out of 7780 planned mobile and vulnerable households benefited from IOM food distributions that were carried out countrywide at the time of reporting. Food packs were distributed as follows: in Bulawayo metropolitan province 280 households from Bulawayo district, 175 households in Matabeleland South, 145 households from Tsholotsho district and 30 households in Umguza. Masvingo province recorded 1721 households in Chiredzi district while Manicaland province records were as follows: 154 households in Mutasa district, 2084 households in Mutare, 954 households in Makoni district, 301 households in Zvimba, 848 households in Makonde, 364 households in Kadoma, 587 households in Hurungwe, and 141 households in Harare district. In Harare metropolitan province 31 households received assistance. Each house received entitlements of 60kg cereals, 9kg pulses and 3kg vegetable oil for the month. Newly registered households were noticed on the distribution points hoping to get assistance too even though the new registration figures are not in use yet. This explains the food deficit that is in mobile and vulnerable settings as food security levels continue to dwindle.

In addition, a total of 1728 households were assisted with Non-Food Item packs in Manicaland, Mashonaland Central, Masvingo and Mashonaland West. Concurrently, shelter, livelihood assistance through income-generation and food security, as well as water and sanitation activities have been provided in MVP communities where cross-cutting issues such as HIV/AIDS and GBV mainstreaming activities were also undertaken.

### **Nutrition**

Though acute malnutrition remains low at just over 4 per cent in children aged 6 to 59 months, UNICEF continues to monitor the nutrition situation of children closely. Preparations are in place for the second round of 2008 nutrition sentinel site surveillance with data collection planned for the first week of November. The assessment will be combined with a minor micronutrient assessment. The survey will provide Provincial and National level estimates.

UNICEF conducted a second Round Table discussion with NGOs on Community Based Nutrition Care Programme (CBNCP)/Community-based Management of Acute Malnutrition on 10 October 2008 with the objectives of providing an update on the results of the nutrition surveillance, general trends in malnutrition rates and other issues related to CBNCP implementation.

Since July, over 180 Ministry of Health staff has been trained in the management of severe malnutrition, anticipating higher levels in the near future. Provinces that have been trained include Mashonaland West, Mashonaland East, Matabeleland South and Manicaland. Plans are in place to train the remaining provinces. F-75 and Plumpy nut are being distributed to Therapeutic feeding Units that have received training as part of the scale up of UNICEF support to over 60 MoHCW Therapeutic Feeding Units.

Save The Children-Norway's Supplementary feeding programme in Chimanimani district which was planned to phase out at the end of May 2008 ended on September 30, 2008. The programme benefitted 30 411 children under the age of five, 459 children in child headed families and 17,129 in elderly headed families. Funds are available to run the programme for one month, and therefore activities will resume in the same district on November 1, 2008 up to 30 November 2008. However, this time the programme will be targeting only children under the age of five through wet feeding.

### **WASH**

#### *Cholera outbreaks*

The number of cholera outbreaks are on the increase. Cases in Chitungwiza, Mola, Chinoyi, Mudzi, Harare and Makonde have officially been reported by the Ministry of Health & Child Welfare.

The cholera outbreak in Chitungwiza is still ongoing, but due to consolidated efforts the outbreak is currently under control. A total of 150 cases and 17 deaths (CFR 11.3%) were reported as of 29 October. The challenges of a poor water supply and the broken down sewage system remain unresolved. The Wash cluster (GAA, Oxfam GB, PSI, Zimbabwe Red cross and UNICEF) provided an early response and trucked water (30,000L per day) to the Cholera Treatment Centre (CTC), which was supported by MSF-H, and five tanks for the community in addition to distributing water treatment tablets and carrying out hygiene campaigns. The CTC has now closed but water trucking continues to the clinic and selected sites. Three boreholes have been drilled in the effected area, one is fitted with a handpump and the other two are being fitted with tanks, connections and distribution lines. NGO's continue to provide public health and hygiene education and IEC materials.

A total of 44 cases and one death (CFR 2.2%) were reported as of 29 October in Kariba district, Mola fishing area. GAA and UNICEF assisted Save the Children, with WASH supplies and IEC materials. SC-UK is trucking of water to the clinic, where MSF Holland assisted the Ministry of Health establish a CTC and running the medical response.

In Chinoyi, (Makonde district) MoHCW confirmed 75 cases as of 25 October with nine deaths (CFR 12%). GAA have taken the lead from the cluster working with Oxfam GB and with material support from UNICEF. GAA immediately commenced water trucking while exploring the option of providing alternative water systems (boreholes). Supplies provided include three water tanks, water treatment tablets, soap, ORS and cholera IEC material.

On 16 October, the Ministry of Health confirmed a fourth outbreak in Mudzi district with 6 cases and 3 deaths. This is the second outbreak in Mudzi district in 2008. OXFAM GB is leading the cluster response and is providing hygiene materials and other WASH supplies and training volunteers for Public health messages.

In Budiro, one of Harare's high density areas, 23 suspected cases of Cholera were reported on 28 October. WASH cluster members are responding. ICRC were already working on a long term solution for water supplies and trucking to a 5,000 litre tank supplies by UNICEF.

The largest mobile phone network in Zimbabwe, Econet Wireless, is currently sending MoHCW approved Hygiene and Cholera awareness SMS messages to its almost 900,000 subscribers. This initiative was fronted by the WAS cluster as a method of reaching a mass audience with educational promotion.

The WASH cluster Crisis/Cholera task force continues to meet weekly to manage its response to these outbreaks.

#### *Urban water shortage response*

UNICEF and ICRC are collaborating to provide water to key polyclinics in Harare which are without regular water supplies. While ICRC rehabilitate boreholes and water systems for four clinics, UNICEF has placed 5,000L tanks at 5 clinics for water storage when it does flow in the system, or to receive trucked water as a last resort. UNICEF trucked water for one week to all five, but three have now been taken over by ICRC.

A second capacity building workshop was successfully conducted for Cluster members from Bulawayo and Masvingo - WASH emergency response was the theme.

#### **Education**

Though schools reopened in September, many schools have not resumed regular lessons as teachers refuse to work due to poor salaries and difficult working conditions. The brain drain is impacting the education sector in a large scale while teachers who stay in the country see no other option than to resort to other forms of income generating activities as teacher salaries do not cover monthly transport costs alone. In the absence of official assessments, UNICEF visited as part of its routine monitoring, 45 schools in 14 rural districts during the period 26 September - 4 October: Key findings were:

- School attendance was 42% (comparing number of children enrolled and number of children found at school at time of visit)
- 40% of teachers on pay-roll were physically present at the school at time of visit
- Nine out of 45 schools were closed.

In most schools, only the Head of schools, deputy heads, Teacher-In-Charge and grade 7 teachers are attending. Grade 7 students were preparing for exams which began on 27 October. Reports from the MoE indicate that the exams are being conducted as the Reserve Bank agreed to pay each teacher 1 million ZWD per session to monitor the exams (there are two sessions each day for four days). However, there is fear that the schools will close after the grade 7 exams are completed unless the teacher's situation improves.

The unavailability of food has also been identified as a critical issue for school attendance. UNICEF staff visiting the field has reported food to be a main incentive, both for teachers and students, to attend school. During discussions with the MoE, a request was made for UNICEF to engage in a partnership with WFP to support food distribution to teachers in conjunction with a universal school feeding programme of WFP. A meeting has been conducted, and discussions between UNICEF and WFP are underway to address the proposed initiative.

During the October Education Working Group meeting, the Ministry of Education announced that teachers' salaries had been increased to 1.3 million ZWD (equivalent to US\$ 0.0013 as per UN exchange rate on 27. Oct) and went on to request the Zimbabwe Teachers'

Association (ZIMTA) coordinator to ask teachers to go back to school as the Government has made efforts in topping up their salaries.

UNICEF also started working on an education atlas (Who is doing What, Where) data collection and the document is expected by the end of November. This is being developed in view of improving the coordination of the humanitarian response among education partners.

UNICEF is chairing a committee comprising of nine (9) partners (MoE, IOM, SC-N, SC-UK, Plan International, OCHA, ZIMTA, PTUZ and Kapnek Trust), which has been established to address urgent strategies/activities that need to be implemented in order to ensure that the next school year starts in January as planned. The committee discussion will focus on teachers' incentives and strategies to implement an enabling and safe school environment.

### **Refugees**

UNHCR programme in Tongogara Refugee Camp has remained largely unaffected by the ongoing political crisis this year, although urban-based refugees continue to report hardships faced in view of the daily deterioration of the social and economic environment. While UNHCR's regular protection activities – consultations, resettlement processing as well as general program delivery and monitoring – continue, the programme also continues to face logistical and other challenges as a result of the economic constraints.

In October 2008, UNHCR in co-operation with the Government of Zimbabwe conducted a verification of all refugees and asylum seekers in Zimbabwe. The preliminary results of that exercise suggest a decrease in the beneficiary population, from just over 5000 to just less than 4000 refugees and asylum seekers.

UNHCR also understands that those Zimbabwean refugees in Botswana who had earlier expressed an interest in returning to their country of origin have decided to remain in their country of asylum pending a favourable outcome to the political impasse.

## **COORDINATIONS ARRANGEMENTS**

The following arrangements continue to be in place, to facilitate effective humanitarian coordination and in anticipation of resource mobilization:

1. OCHA is maintaining an Emergency Relief Supply and Capacity Matrix for Zimbabwe, with the excellent cooperation of humanitarian partner organizations.

*The emergency stockpiles list is posted on:*

<http://www.reliefweb.int/rw/dbc.nsf/doc108?OpenForm&emid=ACOS-635PHU&RC=1> and

<http://ochaonline.un.org/zimbabwe>

2. Possible gap areas in coordination support are being monitored, as well as needs for surge capacity from HQ and the regional level. This is in direct link with cluster implementation and the functioning of Working Groups and other coordination structures during and after the crisis.
3. Humanitarian analysis, monitoring and advocacy are being strengthened in view of the increased pressure on ongoing programmes.
4. Emergency Focal points contact list updated. *Posted on <http://ochaonline.un.org/zimbabwe>*
5. Capacity mapping of the key humanitarian agencies/NGOs in Zimbabwe.
6. The IASC is meeting regularly and NGOs participation has been extended. Donors are also briefed regularly.
7. Enhancement of information sharing mechanisms and information management tools where OCHA has stepped up the production of information support tools including situation reports, maps, humanitarian updates and contact lists. Weekly Technical Coordination Meetings are taking place regularly. They provide a broad forum where humanitarian actors can build consensus on humanitarian analysis, operational challenges and best practices on how to operate in a context of restricted humanitarian access, including violence and intimidation.
8. Mapping and monitoring high-risk geographical areas.

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