UNITED NATIONS
Office for the Coordination of Humanitarian Affairs (OCHA)
Zimbabwe

NATIONS UNIES
Bureau de Coordination des des Affaires Humanitaires
Zimbabwe

Zimbabwe Monthly Situation Report

January 2009

HIGHLIGHTS

- Cholera death toll reaches 3,371 and cholera cumulative and suspected cases reach 67,945
- Food distribution in January has reached at least 4.1 million beneficiaries
- In February the number of beneficiaries will increase to 7 million. Due to funding shortage, rations have been cut by half
- Education: Schools officially re-opened on 27 January 2009 but most (%?) schools are still closed
- High level UN mission , led by OCHA and with participation from WHO, UNICEF and WFP due to visit Zimbabwe end of February

PROVINCE / AREA	CUMMULATIVE CASES	TOTAL DEATHS
HARARE PROVINCE	14,513	604
MASHONALAND CENTRAL	4,505	173
MASHONALAND EAST	4,991	352
MASHONALAND WEST	15,359	725
MANICALAND	9,671	515
MATABELELAND SOUTH	5,032	156
MASVINGO PROVINCE	7,969	561
BULAWAYO Urban	429	18
MIDLANDS	4,418	215
MATABELELAND NORTH	1,058	52
TOTAL[1] (as at 5 February)	**67,945**	**3,371**

SITUATION OVERVIEW

General Developments

On 28 January 2009 the Zimbabwean Government legalised the use of foreign currency in Zimbabwe without restriction. Previously only businesses licensed to use foreign currencies (forex) were allowed to do so. It is expected that this move may improve access to goods and services for those who have access to forex.

On 5 February 2009 Zimbabwe's parliament passed a constitutional bill to allow a coalition government of President Robert Mugabe and opposition rivals being set up under a deal to end the political and economic crisis. It is expected that by 13 February the new Prime Minister, his two deputies and cabinet will be sworn in to form a new government.

On 13 January 2009 the Zimbabwean Government released flood warnings as the Cahora Bassa Dam in neighbouring Mozambique, affected by heavy rains across the region, was pushing water back upstream into the Muzarabani and Dande areas of Zimbabwe, where approximately 600 villagers lost their homes, crops and livestock to flood waters.

The Civil Protection Unit (CPU), supported by UNDP, OCHA and other agencies, carried out flood awareness campaigns in December 2008 in the flood prone areas mentioned above. Various teams coordinated by CPU visited local communities sensitizing them on high grounds and alternative safe areas in the event of floods. OCHA has revised the Floods Contingency Plan, however further work will be required to review the plan in light of cholera and other vulnerabilities in the country.

If serious flooding should occur during the cholera crisis the impact in spreading the disease (above and beyond flood damage) would likely be devastating and greatly increase infection rates.

HUMANITARIAN NEEDS AND RESPONSE BY SECTOR

Health

The numbers of deaths in health facilities is decreasing even though the total number of cases stands at 61,304 as of January 31, 2009, surpassing the projected number of cases for a worst case scenario in the cholera Response Plan by over 1000 more cases. As a result, national projected cases were revised up by additional 32,000 cases on top of the 60,000. These estimates might turn out to be low if floods start. The numbers of deaths stand at 3181 with a cumulative Case Fatality Rate of 5%, and 60% of these deaths are reported by communities. The cholera continues to spread to new areas, of which the latest is Nkayi District in Matabeleland North, while some areas in Gokwe North and South are inaccessible due to flooding rivers. A gradual increase in re-infection cases has also been noted in some areas. The

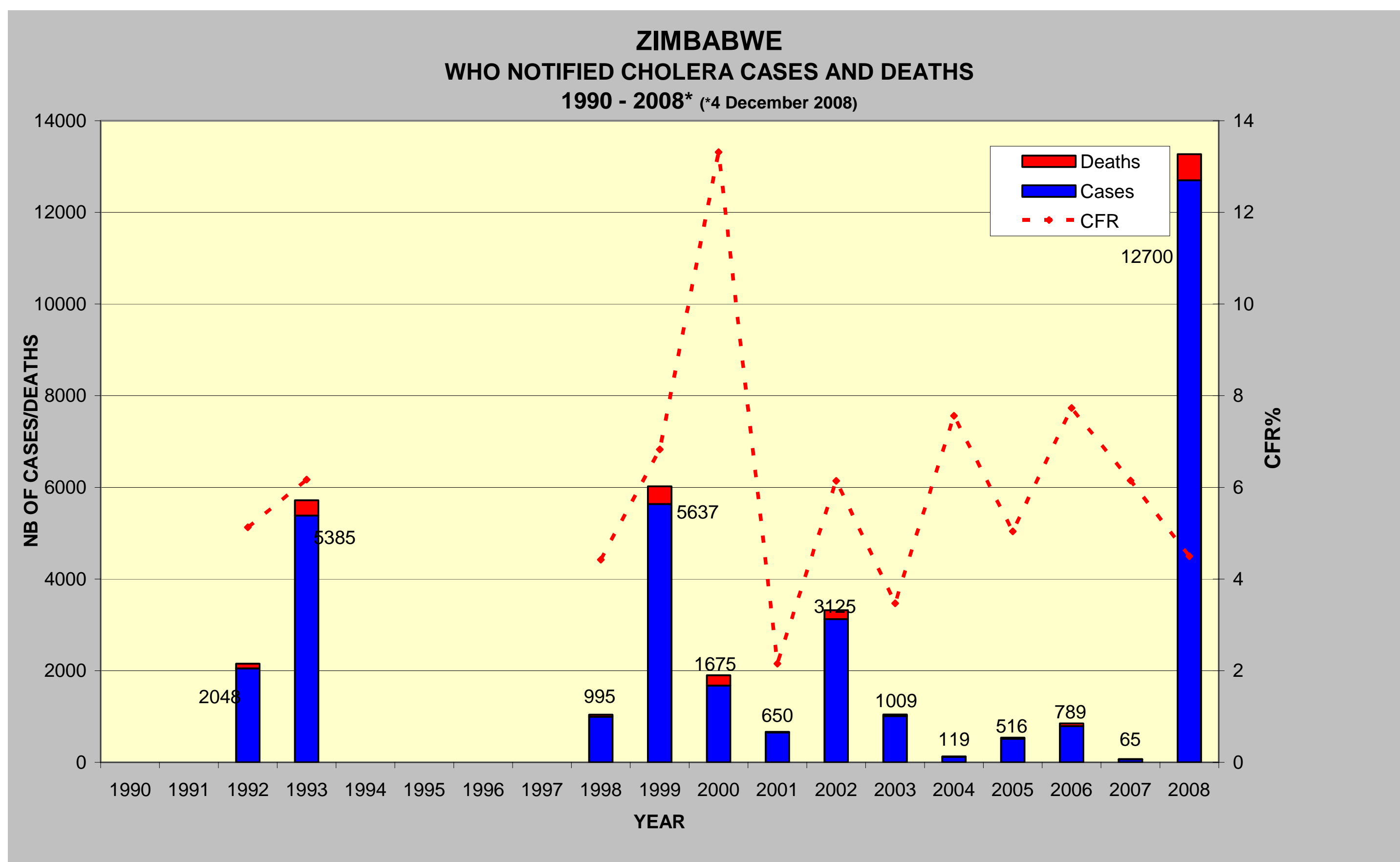
[1] *Source: WHO/MoHCW. More detailed statistics are available at http://ochaonline.un.org/CholeraSituation/tabid/5147/language/en-US/Default.aspx*

epidemic seems to be stabilizing in urban areas, whereas outbreaks in the rural areas remain high or are on the increase. The spread of cholera to populations in remote areas without adequate or affordable transportation likely accounts for the increasing number of deaths outside health facilities, CTCs, and CTUs.

Challenges in fighting and controlling the Cholera outbreak are identified as flooding during the current rainy season, very difficult accessibility in some places, traditional practices at funerals, collapsed water and sewage systems in urban and rural areas, industrial action by health workers, lack of transport, food and incentives, and poor communication systems.

A team from the Cholera Command & Control Centre (C4) visited affected areas and confirmed that shallow wells, boreholes, rivers and streams were the most likely sources of infection (result confirmed by assessment done by UNICEF experts). Recommendations were for treatment at source and continued distribution of aquatabs at household level. This supports the current strategy of providing packages to households including education materials, water containers, water purification tablets, soap and Oral Rehydration Salt (ORS) as the most effective course of action.

A regional approach is needed to the epidemic and to support the establishment of a regional inter-agency monitoring and information sharing mechanisms. Focus on prevention of further outbreaks in Zambia, South Africa, Mozambique and Malawi is imperative to avoid the epidemic to hit more of the low income, high congestion areas in their cities in particular.



Water and Sanitation

The Government of Zimbabwe announced the handover of water/sanitation management in urban areas from Zimbabwe Water Authority (ZINWA) to local Government Councils. It is hoped that the transfer will be carried out smoothly and quickly, however this could present further coordination and approval challenges in the short term.

It remains unclear how long the Bulawayo City Council strike will go on for but sooner rather than later the system is likely to collapse. A number of checks have been carried out in a number of locations which reveal that the residual chlorine at points of consumption is negligible. Water could easily be contaminated by the spewing sewage. Sewage chokes are not being attended to and the situation is very disturbing. Plans are under way to mobilise volunteers to clean some of the public facilities. Streets are littered with mounds of accumulate refuse and the market places are worst affected.

The issue of delays in receiving NFIs generally and in particular through the centralised UNICEF procurement has been cited in several coordination forums as blocking part of the response.

At its stakeholder briefing the MoHCW cited the challenges it encountered in fighting the cholera outbreak:
• Flooding during the current rainy season, difficult access to some areas;
• Traditional practices at funerals;

• Collapsed water and sewage systems in urban and rural areas;
• Industrial action by health workers, lack of transport, food and incentives, and poor communication systems.

Logistics

WFP, as the Logistics Cluster lead, took the initiative to coordinate the logistics for the cholera response and provide logistics services to prevent any gaps in the response to occur. The services, in terms of transport and warehousing, will facilitate the delivery of emergency medicines and other related items for all humanitarian partners. CERF funds have been secured for this purpose.

Many partners and NGOs report their logistics facility is reaching full capacity and any further emergency (such as flooding) would likely overtake their current ability to respond.

Food security

Food aid partners have continued distribution of food throughout January. In February rations will be further reduced from 10kg to 5kg per person per month. The overall planning for January was to reach a total of 5.1 million people under the Vulnerable Group Feeding program and an additional 0.5 million under the Safety-Net program. According to CARE, due to the coordinated response by the food aid agencies, the projected break in the WFP pipeline was more or less overcome. In February food aid partners will for the first time include beneficiaries falling under vulnerability category 3. The increase in the number of beneficiaries up to 7 million is done partly to avoid the ongoing huge depletion of assets as the terms of trade have deteriorated considerably over the last months (e.g. 50/60kg maize meal will cost one cow, 5kg - a goat).

In responding to the cholera outbreak, food aid partners have been providing food to CTCs on ad hoc basis in their operational areas.

The timing of contributions (and related lead-time for contribution programming) has negatively affected resources effectively available at the country level for the peak of the lean season (January through March). However, with recent donor contributions, WFP has been able to sustain its vulnerable group feeding (VGF) assistance during these crucial months, namely allowing WFP to acquire loans to mitigate, in coordination with the C-SAFE pipeline, some of the food shortfalls.

CARE International Food Distribution

In January preliminary figures of WFP's distributions to date indicate that over 4.1 million beneficiaries received food assistance with over 48,000 MT of food.

In February 2009, given the resources available in the country (and including the loans from C-SAFE), WFP will have to half the cereal ration from 10 kg to 5 kg – a necessary measure in order to reach the actual VGF caseload (either category 1-2 and/or 3) in some districts. Ten of the most vulnerable districts (out of the 38 districts where WFP is implementing its VGF this season) experiencing chronic food deficit and where partners have done recent nutrition or food security surveys, the ration will be maintained at 10 kg, as are the rations for the year-round safety-net programmes, targeting Antiretroviral Therapy and Home-Based Care patients. WFP plans to assist 5.1 million beneficiaries in February and March 2009, until the main annual cereal harvest is due to start. At the end of the 2008/09 lean season WFP will down-scale its VGF programme.

In November 2008, the 11th round of the Community Household Surveillance (CHS) was conducted with 860 beneficiary and non-beneficiary households across the country. Results show a sharp increase in negative coping mechanisms whereby 60 percent of households only consumed one meal the previous day compared to 13 percent in October 2007. The percentage of households that had no food the previous day stood at 12 percent compared to 0 percent in October 2007. Disposal of assets and livestock in order to purchase food has also increased sharply from 10 percent in October 2007 to 19 percent in November 2008 respectively.

Under the cholera response, WFP has provided some 10 mt of food to more than 19,600 people (patients, staff and caregivers) at 22 health centres with on site feeding under MSF-Luxembourg. In addition, WFP has established four new partnerships for the cholera food support that will cater to another seven districts. WFP is coordinating the logistics for the cholera response and provides services such as transport and warehousing to facilitate the delivery of emergency medicines and other related items for all humanitarian partners.

Most of the country has received normal to above normal rainfall. However, the area planted has been affected by shortages of inputs including seeds and fertilisers. Some communities are reported to have eaten the maize given to them rather than planting. Inputs supplied by SADC arrived late for the planting season. The public media has also

reported that there were misappropriations of these SADC inputs by some authorities. In addition, some crops are showing signs of nutrient deficiency due to lack of fertilizers, and there is some tracks of arable land that is lying fallow, substantially reducing the prospects of good harvest and by extension food security.

Education

Schools officially re-opened on Tuesday, 27 January 2009. However, the reasons why teachers left 'en masse' during the last term of 2008 have not been addressed adequately. The Education Working group partners are currently in the field to assess the situation on the ground. From rapid assessments made last week around Harare, the private schools have re-opened and in most public schools, parents are still making arrangements to pay for teachers' salaries. The schools in disadvantaged communities have very few teachers and are sometimes supported by student teachers. While some parents are paying fees to ensure their children are accessing school, orphans and vulnerable children are clearly being left out.

Several education partners are reporting that more and more parents/caregivers and children are coming to them to request for assistance as they cannot afford school fees which is being paid in US dollars. The amounts being paid differ from school to school.

Following a meeting between the Humanitarian Coordinator, UNICEF Representative a.i. and the Ministry of Education (MoE), it was agreed that the MoE should engage the international community and a stakeholders meeting was organised on 29 January 2009. At the MoE's, the Education Working Group Lead had invited OECD Ambassadors, SADC representatives, donor agencies, NGOs, Teachers Unions and other members of the Education Working Group at the meeting. While the Minister had re-confirmed his attendance an hour before the start of the meeting, no-one from the MoE showed up at the meeting due to unexpected competing priorities. The results of the rapid assessment on the situation in schools which is currently being done by the Education Working Group partners should be available soon.

In the absence of formal education, non-formal schooling is expected to increase significantly in Zimbabwe, and the Education Working Group is working on establishing standards for non-formal education. It is reported that there are existing national standards which need to be looked at and adapted to suit the present crisis situation in the sector.

Meanwhile, University of Zimbabwe students attempted to demonstrate against unaffordable fees they were asked to pay for sitting to exams and registration, but the police intervened and stopped the demonstrations

Protection

Although the political tensions seemed to have subsided following the agreement by the main opposition party to join the proposed all-inclusive government of national unity, isolated reports of disturbances and politically motivated rights violations continued to be received during the reporting period. These include allegations of abductions, unlawful arrests and excessive use of force by law enforcement agencies. However, no incidents of renewed displacement have been reported during the period.

The PSWG is aware that large numbers of Zimbabweans continue to cross into South Africa, whether to seek refuge or economic opportunities. The PSWG is concerned, in particular, about reports of deportations of children, often unaccompanied, by the South African authorities and the difficulties faced in ensuring their safe reunification with family members here and access to essential services. Members of the PSWG intend to strengthen their coordination with child-protection agencies across the border to enhance the understanding of and response to these children's needs.

The PSWG is also concerned about the potential protection risks created by the ongoing cholera crisis. These include family separations, as well as the risk that particularly vulnerable groups, such as the disabled, those in state institutions or urban refugees, are less able to access prevention and response mechanisms. The PSWG stands ready to offer advice to agencies involved in the response on protection mainstreaming, and has also circulated a guidance document to that effect.

The PSWG has also recently met the Humanitarian Coordinator, who expressed his desire to see the WG clustererized in the interest of clearer accountability. The four designated co-leads will be discussing on how to move forward with the establishment of a single lead agency which will also be the provider of last resort, and to start the requisite process for the formal transformation of the Working group into a cluster.

Early Recovery

In light of the recent political developments and possible renewed scope for early recovery activities, UNDP has started preparations to revitalise the dormant Early Recovery Working Group/Cluster and shared Terms of Reference with all key stakeholders in the early recovery field to be discussed at a meeting early February. The aim of the meeting will be to reach consensus on the ToR, the format of the meeting (Working Group vs Cluster) and the (co-)lead agency. The next step will be for the group to embark upon needs assessments to identify the priority areas for intervention.

COORDINATION ARRANGEMENTS

Since early January OCHA was strengthened by four additional Humanitarian Affairs Officers on surge capacity. The IASC Country Team recently reviewed the humanitarian coordination meeting structures in place in Zimbabwe with the

aim to rationalise the number of and type of meetings. The frequency of the IASC Country Team and Inter-Cluster Task Force meetings have been reduced to a bi-weekly schedule, while maintaining the agreed sequence whereby the latter meeting is to inform decision/policy-making by the IASC Country Team. Additional discussions are planned to further streamline the coordination of the humanitarian response and appropriately interlink it with the regional coordination structures.

FUNDING

On 9 February 2009 the United Nations Emergency Relief Coordinator (ERC), John Holmes, allocated some US$11 million to boost the humanitarian response in Zimbabwe. The US$11 million in Central Emergency Response Fund (CERF) funds will now be apportioned by the United Nations Humanitarian Coordinator to priority life-saving programmes, as identified by the Inter-Agency Standing Committee (IASC) Country Team (http://www.reliefweb.int/rw/rwb.nsf/db900sid/JBRN-7P4HQQ?OpenDocument&rc=1&cc=zwe). This is the second CERF allocation for Zimbabwe in 2009. On 30 January 2009, the ERC allocated some US$7.8 million in CERF funds to implement a number of urgently-needed programmes to combat cholera. Through the Zimbabwe CAP 2009 the humanitarian community in Zimbabwe requests a total of US$573 million to support those in need; however, to date only 15 percent of the appeal is funded. The ERF has been exhausted and some fresh funding is urgently needed.

CONTACT DETAILS

Muktar Farah *OIC (Harare), +263 11 617 732*	***Elizabeth Byrs*** *Press contact (Geneva), +41 22 917 2653*
Rania Dagash *Desk Officer (New York), +1 917 367 3668*	***Stephanie Bunker*** *Press contact (New York), +917 367 5126*