

*This report was issued by Zimbabwe field office. It covers the period from 1 February to 28 February. The next report will be issued on or around 6 April 2009.*

## **I. HIGHLIGHTS/KEY PRIORITIES**

- WHO reports confirmation of a declining trend in both Cholera cases and deaths in week 9 (22 – 28 February 2009).
- Cumulative figures stand at 89,930 cases and 4,049 deaths as of 11 March 2009.
- Schools have reopened in February however it is unclear if all schools are open.
- Agricultural production this year expected to be better than last year as normal to above normal rainfall has been recorded in most areas.
- Food security is improving due to improved availability of food as well as improved access as the result of drop in some basic food items. However, an estimated 5.2 million beneficiaries still require food assistance in March.

## **II. Situation Overview**

A UN Inter-agency mission led by Ms Catherine Bragg, United Nations Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator, visited Zimbabwe from February 21-25 to assess the humanitarian needs and response in the country. During her visit, the ASG met with Government, UN agencies, NGOs, representatives of the civil society, and Donors. She had also visited projects funded by the humanitarian community. After the completion of her mission, the ASG spoke of the need for continued food assistance and resources to help Zimbabweans improve food security and the need for continued efforts to contain the cholera epidemic. In a press release, Ms Catherine said, “despite tremendous efforts by both the government and the humanitarian community in Zimbabwe to contain the cholera epidemic, major challenges remain. We have to ensure farmers have all the agriculture inputs they need for the next planting season, which begins in September. If we do not act now, we could end up next year with a situation similar to what we have today”. Members of the mission noted the international community’s continued support to the people of Zimbabwe, stating additional resources will be required in the coming months to respond to the evolving situation in Zimbabwe. They stressed the need to start planning for early recovery, noting that rehabilitation of the basic infrastructure is required. To effectively contain cholera, water and sewage systems need to be urgently repaired in addition with intensifying public health outreach campaigns and ensuring that it goes down to the district and ward level.

Reconciliation and national dialogue has begun and is ongoing with the establishment of the Government of National Unity, who are now setting up priorities for both the humanitarian and development agenda for Zimbabwe. Following the lifting of import taxes on food imports, food availability has increased as more food is imported by commercial and humanitarian agencies. While access to food by poorer communities is still largely problematic due to the lack of access to foreign currency, drop in food prices of some basic food items and payments made in foreign currency to civil servants partially improved access too. However, recent urban vulnerability assessments show a rise in the number of food insecure people in urban areas, and chronic malnutrition is still high in the country. Agricultural production is expected to be better than last year, mainly due to better rains and shorter dry spells. The reduction in area planted for Maize is likely to be offset by the overall increase in other cereals and better production expected from the area planted for maize due to the better rain situation. While the area planted last year was more, there were problems of stunting due to long dry spells.

The cholera epidemic continues despite the concerted efforts by humanitarian partners to contain it. The number of cases is declining in all areas except in Harare and Chitungwiza, where it is on the rise. The main reason for the continuation of the outbreak has to do with the inability to adequately restore the water supply and sanitation systems in urban areas.

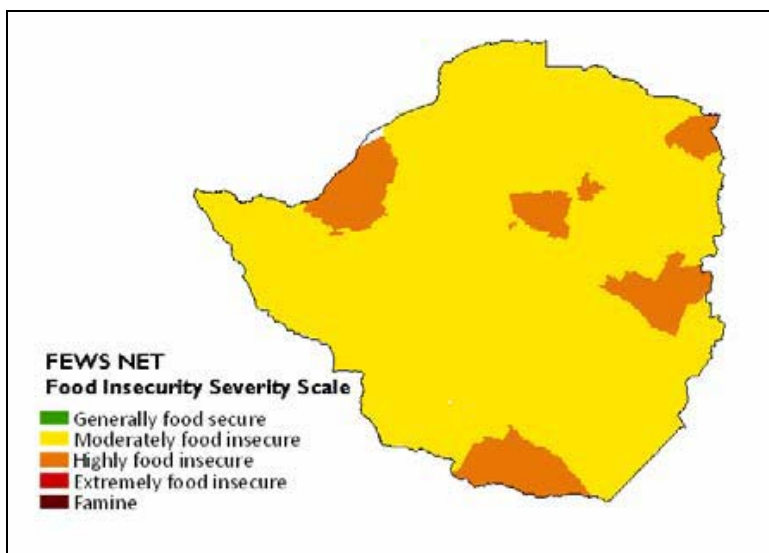
The situation in the education sector has improved with most schools now open and students going to schools. However, the continuation of this will be determined by how able the government will be to continue paying teachers in foreign currency.

### III. Humanitarian Needs and Response

#### Agriculture

This growing season has been characterised by a “false start” to the rains in November, followed by a dry spell until the 2nd dekad of December, when the season started in earnest for most parts of the country. Since then, the bulk of the country has received continuous and adequate rainfall. Since the beginning of February, the country has experienced another prolonged dry spell, which is negatively affecting crop performance. The most affected areas are in the Eastern, which have not recorded precipitations for 10-20 days. Forecasts for the remaining part of the rainfall season predict a continuation of precipitation at “normal to above normal” levels.

The pre-harvest 1st round assessment showed a decrease in the area planted for maize, however the overall season seems to be faring better than last year. This round’s assessment gave indications of area planted and crop situation, but not yield and production estimates which will be assessed by a second assessment. The area planted this season for Maize is 14% lower compared to last season, which was estimated at 1,749,590 Ha. Total area planted to maize this season is 1,507,698 Ha which still is unexpectedly high considering the poor quantity of input support programmes and the critical shortage of maize seed on the market. However, the area planted to finger and pearl millets increased from 238, 099 Ha to 268,707 Ha (an increase of 13%). The area planted to sorghum increased by 32% from 277,575 Ha last season to 367 220 Ha this season. As expected, about 86% of the total area under sorghum is from the communal sector. In February, the majority of the maize crop was at vegetative to early reproductive stages. The crop condition was fair to good across all provinces. Very good crops were observed on areas under Conservation Agriculture. Livestock is in fair to good body condition across all species in communal areas while those in resettlement and commercial farming areas are in very good condition. Communal areas which are in predominantly marginal areas have fair to good grazing while there is plenty of herbage in commercial and resettlement areas.



Current estimated food security conditions, January - March 2009<sup>1</sup>

The price of maize has decreased from Rand 125 in January to rand 80 in February (for a bucket /17.5kg/ of grain), while there was an increase from Rand 60 to Rand 70-80 for super white meal (12.5kg).

In terms of Agricultural Input Supply, 12,927 MT of maize seed was availed through various input programmes (GVT, NGOs, SADC, and other input programmes). This was sufficient to cover 34% of the planted area to maize. The remaining 66% was planted using carry over seed, retained grain, grain from food

<sup>1</sup> [http://www.fews.net/docs/Publications/Zimbabwe\\_2009\\_02%20final.pdf](http://www.fews.net/docs/Publications/Zimbabwe_2009_02%20final.pdf)

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aid, purchases and other sources. Fertilizer supply has been insufficient: 19,147 MT of basal fertilizer was supplied (49% of last year and about 6% of requirement) and 12,561 MT of top dressing fertilizer (32% of last year and about 6% of requirement). All of the Rand 300 million agricultural inputs (seeds and fertilizers) provided by the government of South Africa have been received but were distributed late (distribution started on January) and hence has not contributed much to the season. Initial indications of crop assessment show that only 15% of the planted seed are fresh seed, the rest is retained seeds. So far, there are no indications of preparations on the government side for the winter season; but NGOs are preparing and FAO is getting data from NGOs. The impact of dollarization on agricultural inputs is not yet formally assessed, but is expected to improve availability but not necessarily access.

## **Education**

Partners from the Education Working Group supported a rapid assessment of schools in all provinces, visiting more than 190 schools, during the second and third weeks of the academic term. The assessment was conducted to better understand the situation at school level and determine whether children were able to access education after the extended break. Initial results indicate that 87% of the schools were not fully functional with the majority of rural schools visited being closed. School fees and continued teacher strikes, due to inadequate compensation, were the main reasons behind non-attendance.

Cholera and the severe lack of safe and appropriate water and sanitation facilities continue to be concerns for the MOESC (Ministry of Education, Sports and Culture) and education partners. Emergency teacher training materials and essential hygiene school kits have been developed in collaboration with MoH, MOESC and key education partners. UNICEF is engaging with the WASH cluster to fast-track provision of emergency WASH facilities where possible.

The new Minister of Education met with education partners, including teacher unions and donor agencies. The Minister presented the financial assistance required to ensure a minimum level of operation in the sector. Stakeholders and MOESC engaged in a free, frank and hopeful discussion that has continued in additional meetings with donors and key agencies.

Teachers were issued with vouchers to top up salaries and encourage the mass return of qualified teachers. MOESC granted amnesty to teachers who had absconded and indicated a willingness to return. Vouchers of 100 USD were provided with an assurance that there are adequate funds for teachers for two months.

SNV and UNICEF are supporting the Zimbabwe examination council to establish to what extent the teaching, learning and assessment processes were affected in 2008 academic year. The objectives of the study are mainly to establish the extent to which the socio-economic situation in 2008 affected school attendance for pupils and teachers, measure and establish pupils' academic achievement (knowledge and skills gained) in relation to the prescribed syllabus content and skills for the identified key grades in Mathematics, English and General Paper and make recommendations for the education sector in terms of catch up programme to ensure that children have the basic skills to perform at grade-level, and progress through the entire academic cycle. The result of the study should be ready for dissemination by end of March 2008.

## **Food**

According to FEWSNET, the food security situation in Zimbabwe has improved since January 2009, due to increased food availability on the market and improved access as the result of drop in some food prices. Prices dropped for some food items due to increased competition on the domestic market. Commercial and humanitarian agencies have managed to import close to 750,000 MT of cereal, which is about 64 percent of their pledges, leaving the national cereal gap at 233,000 MT. Food access for civil servants, who constitute the largest proportion of the formally employed labour force, has also improved in February, when they began to receive an allowance in foreign currency. Rural food security has remained stable largely due to the contribution of food aid programs, complemented by the green harvest from the fields and the gardens.

However, both the recent ZimVAC urban assessment carried out in January 2009 and WFP's Community and Household Surveillance exercise conducted in November 2008 have confirmed a continued deterioration of the food security situation in urban areas throughout the country compared to 2006. The ZimVac assessment found 33 percent of the assessed households to be food insecure, compared to 24 percent in November 2006. Manicaland, Matebeleland North, and Midlands were found to be the most food insecure areas of the country. The assessment also showed limited income-earning opportunities in urban areas, and significant decline in quantity and quality of food consumption. WFP's exercise found that the majority of households were limiting portion size of meals (79%), reducing frequency of meals (76%) and consuming less preferred

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foods (18%). In November 2008, 12% of households reported skipping entire days without consuming any meals which was the first time it was reported in the Community and Household Surveillance since August 2003. Results from this exercise also show that adults were reducing consumption so children can eat, thereby protecting children's food intake. This finding is consistent with the UNICEF survey which found that 64% of adults were reducing or forgoing meals so that children could eat. As a consequence, the nutrition status of children may be the last to be adversely affected.

Humanitarian agencies have continued supporting an increasing number of beneficiaries in the rural areas. Beneficiary figures have increased from around 5 million in December and close to 6 million in January 2009. In February, WFP reached about 4.8 million beneficiaries while 1.8 million are reached through C-SAFE programmes. For March food aid distributions WFP will keep the February 2009 cereal ration of 5kg per person per month (maintained at 10 kg in 10 of the most vulnerable districts). However, in March, due to the availability and arrivals of food, and requirements for repayments to C-SAFE, WFP will be able to increase the ration of pulses from 1 kg to the original 1.8 kg (ration size before the cuts in January 2009). The oil ration will also be increased from 0.6 kg to 0.92 kg in areas receiving 5 kg of cereals. The newly eligible caseload (category 3) will be included in the distributions to the most vulnerable districts only. In March 2009, WFP plans to assist 5.2 million beneficiaries with nearly 45,000 mt of food: 4.6 million under the vulnerable group feeding (VGF) and 629,000 under the safety net (SN). In April, when the next harvest is due to commence, WFP will scale down the VGF operation as the lean season comes to an end.

WFP is currently conducting the 12th round of Community and Household Surveillance (March 1st to March 15th - peak of the lean season) and should have early results by end of March, highlighting the extent of food insecurity and impact of food distributions among vulnerable populations.

### **Nutrition**

The report on the summary of main findings of the Combined Micronutrient and Nutrition Surveillance Survey (CMNSS) was released in February. The survey was conducted in November 2008 and preliminary findings were disseminated in December 2008. Analysis of samples for the micronutrient component of the survey is ongoing and will be reported on separately once finalized. Nationally, acute malnutrition in children under 5 years (4.8%) as measured by wasting did not exceed national (7%) or international (10%) emergency cut-off points. More than one in four children were stunted (27.6%) and chronic malnutrition remains a major concern, exacerbated by increasing poverty and erosion of the economic system.

There is a persistent threat that acute malnutrition levels could elevate above international emergency cut-off levels, particularly in the context of a collapsing health care system, escalating cholera and diarrhoea outbreaks, high levels of food insecurity and poor child care practices. There is a need to closely monitor the nutrition situation and during the reporting period the Nutrition Cluster agreed support should be provided to NGOs to conduct nutrition surveys in their areas of operation and that harmonized approaches should be used. Training on the SMART assessment methodology is planned through ACF and training dates are being set. The March round of data collection for the National Food and Nutrition Surveillance System (FNSSS) will not go ahead this year and instead nutrition indicators have been included in the Multiple Indicator Monitoring Survey being conducted in April by CSO and UNICEF. The Food and Nutrition Council will conduct a review of the FNSSS in March.

The Community Management of Acute Malnutrition (CMAM) taskforce chaired by the MoHCW met in February and outcomes included a review of the monitoring system and supply management system to be more responsive to the humanitarian situation. ACF, SCUK and GOAL will start implementation of CMAM in March and participated in the taskforce meeting to facilitate harmonization of approaches. ACF plans to implement in Chivi, Gutu, Umzingwane and Mberengwa. SCUK will implement in Binga and Kariba and Harare City and GOAL in Makoni, Nyanga and Hurungwe. Provincial training of Health Workers in CMAM initiated in 2008 will re-commence in March with plans for training in Masvingo, Manicaland, Matabelaland Nth, Midlands, Mashonaland Central and Harare City. The training is being supported by UNICEF and NGOs.

With SCUK support, the Nutrition Cluster benefited from a 4 week consultancy in Infant and Young Child feeding in emergencies. In consultation with the MoHCW, UNICEF and WHO the consultant supported the development of a briefing note on infant feeding in emergencies, the development of IEC materials on Infant Feeding in Cholera Treatment Centres and on Prevention of Dehydration in Children with Diarrhoea/Cholera and also worked to strengthen IYCF aspects of CMAM programmes.

## Health

- Trainings on rolling out the C4 to provinces/districts were carried out in all 10 provinces including Chitungwiza during the month of February, 2009.
- Provincial Medical Officers were requested to present to C4 their Plan of Action on rolling out of C4 by Mid March.
- A UN delegation led by Assistant Secretary General for Humanitarian Affairs Catherine Bragg was in Zimbabwe from 21 – 25 February 2009. They have met with Zimbabwe's President and Prime Minister, government of Zimbabwe cabinet ministers and relief agencies to ascertain methods of strengthening the humanitarian response to the cholera outbreak. They also met the donor community during their stay. They visited a CTC in Ruwa 24/02/09.
- There was a lot of debate in joint Health and WASH cluster meetings in February with regards to the setting up of CTCs at schools. MOH&CW has since ordered PMDs to stop Partners in their provinces from doing this practice.
- The Malaria Programme was facing a big challenge in drug supplies, vehicles, fuel and health worker allowances. DFID to support 20 most affected districts and will carry out indoor residual spraying. UNICEF to supply 450 000 insecticidal mosquito nets which would be delivered to the most at risk districts.
- A proposal of 1.8 million USD to be submitted to Kingdom Foundation in Pretoria for an anticipated malaria outbreak.

### CAP 2009 (Health Sector)

- The Health Sector was allocated USD 4.4 million to cover health issues.
- Funds were allocated for the following projects:
  - ✓ Cholera surveillance and response (to have available vehicles up and running)
  - ✓ Community based and outreach interventions for cholera and other diseases (revival of community health workers)
  - ✓ Malaria – supplies and case management related activities
  - ✓ Emergency obstetric care and child health including immunization, paediatric care and hiv/aids testing kits for children

### Multiple indicator cluster survey (to be completed by end of March 2009)

- CSO implementing multiple indicator cluster survey supported by UNICEF.
- To collect urgent data on DHS.
- Will hold a stakeholders workshop to get indicators and way forward on the process.
- A Technical committee was set up to spearhead the exercise.
- Would look into a number of health issues among them water treatment, breastfeeding, contraceptives and polio.
- 25 households selected per cluster for the survey.
- Cost of the survey estimated to cost about 650 000 USD.

### Number of Cholera cases by province for the month of February 2009

Province	Total Cases	Total Deaths	CFR %
Manicaland	4342	140	6.5
Mashonaland West	3807	127	4.1
Mashonaland Central	4839	124	6.3
Midlands	3082	103	2.1
Masvingo	3059	92	3.8
Mashonaland East	1224	72	6.0
Harare	1555	34	3.3
Matabeleland North	77	11	10.4
Matabeleland South	235	4	1.7
Bulawayo	20	0	0.0
<b>Total</b>	<b>19783</b>	<b>541</b>	<b>2.7</b>

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**Assistant Secretary General Ms Catherine Bragg meets with health professionals at a Cholera Treatment Centre in Hwedza District.**

## **Logistics**

The overall logistics situation in the country has improved considerably. With the dollarization of the economy, the businesses are slowly recovering, but capacities of the transport market exceed the current demand. Trucking fleet is available with commercial transporters and fuel accessibility, in particular Diesel, does not seem to be an issue in most part of the country. Fuel prices have also stabilised and coupon or magnetic card systems are successfully used by the operational organisation in the field. Given the economic situation, storage capacity also exceeds the demand, making dry warehousing space available on the market at competitive rates.



**A recent Logistics Cluster coordination meeting in Harare**

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Road conditions are good in most parts of the countries, except in very remote areas, such as around lake Kariba in the North-East of the country. Trucks have difficulties to access this area, and relief items must be distributed 4x4 pickups. Those vehicles remain very expensive due to the high demand by the humanitarian community.

The Logistics Cluster set up in response to the cholera outbreak has been providing transport of emergency response supplies for various organization such as AMI, IFRC, Ministry of Health, MSF Holland and WHO to Health Centres and Cholera Treatment Centres in Masvingo, Shamva, Mutoko, Bindura, Mt Darwin, Gokwe, Mutare, Karoi, Mudzi and Gweru.

Throughout the country, five Interagency Hubs provide storage for humanitarian agencies where cholera prevention and treatment supplies such as soap bars, buckets, Aquatabs and ORS are picked up and distributed by implementing partners.

Due to upcoming reconditioning of Harare NATPHARM warehouse, WHO has transferred its remaining cargo, including all cholera donations, to the 500sqm interagency warehouse in Harare. Two WHO storekeepers have been recruited and the stock management system has been setup.

Twenty IDDKs (Cholera kits) have been airlifted to Harare by WHO and will be dispatched next week to all provinces by the Logistics Cluster as preparedness plan. From now, the push strategy to the district proposed by WHO will be implemented by the Logistics Cluster.

### **Protection**

There are unconfirmed reports of sporadic violence and farm invasions from various parts of the country. Areas affected include Nyanga, Mutoko, and Mbare following clashes between supporters of the main rival political parties. About 40 farms in Mazowe, Bindura, Chegutu and Borrowdale are also reported to have been invaded, but no information has yet been obtained on whether displacement has been caused by the invasions. There is a need for humanitarian assistance to target displaced communities.

In Nyanga, 160 MDC activists have reportedly been arrested. Some were later released but 89 were still in detention as at March 04, 2009. Meanwhile, 56 activists in Mutoko and 5 in Mbare were reported to have been arrested following the disturbances.

Cross border movement continues to be reported. Humanitarian partners working with children around the Plumtree area reported that 57 children with whom they are working in Zimbabwe are thought to have crossed the border to Botswana and South Africa in February, mostly as the result of school closures. As most children involved in such migration are travelling without proper documentation, there is concern about these children being exposed to exploitation and abuse.

It was reported on March 3 that the 'Showgrounds' in Musina (on the South African side of the South Africa – Zimbabwe border) faces closure by the South African authorities and all residents may be forced to leave. Approximately 5000 foreign nationals, most of whom are Zimbabwean, were using Showgrounds for shelter while they sought temporary asylum permits. Save the Children had been providing support to about 200 children in Showgrounds, most of whom were unaccompanied. Save the Children in Beitbridge as well as IOM are on the alert for newly deported families or children who may have become separated across borders, as a result of the Showgrounds' incident. If such cases emerge there will be a need for urgent cross border tracing to try to locate missing family members before they further disperse.

Save the Children presented key findings from an assessment that was carried out to determine protection issues within the cholera response. Key findings include: the intensive awareness campaigns have resulted in positive changes in practice at the community level; the social impact of cholera on affected families and communities is significant but is not being addressed in the response; programming is not being informed by age and sex disaggregated data as this is not available; there is inconsistent and unreliable availability of appropriate food especially for very young patients; and mass Doxycycline prophylaxis in some areas may be contributing to complacency around good hygiene practices, and there are concerns about side effects for pregnant women and young children where Doxy has been freely available on the market.

### **Water, Sanitation, and Hygiene**

There is a huge need for water treatment chemicals in urban centres, particularly since the return of water and sanitation responsibility to urban councils from ZINWA. UNICEF has been approached by the Urban *The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.*

Councils Association of Zimbabwe and is working towards supplementing the chemicals already arriving and hopes to provide assistance, funding allowing, for the coming few months. The WASH cluster reports that sewer blockages in high density suburbs in most urban areas need to be urgently addressed. Progress is being made in Bulawayo through the Bulawayo Churches initiative where teams are actively de-choking sewage lines. The drilling programme in Harare continues apace with 43 out of a target of 60 boreholes in Harare having been drilled by end February – 17 of these were fully installed and being used by communities.

Despite works undertaken so far, rehabilitation of water points in rural areas is progressing slowly and given the need for clean water this should be urgently undertaken. Good progress has been made by GAA in rehabilitating water and sanitation in 150 clinics in districts in the North West of the country. The Cluster has finalised a tool for technical assessments of clinic water and sanitation status and a database created for members to feed into with their assessment information.

Joint Cholera specific meetings with the Health cluster continued weekly through February, with WASH cluster presenting a weekly up-date of activities using the WWWW tool. Good reporting by cluster members has meant that 51 out of 62 districts have been included in the report summary. The WASH district focal agency system is well established now and while not all districts have a focal agency, the most critical Cholera affected areas do.

Funding agreements were finalised with seven organisations and UNICEF on the recommendation of the Cluster. These agreements cover *inter alia*: water and sanitation rehabilitation activities, increased hygiene promotion through community based volunteers, supporting EHTs, school WASH and hygiene kit distribution in over 20 districts.

While the work on awareness campaigns, training and extensive use of IEC materials continues, there still exist misconceptions on cholera prevention measures due to the spread of wrong information and sometimes rumours. Cholera awareness campaigns need to be intensified in the areas where fresh outbreaks are reported. The joint Social Mobilisation and Hygiene Promotion working group meets regularly and has developed training guidelines for Cluster members and GoZ officials and information packs for community based workers.

#### **IV. Coordination**

Regular monitoring of the humanitarian situation continued during the month while 3W data uploading was also undertaken. Support to the preparation of an emergency preparedness plan for the Matabeleland Region WASH Sub cluster was given by OCHA.

OCHA will continue to follow up on cluster roll out for sectors like agriculture and food as partners in the southern region particularly Bulawayo have indicated high demand for coordination in these sectors

The Health and Wash combined cluster meetings for the cholera response have been moved from weekly to fortnightly. The next meeting will be on 18<sup>th</sup> March 2009.

#### **V. Funding**

The ERF is finalising funding agreements with six NGOs (CADEC, ActionAid International-Zimbabwe, Oxfam GB, Development Aid for People in Zimbabwe (DAPP), Mercy Corps and Save the Children UK) and one with UNHCR in support of seven projects responding to the on-going Cholera outbreak in all parts of Zimbabwe.

Five of the projects have Water, Sanitation and Hygiene (WASH) activities while two will be supporting Health interventions. These projects are in addition to 11 other projects that were funded based on a gap analysis by the Inter Agency Standing Committee highlighting areas where immediate humanitarian assistance was required between October and December 2008.

So far, the ERF has provided approximately US\$2.9 million for humanitarian assistance. These projects were selected from a total of 64 projects received during the two calls for proposals in November and December 2008.

The CERF underfunded window has awarded a total of US \$11 million to Zimbabwe. After consultations with the IASC, cluster leads and working groups, the funds were dispersed as follows: \$4.4m for WASH, \$4.4m for Health and \$2.2m for Protection. This funding will be used to cover the implementation of 12 projects in these three sectors.

*All humanitarian partners including donors and recipient agencies are encouraged to inform FTS of cash and in-kind contributions by sending an email to: [fts@reliefweb.int](mailto:fts@reliefweb.int).*

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**Correction:**

Last month this report incorrectly indicated that the Civil Protection unit issued flood warnings on 13 January 2009 and that the Muzarabani and Dande areas of Zimbabwe had experienced damage to homes, crops and livestock due to flood waters. This information was incorrectly and erroneously included in the report and OCHA apologises for this oversight.