



Key Points

- More agricultural funding urgently required to boost Zimbabwe's food security.
- Zimbabwe's consolidated appeal (CAP) currently 44% funded.
- Government declares end of cholera outbreak.

I. Situation Overview

The humanitarian situation in Zimbabwe showed some improvement during the reporting period, particularly the declaration by the Government of an end to the recent cholera outbreak and a substantial reduction in the number of food aid beneficiaries. Good collaboration between the Government and the Humanitarian Community has been instrumental in tackling these issues.

These positive indicators have been taken only with moderate optimism by the humanitarian community, as underlying causes of the epidemic, most of them structural, have been marginally addressed. Further, targets for agricultural input assistance have not been fully met as humanitarian partners have raised enough funding to reach the targeted number of farmers but not to cover the planned total area.

The possibility of H1N1 influenza spreading to Zimbabwe remains a cause for concern, while it is feared that an El Nino-induced drought may affect the country. The health delivery system and the food security situation still remain precarious in Zimbabwe, thus requiring humanitarian partners to be constantly proactive.

To tackle these problems, more funding is needed. Efforts by the inclusive government to garner US\$8.4 billion required to implement the Short-Term Emergency Response Programme (STERP) have not yielded the desired results. This increases the humanitarian community's responsibility to fundraise, particularly for aspects of the STERP that are related to social services.

However, funding has been trickling in very slowly. Zimbabwe falls within the third of least funded consolidated appeals addressing humanitarian emergencies in 2009. Consolidated Appeal (CAP) funding for the country currently amounts to 44%,

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less than half of the total revised CAP requirement of US\$718 million mid-way through the year.

The importance of financial support cannot be over-emphasized given the magnitude of the country's needs. Zimbabwe's overall humanitarian situation remains acute. Projected needs as outlined in the revised CAP 2009 include six million people with limited or no access to safe water and sanitation in rural and urban areas; an estimated 2.8 million in need of food aid at the peak of 2009/10 lean season; 1.5 million children requiring support to access education and 800,000 people in need of food aid Safety Net (SN) programmes. Currently, the country has 22,000 children under five years in need of treatment for severe acute malnutrition and estimates are that the number may shoot up to 44,000 if left unchecked. Maternal and child under-nutrition is a significant contributor in approximately one third of all deaths in children under the age of five, estimated at 12,250 annually. Further, Zimbabwe's high HIV infection rate of 15.6% deepens the population's vulnerability.

Without financial assistance, the country will remain in a state of structural emergency and constantly at risk of manageable hazards evolving into major disasters, which is both unhealthy and unsustainable. Worse still, the gains made over the last 10 months could be reversed. A more sustainable approach would be to consolidate those gains by investing in long-term solutions such as repair of the dilapidated water and sanitation system, strengthening the health delivery system and providing meaningful support towards agricultural production, all of which require substantial financial support.

The inclusive government is making efforts to improve accountability. As its first 100 days come to an end, all ministers are expected to report on progress made in attaining their 100-day plans.

Another 100-day cycle will start immediately. The programme is designed to ensure frequent feedback and accountability by government to constituents and donors among other stakeholders.

Meanwhile, 19 August has been declared World Humanitarian day, with the inaugural commemorations taking place next month. This year's focus will be primarily on commemorating those whose lives have been lost while engaged in humanitarian operations, but will also put emphasis on current humanitarian needs and challenges. This presents an opportunity for humanitarian stakeholders in Zimbabwe to assess their impact and revitalize efforts towards plugging the remaining gaps.

II. Humanitarian Needs and Response

Health

The Health and Child Welfare minister, Dr. Henry Madzorera has declared the end of the recent cholera outbreak, with the last reported case being on 03 July 2009. However, the Ministry of Health and Child Welfare (MoH&CW) and the Cholera Control and Command Centre (C4) are continuing surveillance and monitoring activities to contain an outbreak in the event of cases being reported.

No cholera cases have been reported in most of Zimbabwe, with the exception of Harare and Uzumba-Maramba-Pfungwe (UMP) districts which reported a total of six cholera cases in early July. There were no cholera deaths reported throughout the month.

By 30 July, the number of cumulative cholera cases was 98,592 with 4,288 deaths. The cumulative case fatality rate (CFR) remained at 4.3%. Of these 2,631 representing 61.4% of total deaths occurred outside health facilities. The cumulative institutional case fatality rate was 1.7%.

Health partners have taken advantage of the seizure in reported cases to put systems in place as another outbreak is anticipated. This includes pre-positioning of cholera stocks at provincial and district health institutions through the "PUSH" strategy. To date, 62 districts and all 10 provinces have received emergency kits with enough supplies to treat 100 severe and 400 moderate cases.

Meanwhile, local authorities that had started disconnecting water supplies for non-payment of

rates have been dissuaded from doing so as this may expose the population to cholera.



Some of the underlying causes of cholera are yet to be addressed. Photo courtesy of Richard Johnson, OCHA-VMU

The IOM is involved in cholera surveillance, case management training and provision of drugs and supplies at health centres within the wards that cover 10 border posts. As part of the cholera preparedness and response, 448 community health volunteers were trained on Participatory Health and Hygiene Promotion (PHHP) in Zvimba and Makonde districts. The trainings were complemented with the provision of information, education and communication (IEC) materials and water purification tablets.

Zimbabwe remains on high alert for A H1N1 influenza although no cases have been reported yet. The growing number of cases in neighbouring South Africa remains a threat to Zimbabwe, given the proximity of the two countries and free movement of people between borders. Efforts to enhance preparedness for A H1N1 continue and these include the development of Operational Procedures of Influenza A (H1N1) and a preparedness and response draft document by the MoH&CW with support from WHO. Training of health workers from the northern and southern regions and stakeholders in the management of influenza A H1N1 has been provided with technical support from WHO and funding from WHO and the African Field Epidemiology Network. Further, doses of Tamiflu® have been distributed to health authorities in provinces, cities and central hospitals through WHO.

A National Task Force holds weekly meetings to coordinate the preparedness efforts. In order to enhance communication, the MoH&CW has

purchased mobile phones and lines to cover the 10 priority ports of entry. The IOM has been actively engaged with the Bulilima-Mangwe Civil Protection Unit (CPU) on the development of a preparedness and response plan for HINI for the two districts. The plan covers health promotion, disease surveillance, case management, port health, logistics, support and supervision.

There is, however, need to address some gaps in the preparedness plan. For example, training of health workers at lower levels, purchasing of laboratory rapid diagnostic kits for all provinces and cities and training of public and private laboratory scientists in the diagnosis of HINI require urgent attention.

The IOM implemented a TB Rapid Assessment tool (TB-RAT) at the Plumtree Reception and Support Centre to be used among returned migrants. The tool is meant to document the possible number of TB suspects that are passing through the border among the returned migrant population in order to better inform more intensive TB screening, improve referrals to the hospital and increase diagnostic capacity at the Plumtree General Hospital.

The health cluster Strategic Working Group (SWG) has agreed on health indicators to be used for the assessment of the intervention priority areas both in terms of programmatic and geographical focus. Currently, the cluster is collecting data and mapping its partners according to geographical coverage and the area of intervention. The cluster has also developed a strategy paper that will be followed by an action plan once the required indicators are gathered and the gaps identified.

Water, Sanitation and Hygiene

During the respite in the cholera outbreak, Water, Sanitation and Hygiene (WASH) partners are concentrating efforts on measures aimed at preventing another epidemic. Activities currently underway include rehabilitation of water points, non-food item (NFI) distribution and provision of safe water to communities.

The urban borehole drilling programme has completed 157 of the targeted 200 boreholes. In addition, partners successfully rehabilitated 14 water points, installed five new water points and trucked 1,320,000 litres of water while 14,187 complete NFI packages were distributed throughout July.

Eight wards in Chivi district within the Midlands Province received cleaning kits which will assist 36 schools that have 17,517 pupils altogether. An additional 736 pupils will benefit from the construction of hand washing facilities at two schools.



WASH partners continue to provide support to ensure that vulnerable communities have access to safe water. Photo courtesy of Richard Johnson, OCHA-VMU

Training activities continued throughout the month with 31 awareness sessions that are expected to reach 4,478 people. Thirty two PHHP trainers were trained. Dissemination of IEC materials on cholera alert, hand washing and how to use water purification tablets continued, together with the distribution of water purification tablets. Further, 168 water point committees, at spots that serve 104,080 people, received spare part kits.

The social mobilization task force is developing improved messages on hygiene promotion. These will be disseminated to communities by volunteers, village health workers and the public media. A similar programme targeting schools is underway. Save the Children UK and VVOB conducted a pilot workshop to commence hygiene promotion in schools. This follows concerns that the initial cholera response targeted adults while neglecting children who are equally vulnerable to infection.

Following the recent cholera epidemic, studies are being conducted on the reasons for high community deaths, acceptance of water treatment tablets as well as knowledge, attitude, beliefs and practices (KABP) in schools. These will be used for hygiene promotion messages to combat cholera in future. It is hoped that this will enhance the effectiveness of hygiene

messages. Meanwhile, the national clean up campaign has been postponed to the first week of September so it coincides with the global sanitation week.

Protection

New farm acquisitions in Makoni district, in the Manicaland province have resulted in the displacement of 53 people from 10 households. Most of the affected families are originally from neighbouring Malawi, Mozambique and Zambia. Affected families are camped along the road to the farm and have erected makeshift shelter using grass. The families lack access to clean water and sanitation facilities and are at risk of contracting cholera. The district administrator for Makoni is working on relocating the families, while IOM is providing them with food. A sustainable solution such as identifying land for relocating households at farms that have been earmarked for acquisition needs to be proffered to authorities. This will significantly lessen the vulnerability of affected families.

Reports of protection incidents have reduced significantly at the Plumtree and Beitbridge border transit centres managed by IOM.

A GenCap Gender Advisor arrived in July to assist the United Nations Country Team (UNCT) in gender mainstreaming, gender based violence (GBV) coordination and programmatic support for six months. UNFPA and the GenCap Advisor facilitated sessions on GBV and barriers to rape survivors seeking support at a training session for doctors from the MoH&CW. The 10-day workshop was organized by the Adult Rape Clinic (ARC), in cooperation with South African partners.

Partners working in the area of protection have noted an increase in reports of child labour and sexual abuse, particularly among girl children in Mt. Darwin and Centenary districts.

Protection committees have been set up and members trained in Kadoma, Zvimba and Mt. Darwin districts, with a focus on child protection, GBV and food committees. Plans are underway to start reconciliation and peace-building initiatives in these communities as well as Bindura district using methods such as joint sports activities. The declaration of three days dedicated to national healing, reconciliation and integration from 24 to 26 July 2009 paves way for such initiatives.

IOM conducted an awareness-raising session on its projects and operations in Murehwa district. The exercise targeted key stakeholders including district officials, police officers, chiefs and church leaders. It was aimed at increasing participants' understanding of humanitarian assistance offered by IOM to mobile and vulnerable communities.

Members of the Protection Cluster are working with local partners in Mashonaland West, Manicaland and Harare provinces to strengthen economic safety nets. Initiatives include income-generating activities such as the development and training of savings and lending committees, nutrition gardening and rebuilding an asset base. The self-help groups also serve as protection committees that discuss issues arranging from child protection to GBV and income-generating activities. Women constitute about 90% of the beneficiaries. Although the projects were established after Operation Murambatsvina, subsequent natural disasters such as flooding and droughts, compounded by recent economic challenges, have eroded much of the original support provided to the groups. Consequently, programmes aim to bring people together to increase their community resilience and social cohesion.

Some protection cluster partners have been increasing activities in child protection through the establishment of child protection committees, mainstreaming of child protection in other humanitarian activities and setting up child friendly help desks at food distribution points.

However, greater advocacy with local and central authorities is required on child protection, displacement and other related matters. This will be linked with new assessments to be undertaken in these areas.

Nutrition

The roll out of community-based management of acute malnutrition (CMAM) continues. In July, GOAL, MoH&CW and UNICEF trained altogether 127 clinic-based staff in the outpatient management of severe malnutrition. SC-UK trained more than 50 community volunteers in Binga district to conduct malnutrition screening using mid-upper arm circumference (MUAC).

To date, at least one provider in 242 different clinics has been trained in outpatient management of severe acute malnutrition, and up to five providers from 89 different referral facilities have been trained to treat complicated severe acute malnutrition. All 336 sites have received medical kits and supplies of ready to use therapeutic foods (RUTF). Primary partners in these efforts include MoH&CW, ACF, GOAL, SC-UK, World Vision International (WVI), PLAN International and UNICEF.

To improve the timeliness and quality of reporting on CMAM activities, UNICEF has agreed to fund a national CMAM information manager who is expected to start work by end of August. Work on the national CMAM guidelines continues, as do efforts to address the challenges of infant feeding in emergencies.

The Food and Nutrition Council (FNC) convened a multi-agency technical working group for the development of the National Food and Nutrition Policy on 15 July. The group established a timeline for policy development and endorsed terms of reference (TOR) for an international consultant to assist with the work. UNICEF has agreed to cover costs associated with the consultancy.

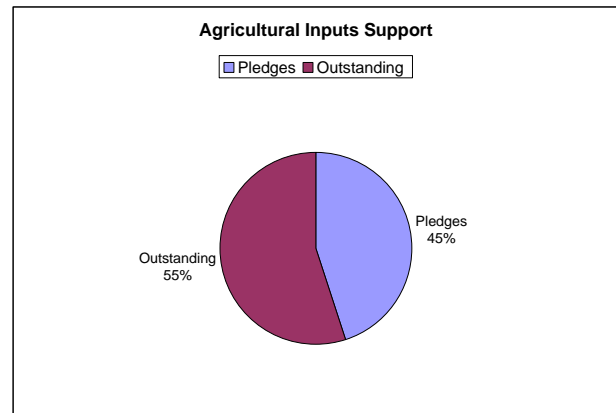
Meanwhile, cluster members are continuing with preparations for World Breastfeeding Week. The national launch will be held on 14 August in Beitbridge district. This year’s global theme is “Breastfeeding: A Vital Emergency Response - Are you ready?”

Agriculture

About 600,000 households (HH) will be receiving agricultural input support from NGOs and other humanitarian organizations for the 2009/10 agricultural season. Ten donors have pledged resources amounting to US\$60 million, representing about 45% of the total requirement for the sector.

The support will be in the form of cereal seed for maize, sorghum and millet, as well as legumes seed and fertiliser. Most beneficiaries will receive support sufficient to cover an area of 0.25 to 0.5Ha, which is below the initial target of a hectare per HH. This leaves a gap in terms of area coverage, although the target has been reached in terms of the number of farmers. Of the planned 600,000Ha, humanitarian partners will only manage to cover between 150,000

and 300,000 Ha, leaving a gap of about 300,000 Ha of uncovered hectareage.



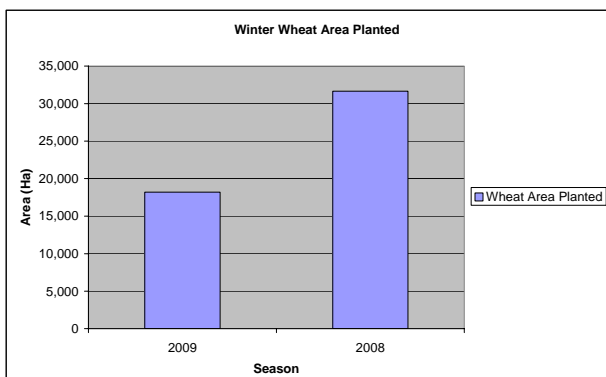
Given the time needed for procurement of large-scale agricultural programmes, usually about eight weeks, and the importance of timeliness in agricultural operations, FAO recommends that additional financial resources for the sector should be channelled towards procurement top dressing fertiliser, which is required later than seed planting. It is, however, imperative that the fertilizer reaches the farmers before end of November 2009. This gives humanitarian players an additional window of about five weeks. Thanks to early commitments from most donors, who had committed funds by April 2009, FAO forecasts that most beneficiaries will receive their inputs in time. This will be a considerable advantage compared to those receiving inputs late, and will offer a cushion in case of drought.

The 2009 winter season appears bleak and production may be lower than last year. Although 21,275 Ha had been prepared by end of July, only 18,201 Ha had been planted compared to 31,663 Ha that had been planted at the same time last year. The bulk of wheat is grown in the Mashonaland region and Manicaland province, with a hectareage of 15,596 representing 86% of the total. Crop stages are ranging from early vegetative to soft dough with the condition reported to be generally fair.

The food security situation in the country remains stable as prices reduced significantly as compared to January. By end of July, a bucket of maize grain cost US\$4 compared to between US\$10 and \$15 in January. Nearly 100% of sites monitored by AGRITEX, FEWSNET and FAO reported availability to cereal. The improvement has been attributed to

good rainfall and distribution last year, coupled with grain market reforms by the government.

The Crop and Food Supply Assessment (CFSAM) conducted by FAO, WFP and the government of Zimbabwe in May 2009 estimates domestic cereal availability for 2009/10 at 1.4 million tons, including forecast winter wheat production of about 12,000 tons, against a national requirement of 2.07 million tons, for a revised projected population of 11 million. The resulting import requirement is 680,000 tons, of which it is assumed that 500,000 tons will be supplied by commercial importers. This will leave an uncovered cereal deficit of 180,000 tons of all cereals.



Education

The steering group tasked to spearhead the process of cluster roll-out for the Education Working Group (EWG) has drafted TOR for review and approval by partners in August. The approval should mark the formal transition from working group to cluster. The transition process is being conducted in close collaboration with officials from the Ministry of Education, Sports, Arts and Culture (MOESAC), with the Save the Children Alliance providing cluster coordination. UNICEF, the designated cluster lead and the Save the Children Alliance, the co-lead, are working together to define their roles and responsibilities within the cluster.

Education partners continue to support water and sanitation repairs, as well as hygiene awareness campaigns in schools. Following an agreement with the MOESAC, education partners will conduct good hygiene and cholera awareness workshops for 600 schools in the 10 districts outside Harare that were worst affected by the 2008/09 outbreak. In addition, the working group is developing a comprehensive tool on who is doing what, where (3W) for WASH activities in schools.

Partners in education are assisting the MOESAC with the annual school census. The survey and data entry should be completed by the end of September 2009. Due to various challenges the last fully available set of data is from 2006.

The National Education Advisory Board (NEAB) is expected to submit a report on Zimbabwe's education sector in the coming weeks. This will be based on rapid assessment that was completed in May with assistance from education partners.

Members of the working group continue to play an advisory role in forming a coherent national plan alongside the MOESAC to provide textbooks to schools in Zimbabwe. Members that have provided textbooks and are in the process of compiling a comprehensive list of the books supplied so far.

Early Recovery

The Early Recovery cluster in Zimbabwe has been officially activated and is meeting every third Wednesday of the month. IOM, as co-lead, will act as chair until UNDP; the lead finds a substantive cluster chair. Currently, the cluster is refining its focus sectors and the corresponding 3W tool, which will be rolled out to partners within the short term.

VII. Funding

The humanitarian response in Zimbabwe received a boost when UN Emergency Relief Coordinator (ERC), John Holmes, announced the allocation of US\$9 million from the Central Emergency Response Fund (CERF). With this allocation, Zimbabwe becomes the highest recipient of CERF funding in 2009. This is the third CERF allocation for Zimbabwe this year raising the total to \$26.9 million for humanitarian actors to carry out and continue essential emergency operations. The CERF funds will be apportioned by the UN Humanitarian Coordinator to priority life-saving programmes, as identified by UN humanitarian agencies, the International Organization for Migration (IOM) and their NGO partners.

Meanwhile, the funding picture of the Zimbabwe Consolidated Appeal 2009 as portrayed on the Financial Tracking Service (FTS) has changed considerably since end June 2009. The increase of nearly 8% in coverage is mostly the result of recent reporting by the agriculture cluster on funds

committed to the emergency agriculture programme. By 31 July 2009 the total funding committed towards activities in the Zimbabwe Consolidated Appeal was US\$315 million, representing 44% of the total revised CAP requirements of US\$718 million. Additional CAP funding reported by donors and agencies to FTS over July 2009 amounted to US\$55 million, compared to US\$14 million in June 2009. The total unmet requirements for the consolidated appeal as of end July 2009 stand at US\$402 million.¹ A detailed overview of the funding situation by cluster is included below.

Cluster	Revised Requirements (in US\$)	Funding (in US\$)	Coverage
Agriculture	142,408,264	57,000,000	40%
Coordination	9,436,875	2,868,204	30%
Early Recovery	11,221,539	0	0%
Education	74,555,400	237,526	0%
Food	288,512,398	183,661,836	64%
Health	82,610,961	34,676,148	42%
Multi-Sector	31,160,081	626,922	2%
Nutrition	10,132,040	984,877	10%
Protection	13,224,462	4,514,776	34%
Unspecified	0	2,000,000	-
WASH	55,368,232	29,201,645	53%
TOTAL	718,630,252	315,771,934	44%

The top five donors to the Zimbabwe Consolidated Appeal 2009 currently are the United States, European Commission, United Kingdom, the Netherlands, and Canada covering nearly 13% of the total CAP requirements after revision.

Donors continue to commit considerable amounts to activities outside the CAP framework, which currently totals US\$185 million. The percentage of outside funding out of all humanitarian funding provided by donors has decreased from 40% to 37%, a clear sign of increased donor support for the CAP. The top five donor countries providing funding outside the CAP framework since June 2009 are the United States, European Commission/ECHO, Canada, Germany and Denmark. The humanitarian community acknowledges the generous contributions of donors towards Zimbabwe's humanitarian emergency and anticipates increased funding support to meet all priority needs of the country's population.

¹ It has to be noted that the agriculture cluster has recently provided additional clarifications on its funding figures and the current FTS figures amounting to US\$81 million for agriculture is to be downsized to US\$57 million due to double-counting. The figures reflected in the funding overview above have taken these adjustments into account and are based on the corrected figures.

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.

VIII. Coordination

In light of the possibility of another cholera outbreak, the Inter-Agency Standing Committee Country Team (IASC-CT) has mandated OCHA to work with the health and WASH clusters to ensure the Joint Cholera Response Plan is updated by 15 August 2009.

Key meetings scheduled for August are as follows:

- Tuesday, 04 August 2009**
Health Cluster Meeting. WHO Boardroom at Parirenyatwa Hospital from 14:30. Contact umutonic@zw.afro.who.int
- Wednesday, 05 August 2009**
Joint Health and WASH cluster meeting. WHO Boardroom at Parirenyatwa Hospital from 09:00. Contact umutonic@zw.afro.who.int and mpeters@unicef.org
- Thursday, 06 August 2009**
Health Cluster Strategic Working Group Meeting. Venue TBA from 16:15. Contact umutonic@zw.afro.who.int
- Wednesday, 19 August 2009**
World Humanitarian Day. Contact muwani@un.org
- Thursday, 06 August 2009**
Health Cluster Strategic Working Group Meeting. Venue TBA from 16:15. Contact umutonic@zw.afro.who.int
- Thursday, 27 August 2009**
Agriculture Coordination Working Group Meeting. Celebration Centre, 162 Swan Drive, Borrowdale, Harare from 09:00am. Contact jacopo.damelio@fao.org
- Tuesday**
Social mobilization weekly taskforce meeting at 10:00 at UNICEF. Contact: pmathenge@oxfam.org.uk
- Wednesday**
Early Recovery meets every third Wednesday of the month. Time and venue TBA. Contact SPetersson@iom.int
- Friday**
WASH cluster meets on the last Friday of the month at UNICEF. Contact: mpeters@unicef.org

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For more information, please visit <http://ochaonline.un.org/CholeraSituation/tabid/5147/language/en-US/Default.aspx>

To be added or deleted from this SitRep mailing list, please email muwani@un.org or visit www.ochaonline.un.org/Zimbabwe

Cluster/Sector Membership List, July 2009²

COORDINATION – OCHA: CONTACT Marcel Vaessen : vaessen@un.org

Education	Protection	Nutrition	Agriculture	Early Recovery	Health	Food Aid	WASH	Logistics
Lead: UNICEF Contact: Louise Mvono lmvono@unicef.org Co-Lead : SC-UK Contact: James Sparkes james@savethechildrenew.org	Lead: UNHCR Contact: Caroline Ort ort@unhcr.org	Lead: UNICEF Contact: Tobias Stillman tstillman@unicef.org	Lead: FAO Contact: Jacopo Damelio jacopo.damelio@fao.org Contact: Constance Oka constance.oka@fao.org	Lead: UNDP Contact: Alex Zinanga alex.zinanga@undp.org Co-Lead: IOM Contact: Natalia Perez nperez@iom.int	Lead: WHO Contact: Chantal Umutoni umutonic@zw.afro.who.int	Lead: WFP Contact: Liljana Jovceva liljana.jovceva@wfp.org	Lead: UNICEF Contact: Mark Peters mpeters@unicef.org Co-Lead: OXFAM GB Contact: Nicholas Brooks nbrooks@oxfam.org.uk	Lead: WFP Contact: Vladimir Jovcev vladimir.jovcev@wfp.org
Africare, CARE, CFU, Chiedza, CRS, FAO, FAWEZ, GCN, IOM, Mercy Corps, MOESC, NHF, NRC, PLAN, SCN, SCUK, SNV, SOS, TDH, UNESCO, UNHCR, UNICEF, WFP, WVI, ZIMTA	Cadec Christian Care, ICRC ³ , IOM, IRC, Mercy Corps, NRC, OXFAM Australia, Plan, SCN, SCUK, UNFPA, UNHCR, UNICEF, WVI	ACF, Action Aid, ACTION, ADRA, AFRICARE, , Batsirai, CAFOD, CARE, CESVI, CFU, Christian CARE, CONCERN, COSV, CRS, C-SAFE, CTAZIM, ACHICARE, FACT, FAO, FCTZ, FNC, FOST, GAA, GOAL, GTZ, HELPAGE, HKI, IPA, LINKAGE, MDM, MERCYCORPS, MoHCW, MSF-B, MSF-H, MSF-L, MSF-Spain, MTLC, NHFZ, Nutrigain Trust, OXFAM, PLAN, SAFIRE, SC-N, SC-UK, SIRDC, TDH, Tree Africa, UNICEF, WFP, WHO, WVI, ZAPSO, ZCCJP, ZRCS, Zvitambo, ZWBTC	ACF, Action Aid, ADRA, Africa 2000, Africare, CADS, CAFOD, CARE, Christian Care, Concern, CRS, CTD, Dabane Trust, DAPP, Environment Africa, FACHIG, FCTZ, GAA, GOAL, HELP, Help Age, IOM, LEAD Trust, Mercy Corps, ORAP, OXFAM America, Practical Action, PSDC, River of Life, SAFIRE, SAT, SC-UK, WVI, ZCDT, ZRCS	ADRA, CARE, Christian Aid, Christian Care, CRS, FABAZIM, FAO, GOAL, IFRC, IOM, LDS, MTLC, NHF, NPA, NRC, Oxfam GB, Progressio, SCN, UNAIDS, UNDP, UNFPA, UNHABITAT, UNHCR, UNICEF, WFP, WHO, ZPT	ACF, ADRA, Africare, Action Aid, CARE Zimbabwe, CDC CH, CRS, CWW DAPP, Elizabeth Glaser Pediatric AIDS Foundation, GAA-Merlin, GOAL Humedica, ICRC, IFRC, IMC, IOM, MSF, MDM, Plan International, Sysmed, International Red Cross Societies (Japanese, Spanish, Zimbabwe) UNFPA, UNICEF WHO, WVI	ADRA , Africare, CARE, COSV, CRS, Christian Care, Concern, GOAL, HAZ, ICRC, IOM, IPA, Mashambanzou Care Trust, NRC, ORAP, Oxfam-GB, Plan International, SC-UK, WVI,	ACF, Action Aid, ADRA, Africare, ARUP, Ayani, CAFOD, CDC, Christian Aid, Christian Care, Concern, CRS, Dabane, FAO, FCTZ, GAA, GOAL, Help Age, Help Germany, IDEZIM, ICRC, IFRC, IOM, IRC, IWSD, JRC, Lead Trust, Mercy Corps, MSF-A, MSF-B, MSF-L, MSF-S, MTLC, NCA, OXFAM, Padare, Plan, Practical Action, PSI, Pump Aid, SC-UK, UNDP, UNHCR, UNICEF, UZ, WFP, WHO, WVI, WWF, ZCDT, ZINWA,	ACF, Concern, GOAL, IFRC, MDM, NCM, SC-UK, UNICEF, WFP

² Please note that this matrix is constantly being updated. Kindly send the names of new member organizations and/or any proposed changes to OCHA.

³ The ICRC, as a strictly independent humanitarian organisation participates as a standing invitee in cluster meetings to complement and strengthen the coordination for an efficient and effective humanitarian response.

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