



Key Points

- Government and Humanitarian Community conduct joint assessment on the situation of IDPs
- AH1N1 Influenza strikes in Zimbabwe
- Zimbabwe marks inaugural World Humanitarian Day
- New CAP cycle for Zimbabwe begins
- More donors contribute to support agriculture

I. Situation Overview

Zimbabwe's humanitarian situation recorded some important gains over the previous months. However, while these recent developments allow some room for optimism, the country's humanitarian situation remains fragile and renewed efforts are needed to consolidate the gains.

The official end of the cholera epidemic in July 2009, favourable rainfall during the last agricultural campaign coupled with a general improvement of yields and a dramatic reduction of the projected number of food aid beneficiaries are all reasons for cautious optimism.

However, the situation remains grave. While in general some of the effects of the humanitarian situation are being addressed, significant investment is required to address the causes. In this regard, humanitarians are bracing for a new cholera outbreak with the onset of the rainy season.

It is expected that the mechanisms created to curb the previous epidemic will contribute substantially to reduce the impact of a new cholera outbreak. However, many of the root causes of the outbreak, chiefly the inadequacy of water, sanitation and health networks, still need to be addressed.

On the other hand, it is still early to be very optimistic about the reduction in the projected number of food aid beneficiaries, as the figure is still closely linked to subsistence agriculture. A great deal still depends on favourable weather and the absence of natural disasters, to which Zimbabwe is prone.

The confirmation of five cases of A H1N1 influenza in the eastern border town of Mutare, coupled with

reports of suspected cholera cases in Chipinge district and compounded by the strike by doctors and nurses at state hospitals in August, serve as a stark reminder of the country's fragility.

While the ability to swiftly manage the influenza and attend to the suspected cholera cases reflects an improvement in the health delivery system, the industrial action by health personnel is a reminder of the struggling economy.

Meanwhile, Zimbabwe joined the globe in marking the inaugural World Humanitarian Day. The UN General Assembly determined in late 2008 that World Humanitarian Day should be marked annually on 19 August, the date of the 2003 Canal Hotel bombing in Baghdad where 22 humanitarian workers and dedicated professionals lost their lives.

The day provided an opportunity to celebrate the humanitarian community's contribution to serving vulnerable communities, which is often overshadowed by ever-increasing needs. For humanitarians in Zimbabwe, it was a chance to take stock of achievements made, despite difficulties in the operating environment.

Such achievements include input assistance to 40,000 vulnerable households (HH) in seven districts with comprehensive input packs for 0.5Ha, reaching over five million people with emergency water and sanitation support especially in response to the cholera outbreak, supporting coordination of interventions to reduce morbidity and mortality due to cholera and providing nearly 118,000 metric tons of food to over four million beneficiaries, among other interventions in 2008. Funding was provided through mechanisms such as the Central Emergency

Response Fund (CERF), the Consolidated Appeal Process (CAP) and contributions by various donors. Commemorating the day created a platform for the community to renew its commitment to serving the needs of vulnerable populations. Zimbabwe's humanitarian situation remains serious as the country continues to face threats such as food shortages and the possibility of another cholera outbreak, among other challenges.

It is with this in mind that the humanitarian community will remain focused and maintain its efforts through mechanisms like the CAP which is already underway for 2010.

II. Humanitarian Needs and Response

Health

The Ministry of Health and Child Welfare (MoH&CW) on 20 August 2009 announced the first five cases of confirmed AH1N1 in Zimbabwe. The cases were confirmed among children at a school in the Manicaland province's Mutare district. Out of specimens taken from 27 students, five proved to be Influenza type A and were referred to the National Institute of Communicable Diseases in South Africa, which is the nearest reference laboratory. All the probable cases were treated using Tamiflu and their contacts were followed up for a week after. Surveillance is ongoing for new cases at both public and private health facilities and Tamiflu stocks and Personal Protective Equipment (PPEs) have been sent out to health facilities designated for treatment of suspected cases.

The MoH&CW, with support from WHO, has put in place plans to manage a possible outbreak. This includes stockpiling 10,000 tablets at central level and pre-positioning at least another 10,000 at infectious diseases hospitals. Key health staff have been trained at district level and efforts are being made to boost staff levels within the provinces, particularly in Harare. To improve surveillance and reporting of suspected cases, staff at various entry ports have received mobile phones while toll free lines are being operated at district and national level for continued surveillance. This serves for both cholera and H1N1. A preparedness and response plan for the pandemic influenza is being finalized and the initial draft has been shared with partners.

Although WHO is procuring PPEs, there is need for more support in this area, particularly for provincial and district level institutions as well as entry ports. The MoH&CW plans to cascade training of health workers through regional and national taskforces in the forthcoming weeks. A line list is being prepared and further investigations are being carried out to inform the ministry on the characteristics of this outbreak. Information, education and communication (IEC) advocacy materials to encourage early treatment and correct social behaviour have been prepared and distributed, while a second generation of materials are being prepared.

Epidemiological surveillance for detection of a new cholera outbreak continues. On 21 August 2009, health cluster partner received a cholera alert and immediately conducted an assessment. Samples taken from patients tested negative for cholera. The cluster continues to share weekly epidemiological reports with members while compiling a final outbreak report. The cholera outbreak that affected Zimbabwe between August 2008 and July 2009 was declared over by Health and Child Welfare minister, Dr. Henry Madzorera on 28 July 2009.

The respite in the epidemic gives health partners an opportunity to set up systems in preparation for Zimbabwe's next rainy season and the possibility of another outbreak. This includes pre-positioning cholera stocks at provincial and district health institutions by WHO 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. Most health partners have pre-positioned stocks in the areas of their operations.

The Health and WASH clusters are updating the cholera response operational guidelines. An independent evaluation has been commissioned to review the health cluster's response to the recent outbreak so stakeholders can benefit from lessons learnt and better prepare for future outbreaks. Revitalization of the Village Health Worker (VHWs) program began in July 2009 with the aim to train a minimum of 10,000 in two years. This will enhance preparedness and response to epidemics as VHWs are important for early warning and prevention or control of epidemics. So far two stakeholder meetings have been carried out while a VHW training manual and other reference materials are being finalized ahead of the first training.

To boost surveillance and coordination of epidemic response through the Cholera Command and Control Centre (C4) mechanism, some districts and provinces received Information Communication & Technology (ICT) equipment including printers, computers, LCD projectors and stationery. The strategic working group has finalized the indicators that will be used to measure the health cluster's progress. The next step is to gather information from surveys, epidemiological and demographic data.

These steps are being bolstered by partners like IOM that are working in border areas. The organization is working with local government to support case management training to rural health facilities in 10 official border areas. It is also assisting to revitalize the radio communication system at 10 official border posts and surrounding health facilities, constructing pit latrines at eight official border posts, conducting health and hygiene promotion trainings for community health volunteers and supporting outbreak response efforts through provision of supplies and consumables.

However, there is still some need to boost communication systems in rural areas in order to improve disease outbreak reporting. In addition, logistical support for disease surveillance activities and specimen transport to laboratory facilities remains a gap that needs to be urgently addressed.

Water, Sanitation and Hygiene

The WASH Cluster will sponsor a three-day training on Cluster Coordination in Zimbabwe from 28 to 30 September 2009. Targeted participants include potential district level focal points and government representatives from the health and water sectors. The training aims to improve coordination capacity in the country with an emphasis on WASH; strengthen coordination between government and non governmental actors; enhance understanding of the WASH cluster's role in the cholera response; and ensure the cluster's effectiveness in supporting the government's response in the event of another cholera outbreak this year.

Cluster members in various districts throughout the country are using the comprehensive assessment tool (CAT) to provide a baseline for their programs and help rank relative WASH risks in the country. More support is needed, however, in districts which had high cholera attack rates last year and are not currently being assessed.

Cholera response activities in August included rehabilitation of 46 water points and trucking of 710,000 litres of water, Non-Food Item (NFI) distributions with 20,886 complete packages and a re-supply of 48,840 NFI consumables. Altogether, 57 WASH awareness sessions that reached 6,741 people were carried out. In addition, 65 trainers received training in participatory health and hygiene promotion (PHHP).



Bio-sand filters are a cheap and practical means to providing safe water to communities. Photo courtesy of IMC.

Ten households in Rushinga and Bindura districts benefited from the installation of bio-sand filters as part of a pilot project by International Medical Corps (IMC)-Zimbabwe with financial support from ECHO. The project is targeting 30 households in selected villages within the two districts. Bio-sand filters use natural materials to clean and purify water, thereby improving access to safe water, particularly in areas where people commonly take water from streams and rivers. Using a concrete structure layered with 50 centimetres (cm) of sand and two 5cm layers of gravel, the design removes over 98% bacteria, 100% parasites, turbidity, some iron and manganese. The units have a high flow rate of 60 litres per hour with no on-going costs or replaceable parts. They can

yield up to 240 litres of water per day, which provides sufficiently drinkable water for about five households. The units are durable and easy to operate and maintain. Training to beneficiary communities on use of the filters is complimented with health and hygiene education.

Meanwhile, the WASH cluster continued its institutional activities, including trucking of 205,000 litres of water to clinics in Harare and Chitungwiza. In addition, Chirorwe and Mungezi clinics in the Masvingo province's Bikita district received water and sanitation facilities. At Chirorwe, cluster members rehabilitated a borehole, installed a new water pump, constructed a storage tank, built a new hand washing facility and rehabilitated two flush toilets. At Mungezi, the clinic's water network and flush toilet were rehabilitated while a hand washing facility was constructed. Two schools in Mwenezi district also benefited from the installation of new water pumps. Partners also rehabilitated 60 bush pumps in Centenary and Chipinge districts.

In August, the WASH Technical Task Force conducted a "B" Type Bush Pump Parts Inspection workshop. More than 60 cluster members participated and received information on how B Type Bush Pumps work, names and functions of parts, tools required for maintenance and quality assurance of spare parts. Renowned water and sanitation specialist Dr. Peter Morgan and pump manufacturers V & W Engineering supported the training.

The social mobilization task force is supporting the Ministry of Environment and Tourism and MoH&CW to organize a solid waste clean up campaign that will be conducted in September. The national initiative will be publicly launched by the two ministers. Provincial authorities are expected to set up specific clean up days in support of the campaign. The initiative is voluntary and is being supported by a various government, non-governmental and private actors. It is hoped that with support from central government, this initiative will become a monthly activity aimed at inculcating a culture that encourages communities to take responsibility for solid waste management in their localities.

Protection

The Joint Assessment on internally displaced populations (IDP), by government and UN agencies, took place from 24 to 29 August 2009. Six teams of

data collectors, each comprising three representatives of the GoZ and three UN staff members, interviewed IDPs and stakeholders in 15 selected communities. Prior to the fieldwork, data collectors and the support teams had a two-day training exercise. Topics covered included the Guiding Principles on Internal Displacement, basic concepts of assessments, interviewing skills, ethics, the assessment tools and methodology.

Preliminary data show that the needs of IDPs vary greatly between locations, including shelter and safe water, sustainable livelihoods and security of land tenure. Initial data will be available in early September in preparation for the CAP planning process, while more comprehensive and analysed findings are expected later in the month.

UNHCR and its partners carried out two sensitization workshops on the UN Guiding Principles on IDPs in the Mashonaland East province. Altogether 90 people from Murehwa and Uzumba-Maramba-Pfungwe districts were trained, including district officials, local councillors, traditional leaders, representatives of the line ministries at the district level and other stakeholders. Participants also discussed general and district specific issues on assistance and protection to displaced persons. The sessions were aimed at enhancing awareness of IDP rights among local authorities, while initiating more open dialogue on displacement. The Guiding Principles were well received and supported by both participants and district officials. Similar sessions are planned for Midlands and Manicaland provinces.

Concerns have been aired regarding the possible relocation of communities in the diamond mining area of Chiadzwa in Mutare. The communities are expected to be moved to Arda Transal in Odzi district. However, there are fears that lack of infrastructure and facilities such as land and safe water in the relocation site will erode the community's livelihood. Due to uncertainty surrounding the relocation, the community have not planted new crops, having lost two harvests due to droughts, thereby compromising their food security.

UNHCR and its partners continued to work with displaced and returnee communities in Midlands, Mashonaland East, Mashonaland West, Manicaland provinces and Harare. Regular field missions were conducted to provide legal advice and counselling at individual and community levels, combined with

psycho-social and reconciliation activities. A common problem in all locations was the lack of civil and identification documents, an issue that partners are working with district authorities to address. Partners also distributed NFIs in selected locations and started small scale livelihoods interventions in a number of communities, including Alaska Farm, Marareka, Sengwa Mission, Penhalonga, Sabukva, Odzi, Tanganda, Uzumba-Maramba-Pfungwe and Dunstan.

Medicins Sans Frontieres – Holland (MSF-H) distributed NFIs to 360 households that were recently displaced from Tafara flats and resettled at Caledonia Farm in Harare.

Farm acquisitions in Silver bore Farm in Makoni district resulted in the displacement of former farmer workers and affected nine households with 66 individuals. Victims are reported to be living in the open as the homes and personal property of the farmers were also destroyed.

Meanwhile, protection cluster partners are engaging district authorities to identify durable solutions regarding 30 families that have been camping on the Harare–Mutare road near Odzi since June 2009 following the acquisition of the farm they lived on. The families are still living in make-shift shelters without access to basic services.

Harare Mayor, Muchadeyi Masunda, has given assurance that the city council will not conduct an urban clean-up exercise similar to Operation Murambatsvina in 2005. This follows recent misunderstanding over the planned national clean up campaign scheduled for the end of September 2009. The Harare City Council further gave its assurance that lessons from the previous clean up exercise would be considered to avoid a humanitarian crisis if the need to move illegal settlers arose.

UNHCR and IOM facilitated the voluntary return of 103 Zimbabweans from South Africa. Most of the returnees went back to urban and peri-urban areas throughout the country. Partners are following them up and reviewing the possibility of providing reintegration assistance.

Protection reports among returnees continue to decline. At the Plumtree border post, returning irregular migrants from Botswana reported eight cases of unpaid wages. IOM is assisting to resolve the cases.

UNHCR facilitated a mission by the Canadian High Commission from Pretoria, during which 57 refugees were interviewed for resettlement to Canada. Those interviewed are mainly from the Democratic Republic of Congo (DRC) and have been living at Tongogara refugee camp in Manicaland Province for several years.

More than 50 children approached the Child Protection Committees of the Joint Initiative recently in Harare and Bulawayo, requesting assistance in paying their school fees. This indicates an increase in the number of households that can no longer afford basic education.

The Women in Law in Southern Africa (WLSA) Zimbabwe, in partnership with Oxfam GB, have launched an anti-trafficking campaign. The campaign aims to prevent the violation of the rights of women and children through human trafficking, exploitation and abuse ahead of the 2010 soccer World Cup. So far campaign activities have been held in Gwanda district in Matabeleland South Province.

Food

WFP anticipates that Safety Net (SN) activities will be affected by pipeline challenges due to funding shortages. To this end, the agency is considering both streamlining some of its SN activities with the Vulnerable Group Feeding (VGF) programme and reducing some activities if adequate resources are not mobilised. Consultations with donors on funding alternatives are currently in progress. The agency's target for August was to assist 482,658 beneficiaries with 8,320 MT of food.

Meanwhile, plans are underway to introduce a new food security approach that entails a more targeted VGF programme and food/non-food activities. This includes weighing options such as pilots on Food for Work programmes and cash voucher schemes. WFP is also exploring the possibility of providing logistic support to the agricultural input support by NGOs and other humanitarian organizations.

Nutrition

The nutrition cluster has convened a working group on cholera in preparation for the upcoming rainy season. So far, the working group has reviewed the food and nutrition sectors' performance in the 2008-2009 outbreak, and is preparing a detailed response

plan. In the event of another cholera outbreak, the cluster will concentrate on the delivery of three key interventions namely, promotion of exclusive and continued breast-feeding, safe handling of food and food products, and timely appropriate feeding of the infected. The response plan should be ready by mid-September 2009 and notes from the meeting are available upon request.



Beneficiaries in Tsholotsho district share grain that is provided as part of the Safety Net programme. Photo courtesy of Richard Johnson. OCHA-VMU.

The cluster submitted a proposal to the CERF for funding to expand project implementation to 11 highly vulnerable districts and to IDPs throughout the country. The roll out of community-based management of acute malnutrition (CMAM) continues and recruitment for a monitoring and evaluation officer is underway. The cluster's CMAM working group is standardising data collection instruments across implementing agencies. Save the Children Norway has initiated a child supplementary feeding program in Chimanimani district in Manicaland province.

The cluster is in the process of formalizing a terms of reference and developing a more robust governance

structure. The new TORs and governance structure should be ready for adoption at the September 2009 cluster meeting.

During the month, nutrition cluster members joined the MoH&CW and more than 2,000 Zimbabweans at the national launch of World Breast-feeding week in Beitbridge. This year's theme was "Breast-feeding: A Vital Emergency Response - Are you ready?" ACF, a nutrition partner, sponsored a similar event in Gutu district, where the MoH&CW and MoEASC organized poetry and drama competitions to promote exclusive breast-feeding. UNICEF distributed IEC materials for the promotion of breast-feeding to 10 provinces.

Agriculture

Funding towards the agricultural input support by NGOs and other humanitarian organizations in August increased to US\$72 million from US\$60 million in July as donors increased from 10 to 15. This will enable the humanitarian community to reach about 640,000 households (HH) in the 2009/10 agricultural season. The available funding represents about 55% 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 legume seed and fertiliser. Most beneficiaries will receive support sufficient to cover an area of 0.25 to 0.5Ha.

In addition, the Government of Zimbabwe has taken an active interest in the coordination of humanitarian assistance in agriculture. A paper recently produced for stakeholders involved in the intervention recommends that NGOs should include an element of contribution by recipients through activities that benefit communities and the public, such as food for work programmes. This should discourage free distributions and reduce dependency on handouts. Communities would be responsible for deciding the most suitable public work-related activities they will conduct as well as the timing. Government has agreed on some flexibility for the 2009/10 programme, which is already being implemented.

As most donors, who had pledged funds to agriculture had honoured their commitments by April 2009, FAO forecasts that most beneficiaries will receive their inputs in time. This will be a considerable advantage since statistically early planted crops perform much better.

The food security situation in the country remains stable with the cost of a bucket of maize grain still at US\$4, the same price for July 2009. About 95% of sites monitored by AGRITEX, FEWSNET and FAO report availability of cereal.

An update of the ZimVAC assessment will be conducted in October 2009, to establish if the figure on food insecurity produced in May 2009, estimating that 1.4 million rural people will need food assistance in the peak hunger period, is still relevant.

Education



Teachers discuss IEC materials at a hygiene promotion and cholera prevention workshop hosted by Belgian NGO, VVOB in Harare. Photo courtesy of VVOB.

There was not much activity in the education sector during August because of the school holidays. The cluster has been involved in mobilizing resources through mechanisms such as the CERF and preparations for the upcoming CAP. Preparations for the joint education assessment are underway while efforts to establish the Education Transition Fund are continuing.

Education cluster partners met to discuss ongoing health and hygiene promotion in school to counter the threat of cholera and share best practice and lessons learned. A data collection tool on who is doing what, where (3W) for WASH activities in schools has been compiled and distributed amongst the WASH and education cluster members.

Early Recovery

Early Recovery cluster members, in consultation with stakeholders, have agreed to focus on three main sectors, namely Economic Livelihoods, Governance

and Infrastructure, with 20 corresponding sub-sectors. Priorities among these sectors for the CAP 2010 are under discussion in preparation for the CAP workshop scheduled for early September. The 3W tool for Early Recovery has been finalized and will be rolled out to partners shortly.

VII. Funding

The CAP 2009 funding as reflected on the Financial Track Service (FTS) currently stands at 54%, although some corrections to the figures are expected over the next few days, which may reduce it to 50%. As of 31 August 2009, total CAP funding stands at \$385 million out of a total requirement of US\$719 million. Zimbabwe ranks amongst the lower second half of appeals in terms of funding coverage, while funding recorded outside of the appeal framework remains high with a total of US\$169 million. OCHA continues to work with donors and clusters to ensure the Financial Tracking Service is updated ahead of the preparations for the CAP 2010 document, which will put additional emphasis on thorough analysis of the funding gaps to date. Further corrections or updates by partners to the FTS data are welcome.

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

The CAP workshop, which is the initial stage of the consultation process leading to the consolidated humanitarian strategy for 2010 will take place from 02 to 03 September 2009. Key stakeholders to the process, including representatives from the government, donor community, national and international NGOs, Red Cross Movement, UN agencies, cluster coordinators and external specialists have been invited to ensure broad participation at the workshop. Throughout September and early October 2009, humanitarian partners in the country will work closely develop the Zimbabwe Consolidated Appeal for 2010, which is expected to be officially launched in New York on 24 November 2009.

Key meetings scheduled for September are as follows:

- Tuesday, 01 September 2009
Cholera lessons learnt workshop. OCHA Boardroom. 09:00am. Contact khan115@un.org
- Wednesday, 02 to Thursday, 03 September 2009. CAP Workshop for 2010. Rainbow Towers Hotel. 08:00am. Contact vaessen@un.org
- Wednesday, 09 September 2009
Education Cluster meeting UNICEF Children's Room from 10:30am. Contact jamess@savethechildrenzw.org
- Wednesday, 09 September 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
- Tuesday, 15 September 2009
Health Cluster Meeting. WHO Boardroom at Parirenyatwa Hospital from 14:30. Contact umutonic@zw.afro.who.int
- Thursday, 24 September 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 NPerez@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 mailing list, please email muwani@un.org or visit www.ochaonline.un.org/Zimbabwe

Cluster/Sector Membership List, August 2009¹

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Africare, CARE, CFU, Chiedza, CRS, FAO, FAWEZ, GCN, IOM, Mercy Corps, MOESC, NHF, NRC, PLAN, SCN, SCUUK, SNV, SOS, TDH, UNESCO, UNHCR, UNICEF, WFP, WVI, ZIMTA	Cadec Care, Childline, Christian Care, CRS, Helpage, ICRC ² , IOM, IRC, ISL, Mercy Corps, MSF-H, Musasa project, NRC, OCHA, OHCHR, OXFAM GB, Plan International, SCN, SCUUK, Transparency International, UNDP, UNFPA, UNHCR, UNICEF, WVI, WHO, ZACRO, ZCDT, ZYWNP	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, Oxfam GB, Plan, 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

¹ Please note that this matrix is constantly being updated. Kindly send the names of new member organizations and/or any proposed changes to OCHA.

² The ICRC, as a strictly independent humanitarian organization 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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