



Key Points

- New cholera cases reported
- More cases of A H1N1 Influenza reported
- 680,000 farmers receive input assistance
- HIV prevalence declines to 13.7%

I. Situation Overview

Zimbabwe's humanitarian situation remains complicated. Although some positive developments have taken place, the humanitarian needs remain acute. As a result, the situation remains fragile and renewed efforts are constantly needed to consolidate the gains being made.

While donors launched the Education Transition Fund (ETF) and revived the Basic Education Assistance Model (BEAM) in September, thereby availing education and materials to many vulnerable children, teachers were on strike and 70% of students scheduled to write key public examinations failed to register due to lack of funds.

Reports of cholera cases raise alarm after a month-long respite from the previous outbreak that ended in July 2009. The current state of WASH infrastructure weakens efforts to contain cholera and leaves large sections of the population highly vulnerable to various public health threats. More reports of A H1N1 influenza, particularly at schools, remain cause for concern. Further, the Ministry of Health and Child Welfare (MoH&CW) remains under-resourced, which keeps it in a constant state of fragility, reduces its capacity to respond to public health needs and erodes gains such as the reduction in HIV prevalence from 14.1% in 2008 to the current 13.7%. According to MoH&CW minister, Dr. Henry Madzorera, about US\$1.3 billion is required for the ministry to function effectively. Resource constraints are characteristic of most Government ministries and affect service delivery particularly to vulnerable groups, creating gaps that the humanitarian community is striving to fill.

The food security situation remains precarious as it is highly dependent on the combination of early distribution of agricultural inputs and good rains.

It is with this in mind that the humanitarian community remains committed to improving the country's situation through mechanisms like the Consolidated Appeal Process (CAP) which is already underway for 2010. The CAP workshop, which is the initial stage of the consultation process leading to the consolidated humanitarian strategy for 2010, took place from 02 to 03 September 2009. Key stakeholders to the process included representatives from the government, donor community, national and international NGOs, Red Cross Movement, UN agencies, cluster coordinators and external specialists thereby ensuring 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 November 2009. It is hoped that the CAP will help to improve the lives of the most vulnerable people in Zimbabwe.

II. Humanitarian Needs and Response

Health

Over 200 suspected cases of seasonal influenza were reported in September. Of these, 27 were confirmed to be influenza A by rapid test and five were confirmed to be Influenza A H1N1 by polymerase chain reaction (PCR) testing at the National Institute of Communicable Diseases in South Africa. The bulk of influenza cases reported were from schools in the Manicaland province's Mutare and Nyanga districts, of which three were A H1N1. A cumulative 17 suspected cases were reported in Harare, of which two were confirmed to be Influenza A H1N1. Another 24 suspected cases were reported in Mashonaland East province, 16 of which were confirmed to be Influenza A, these are under further investigation. The country has adequate stocks of Tamiflu for the treatment of confirmed cases of Influenza A, in line with the national response plan.

However, there is still need to procure additional stocks of Personal Protective Equipment (PPEs). There is an urgent need to upgrade and accredit the Virology Laboratory in Harare to enable confirmation of specimens for Influenza A H1N1 by real time PCR testing. This will enable the surveillance system to capture as many cases of Influenza A H1N1 as possible and allow for rapid containment of the spread of the influenza.



WHO Representative, Dr. Custodia Mandlhate and MoH&CW Permanent Secretary Brigadier General Dr. Gerald Gwinji at a ceremony where WHO handed the ministry 300 bicycles and 124 motor cycles purchased with CERF funds to boost health care and disease surveillance in the country. Photo courtesy of Paul Garwood. WHO.

Currently all cases of Influenza A are given presumptive treatment of Tamiflu as a stop gap measure. Support to the national virology and microbiology reference laboratories to send samples for PCR testing to Lusaka, which has a WHO accredited laboratory, will enable typing of influenza A in the meantime. This will enable targeted use of Tamiflu for only severe confirmed cases. It is important to be able to test for Influenza A H1N1 as there are up to 17 different sub-types of Influenza A.

The Health Cluster and its partners hosted the influenza H1N1 'call to action' meeting from 29 to 30 September 2009. The meeting was aimed at operationalising the global call to action at country level, garnering much needed support for the response to the threat of Influenza A H1N1 in Zimbabwe. Following the workshop, health partners signed a declaration in which they committed to "ensure that all people have access to the highest standard of health care" for both A H1N1 and other public health threats. Meanwhile, members of the private sector have committed to supporting the

Influenza taskforce in the procurement of stocks of Tamiflu and PPEs as contingency stock. They also pledged to support the production of information, education and communication (IEC) materials. An education campaign to encourage early treatment and correct social behaviour is being conducted on national television.

There are fears of a fresh cholera outbreak in Zimbabwe following reports of 30 suspected cases in September 2009, although only five were confirmed. All cases were reported in the Manicaland province's Chipinge district. Health and WASH cluster members supported the district through field area focal points. Medecins du Monde (MDM) supported case management and community mobilization activities with environmental health technicians (EHT) while Action Contre La Faim (ACF) conducted water quality testing at Chibuwe clinic, where some of the cases were attended, as well as Bitura and Musapingura villages. The sample from Chibuwe clinic was found to be contaminated by *vibrio cholera* while results for the two villages are still pending. ACF also carried out chlorination of water sources.

In terms of logistics, the Cholera Command and Control Centre (C4) pre-positioned medical stocks to cater for 500 patients at provincial and district levels and dispatched additional 5,000 sachets of Oral Rehydration Salts (ORS) on the 15th of September.

Communication remains a major challenge for Chipinge and other rural districts where contact by telephone is extremely difficult. Support towards re-establishing an effective radio communication network will enable a speedy response to epidemics, thereby ensuring rapid containment while reducing morbidity and mortality. Although some partners have pledged to boost initiatives aimed at strengthening the communication system, additional support is required particularly for districts that are hard to reach.

The C4 is completing the second phase of the PUSH strategy, aimed at pre-positioning emergency cholera supplies at districts, including water quality testing kits and consumables. The C4 also supported training of Environmental Health Officers (EHO) on water quality surveillance in the Midlands and Manicaland provinces. A similar training programme is scheduled for the provinces of Masvingo, Matabeleland North and South, as well as Mashonaland Central, East and West in October.

From 13 to 18 September 2009, the MoH&CW and WHO conducted the second round of the revision of the Integrated Disease Surveillance and Response (IDSR) technical guidelines and development of modules for training of health workers. In addition to new/emerging communicable diseases, the revised guidelines contain non-communicable diseases/conditions and public health events of international concern as laid out in the International Health Regulations (IHR). The next step is to train health workers in the revised IDSR. This is important as during the previous cholera outbreak it was noted that a number of health workers were fresh graduates and lacked experience in disease surveillance and response, which may have contributed to the unnecessary morbidity and mortality.

Water, Sanitation and Hygiene

Altogether 288 clinics with water supply challenges have been identified for assistance following a rapid assessment of more than 1,200 health facilities by UNICEF. Cluster members in the districts where the clinics are located are being contacted to confirm the situation and mobilize resources to rectify the situation.

The WASH Cluster sponsored a three-day training exercise on coordination from 28 to 30 September 2009. Participants included provincial and district medical officers, local authorities, NGOs and representatives from the Ministry of Water Resources Development and that of Transport and Infrastructural Development. The training aimed to improve WASH-related coordination within the country and enhance understanding of the cluster's role in supporting the Government of Zimbabwe (GoZ)'s response in the event of another cholera outbreak.

Community activities during August and September 2009 included the rehabilitation of 66 water points, distribution of 10,050 complete non food item (NFI) kits, the formation of 81 health clubs and the dissemination of 3,000 IEC material packages. The materials were also distributed to supermarkets. The construction of 33 new latrines, removal of 25 tonnes of garbage, distribution of 1,448 refuse bins and distribution of 18,876 strips of water purification tablets also took place. Training included 42 WASH awareness sessions that benefited 7,445 people while 125 participatory health and hygiene promotion (PHHP) trainers were trained and will later form

health clubs. In addition, 35 latrine builders received training.



This home in Makokoba, Bulawayo, reflects the urgent need for support towards rehabilitating WASH facilities. Photo courtesy of Richard Johnson. OCHA-VMU.

Institutional activities focused on clinics in Masvingo and Manicaland provinces. Different types of toilets, including flash, blair and BVIP were either constructed or rehabilitated. Boreholes were either drilled or rehabilitated and equipped with new bush B-type pressure pumps. Eleven new hand washing facilities were also constructed while 10 rigid storage tanks that can hold 2,500 litres were installed. A new septic tank and sock way system that will benefit 3,481 people was constructed at one of the clinics.

Two tonnes of garbage were removed at six different venues, targeting clinics, business centres and churches. A total of 13 sewer rods were distributed to rural and city/town councils, the Zimbabwe National Water Authority (ZINWA) and Mercy Corps. A new school water point that will benefit 987 people was also installed. Various institutions in Harare in Zvimba received altogether 3,600 strips of water purification tablets.

The social mobilization group supported the MoH&CW and the Ministry of Environment and Natural Resources Management to launch the national clean up campaign. Vice President Joice Mujuru officially launched the event and encouraged provincial governors to conduct similar activities in their provinces. NGOs and other partners are encouraged to support the initiative in their respective areas of operation.

Global Hand Washing Day, launched last year, will be commemorated on 15 October 2009. The social mobilisation group is planning to cover as many schools as possible with volunteers demonstrating how to wash hands, particularly to children. This is an opportunity to emphasize the importance of hand washing for disease prevention and control. MoH&CW will lead coordination efforts with the Ministry of Education, Arts, Sports and Culture on school focused activities. Agencies and individuals interested in supporting this effort should contact Penninah Mathenge at pmathenge@unicef.org.

Food

In September, WFP plans to reach a total of 884,622 beneficiaries with 12,081 MT of food through both the Vulnerable Group Feeding (VGF) and Safety Net (SN) programmes. The registration and training process for the VGF has begun, with plans to assist 352,818 beneficiaries starting in September. However, this may alter depending on registration figures, progress made and the verification process. The total WFP food requirement from September until the end of the operation in April 2010 is approximately 175,300 MT for all commodities. Currently, the pipeline shows a shortfall of over 83,000 MT, which means WFP is 45% under-resourced for the remainder of the operation.

To address shortfalls, WFP has started reducing rations for some caseloads under the SN activities and if no further funds are received, the option may be to reduce rations and scale down activities for all the programmes. This will have serious implications on the health and diet of beneficiaries under the antiretroviral therapy (ART) and home-based care (HBC) programmes, who rely on the SN scheme. WFP is preparing scenarios for the medium to worst case scenarios.

Regional purchases will enable WFP to reduce the lead time from when a contribution is confirmed to

the food arriving in-country to two months, as opposed to up to five months previously. This will enable the agency to take advantage of the prevailing low regional commodity prices. However, in order to achieve this, it is imperative that funds are mobilised immediately for the food to arrive within two months, in time for the critical months ahead.



A beneficiary of the Vulnerable Group Feeding (VGF) programme in Bulawayo. Lack of funding for food aid threatens the sustainability of such programmes. Photo courtesy of Richard Johnson. OCHA-VMU.

Agriculture

About 680,000 households (HH) will receive agricultural input support from NGOs and other humanitarian organizations for the 2009/10 agricultural season. The number has increased since the last update of 640,000 HHs, as a result of some favorable exchange rate, discounts on procurement and some under-reporting from organizations. 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 areas ranging between 0.25Ha and 0.5Ha. The financial value of such support amounts to about US\$70 million.

Thanks to early commitments by donors and procurement by organizations, it is expected that most beneficiaries will receive their inputs on time to make effective use of the rainfall season. If the recent 2009/10 rainfall forecast is correct, with likelihood of below-normal season for half of the country, early availability of inputs would possibly make the difference between food security and insecurity.

The GoZ recently unveiled an assistance package worth US\$210 million, to support farmers in all sectors of farming during the 2009/10 season. Both communal and large-scale farmers will benefit from the facility, which offers loans in the form of vouchers to be redeemed against agricultural inputs from commercial banks to be repaid after selling their harvest in 2010.

The 2009 winter season does not look promising. It seems likely that the 2009 wheat production will be the lowest ever. According to the Ministry of Agriculture, Mechanisation and Irrigation Development, farmers planted 21,000 hectares of the winter crop and are likely to yield 63,000 tonnes. The expected poor result is attributed to a shortage of inputs and disruptions in electricity supply.

The food security situation in the country remains stable with prices remaining static over the last three months. About 95% of sites monitored by AGRITEX, FEWSNET and FAO report availability of cereal. However, access to foreign currency remains a challenge for most vulnerable people.

Field work for the Rural Food Security Assessment, conducted by the Zimbabwe Vulnerability Assessment Committee (ZimVac), took place from 21 September to 02 October 2009. The assessment is an update of the one conducted in May this year, which estimated that about 1.4 million rural people would require food assistance during the peak hunger period.

Nutrition

Cluster members are engaged in preparations for Child Health Days (CHD) scheduled for 23 to 27 November 2009. The campaign will reach up to 1.6 million children under the age of five with Vitamin A supplements and nutrition education. Cluster members are organizing a small pilot project to look at the feasibility of adding nutrition screening using mid-upper arm circumference (MUAC) to the

standard CHD delivery package. Results will be monitored closely and if successful will be taken to scale in the next CHD round.

Roll out of community-based management of acute malnutrition (CMAM) continues. According to UNICEF, at the end of September there were 365 operational CMAM outpatient sites and 89 operational inpatient facilities throughout the country. The national CMAM Task Force will host a writers' workshop from 02 to 06 November 2009 to finalise national CMAM guidelines. UNICEF has procured vehicles for eight provincial nutrition officers to facilitate monitoring and supervision of nutrition activities at provincial level. The vehicles are expected to be handed over within the next two weeks.

Data collection for the annually published Nutrition Atlas has begun. Preliminary results are expected in December 2009 and a final draft should be ready in early 2010. The Food and Nutrition Council (FNC) has announced that they will conduct a large nutrition survey in January 2010. The FNC Task Force will on 15 October 2009 host a meeting to refine data collection protocols and tools. It will also hold a consultative meeting on 22 October 2009 to solicit feedback on the process from other key stakeholders. NGOs are encouraged to participate in the data collection process. ACF finalised results from a large scale nutrition screening exercise conducted in late July in the four districts of Chivi, Gutu, Mberegwa and Umzingwane. Save the Children UK is conducting similar exercises in Nyaminyami, Hwange and Binga districts. The cluster hopes to share results from both organizations in the next update.

Education

The third term of the school year began in early September, with a strike by teachers over low salaries and poor working conditions. Teachers earn US\$155 per month and were demanding salaries of US\$500. At the cluster's meeting this month, the Zimbabwe Teachers' Association (ZIMTA) reported that they had called for the strike and took responsibility for the action. The Progressive Teachers' Union of Zimbabwe (PTUZ) and the Teachers' Union of Zimbabwe (TUZ) however, claimed that their members were on a go-slow and were reporting for duty twice a week. According to

media reports, the strike was called off on 21 September.

The inability by parents to pay fees for Ordinary (O) and Advanced (A) Level examinations scheduled for November 2009 remains a major concern. After the examination registration deadline in September, it emerged that most students had failed to register as their parents could not afford to pay the fees. Media reports have estimate that about 70% of the students were affected. The gazetted registration fees for "O" and "A" Level are \$10 and \$20 per subject respectively. Urgent interventions are required to ensure that the most vulnerable children write these critical examinations.

The ETF and BEAM were launched in mid-September with an initial contribution of US\$70 million to the MoAESC from various donors. The fund aims to provide access to education for all children particularly orphans and other vulnerable children. It is anticipated that the fund will provide textbooks to 5,300 primary schools in Zimbabwe.

Protection

The Protection Cluster met, for the first time with Government participation, on 17 September 2009 to plan for the 2010 CAP. Within the cluster's four main sectors of internal displacement, child protection, gender based violence, and rule of law / human rights, members discussed achievements and challenges in 2009 and started planning for 2010 based on the projected needs.

Due to the large amount of data received, the analysis of the information from the Joint Assessment on Internal Displacement, which took place in the last week of August, is taking slightly longer than expected and results are expected next month.

UNHCR and its partners continued working with displaced and returnee communities particularly in the Midlands, Mashonaland East, Mashonaland West, Manicaland and Harare provinces. Field missions focusing on legal advice and counselling at individual and community level, combined with psycho-social and reconciliation work were undertaken.

In September, 327 internally displaced persons (IDP) in Manicaland province were registered for assistance to obtain basic civil registry and identity documentation through the Registrar General's

regional office. Of these, 239 received birth certificates and 88 national identity documents. The Registrar General's office in Mashonaland East province has agreed to assist 70 people in Uzumba-Maramba-Pfungwe (UMP) district with personal documentation through a mobile registration visit, following a request by members of the protection cluster.

The Registrar General's office in Harare is yet to provide feedback on the possibility of conducting a mobile registration exercise for people with identified documentation needs in Hatcliffe Extension, Hopley Farm and Bellapaise Farm settlements.

In Manicaland, a durable solution for the recently displaced Odzi farm population remains unaddressed with imminent threat of further displacement following the Court confirmation of the eviction order. The displaced persons, evicted from a nearby farm more than three months ago, continue camping along the main road between Mutare and Harare, living in make-shift shelters and without access to basic services. The advocacy efforts undertaken by several national NGOs and negotiation with the district authorities are failing to identify appropriate durable solutions for this particular group.

Two legal clinic sessions were held at Dora and Mutare Showground in Manicaland province with 20 women participating. The sessions were mainly to sensitize the women on how to address cases of sexual gender based violence (SGBV) which are reportedly rife in these two IDP settlements. Another combined legal and psychosocial support clinic session was conducted at Chapanduka Ward 28 in Buhera district where issues of domestic violence and child protection were discussed with the community.

UNHCR and IOM agreed on joint follow up and provision of assistance to the group of voluntary returnees from South Africa. UNHCR partners have managed to locate some 30 returnees in four provinces, providing them with legal advice, psycho-social support and NFI assistance. The monitoring process, hampered by uncompleted addresses or the fact that returnees could not be found at the indicated addresses, will continue.

In view of the successful sensitization sessions on the Guiding Principles on Internal Displacement for the district officials in Mashonaland East province held at the end of August, UNHCR and its partners are

preparing similar sessions for district officials and stakeholders in Manicaland, Midlands and Masvingo provinces.

UNICEF is supporting the Women's Action Group (WAG), Zimbabwe Women Lawyers Association (ZWLA) and National Faith Based Council of Zimbabwe (NFBCZ) to implement activities on prevention, control and care for survivors of gender based violence (GBV) and care for survivors. From August to September Women's Action Group trained 35 district facilitators from Chiredzi district and 30 in Zaka district on prevention and control of GBV and care for survivors. The groups comprised 15 women and 20 men and 13 women and 17 men respectively. In August NFBCZ sensitized over 350 Catholic youth from all 10 provinces on prevention and control of GBV and care for survivors. ZWLA will train the Marange religious community on prevention and control of harmful religious practices within the apostolic faith religious group in October.

Emerging issues from workshops held in Chiredzi and Zaka districts include concerns at the high rate of school drop-out of girls due to early marriages promoted by cultural practices like "komba," an initiation ceremony involving young boys and girls in Chiredzi. Community leaders will be engaged on how to keep children in school. Reports of male teachers who are sexually abusing female students and young girls in resettlement areas will be discussed with the MoEASC in order to revitalize the school monitoring systems and take immediate action against teachers found guilty. Limited knowledge in the community on Post Exposure Prophylaxes (PEP) and where it is administered places survivors of sexual assault at risk of contracting HIV. More sensitization needs to be carried out. People living with disabilities are not meaningfully involved in development and humanitarian programmes, yet they are highly vulnerable and at high risk of being victims of harmful practices. There is a need to mainstream special needs into IEC materials, which are often silent on disabilities.

Early Recovery

During September the Early Recovery Cluster's focus was on the CAP 2010 process. Members have agreed to concentrate on augmenting on-going emergency assistance operations in Zimbabwe through measures that foster the self-reliance of the affected population and meet the most critical needs to rebuild

livelihoods. In addition, they will promote spontaneous recovery initiatives by affected populations and mitigate risks through support to locally-based economic livelihoods, governance and infrastructure initiatives.

A consultative meeting with seven line ministries and cluster representatives in September, agreed on the cluster's objectives and response plan for the CAP 2010. This was the first time a formal meeting was held between GoZ representatives and the cluster. The meeting presented a starting point for future collaboration.

VII. Funding

The CAP 2009 funding as reflected on the Financial Tracking Service (FTS) stood at US\$381 million, representing 53% of a total requirement of US\$719 million by end of September 2009. As noted in the Monthly Humanitarian Update (MHU) for August 2009, some corrections to the figures were expected. OCHA continues to work with donors and clusters to ensure the FTS 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

Following the CAP 2010 workshop in early September, clusters have been working with partners to define their priorities and develop sector response plans for the forthcoming year. Partners are currently uploading projects on the online projects system (OPS) and working with the relevant line ministries in Government, thereby ensuring that the process remains inclusive and consultative.

Key meetings scheduled for September are as follows:

- **Tuesday, 06 October 2009**
Health Cluster Meeting. WHO Boardroom at Parirenyatwa Hospital from 14:30. Contact umutonic@zw.afro.who.int

- Wednesday, 07 October 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, 15 October 2009
Education Cluster meeting UNICEF Children's Room from 01:00pm. Contact lmvono@unicef.org
- Thursday, 29 October 2009
Agriculture Coordination Working Group Meeting. Celebration Centre, 162 Swan Drive, Borrowdale, Harare from 09:00am. Contact jacopo.damelio@fao.org
- Friday, 30 October 2009
WASH Cluster Meeting. UNICEF Children's Room from 09:00am. Contact mpeters@unicef.org
- Tuesday 06, 13 & 27 October 2009
Social mobilization weekly taskforce meeting at 10:00 at a venue to be advised. Contact: pmathenge@oxfam.org.uk
- Wednesday
Early Recovery meets every third Wednesday of the month. Time and venue TBA. Contact NPerez@iom.int

Contact Details

Fernando Arroyo

Head of Office (Harare), +263 912 125 302

Rania Dagash

Desk Officer (New York), +1 917 637 3668

Elizabeth Byrs

Press contact (Geneva), +41 22 917 2653

Stephanie Bunker

Press contact (New York), +1 917 367 5126

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

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@savethechildre.nzw.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 Umutohi umutohi@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: Boiketho Murima bmurima@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 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, SCUK, 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, CTDT, 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, IIM, 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 organisation participates as a standing invitee in cluster meetings to complement and strengthen the coordination for an efficient and effective humanitarian response.

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.