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**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)  
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

## **Zimbabwe – Complex Emergency**

Situation Report #2, Fiscal Year (FY) 2009

January 5, 2009

*Note: The last situation report was dated October 28, 2008.*

### **BACKGROUND**

Conditions for most Zimbabweans continue to deteriorate due to the country’s collapsing economy, declining access to basic social services and staple food items, the effects of HIV/AIDS, and recent political violence. Detrimental Government of Zimbabwe (GOZ) policies, corruption, and declining agricultural production have exacerbated the humanitarian situation. Following eight consecutive years of economic decline, characterized by hyperinflation and high unemployment rates, Zimbabwe has failed to maintain the infrastructure necessary for agricultural production, water and sanitation services, power generation, and steady fuel supply. In addition, commercial land redistribution policies have resulted in a significant decline in domestic food production. Since August 2008, Zimbabwe has also been affected by an increasingly severe cholera outbreak, exacerbated by a collapsed health system and the lack of GOZ maintenance of water, sanitation, and hygiene (WASH) infrastructure.

Following the March 29 presidential and legislative elections in Zimbabwe, heightened political tension led to general insecurity and significant violence by forces loyal to the ruling Zimbabwe African National Union–Patriotic Front (ZANU–PF) against perceived members of the opposition Movement for Democratic Change (MDC). According to field and media reports, GOZ-sponsored attacks against MDC members and supporters substantially increased in number and severity in the weeks prior to the June 27 presidential run-off election. The instability created new displacement and humanitarian needs, further eroding livelihoods, resulting in loss of housing, and increasing Zimbabweans’ vulnerability and poverty. On June 4, the GOZ announced a suspension of relief activities in Zimbabwe, severely limiting response efforts to humanitarian needs. The GOZ lifted the suspension on August 29, and non-governmental organizations (NGOs) have gradually resumed activities. Food security remains particularly precarious as a result of poor governance, rising global food prices, hyperinflation, and low crop production—the latter due to inaccessibility of sufficient agricultural inputs, adverse climate conditions, and violence targeting farm workers. On September 15, ZANU–PF and MDC signed a power-sharing agreement, but ongoing disagreement over several areas of implementation has resulted in deadlocked negotiations and hindered the formation of a unity government.

On October 6, 2008, U.S. Chargé d’Affaires a.i. Katherine S. Dhanani reissued a disaster declaration in Zimbabwe due to the complex emergency. On December 16, 2008, the U.S. Chargé d’Affaires a.i. declared a disaster due to the effects of the cholera outbreak. As part of ongoing response efforts to the cholera outbreak, USAID/OFDA activated a Disaster Assistance Response Team (USAID/DART). In FY 2008 and to date in FY 2009, USAID/DCHA has provided more than \$257 million for protection, disaster risk reduction, agriculture and food security, economy and market systems, humanitarian coordination and information management, and water, sanitation, and hygiene programs, as well as emergency relief supplies and emergency food assistance.

<b>NUMBERS AT A GLANCE</b>		<b>SOURCE</b>
<b>Estimated Displacement from Post-Election Violence</b>	17,355 <sup>1</sup>	IOM <sup>2</sup> – July 2008
<b>Population in Need of Food Assistance</b>	5.5 million	FAO <sup>3</sup> and WFP <sup>4</sup> – December 2008

### **FY 2009 AND 2008 HUMANITARIAN FUNDING**

<b>USAID/OFDA Assistance to Zimbabwe .....</b>	<b>\$16,019,179</b>
<b>USAID/FFP<sup>5</sup> Assistance to Zimbabwe .....</b>	<b>\$238,552,100</b>
<b>State/PRM<sup>6</sup> Assistance to Zimbabwe .....</b>	<b>\$2,520,000</b>
<b>Total USAID and State Humanitarian Assistance to Zimbabwe .....</b>	<b>\$257,091,279</b>

<sup>1</sup> Field reports indicate significantly higher displacement figures, but lack of access has hampered verification activities.

<sup>2</sup> International Organization for Migration (IOM)

<sup>3</sup> U.N. Food and Agriculture Organization (FAO)

<sup>4</sup> U.N. World Food Program (WFP)

<sup>5</sup> USAID’s Office of Food for Peace (USAID/FFP)

<sup>6</sup> U.S. Department of State’s Bureau of Population, Refugees, and Migration (State/PRM)

## **CURRENT SITUATION**

On November 19, the U.N. launched a \$550 million interagency consolidated appeal for Zimbabwe, citing the alarming degradation of the economy, rising social vulnerability, and the loss of six months of humanitarian services in 2008 due to government restrictions and post-election violence. Food assistance accounted for the majority of the appeal, representing nearly \$320 million, followed by agricultural and health assistance.

Relief agencies and health officials have reported high incidences of cholera throughout Zimbabwe since an initial outbreak in August. On December 3, the GOZ Minister of Health and Child Welfare briefed U.N. agencies, NGOs, and health providers on the precarious status of the health care system and the cholera situation, and requested international assistance. As of January 5, cholera had caused more than 1,730 deaths, with more than 34,300 cases reported, according to the U.N. World Health Organization (WHO). The reported figures represent an approximate doubling of both cases and deaths during the past four weeks. Currently, the U.N. health cluster planning is based on a worst-case scenario of 60,000 cases nationwide.

To augment ongoing response efforts to the cholera outbreak, USAID/OFDA activated a USAID/DART on December 10 to monitor and assess humanitarian conditions, identify priority needs for additional programming, and facilitate humanitarian coordination and information sharing. On December 16, the U.S. Chargé d'Affaires a.i. declared a disaster due to the effects of the cholera outbreak.

### ***Cholera Outbreak and Response***

Since the outbreak began in August 2008, cholera has spread to all of Zimbabwe's 10 provinces and 54 of Zimbabwe's 62 districts. On December 26, WHO reported cholera cases in Matabeleland North Province, previously the only province without any reported cases. To date, Harare, Beitbridge, Makonde, and Chegutu districts represent the highest caseloads, with a recent surge in the number of reported cases in Manicaland Province.

According to USAID/DART staff and relief agencies, a breakdown in water and sanitation infrastructure due to lack of maintenance has exacerbated Zimbabwe's cholera outbreak, and the nation's collapsed health system is unable to respond adequately. The USAID/DART public health and WASH advisors report that contamination of the main water supply in high-density urban areas likely caused the cholera outbreak. The outbreak spread via population movement and traditional funeral practices, including washing corpses. The outbreak is characterized by widespread geographic occurrence, with periodic spikes in caseload numbers in high-density urban and peri-urban areas for two to five days, when most cholera deaths occur.

According to a December 20 WHO report, the spread of cholera is not decreasing. In addition, WHO noted that the currently reported case fatality rate may underestimate actual conditions, given the continued difficulty of collecting accurate information in rural districts. WHO also warned on December 20 of the risk of further spread of the disease over the late December holiday period, due to the number of individuals traveling home, predominantly from urban to rural areas.

USAID/OFDA staff and multiple relief agencies have also expressed concern regarding the spread of cholera to neighboring countries. According to the U.N. Office for the Coordination of Humanitarian Affairs (OCHA), the cholera outbreak has spread to border areas of neighboring South Africa, Botswana, Mozambique, and Zambia. As of December 31, South Africa health authorities and WHO reported 1,419 cholera cases in South Africa, including 1,334 in Limpopo Province, with 13 deaths.

As of December 29, USAID/DART staff reported that OCHA daily updates now report cases by district, as well as districts for which recent information is not available and require further investigation. In addition, the U.N. health cluster reported the establishment of a toll-free telephone number for provincial and district health officials to report daily cholera data to WHO's cholera command-and-control center. USAID/OFDA will continue to support information coordination through the U.N. clusters to improve data collection, analysis, and dissemination, enabling humanitarian organizations to direct expertise and resources where most needed.

USAID/OFDA has committed \$6.8 million in emergency assistance for Zimbabwe's cholera outbreak. USAID/OFDA's assistance will support the provision of emergency relief supplies for affected populations, humanitarian coordination and information management, and WASH interventions. USAID/OFDA's support in response to the cholera outbreak is in addition to the more than \$4 million that USAID/OFDA has provided for emergency WASH programs in Zimbabwe since October 2007.

### ***Agriculture and Food Security***

A December 9 USAID-funded Famine Early Warning Systems Network (FEWS NET) report predicted that the majority of Zimbabweans will rely on food assistance and food purchases in the coming months. Planned distributions are expected to meet food security needs in more than 90 percent of rural districts and in some urban areas during the month of December. However, FEWS NET also predicted breaks in the emergency food aid pipeline in January. In addition, USAID staff report that a shortage of agricultural inputs and the early onset of the hunger season may result in the requirement of food assistance for 18 months rather than the typical nine-month period in Zimbabwe.

Citing a lack of financial resources, WFP has reduced monthly cereal rations from 12 kilograms (kg) to 10 kg per person and monthly pulse rations from 1.8 kg to 1 kg per person. On November 11, WFP issued a statement requesting an additional \$140 million to continue relief operations in early 2009. Unless funding shortages are immediately met, WFP anticipates food assistance pipeline breaks will begin in January, with the current shortfall estimated at 18,000 metric tons (MT).

On December 19, WFP revised the number of Zimbabweans requiring food assistance for the first quarter of 2009 upward by 400,000 people to 5.5 million. WFP noted that the April 2009 harvest is not expected to relieve the country's food insecurity.

USAID/OFDA has contributed more than \$1.8 million to date in FY 2009 to complement approximately \$2.2 million provided to humanitarian partners in FY 2008 to support agriculture and food security initiatives. Programs support improved food security for individuals residing in drought-prone and marginal lands through the construction and rehabilitation of water catchment structures, the provision of training in conservation farming, and improvement of livestock health. In addition, the U.S. Government is the lead donor to WFP emergency food assistance operations in Zimbabwe. In FY 2008, USAID/FFP provided more than 151,000 MT of P.L. 480 Title II emergency food assistance, valued at more than \$176 million, through WFP and the Consortium for Southern Africa Food Emergency (C-SAFE).

To date in FY 2009, USAID/FFP has provided 72,000 MT of P.L. 480 Title II emergency food assistance, valued at more than \$62 million, through WFP. USAID/FFP is planning to make an additional food assistance contribution in January 2009.

### ***Nutrition***

From October 28 to November 2, in-country and regional staff from USAID/FFP traveled to primary health care facilities in four Zimbabwean provinces to verify media reports of severe malnutrition, vitamin deficiency disease, and malnutrition-related deaths. USAID/FFP staff observed that despite worsening food insecurity, Zimbabwe's present nutrition situation does not appear to

be markedly worse than in 2007. In addition, USAID/FFP staff noted that international relief agencies specializing in health have not reported a significant rise in malnutrition incidence nationwide.

USAID/OFDA and USAID/FFP will continue to monitor the nutrition situation in Zimbabwe in coordination with U.N. agencies and implementing partners. USAID staff report that a Harare-based USAID/FFP officer has joined a recently-formed group of nutrition specialists commissioned by the U.N. nutrition cluster to coordinate an emergency preparedness and response plan for the sector.

To provide further information regarding current malnutrition levels in Zimbabwe, the U.N. Children's Fund (UNICEF) and the GOZ conducted a joint Food and Nutrition Council nutrition surveillance survey from November 8 to 18. UNICEF is analyzing preliminary survey results, and a final report is forthcoming.

In FY 2008 and to date in FY 2009, USAID/FFP has provided more than 223,000 metric tons (MT) of P.L. 480 Title II emergency food assistance, valued at more than \$238 million, to support emergency food aid in Zimbabwe during the current hunger season.

### ***Humanitarian Access***

Following the GOZ's lifting of the suspension of relief activities on August 29, humanitarian agencies in Zimbabwe have worked to re-establish field operations. According to USAID staff, the GOZ's decision in early October to suspend the country's inter-bank transfer system further hindered humanitarian operations for NGO partners, until the Reserve Bank of Zimbabwe reversed the suspension on November 14, authorizing U.N. agencies and NGOs to pay local suppliers in foreign currency to complete program activities. The U.N. and NGOs have noted ongoing difficulty in accessing foreign currency due to the collapsing banking system and continuing hyperinflation.

OCHA reported that the security situation in the country deteriorated in late November and noted incidents of looting and an increased overall crime rate. USAID continues to emphasize the need for complete and unhindered access in order to provide critical humanitarian assistance to Zimbabwe beneficiaries.

## USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE

<b>USG ASSISTANCE TO ZIMBABWE IN FY 2009</b>			
<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
<b>USAID/OFDA ASSISTANCE<sup>1</sup></b>			
Multiple	Agriculture and Food Security	Midlands and Mashonaland West Provinces	\$1,507,259
Multiple	Agriculture and Food Security; Risk Reduction	Matabeleland North Province	\$318,347
Multiple	Emergency Relief Supplies; Humanitarian Coordination and Information Management; Water, Sanitation, and Hygiene	Affected Areas	\$3,858,085
Multiple	Water, Sanitation, and Hygiene	Affected Areas	\$2,594,724
UNICEF	Emergency Relief Supplies	Affected Areas	\$299,180
	Transport of Emergency Relief Supplies	Affected Areas	\$17,132
	Administrative Support and Travel	Countrywide	\$30,879
<b>TOTAL USAID/OFDA</b>			<b>\$8,625,606</b>
<b>USAID/FFP ASSISTANCE<sup>2</sup></b>			
WFP	72,000 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$62,256,000
<b>TOTAL USAID/FFP</b>			<b>\$62,256,000</b>
<b>TOTAL USAID/DCHA HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2009</b>			<b>\$70,881,606</b>

<sup>1</sup> USAID/OFDA funding represents anticipated or actual obligated amounts as of January 5, 2009.

<sup>2</sup> Estimated value of food assistance.

<b>USG ASSISTANCE TO ZIMBABWE IN FY 2008</b>			
<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
<b>USAID/OFDA ASSISTANCE<sup>1</sup></b>			
Multiple	Agriculture and Food Security; Economy and Market Systems; Humanitarian Coordination and Information Management; Protection	Bulawayo, Harare, Manicaland, Masvingo, and Midlands Provinces	\$2,084,685
Multiple	Water, Sanitation, and Hygiene	Bulawayo Province	\$562,623
Multiple	Emergency Relief Supplies; Water, Sanitation, and Hygiene	Bulawayo, Harare, Manicaland, Masvingo, and Midlands Provinces	\$3,505,399
Multiple	Emergency Assistance to Mobile and Vulnerable Populations	Countrywide	\$950,000
OCHA	Humanitarian Coordination and Information Management	Countrywide	\$100,000
FAO	Agriculture and Food Security	Countrywide	\$100,000
	Administrative Support		\$90,866
<b>TOTAL USAID/OFDA</b>			<b>\$7,393,573</b>
<b>USAID/FFP ASSISTANCE<sup>2</sup></b>			
C-SAFE	91,090 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$99,536,900
WFP	60,410 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$76,759,200
<b>TOTAL USAID/FFP</b>			<b>\$176,296,100</b>

<b>STATE/PRM ASSISTANCE<sup>3</sup></b>			
Jesuit Refugee Services (JRS)	Refugee Transit Center	Harare and Mashonaland East Provinces	\$20,000
Office of the U.N. High Commissioner for Refugees (UNHCR)	Refugee Assistance and Preparedness	Zimbabwe and Neighboring Countries	\$2,500,000
<b>TOTAL STATE/PRM</b>			<b>\$2,520,000</b>
<b>TOTAL USAID/DCHA HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2008</b>			<b>\$183,689,673</b>
<b>TOTAL USAID AND STATE HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2008</b>			<b>\$186,209,673</b>

<sup>1</sup> USAID/OFDA funding represents anticipated or actual obligated amounts as of January 5, 2009.

<sup>2</sup> Estimated value of food assistance. FFP totals include 61,590 MT of Bill Emerson Humanitarian Trust commodities worth an estimated \$72.4 million.

<sup>3</sup> State/PRM also provided more than \$40 million in unearmarked support to the International Committee of the Red Cross (ICRC) for programs in Africa, a portion of which ICRC used for Zimbabwe. State/PRM also provided \$288,449 to IOM for programs in South Africa and Zambia to monitor, assist, and protect Zimbabwean migrants.




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