



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
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) 2004

April 22, 2004

Note: The last situation report was dated December 5, 2003.

BACKGROUND

Zimbabwe continues to suffer from a combination of a collapsing economy, the devastating effects of HIV/AIDS, the residual effects of three years of drought, rapidly deteriorating social services, and detrimental Government of Zimbabwe (GOZ) policies that prevent economic and agricultural recovery. In the past year, the economic collapse has also resulted in escalating food insecurity in urban areas. The country is in its fifth consecutive year of economic decline and is unable to maintain the infrastructure necessary for agricultural production, water and sanitation services, power facilities, and fuel requirements. The economic crisis is, in part, the result of the government's land redistribution program that has destroyed Zimbabwe's formerly productive agricultural sector. USAID's Famine Early Warning System Network (FEWS NET) and the Zimbabwe Vulnerability Assessment Committee (ZIMVAC) estimate that approximately 7.5 million Zimbabweans require emergency food assistance until the harvest in April 2004. On October 9, 2003, U.S. Ambassador Joseph G. Sullivan redeclared a disaster in Zimbabwe due to the ongoing complex emergency and humanitarian crisis.

NUMBERS AT A GLANCE		SOURCE
Total Population in Need of Food Assistance	Total: 7.5 million Rural areas: 5 million Urban areas: 2.5 million	FEWS NET, January 2004 ZIMVAC, February 2004

Total FY 2004 USAID/OFDA Assistance to Zimbabwe (to date).....\$5,874,351
Total FY 2004 USG Humanitarian Assistance to Zimbabwe (to date).....\$78,764,351

CURRENT SITUATION

Humanitarian situation. Economic indicators forecast further deterioration of the humanitarian situation in Zimbabwe in 2004. In February 2004, the inflation rate reached 602 percent according to Zimbabwe's Central Statistical Office. According to the revised U.N. Consolidated Inter-Agency Appeal (U.N. CAP) for Zimbabwe, released on April 1, 2004, the unemployment rate is estimated at more than 60 percent and the Gross Domestic Product (GDP) declined by an estimated 13 percent in 2003. In addition, due to a shortage of foreign currency, Zimbabwe cannot import essential resources and products for production and consumption, including food, drugs, vaccines, energy and fuel, agricultural inputs, spare parts, and equipment.

The deteriorating economic situation has a direct impact on the humanitarian situation. Access to food is becoming more difficult as the price of staple food items continues to increase beyond levels the majority of the population can afford. Decreased household purchasing power has resulted in higher malnutrition rates, further compromising the health of the population.

Food insecurity. The food security situation in Zimbabwe remains critical. Recent estimates from FEWS NET and the ZIMVAC indicate that the

number of people in need of food assistance through April 2004 is 7.5 million, out of a total population of 11.6 million. In January 2004, FEWS NET reported that due to the high price of maize, approximately five million people in rural areas would require emergency food assistance until the harvest in April 2004. The ZIMVAC conducted its first food security and vulnerability assessment in urban areas from September to October 2003. The results of the assessment, released in February 2004, indicate that 2.5 million Zimbabweans in urban areas are food insecure due to hyperinflation and the inability to purchase basic food items. Although food availability has improved slightly throughout the country and will improve further during the main harvest in May and June 2004, the high price of staple food items, low wages, and high unemployment continue to limit access to sufficient food, especially in urban areas.

According to the February 2004 FEWS NET Zimbabwe Food Security Update, inadequate distribution of grain has become a significant problem for household food security despite the countrywide market availability of grain. The lack of effective marketing channels, due to GOZ restrictions, hinders the redistribution of maize from surplus to deficit areas.

During March 2004, the U.N. World Food Program (WFP) and its non-governmental organization (NGO)

implementing partners distributed 52,675 metric tons (MT) of food commodities to 3.9 million beneficiaries.

GMB food stocks. According to local media reports in December 2003, the state-run Grain Marketing Board (GMB), responsible for supplying maize at a subsidized rate, has stockpiled approximately 240,000 MT of grain in various depots around the country. The U.N. and donors are concerned that these food stocks may be used by the GOZ for political purposes during the period leading up to elections in March 2005. The U.N. Humanitarian Coordinator and WFP have requested that the GOZ better coordinate with the U.N. and release the stockpile into the market in order to alleviate food shortages and help reduce food prices. In January 2004, the GMB announced plans to distribute a portion of the food stocks, but wanted to avoid flooding the market and exhausting the GMB's food stocks.

Agricultural projections. Despite erratic and infrequent rains during the first half of the 2003/2004 rainy season, prospects for the agricultural season have improved due to favorable rainfall late in the season. The February 2004 FEWS NET Zimbabwe Food Security Update reported that a significant improvement in the country's cumulative rainfall since mid-February has benefited late-season crops planted between mid-December 2003 and early January 2004. According to an April 8 U.N. Office for the Coordination of Humanitarian Affairs (UN OCHA) report, recent rains in southwestern Zimbabwe have revived crops of maize, sorghum, and millet, and may result in the first significant harvest in three years for small-scale farmers in the Matabeleland Region. However, since rains have been limited to the southern area of Zimbabwe, reliable national harvest estimates cannot yet be made. In addition, institutional and economic constraints, such as the GOZ's land redistribution policy, a shortage of seed and other agricultural inputs, high seed prices, and a shortage of draft power, resulted in a decrease in crop area planted.

According to the U.N. OCHA Relief and Recovery Unit's (U.N. RRU) Zimbabwe April Food Security Brief, preliminary 2003/2004 harvest projections for maize, Zimbabwe's most important staple crop, range from 1.2 to 1.5 million MT, representing 67 to 80 percent of national maize requirements. Although the projected maize production represents an improvement from the 2002/2003 agricultural season, deficits in domestic maize requirements will remain in the upcoming marketing year. However, since the GOZ expects a favorable maize harvest, it has decided not to appeal for food assistance and announced plans to import grain to cover any deficits. A Joint U.N. Food and Agricultural Organization (FAO)/WFP Crop and Food Supply Assessment Mission (CFSAM), to be conducted in late April and early May, will provide more accurate harvest data and confirm agricultural projections.

Malnutrition. The economic crisis in urban areas is deepening vulnerability and increasing malnutrition. WFP reported on March 12 an increase in the number of malnourished children under the age of five attending supplementary feeding programs at clinics in the major cities of Harare and Bulawayo. During February, more than 80,000 children received food assistance at 40 clinics working with WFP and implementing partners.

HIV/AIDS. The HIV/AIDS epidemic continues to exacerbate the humanitarian crisis in Zimbabwe. According to 2003 estimates from the Ministry of Health and Child Welfare in Zimbabwe (MHCW), 24.6 percent of sexually active adults aged 15 to 49 and 300,000 children under 14 are infected with HIV/AIDS. Approximately 1.8 million Zimbabweans were living with HIV/AIDS in 2003, while an estimated 135,000 adults and 36,000 children died from AIDS.

According to a U.N. RRU report on December 16, 2003, the HIV/AIDS pandemic has adversely impacted productivity in the agricultural sector. Research for the U.N. Development Program (UNDP) indicates a 43 percent HIV/AIDS prevalence rate on farms, with the highest percentage of infection in the 15 to 23 age category. Death and illness due to HIV/AIDS has affected both labor quantity and quality, resulting in labor losses of 23 percent among farming communities and a decline in total area cropped of 39 percent and in crop yield of 59 percent. In addition, the incidence of tuberculosis (TB) infections countrywide is increasing at an alarming rate due to the high prevalence of HIV/AIDS, according to an April 9 UN OCHA report.

Disease outbreaks. A lack of access to health and water and sanitation services has led to an increase in outbreaks of diseases such as malaria, cholera, and anthrax in Zimbabwe. According to an April 7 U.N. RRU report, cases of malaria are also increasing in most parts of Zimbabwe, particularly in low-lying areas. The provinces of Matabeleland North and Mashonaland East are the most affected areas.

On January 13, UN OCHA reported that an anthrax outbreak killed 3 people, infected 191 people, and caused the deaths of more than 60 head of cattle since December 2003 in the Masvingo Province. The MHCW reported another anthrax outbreak in the Mashonaland West Province as of February 8, 2004. Unregulated livestock movements, exacerbated by a shortage of foreign currency for vaccines, have hindered the GOZ's ability to control such outbreaks.

According to USAID/Zimbabwe, the MHCW and the U.N. World Health Organization (WHO) report that a new outbreak of cholera has killed one person and sickened 17 others in the Kanyemba District of the Mashonaland Central Province as of April 13, 2004. The MHCW and WHO are currently conducting an assessment of the cholera situation. According to Save

the Children (SCF), 40 people died and 900 people were sickened by a three-month cholera outbreak that affected the provinces of Mashonaland West and Matabeleland North and was brought under control in December 2003. According to SCF, the lack of access to potable water and the shortage of health professionals, medical facilities, supplies, and drugs could result in further and more serious cholera outbreaks in Zimbabwe.

Deterioration of health and social services. The continuing complex emergency in Zimbabwe has led to the rapid deterioration of the country's social services, including health care and water and sanitation facilities. As a result of economic conditions and GOZ policies, public services experience chronic under-funding, shortages of essential supplies, equipment breakdowns, and the loss of skilled professionals.

HIV/AIDS-related deaths and the emigration of professionals that has been taking place for the past five years have exacerbated this situation. Access to and quality of health care have declined for both urban and rural populations. Supplies of basic drugs and medical equipment in the country are extremely low due to economic decline and inflation.

In January 2004, Zimbabwe's public service doctors and nurses returned to work at hospitals after a four-month strike over health workers' salaries. The strike disrupted services and further diminished the capacity of the health sector to provide for the population. In addition, according to a February 24 UN OCHA report, costs for performing surgeries and providing medical services have risen, which will mean that even fewer people will be able to access those services.

Water and sanitation. Access to safe water and adequate sanitation is eroding for all Zimbabweans. The U.N. estimates that approximately 50 percent of water pumps and sanitation facilities in rural areas are non-functional, and others function at reduced output. In urban areas, chemicals used to treat water are in short supply due to the lack of foreign currency. This situation threatens the health of nearly 4.6 million urban residents. Outbreaks of cholera, once a rarity, are becoming chronic and threaten all areas of Zimbabwe.

USG HUMANITARIAN ASSISTANCE

During FY 2003, the USG provided more than \$125 million in emergency humanitarian assistance in response to the complex emergency crisis in Zimbabwe. To date in FY 2004, the USG has contributed more than \$85.1 million.

Non-food assistance. USAID/OFDA's program in Zimbabwe focuses on emergency assistance to displaced populations in the sectors of food security, agriculture, nutrition, health, and water and sanitation, while

strengthening international ongoing interventions, coordination, information dissemination, and monitoring. During FY 2003, USAID/OFDA provided more than \$6.5 million to support humanitarian needs in Zimbabwe. To date in FY 2004, USAID/OFDA has provided more than \$5.8 million in emergency humanitarian assistance. As part of this assistance, USAID/OFDA provided \$500,000 to the International Organization for Migration (IOM) to support internally displaced persons (IDPs) and ex-commercial farm laborers. Catholic Relief Services (CRS) received \$775,000 from USAID/OFDA to continue implementing emergency agriculture interventions and supplementary feeding programs in private church-based hospitals throughout Zimbabwe. USAID/OFDA provided \$936,811 to CARE and \$720,353 to Development Associates Inc. (DAI) to support emergency agriculture programs. Africare received \$942,325 from USAID/OFDA to provide seeds and tools for subsistence agriculture/farming in communal areas. USAID/OFDA contributed \$999,862 to World Vision International (WVI) to implement an emergency agriculture program that will increase local production and a water and sanitation program to improve access to potable water. USAID/OFDA has also addressed monitoring and coordination issues by providing \$800,000 to support WFP monitoring and \$200,000 to UN OCHA for coordination activities in Zimbabwe.

Emergency food assistance. In FY 2003, USAID's Office of Food for Peace (USAID/FFP) provided a total of 197,510 MT of P.L. 480 Title II emergency food assistance, valued at more than \$118 million. To date in FY 2004, USAID/FFP has provided an additional 115,150 MT valued at approximately \$72.8 million. USAID/FFP programs are implemented in Zimbabwe through WFP and the Consortium for Southern Africa Food Security Emergency (C-SAFE), an emergency food assistance program comprised of World Vision, CARE, and CRS.

U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO ZIMBABWE

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE¹			
AFRICARE	Food security/Agriculture	Midlands, Mashonaland East	\$942,325
CARE	Food security/Agriculture	Masvingo, Manicaland	\$936,811
CRS	Food security/Agriculture, Nutrition	Matabeleland North, Matabeleland South, Midlands, Masvingo, Manicaland, Mashonaland East	\$775,000
DAI	Food security/Agriculture	Matabeleland North, Matabeleland South, Midlands, Masvingo, Manicaland, Mashonaland East	\$720,353
IOM	Food security/Agriculture	Countrywide	\$500,000
UN OCHA	Coordination	Countrywide	\$200,000
WFP	Food security/Agriculture, Monitoring/Evaluation	Countrywide	\$800,000
WVI	Food security/Agriculture	Matabeleland South, Masvingo	\$510,781
WVI	Water and Sanitation	Matabeleland North, Matabeleland South	\$489,081
TOTAL USAID/OFDA			\$5,874,351
USAID/FFP ASSISTANCE²			
C-SAFE	54,360 MT in P.L. 480 Title II Emergency Food Assistance	Countrywide	\$34,410,000
WFP	60,790 MT in P.L. 480 Title II Emergency Food Assistance	Countrywide	\$38,480,000
TOTAL USAID/FFP			\$72,890,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2004			\$78,764,351
TOTAL USG HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2004			\$78,764,351

¹ USAID/OFDA funding represents committed and/or obligated amount as of April 22, 2004.

² USAID/FFP values are based on average values per metric ton as contributions are made to the Southern Africa region and are not country specific.



Tamra Halmrast-Sanchez
 Acting Director
 Office of U.S. Foreign Disaster Assistance

USAID/OFDA bulletins appear on the USAID web site at http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/.