



**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 #1, Fiscal Year (FY) 2004

December 5, 2003

Note: The last situation report titled "Southern Africa Region – Complex Food Security Crisis" was dated March 18, 2003.

BACKGROUND

Zimbabwe continues to suffer from a combination of a collapsing economy, the devastating effects of HIV/AIDS, rapidly deteriorating social service sectors, residual effects of three years of drought, and Government of Zimbabwe (GOZ) policies that prevent economic and agricultural recovery. Unlike the other five drought-affected countries in the region (Malawi, Zambia, Lesotho, Mozambique, Swaziland), which have experienced varying degrees of increased agricultural production and recovery in the past year, Zimbabwe's humanitarian situation continues to worsen. In the past year, the economic collapse has also resulted in escalated 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 fast-track land reform program, which has destroyed Zimbabwe's formerly productive agricultural sector. According to the U.N. Consolidated Inter-Agency Appeal (U.N. CAP) for Zimbabwe, an estimated 5.5 million Zimbabweans will require emergency food assistance by January 2004, and that figure is now recognized to be an underestimate. On October 9, 2003, U.S. Ambassador Joseph G. Sullivan redeclared a disaster in Zimbabwe due to the ongoing complex emergency and humanitarian crisis resulting from poor governance, failing economy, and the breakdown of social services.

NUMBERS AT A GLANCE		SOURCE
Total Population in Need of Food Assistance	Total: 5.5 million Rural areas: 4.4 million Urban areas: 1.1 million	U.N. Consolidated Inter-Agency Appeal for Zimbabwe – July 2003
Total Emergency Food Assistance Requirements	610,000 metric tons (MT)	U.N. Consolidated Inter-Agency Appeal for Zimbabwe – July 2003

Total FY 2004 USAID/OFDA Assistance to Zimbabwe (to date)\$4,274,489
Total FY 2004 USG Humanitarian Assistance to Zimbabwe (to date).....\$60,380,489

Total FY 2003 USAID/OFDA Assistance to Zimbabwe\$6,527,705
Total FY 2003 USG Humanitarian Assistance to Zimbabwe\$125,033,705

CURRENT SITUATION

Humanitarian situation. Economic indicators forecast further deterioration of the humanitarian situation in Zimbabwe in 2004. According to Zimbabwe's Central Statistical Office, the inflation rate reached 526 percent in October 2003. The unemployment rate is estimated at 70 percent and the economy has declined 20 percent during 2003 according to the U.N. CAP. In addition, shortages of foreign currency mean that Zimbabwe cannot import essential resources and products for both production and consumption, including food, drugs, vaccines, energy and fuel, agricultural inputs, spare parts, and equipment.

The deteriorating economic situation is having a direct effect on the humanitarian situation. Access to food is becoming more difficult as prices of staple food items continue to increase beyond levels the majority of the population can afford. GOZ price controls have failed to contain inflation, and prices of basic commodities are even higher on the informal market. While rural subsistence communal farmers and former commercial

farm laborers have been hardest hit by Zimbabwe's economic downfall thus far, urban populations have become increasingly vulnerable. In addition to the loss of employment, some members of these vulnerable groups have been displaced as a result of land redistribution policies and political violence. The high unemployment rate has led to an increased migration both internally and out of Zimbabwe into neighboring countries.

Food insecurity. As a result of the continuing political and economic crisis, Zimbabwe's food emergency is expected to continue through 2004. Food insecurity is occurring because of critical problems in both supply and access to basic food commodities. Food security in the urban and peri-urban areas continues to deteriorate, as many people are unable to afford basic food commodities due to escalating prices. USAID's Famine Early Warning System Network (FEWS NET) reported on October 24 that maize prices at Harare's Mbare Musika market increased more than 400 percent from mid-May prices. According to the World Food Program (WFP), the

inability to purchase basic food items has forced an increasing number of urban households to reduce meals to once a day.

A Joint U.N. Food and Agricultural Organization (FAO)/World Food Program Crop and Supply Assessment (CFSAM) report, released in June 2003, estimated that half of Zimbabwe's total population of 11.6 million people, approximately 5.5 million people, will not be able to meet their minimum food requirements from January to March 2004. However, this estimate was based on the assumption that the GOZ would be able to meet its commercial import targets of 677,000 MT. As of November 4, WFP projected that due to the foreign exchange situation and the GOZ's inability to import sufficient levels of food, the actual number of people in need of food assistance will be even higher than 5.5 million. At this time, WFP is unable to estimate exactly how many more people will be in need of food assistance because of the difficulty in assessing what the GOZ is planning to import during the lean period.

In October 2003, WFP distributed 26,258 MT of food to 2.2 million beneficiaries in 47 districts. WFP and NGO implementing partners throughout Zimbabwe expect a significant increase in beneficiaries for food distributions in November.

On September 23, USAID's Office of Food for Peace (FFP) launched the Market Assistance Pilot Program (MAPP) in Bulawayo, Zimbabwe's second largest city. The pilot project, implemented by the Consortium for the Southern Africa Food Security Emergency (C-SAFE), is addressing increased food shortages in low-income households in urban areas and will continue until March 2004. An assessment is currently underway to determine whether the program might be expanded to other urban areas in the coming months.

In August 2003, the GOZ issued a policy stipulating that local government structures and village authorities would be responsible for the selection and distribution of food assistance to beneficiaries, instead of WFP and its NGO partners. WFP, the U.N. Humanitarian Coordinator, and donors criticized the new GOZ policy for its potential to politicize humanitarian food assistance and indicated that, under such circumstances, donors would be reluctant to provide food aid. On September 25, WFP and the GOZ signed a new Memorandum of Understanding (MOU) for WFP's Emergency Operation Program (EMOP). In signing the MOU, the GOZ agreed that WFP would continue to distribute food assistance through its selected NGO implementing partners to beneficiaries on the basis of need. Although GOZ acceptance of the new WFP MOU has somewhat allayed donor concerns about possible GOZ interference in the distribution of humanitarian assistance, WFP is mounting an expanded monitoring system for all food distributions in country to ensure that distributions will not be compromised.

Agricultural projections. Forecasts indicate that, even under favorable weather conditions, 2003/2004 agricultural production will be less than that of last year and insufficient to meet national requirements. Both the Zimbabwe Vulnerability Assessment (ZIMVAC) of April 2003 and the FAO/WFP CFSAM forecast severe shortfalls in requirements for staple crops of maize, millet, sorghum, wheat, and rice. Due to a combination of shortages and high costs, farmers have been unable to procure the necessary agricultural inputs, such as seed, fertilizer, crop and livestock chemicals, fuel, and agricultural equipment. Zimbabwe's Commercial Farmers Union (CFU) estimates a further 52 percent contraction in agricultural output from the commercial sector during the 2003/2004 season to approximately 15 percent of its previous levels. The 2003/2004 maize harvest, Zimbabwe's most important staple crop, is predicted to be no more than one million metric tons (MT), leaving a deficit of 800,000 MT for the 2004/2005 marketing year. According to U.S. Government (USG) sources, total wheat production will be 90,000 MT, leaving a shortfall of approximately 250,000 MT for the 2003/2004 marketing year. Soybean production will be 36,000 MT, or 25 percent of what was produced in 2001, while tobacco production, an important foreign currency export crop, is estimated at approximately 15 to 20 million kg, down from 232 million kg in 2000.

The state-run Grain Marketing Board (GMB), responsible for supplying maize at a subsidized rate, has been unable to import grain due to the extreme foreign currency shortage. According to the U.N.'s Integrated Regional Information Network (IRIN), the GMB exhausted its food commodities in October following months of low stock levels. As a result, urban populations that are most dependent on GMB maize are unable to afford food from the informal market.

Seed availability. Estimates of seed availability from the ZIMVAC and CFSAM assessments indicate a serious shortfall that is primarily the result of production disruptions. The expulsion of experienced seed producers, combined with a lack of carryover stocks and the difficulty in importing seeds, make it unlikely that Zimbabwe will be able to recover from the seed shortage in the near-term. In addition, seeds that are available are generally priced beyond the purchasing power of most of Zimbabwe's farmers.

According to a November 3, 2003 FAO report, at the beginning of September national stocks of maize seed were approximately 26,450 MT for the 2003/2004 planting season. This quantity is 20,550 MT less than the quantity sold by all seed houses in the previous season, thus making the seed situation more critical this season. As a result of the shortage of local seed and its inability to import seed because of the lack of foreign currency, the GOZ requested, on September 12, 2003, that international NGOs procure seeds for their programs from outside of Zimbabwe.

Malnutrition. While levels of malnutrition were stabilized by emergency food assistance from the international community in 2003, certain “hotspots” of severe malnutrition continue to exist. According to UNICEF, Bulawayo’s Mpilo Hospital reported a steady increase in admittances of severely malnourished children in October 2003, as well as 43 deaths due to malnutrition. UNICEF and NGOs involved in emergency nutritional programs continue to monitor and track malnutrition rates.

HIV/AIDS. The HIV/AIDS epidemic is hampering Zimbabwe’s recovery from the humanitarian crisis. A GOZ report of August 2003 estimates that 24.9 percent of sexually active adults—1.5 million adults aged 15 to 49—and 300,000 children are infected with HIV/AIDS, with a mortality rate of 3,800 per week. These figures differ from the Joint U.N. Program on HIV/AIDS (UNAIDS) estimates at the end of 2001, indicating a 34 percent HIV/AIDS infection rate amongst the sexually active adult population. The difference between the GOZ and UNAIDS figures is due to a new statistical methodology used in determining rates of infection and not in a significant decrease in prevalence.

The high prevalence of HIV/AIDS in Zimbabwe is exacerbating food insecurity and increasing the rates of both malnutrition and opportunistic diseases, such as tuberculosis and sexually transmitted diseases (STDs). WFP reported on November 14, 2003 that 30 percent of malnourished children receiving supplementary feeding assistance in Harare Hospital are readmitted because of HIV-related complications. In addition, HIV/AIDS has led to increasing numbers of households headed by single parents, the elderly and children.

Deterioration of health and social services. In addition to a lack of government funding, Zimbabwe’s social service sectors, mainly health, have been further weakened by a loss of skilled professionals due to HIV/AIDS-related deaths and the “brain drain” emigration that has been taking place for the past five years. This has resulted in both decreased access to and quality of health care. According to IRIN, the GOZ budget allocation for health diminished from 12.7 percent of the national budget in 2002 to 8.3 percent in 2003, while infant mortality rates have doubled since 1998 according to WFP. Access to health services is an even larger problem given the uneven distribution between rural and urban areas; more than 80 percent of resettled farmers, ex-farm laborers, peri-urban and squatter populations have no access to health services according to the U.N. CAP.

Public service doctors and nurses began a strike in October 2003, demanding that their salaries be increased as a result of Zimbabwe’s growing inflation rate. The strike continues and has further diminished the capacity of the health sector to provide for the population.

Cholera. On December 3, 2003, Save the Children UK (SC UK) reported that 39 people have died from a cholera outbreak in the northern districts of Kariba (Mashonaland West) and Binga (Matabeleland North). SC UK has recorded 750 cases of cholera caused by lack of access to potable water in these districts since mid-October. As the rainy season approaches, urban areas, particularly the country’s two largest cities, Harare and Bulawayo, also face the prospect of unsafe water due to shortages of water treatment chemicals because the GOZ is not able to purchase such chemicals. UNICEF has warned of a possible increase in cholera cases and other waterborne diseases as a result of these shortages.

In response to the outbreak, UNICEF, SC UK, and the Zimbabwe Red Cross Society are working with the Ministry of Health and Child Welfare to ensure that the disease does not continue to spread. These organizations have provided oral rehydration solutions, intra-venous fluids, soap and other hygiene items, tents, blankets, and food assistance to the affected communities. In addition, the Zimbabwe Red Cross provided volunteer units and health education materials for community health workers and SC UK deployed a team to assist with health education and awareness programs.

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 \$49.2 million.

USAID/OFDA’s program in Zimbabwe focuses on emergency response in the sectors of food security, agriculture, nutrition, water and sanitation, and health, while strengthening international coordination, information dissemination, and monitoring. During FY 2003, USAID/OFDA provided more than \$6.5 million in emergency humanitarian assistance.

To date in FY 2004, USAID/OFDA has provided more than \$4.2 million. As part of this assistance, USAID/OFDA has 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) has received \$775,000 from USAID/OFDA to continue implementing emergency agriculture interventions and supplementary feeding programs started in 2003 in private church-based hospitals throughout Zimbabwe. USAID/OFDA has 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 in communal areas. USAID/OFDA has also addressed monitoring issues by providing \$400,000 to support WFP monitoring in Zimbabwe during the lean season.

USAID/OFDA's Emergency Disaster Response Coordinator (EDRC) in Harare continues to monitor programs and assess the overall humanitarian situation.

USAID's Office of Food for Peace (USAID/FFP) supports the Consortium for Southern Africa Food Security Emergency (C-SAFE), an emergency food assistance program comprised of World Vision, Care and CRS, that covers nine rural districts in Zimbabwe. In FY 2003, C-SAFE distributed more than 36,000 MT of assorted food commodities worth approximately \$21.6 million to an estimated 425,000 beneficiaries in these districts. In addition, FFP provided 103,010 MT worth approximately \$61.8 million to WFP, which covers the rest of the country. To date in FY 2004, FFP has provided 93,510 MT of assorted food commodities worth approximately \$56.1 million.

U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO ZIMBABWE

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
FY 2004 (to date)			
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	Matebeleland North, Matebeleland South, Midlands, Masvingo, Manicaland, Mashonaland East	\$775,000
DAI	Food security/Agriculture	Matebeleland North, Matebeleland South, Midlands, Masvingo, Manicaland, Mashonaland East	\$720,353
IOM	Food security/Agriculture	Countrywide	\$500,000
WFP	Food security/Agriculture	Countrywide	\$400,000
TOTAL USAID/OFDA			\$4,274,489
USAID/FFP ASSISTANCE²			
C-SAFE	54,720 MT in P.L. 480 Title II Emergency Food Assistance	Countrywide	\$32,832,000
WFP	38,790 MT in P.L. 480 Title II Emergency Food Assistance	Countrywide	\$23,274,000
TOTAL USAID/FFP			\$56,106,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2004			\$60,380,489
TOTAL USG HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2004			\$60,380,489
FY 2003			
TOTAL USAID/OFDA			\$6,527,705
TOTAL USAID/FFP			\$118,506,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2003			\$125,033,705
TOTAL USG HUMANITARIAN ASSISTANCE TO ZIMBABWE IN FY 2003			\$125,033,705

¹ USAID/OFDA funding represents committed and/or obligated amount as of December 5, 2003.

² USAID/FFP values are based on an average value of \$600 per metric ton and contributions are made to the Southern Africa region and are not country specific.



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