

Key Points

- 50 measles deaths reported.
- Teachers' strike looms.
- Erratic rains cause for concern.
- CAP 2010 currently 2.4% funded.

I. Situation Overview

Zimbabwe's humanitarian situation continues to ride on the gains made in late 2009, as reflected by a stark decline in humanitarian needs. The reduced funding requirement for the 2010 Consolidated Appeal (CAP) of US\$378 million bears testimony to this.

However, the situation remains fragile and could succumb to any sudden shocks, which calls for cautious optimism.

Threats of a strike by civil servants, continued disease outbreaks and scanty rain marked by long dry spells that threaten prospects of a good harvest, indicate that the worst is not yet over and could reverse the gains made so far.

While providing humanitarian assistance to vulnerable communities, it is imperative to remain cognisant of the impending transition to early recovery. It is vital to maintain balance and flexibility in supporting both the humanitarian and the recovery elements of assistance. The uncertainty of the situation means the pendulum could either swing into a humanitarian emergency or full scale recovery. While only time will tell, whichever way the pendulum swings, preparation is essential.

To this end, the Government of Zimbabwe (GoZ) and humanitarian stakeholders are engaged in ensuring that adequate preparations for any eventuality are in place. Activities include assessments and planning exercises that will inform future decision making in line with the changing situation.

Both parties have also refined disaster response mechanisms. The national Civil Protection Committee (CPC) met in January 2010 to clarify

future responses to disasters and agreed that in the event of an emergency, the GoZ and the Humanitarian Coordinator (HC) will coordinate the strategic response with the collaboration of all humanitarian actors from the Government, UN and NGO community, and the private sector if possible. Coordination of all disaster response should be done through the Department of Civil Protection (DCP) on the Government side, whereas OCHA should take the lead on behalf of the HC in coordinating the UN and I/NGOs. Other sectoral arrangements should fit within this set-up and structures. OCHA and the DCP would therefore jointly lead coordination efforts at national level while the District Administrators (DA) as chairs of the district CPU would lead the response at local level.

In addition, the United Nations Country Team (UNCT) late this month held a retreat on coordination mechanisms.

The preparatory work, however, should be supported by sound financial backing using mechanisms such as the 2010 CAP. This is ideal as it includes early recovery and "humanitarian plus" interventions which, although of a recovery nature, are considered time-critical and life-saving in the context of Zimbabwe.

II. Humanitarian Needs and Response

Health

Fifty community deaths and 221 cumulative confirmed measles cases had been reported by 31 January 2010, in an outbreak that has affected 28 districts since October 2009. However, no new cases of cholera and Pandemic Influenza A H1N1(2009) were reported in the last four weeks.

Nearly 1,200 suspected measles cases were reported since the start of the outbreak. The district measles igM attack rates ranged from 0.4 to 357 per 100,000 and the attack rate for all the affected districts is three per 100,000.

Surveillance is continuing throughout the country and community and religious leaders are promoting immunization amongst community members in Buhera district. A team of experts from the Ministry of Health and Child Welfare (MoH&CW), together with the health cluster, are providing technical support. A stakeholders' meeting on the measles epidemic conducted by the MoH&CW in late January concluded that there was need for targeted campaigns as the measles epidemic is predominantly amongst the communities who refuse immunization. The meeting called for specific strategies to reach affected communities and other unvaccinated children.



A child is immunised against measles during the on-going immunisation campaign in the affected districts. Photo courtesy of www.topnews.in

The cholera outbreak has stagnated. Since the present outbreak started in September 2009, the total cumulative cholera cases are 149 and five deaths. Of the deaths, one was institutional and four were in the communities.

The outbreak has affected 10 of the country's 62 districts in six of the 10 provinces, including Harare, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West and Midlands. The cases have been

concentrated in Mashonaland West, Manicaland, Midlands and Mashonaland West provinces. Most of the cumulative cases reported, representing 82%, were from rural areas. In the previous outbreak, 66% of cases were from urban while 34% were from rural areas during the corresponding period.

The crude case fatality rate since the outbreak started stands at 3.4%. Over the same period in 2009 a total 47,449 cumulative cases and 2,495 deaths had been reported, with a crude case fatality rate of 5.3%. The cases reported during the same period this year are 0.3 % of last year's cases, whilst the deaths are 0.2% of last year's deaths. This year's case fatality rate is lower than last year's by 1.9% although it is still higher than the recommended 1% threshold.

A Comparison of cholera cases in January 2009 and January 2010

Year	2009	2010
Cumulative Cases	47, 449	149
Cumulative deaths	2,495	5
CFR (%)	5.3%.	3.4%
% of rural cases	34.0	82

Health partners continue to investigate rumours of cholera in collaboration with district health authorities. Joint assessments were conducted in Gokwe North and Kadoma districts in the Midlands and Mashonaland West provinces respectively. Health cluster partners continue to support the MoH&CW at both national and local level to maintain the cholera epidemic under control. Services rendered during January 2010 included water quality testing by partners and provision of 70 kits to all provinces by the Cholera Control and Command Centre (C4). Training of 172 Environmental Health Technicians (EHT) on water quality testing was also conducted. The C4 also pre-positioned PUSH strategic stocks at provincial level. Most health cluster partners confirmed they have sufficient stocks and some have also pre-positioned stock at clinics.

Concerning Pandemic H1N1 (2009), by end of January 253 cumulative probable cases had been reported, 41 of which were confirmed by Polymerase chain reaction (PCR) testing. The number of confirmed cases has been static since November 2009, with eight districts in four of the country's provinces being

affected. These districts include Chirumhanzu, Chivhu, Goromonzi, Harare Urban, Marondera, Mutasa, Nyanga and Seke in Harare, Manicaland, Mashonaland East and Midlands provinces.

H1N1 vaccines are expected in-country in February 2010 and a vaccination campaign is planned to start shortly after delivery. The health cluster, in collaboration with the Mo&HCW, is finalising the vaccine deployment plan.

Since the beginning of the year, 13 cases of Anthrax were reported. Of these, three were from Kadoma, eight from Shurugwi, two from Mwenezi and one from Chikomba districts. Innoculation of cattle was undertaken in Seke and Mhondoro districts by Veterinary Services which now has vaccines for regular vaccination in stock.

The health cluster has finalised its strategy, work plan and priorities for 2010. The health cluster database on who is doing what, where (3W) is being updated. Additional partners have responded with their inputs and this will help to better identify gaps. Regular monthly and weekly meetings continue to take place and the toll free numbers are still functioning.

Water, Sanitation and Hygiene

The Water, Sanitation and Hygiene (WASH) cluster is focused on reviewing cluster and working group terms of reference (ToR) and setting priorities for 2010.

Cholera response activities during January included latrine construction, water point construction and rehabilitation, provision of water treatment chemicals to water treatment plants; and hygiene promotion and training activities. Distribution of WASH related non food items (NFIs) including household water treatment tablets, soap, oral rehydration salts (ORS), jerry cans and information materials also took place.

A new latrine was built, two new water points installed, four clinics and 41 household water points rehabilitated and 557 people trained in hygiene promotion and training. In total 41,534 households benefited from NFI distribution comprising 3,738,060 household water treatment tablets, 73,206 sachets of

ORS, 166,136 bars of soap, 8,144 jerry cans and 100,575 pieces of educational material.

The Social mobilization group held a workshop on 27 January with the objective of identifying key priority areas for 2010. These include Operational Research to create an evidence base for health promotion and social mobilization issues; Advocacy on policy review and implementation of existing health promotion policies; Involvement of the private sector and various Government ministries; Recognition of the potential significant contribution of the youth in community services; Supporting clusters in their health promotion and social issues as well as Disaster Risk Reduction activities including early warning systems at community level.

Key activities include household water safety; sanitation through a community demand approach; sustainable behaviour change approaches through mainly interpersonal communication; youth involvement and capacity building; collaborative meetings with private sector, councils and other authorities and; advocacy for resource mobilisation where needs are identified.

Food

An injection of US\$5 million towards food programmes was timely in addressing food shortfall challenges during this peak hunger period expected to last from January to March. WFP recently received the funding from the Central Emergency Response Fund (CERF). WFP food security monitoring shows that the ongoing food aid is becoming the major source for cereal consumption in most communities as they exhaust their own harvested stocks. The vulnerable group feeding (VGF) and safety net (SN) programmes by WFP reached 1,392,907 beneficiaries representing 92% of the target with 17,013 metric tones (MT) of food as at 29 January 2010.

Most parts of the country have been receiving erratic rainfall resulting in crops exhibiting signs of severe moisture stress with worst cases reaching permanent wilting stage. WFP is closely monitoring the immediate impact that erratic rainfall might have on the present food security situation. The ongoing first round of the crop and livestock assessment will provide some quantifiable information by mid-February.

The pilot project by Concern Worldwide in Gokwe North and South as well as Nyanga districts is going well. The project is providing cash or a combination of cash and food to 59,285 beneficiaries who otherwise would have received a VGF ration. The initial response from beneficiaries is positive in terms of flexibility of the utilisation of the cash. A significant group has indicated that food deliveries are preferred, particularly by older beneficiaries and in areas with less functioning markets. A full evaluation of the pilot will be conducted jointly by WFP and Concern in April 2010.

A small scale food for asset pilot started in Binga district through partnership with Save the Children UK. The participating communities are working on asset creation activities that include construction of a livestock dip tank, birth registration centre and communal oil pressing shelter.

Nutrition

Field work for the National Nutrition Survey is nearly complete and 64 of 65 domains have submitted their data. A team of six analysts will spend the next two weeks uploading and cleaning the data. Initial results are expected by mid-March and a preliminary report should be ready by 1 April 2010. The survey has a sample size of approximately 40,000 children and will provide the most comprehensive look at nutrition in the country since 2003.

Data collection on the 2009/10 Nutrition Atlas will be completed in early February. To date, more than 140 organizations have returned their survey forms. UNICEF hopes to release compact disk (CD) versions of the Atlas by the end of March.

The nutrition cluster continues to collaborate with the Food and Nutrition Council, FAO and WFP to strengthen food and nutrition analysis in Zimbabwe. The three cluster lead agencies have agreed to support the cost of a consultancy to review current systems and develop recommendations for strengthening food and nutrition analysis and action. The consultants should be in place by the beginning of March.

A number of provinces have experienced an extended dry spell, with clear indication of crop loss. While it is too early to predict the impact of these dry spells, many believe this year's productive season will be worse than last year. The cluster is monitoring developments closely, and will be in a better position

to predict impact following publication of the results of the FAO led first round crop and livestock assessment in mid-February.

Agriculture

During the first half of the season, from October to December 2009, most parts of the country received normal to above-normal rainfall. precipitation amounts decreased and became more erratic from mid-December to end of January 2010. Extended dry spells were experienced in most parts of the country and the southern half of the country was the most affected with dry spells of more than 20 days. Consequently, the prospects of the cropping season have been lowered. The harvest this season was anticipated to be better than last year because of better access to inputs. The country received heavy rainfall in the last week of January, which was critically needed to save significant cropped areas from permanent wilting point.

The effect of the mid-season dry spells is yet to be determined. Detailed information is expected from the 1st Round Crop & Livestock Assessment, which is currently underway in all the districts across the country. The objectives of the assessment are to assess the area planted to various crops and the condition of crop and livestock.



This maize crop in Kezi, Matobo district in Matabeleland South province was affected by the long dry spell and will not recover even after heavy rains. Photo courtesy of Matilda Moyo. OCHA.

FAO is coordinating a Post-Planting Survey to assess the performance of the humanitarian agricultural input assistance program for the 2009/10 season. The report is expected in early March. Total assistance

provided by the humanitarian community is 742,000 households, of which 621,000 households were supported through free input distributions, 86,000 with conservation agriculture programmes comprising inputs and training and 35,000 through input fairs.

The Government has launched another agricultural input facility worth US\$40 million for the procurement of top dressing and basal fertiliser. This is in addition to three other schemes, which are the US\$45 million input subsidy, US\$55million local input supply and US\$210 million bank loan facility, which brings the total value of Government input schemes to US\$350 million. Input deliveries through the schemes are continuing but at a very low pace.

Education

The new school year for 2010 started well with encouraging student enrolment figures and widespread return of teachers. However during the second week of January teachers threatened industrial action if current salaries of US\$150 per month were not improved. Meetings between the teachers' unions and the Minister of Education, Arts, Sports and Culture (MoEASC) to resolve the issue did not yield positive results. Teachers gave the MoEASC an ultimatum up to end of January to address their issues or face industrial action. The consequences of a national strike by teachers will be widespread and poses the most imminent and serious threat to the education system at large.

Following reports of a hailstorm at Mhondoro Mubaira school in Mashonaland West province, UNICEF conducted an assessment which indicates that the school suffered extensive hail damage with the roof blown off 18 classrooms, affecting 710 students and 19 teachers. Nine teachers' houses, stationery, textbooks and furniture were also destroyed. The surrounding fence of the school is in need of complete reconstruction and all 30 of the school latrines are now unusable. There are widespread reports of looting of the school and teachers' houses. Total damage value is estimated at US\$95,000. In the meantime, the school is in urgent need of 18 tents and the provision of emergency latrines.

The results of the grade seven examinations were released at the end of December 2009 and initial reports revealed a disappointing performance. Many of the students have not been able to reach minimal

learning standards to continue their education onto secondary school and there are widespread reports that participation in the examinations was low given poor parent confidence on their children's ability to pass.

There are continuing reports of violence in schools across the country in the form of violence against students by teachers and violence against teachers by communities. This is a major concern as on all accounts this issue affects student enrolment and retention, effective teacher participation in the schools and the long term psychosocial development of affected children.

Logistics

The logistics cluster continues to provide a variety of services to partners, including transport and warehousing. Partners have given the cluster very positive feedback and requests for continued service. Clusters receiving support include health, education and agriculture. All agricultural inputs have been delivered while an extension of warehousing services has been agreed with WHO. CERF funding for logistics support services is available until the end of April 2010.

Early Recovery

Whereas the current situation in Zimbabwe is allowing for recovery activities to occur, there has been no comprehensive assessment carried out to define the scope and range of early recovery needs in the country. It is consequently essential to conduct an inclusive and thorough appraisal of the exact nature of these transitional opportunities involving elements of outstanding humanitarian needs and opportunities for developmental recovery. This will aid strategic and operational decision-makers to set further priorities, identify gaps and strategically plan for recovery responses in the short to medium term.

On the request of the HC's office, the ER cluster was in January tasked with initiating a joint recovery opportunities assessment on behalf of the UNCT to be carried out jointly by UN agencies, the GoZ and representatives from the NGO community within the first half of 2010. A preliminary draft ToR for the assessment was prepared by the ER cluster and shared with all clusters leads on 14 January 2010. Given the importance of the inter-cluster nature of the joint assessment, the completion and onward coordination

of this process needs to be managed at the inter-cluster level under the overall supervision of the HC. An appropriate involvement of the Government must also be ensured. An ER advisor to the HC is in the country since the last week of January to support the HC in clarifying concepts and mechanisms related to early recovery inter-cluster planning and coordination. A common understanding and approach to early recovery and longer-term recovery in Zimbabwe will help in the preparation of the planned joint assessment. The ER advisor will draft a ToR for the Joint Assessment and together with the HC direct the way forward.

At the last ER cluster meeting it was decided to initiate additional working groups similar to the Cash Transfer Working Group. Two groups namely, a Private Sector Linkage Working Group and a Youth, Livelihoods and Vocational Training Working Group were decided on. The first meetings will be held in February.

Protection

In Victoria Falls, 157 households lost their dwellings after a clean-up operation by the local authorities. The households had been allocated land provided that they would construct permanent shelter within a specific period. The dwellings were destroyed after the deadline had passed and warnings given. It is reported that many of these households had previously been evicted during Operation Murambatsvina. Discussions with the local authorities are underway to assess the possibility to provide assistance to this group, without giving an incentive for people to remain at the site.

In Bulawayo, 162 households were evicted from Mganwini Farm after the court ordered that the land belonged to the Bulawayo City Council (BCC). The families are currently camped along the Bulawayo – Plumtree road and no decisions about durable solutions have been taken yet. Humanitarian assistance will have to be closely coordinated with the district and provincial authorities.

A meeting between the district administrator (DA) and stakeholders took place in Gwenzi, Chipinge district in Manicaland province to discuss the needs of over 300 displaced households. Participants agreed on the need for regular coordination meetings and discussed cash-for-work projects. In addition, there is a need to start discussions with the plot owners to

assess their willingness to accept some of the internally displaced persons (IDP) back.

The protection and early recovery clusters are planning to increase their work on identifying durable solutions for IDPs in the country, guided by the December 2009 Inter-Agency Standing Committee (IASC) Framework for Durable Solutions.

The Gender based violence (GBV) sub-cluster has finalised a referral pathway for cases of GBV, with a specific model for Harare and Tongogara. Work is underway to draft a similar referral pathway for other locations such as Mutare. UNFPA intends to produce posters for distribution to communities and clinics to sensitise on different referral mechanisms.

IOM and UNFPA carried out joint training in Manicaland province on Management of Sexual Assault Survivors. Participants were drawn from the seven districts and represented the district medical officers, victim friendly officers, prosecutors and social welfare officers. It is hoped that after the training, access to multi-sectoral lifesaving services will increase.

IOM and the Zimbabwe Women Lawyers Association (ZWLA) conducted training on the Domestic Violence Act for residents and community leaders in Murehwa district in January. Information, education and communication (IEC) material on GBV and domestic violence was distributed. Communities in four wards in Murehwa district were also trained in general protection, leading to the revitalisation of protection committees.

New Hope Foundation carried out training on HIV and AIDS for hotel staff at the Hunyani Hills hotel. One of the conclusions of the training was that tourism and hospitality staff are at risk of HIV and AIDS and that programmes and activities aimed at prevention are necessary for this target group.

Concerns have been raised about children dropping out of school due to a lack of capacity to pay school fees. The Government-initiated BEAM to assist children from poor backgrounds does not appear to have the capacity to accommodate all children, including some who received assistance last year through other programmes.

The situation on farms was reported to be further compounded by the fact that many children lack birth certificates. The Coalition Against Child Labour in

Zimbabwe (CACLAZ) reported a need to work with other partners to assist the children in obtaining birth certificates so they do not have to drop out of school as a result of not having identity documents. Furthermore, an absence of Early Childhood Early Care (ECEC) was noted on many farms, where children are left to play outside when their parents are at work.

The National Irregular Child Migration workshop held in Beitbridge during the last week of January reviewed the progress on interventions for irregular child migration vis a vis the current environment, the emerging issues and needs of Unaccompanied Minors (UAM) and the way forward. Participants included implementing partners and government departments such as Immigration, Police, Registrar General, Transport, RDCs and are chaired by Ministry of Labor and Social Services (MoL&SS). UNICEF and IOM provided technical support.

III. Funding

By end of January 2010, the new CAP cycle, launched in December 2009 with a requirement of US\$378 million, was 2.4% funded with US\$8.9 million. At the same time last year, the CAP 2009 was 15% funded.

Considering that many agencies are actually implementing activities on the ground at the moment, it seems there is a backlog in reporting contributions to the Financial Tracking Service (FTS). Donors, NGOs and UN agencies have all been approached to provide more up-to-date funding reports to ensure proper analysis of outstanding gaps and identify areas for advocacy.

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.

IV. Coordination

The United Nations Country Team (UNCT) held a retreat on coordination arrangements in Zimbabwe on 25 January 2010 and agreed to bridge the information gap between the work of humanitarian and transition actors. A proposal was made to align the work of the inter-cluster forum with that of the Short Term Emergency Recovery Programme

(STERP) II clusters and encourage regularly meetings and information exchange between stakeholders.

Key meetings scheduled for February 2010 are as follows:

- **Tuesday, 2 February 2010**
Health Cluster Meeting. WHO Boardroom at Parirenyatwa Hospital. 02:30pm. Contact bonkougoub@zw.afro.who.int
- **Wednesday, 3 February 2010**
Protection Cluster Meeting. UNICEF. 11:00am. Contact ort@unhcr.org
- **Thursday, 4 February 2010**
Early Recovery Cluster Meeting. UNDP Conference Room. 02:30pm. Contact kirstine.primdal@undp.org
- **Friday, 5 February 2010**
Nutrition Cluster Meeting. UNICEF. 09:00am. Contact tstillman@unicef.org
- **Friday, 12 February 2010**
Joint Health and WASH Cluster Meeting. WHO Boardroom at Parirenyatwa Hospital. 09:00am. Contact bonkougoub@zw.afro.who.int and mpeters@unicef.org
- **Thursday, 25 February 2010**
Agriculture Coordination Working Group Meeting. Celebration Centre, 162 Swan Drive, Borrowdale, Harare. 09:00am. Contact constance.oka@fao.org
- **Friday, 26 February 2010**
WASH cluster meeting. UNICEF. 09:00am. Contact: mpeters@unicef.org
- **Tuesday**
Social Mobilisation Weekly Taskforce Meeting. UNICEF. 10:00am. Contact: pmathenge@oxfam.org.uk

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 www.ochaonline.un.org/Zimbabwe

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, January 2010¹

COORDINATION – OCHA: CONTACT Marcel Vaessen : vaessen@un.org								
Education	Protection	Nutrition	Agriculture	Early Recovery	Health	Food Aid	WASH	Logistics
Lead: UNICEF Contact: Jeannine Spink jspink@unicef.org	Lead: UNHCR Contact: Caroline Ort ort@unhcr.org	Lead: UNICEF Contact: Tobias Stillman tstillman@unicef.org	Lead: FAO Contact: Constance Oka constance.oka@fao.org Contact: Jacopo Damelio jacopo.damelio@fao.org	Lead: UNDP Contact: Kirstine Primdal kirstine.primdal@undp.org Co-Lead: IOM Contact: Natalia Perez nperez@iom.int	Lead: WHO Contact: Boukare Bonkougou bonkougoub@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, SCU, 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, SCU, 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, MERCYCOPRS, 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, ACHM, ACTED, ADRA, Africa 2000, Africare, AGRITEX CADS, CAFOD, CARE, Christian Care, Concern, CSO, CRS, CTD, Dabane Trust, DAPP, DVS, Environment Africa, FACHIG, FCTZ, GAA, GRM, GOAL, HELP, Help Age, ICRAF, ICRISAT, IFRC, IOM, LEAD Trust, Mercy Corps, MoAMID, MTLC, ORAP, OXFAM America, Oxfam GB, PENYA Trust, Plan, Practical Action, PSDC, River of Life, SAFIRE, SAT, SC-UK, SIDA, SIRDC, SPWSNET, Solidarités, USAID, UZ, WFP, WFT, WVI, ZCDT, ZFU, 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, CWV DAPP, Elizabeth Glaser Pediatric AIDS Foundation, GAA-Merlin, GOAL Humedica, ICRC, IFRC, IMC, IOM, MSF, MDM, Plan International, Sysmed, 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, Solidarités, 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 organisations 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.

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