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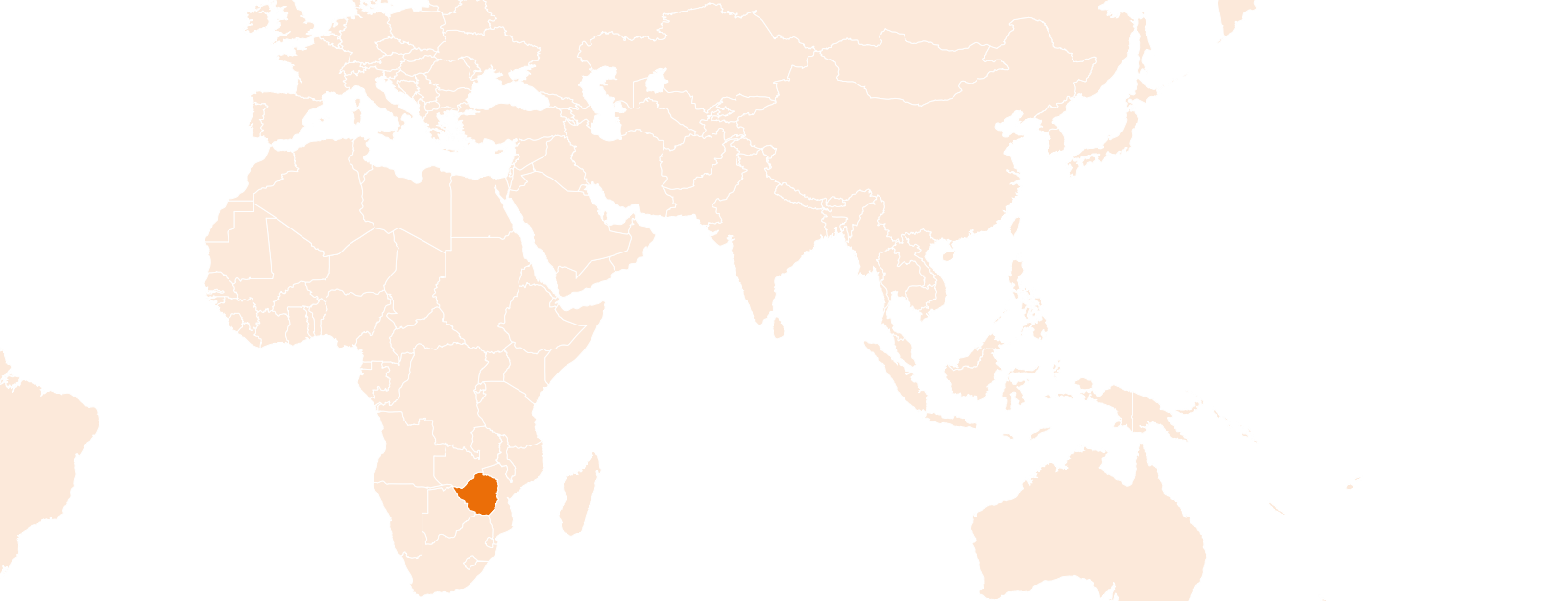
Crisis reports

Zimbabwe



Zimbabwe at a glance

The crisis and the response

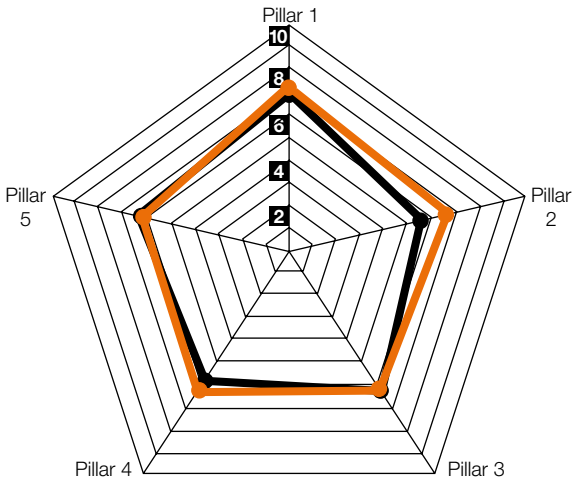
- From August 2008 to July 2009, over 4,200 Zimbabweans died in one of the worst recorded cholera outbreaks in Africa.
- The high death toll – far beyond the worst case UN scenario – was the result of collapsed water and sanitation infrastructure and state health services rendered dysfunctional by political tension and hyperinflation.
- Zimbabwe continues to face widespread food insecurity. Many lack access to safe water and sanitation.
- The government's refusal to declare an emergency and restrictions on INGOs delayed international aid and allowed the cholera outbreak to proliferate.
- The cholera crisis caught the UN unprepared. Its capacity to lead – weakened by the resentment of the Mugabe regime towards the west and high turnover of OCHA staff – was further reduced by the apparent unwillingness of the HC to confront the government.

Donor performance

- The OECD/DAC freeze on direct government-to-government links means most funding goes through the CAP framework.
- It is difficult to quantify overall humanitarian funding: FTS data is incomplete.
- There was relatively good coordination among traditional donors: most are praised for responsiveness and flexibility.
- Donors seem fatigued: coverage of the 2010 CAP was 44 percent in October 2010.

Key challenges and areas for improvement

- Contingency planning must be realistic, factoring in the likelihood and potential consequences of further political crisis, state-directed violence and displacement.
- The widespread local perception that aid is untransparent needs to be countered.



HRI 2010 scores by pillar

Pillar 1 Responding to needs
Pillar 2 Prevention, risk reduction and recovery
Pillar 3 Working with humanitarian partners
Pillar 4 Protection and international law
Pillar 5 Learning and accountability

- Independent evaluations should be encouraged, beneficiaries should be involved in their design and the results publicised.
- Substantial funding is needed for both prevention and treatment of HIV/AIDS.
- Funding systems should be supported by robust information management systems and a facilitated process to help members agree on clear priorities, roles and responsibilities and accountability.

Zimbabwe

Not yet out of the woods

The Humanitarian Response Index (HRI) mission to Zimbabwe in May 2010 sought to understand the international community's evolving role in addressing various humanitarian crises, including the cholera epidemic which broke out in August 2008 and food insecurity, which subsequently became the major focus of humanitarian concern. Since the 2009 cholera crisis, there have been significant, mostly positive, changes in humanitarian indicators, but what has remained constant is the heavily politicised nature of humanitarian response. The international community has had some success in helping to address food security issues that have plagued the country for the past decade, but the cholera epidemic has starkly illustrated the limitations of current humanitarian systems used by the international community in highly politicised contexts.

Precise data for the cholera crisis is difficult to obtain, but it has been estimated that over 4,200 people died in one of the worst recorded cholera outbreaks ever witnessed in Africa (Jongkwe 2009). By the time the former Health Minister declared the end of the epidemic in July 2009, over 100,000 infections had been registered, although actual numbers may well have been greater. The number of recorded infections represents a caseload twenty times larger than the worst case scenario envisaged in United Nations (UN) contingency plans. With timely and effective treatment of cholera, mortality rates are typically under one percent. The death rate in Zimbabwe was more than four times greater. These high mortality rates resulted from the virtual collapse of a health system and water infrastructure which were once models in sub-Saharan Africa.

Rehabilitation of water supply infrastructure and improved health delivery prevented a recurrence of cholera in 2010, but political instability and food insecurity remain. Many commentators note that a nation with high levels of education, arable land and diamond and other mineral resources should be able to recover quickly. However, in August 2010, the UN warned that "the lack of major funding for recovery and development remains one of the key hindrances to moving the country out of a situation of generalised humanitarian need" (OCHA 2010a).

Operational environment

Zimbabwe witnessed substantial economic growth following independence in 1980, as agricultural exports increased and Zimbabwe became a regional breadbasket. Land reform commenced in 2000 in response to long-standing resentment that a highly disproportionate share of the country's prime arable land was owned by white Zimbabweans, who comprised only around one percent of the total population. Prior to land reform, the agricultural sector provided 45 percent of foreign exchange revenue and livelihoods for over 70 percent of the population (Otto 2009). Abandonment of commitment to a market-oriented economy, ill-managed and often cronyistic land confiscations, government price controls, corruption, the HIV/AIDS epidemic, drought and deepening conflict between the ruling party and its opponents resulted in economic collapse, massive population displacement and increasing food insecurity. Hyperinflation reached historic levels as Zimbabwe became the fastest shrinking economy in the world. While the World Food Programme (WFP) had, until 1999, run a procurement programme purchasing Zimbabwean food for distribution elsewhere in the region, by 2009, the agency was distributing free food rations to some seven million people, over half of the country's resident population.

Despite improved sorghum, millet and maize harvests in 2009, WFP was still assisting around 1.5 million people in the first quarter of 2010. There have been a number of joint initiatives to assess the food situation in Zimbabwe, but it has proved difficult to fully understand the food security situation as much of the information about prices in local markets and illegal importation of food is anecdotal (Otto 2009). This area has also seen several improvements in cooperation since 2008-2009, including a request by the government for the UN Food and Agriculture Organisation (FAO) and WFP to conduct an independent evaluation of the food security situation. The resulting assessment in June 2010 indicated that 1.68 million people still needed food assistance, mainly due to their lack of resilience after drought and other shocks (FAO & WFP 2010).

While most donors attribute responsibility for food shortages to economic mismanagement, Robert Mugabe and his Zimbabwe African National Union – Patriotic Front (ZANU-PF) party have repeatedly blamed Zimbabwe's problems on drought and Western interference. Mugabe has vociferously accused the European Union (EU) – most notably the United Kingdom (UK) – and the United States (US) of economic sabotage and plotting regime change through channeling funds to non-governmental agencies (NGOs) allegedly allied to the main opposition political party, the Movement for Democratic Change (MDC). In 2007, the government revoked registration certificates for all NGOs in order to sift out "pro-opposition and Western

organisations seeking to force regime change in Zimbabwe from genuine organisations working to uplift the well-being of the poor," (Mail & Guardian 2007). Legislation in 2007 laid out strict conditions for NGOs, requiring them to seek approval on specific activities and geographic areas of operation or forfeit rights to operate. Zimbabwe joined Myanmar and Sudan in having more than half a million people beyond the reach of any international assistance (UNDP 2009). From June 2008, NGO staff were confined to their offices and rights to operate and to move freely around the country were only fully restored in early 2009. The situation for NGOs has since improved, but political uncertainties encourage caution. NGOs and UN agencies remain unsure about their status and the security of their staff members. Despite improvements, humanitarian agencies face ongoing obstacles in obtaining visas and work permits for international staff, registering vehicles and clearing goods through customs.

Protracted parliamentary and presidential elections from March to August 2008 were accompanied by widespread violence and government restrictions on the press, civil society, human rights activists and the humanitarian community. After drawn-out talks brokered by the Southern African Development Community, ZANU-PF agreed in February 2009 to enter a coalition government with the two factions of the MDC and to pursue a shared reform framework known as the Global Political Agreement (GPA).

Formation of the unity government was swiftly followed by reopening of schools and hospitals. Civil servants were paid and returned to work. Human rights activists reported a significant drop in abuses. Hyperinflation was halted once Zimbabweans were permitted to use foreign currency and goods returned to shelves. Inflation fell from a peak of over 89.7 sextillion (10^{21}) percent in mid 2008 (Hanke 2010) to an average of six percent during 2009. In May 2010, the International Monetary Fund announced that Gross Domestic Product (GDP) rose four percent in 2009, the first expansion of the economy for eleven years.

However, many observers see the transition as far from assured. Senior figures within ZANU-PF, the army and the police – fearful of losing land, power, and wealth – continue to block economic and constitutional reform, exercising veto power over the transition as they intimidate opposition supporters and officials (International Crisis Group 2010).

Tensions rose further in April 2008, when an Indigenisation and Economic Empowerment Act was signed into law. It requires all companies operating in Zimbabwe which have more than US$500,000 in assets to arrange for 51 percent of equity to be owned by indigenous Zimbabweans. In January 2010, further regulations required companies to provide the government with specific indigenisation plans. The resulting information will be used to determine required levels of indigenous ownership of companies in various economic sectors and a schedule for achieving them. As with land reform, opinions have been sharply divided. Supporters have applauded the action for righting past wrongs and critics claim it will only serve to deter foreign investment and stifle the slow pace of economic recovery (Hawkins 2010).

Western governments have indicated a willingness to ease sanctions – which target more than 100 senior ZANU-PF members and business supporters – and resume direct government-to-government support. However, they require evidence that the transitional government is fully committed to the GPA and to respect the Hague Principles for International Engagement with Zimbabwe – a set of benchmarks including un-restricted humanitarian access, rule of law, enforcement of contracts, independent judiciary, respect for human rights and commitment to internationally-supervised elections.

Humanitarian indicators

Zimbabwe has slipped from 130th place on the 1999 Human Development Index to 151st in 2009 (UNDP 2009). Rates of chronic and acute malnutrition among Zimbabwean children in early 2010 were estimated at 35 percent and 2.4 percent respectively (OCHA 2010a). Around 4.5 million people have limited or no access to safe water and sanitation. Infant mortality is estimated at 64 per 1,000 births and average life expectancy has fallen to under 44 (UNDP 2009). There are 1.3 million orphaned children (UNICEF 2008).

HIV/AIDS

Zimbabwe has one of the highest HIV/AIDs rates in the world – described as "the most pervasive HIV epidemic on record," (Navario 2010). The prevalence rate has declined from a peak of some 28 percent in the 1990s to just over 15 percent in 2007 (World Bank 2010). The reduction has been due to a combination of factors, including high mortality rates, some success with condom use, and, ironically, years of economic and social upheaval that ruptured the social networks vital to HIV transmission. An April 2010 report from Zimbabwe's National AIDS Council showed a 75 percent increase in the number of patients treated for syphilis, gonorrhea and chlamydia between 2008 and 2009. This seems likely to presage a torrent of new infections, especially if Zimbabweans return en masse from South Africa. There is concern at the recent shift in focus from prevention to treatment, under-funding of a health system already struggling to treat 1.5 million patients, irregular supply chains, a black market in HIV drugs and spread of drug resistant strains (Navario 2010).

Displacement

Large numbers of people in Zimbabwe remain displaced. Their numbers, like those of the Zimbabwean population as a whole, can only be estimated. There may be as many as one million internally displaced persons (IDPs) (Internal Displacement Monitoring Centre 2010). It is thought that up to 700,000 people may have been displaced

in 2005 as a result of Operation Murambatsvina ("discarding the filth"), an attempt to control the informal sector in Harare. It primarily targeted opposition supporters and disproportionately affected women who constituted the majority of informal market traders. In addition, significant numbers of farm workers and their families – many of whom trace their origins to Malawi or Mozambique – have been displaced as a result of land reform. Five years later, hardly any of those who lost their homes and livelihoods during Operation Murambatsvina have received any compensation or any targeted support (Amnesty International 2010).

It is not possible to estimate the number of Zimbabweans who have fled abroad, particularly to South Africa. The volume of asylum applications lodged by Zimbabweans has made South Africa the largest single recipient of asylum-seekers in the world (UNHCR 2010). The International Organisation for Migration (IOM) estimates there are up to two million Zimbabweans in South Africa (AlertNet 2010) but others have suggested an even higher figure (Cornish 2010). The South African government classes them as "voluntary economic migrants" and less than five percent of asylum-seekers are granted refugee status, meaning they do not qualify for legal status that would ensure their protection. Despite their precarious status, many manage to remit funds. Zimbabwe is heavily reliant on remittances sent back by the Zimbabwean diaspora. Zimbabwean migrants and asylum seekers in South Africa are on edge, fearing renewed xenophobic violence.

Response to the cholera crisis

In August 2008, in the midst of the post-election political crisis, the first cholera cases were spotted in Chitungwiza, 30 kilometres south of the capital, Harare. The disease spread rapidly to all ten provinces. Poorly maintained water and sanitation infrastructure and a dysfunctional health care system, together with strikes by health staff, contributed to the epidemic's spread. NGOs were powerless to act, as they were confined to their offices by government legislation. At the end of October, the government activated its national disaster response agency, the Civil Protection Unit, to counter the spread of cholera. The United Nations Childrens' Fund (UNICEF) started an emergency response, although the government did not declare a national emergency or appeal for international assistance until early December.

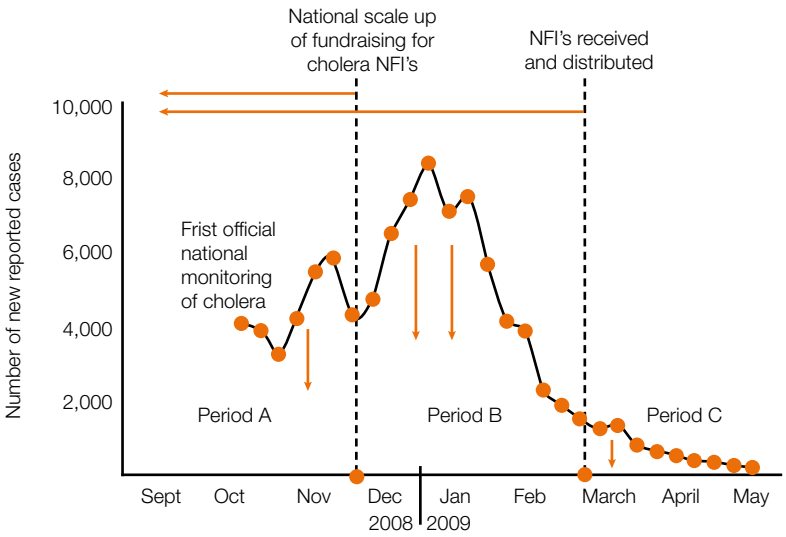
The humanitarian response to the cholera epidemic was widely recognised as being too little, far too late. The scaling up of the response was delayed at each stage, from declaring a disaster and requesting outside assistance, to procurement and distribution of relief supplies, by which time cholera had already largely run its course.

Early warning disease surveillance systems were not functioning since the health system had virtually collapsed. A 2009 joint evaluation by the World Health Organization (WHO), the European Commission Humanitarian Aid Office (ECHO) and the UK Department for International Development (DFID) noted the health cluster was only created in July 2008 and coordination and surveillance systems were only established after the peak of the cholera epidemic had already passed.

UN agencies and NGOs had only planned for 5,000 cholera cases in the "worst case scenario" during an interagency contingency exercise led by the UN Office for the Coordination of Humanitarian Action (OCHA) (Oxfam 2009). Contingency planning done jointly with the government did not note the danger that social services and infrastructure might be overwhelmed by political crisis. Hyperinflation – and prohibitions on international agencies using foreign currencies for local transactions – made it difficult to locate suppliers who would accept Zimbabwean dollars as payment.

Humanitarian agencies in Zimbabwe were accustomed to dealing with slow-onset crises, food insecurity and HIV/AIDS. Most agencies only recognised the potential scale and threat of the outbreak when it was too late and even after alarm bells had sounded. Many lacked the human, financial and material resources to rapidly scale-up their response. The response was largely reactive with most human and material resources allocated to responding to new outbreaks throughout the country, instead of preventing the spread by targeting high risk populations.

Cholera epi curve and UNICEF NFI response



Though initial support from various donors was provided, large scale fundraising and emergency response commenced on 3 December 2008 when the Minister of Health officially requested international assistance. Source: UNICEF 2009

In the absence of state response capacity and specialist agencies, a disproportionate share of the response fell onto one NGO, Médecins Sans Frontières (MSF) – which has been working in Zimbabwe since 2000. Between August 2008 and March 2009, MSF reported treating some 55,000 cholera patients both by their own staff and by Ministry of Health personnel whose salaries were temporarily paid by MSF (Fournier and Whittall 2009).

Funds channeled through the clusters were slow to be released. Some bilateral donors were relatively quick to provide funding directly to agencies to combat the crisis, but the bulk of the funding was not made available until the Zimbabwean government appealed for international assistance. Attempts to channel donor funds through the clusters during the cholera crisis highlighted well-documented problems of over-reliance on a single funding channel. This approach not only resulted in considerable delays in agencies receiving funds and relief items, but also absorbed considerable amounts of staff time.

Did the UN downplay the cholera crisis?

In February 2010, the former head of the OCHA Zimbabwe office complained that his warnings of the likely scale of the cholera epidemic were stifled by UN bureaucrats intent on maintaining good relations with Robert Mugabe. He alleged that the UN Resident Coordinator/Humanitarian Coordinator (RC/HC) "forced us to put the figure very low. Because the government did not accept that there was cholera, the United Nations was forced to align with that position". The International Council of Voluntary Agencies (ICVA) has described this as "criminal neglect on the part of the UN" (Dickinson 2010). In October 2008, NGO heads wrote to the RC/HC, expressing decreasing confidence in OCHA's leadership and warning that the UN was undermining their already tenuous position with the Zimbabwean government. Interviewees confirmed that the former HC's tenure had been characterised by tense relationships with donors, NGOs, and UN agencies. The facts behind the breakdown in trust between the RC/HC and the head of OCHA during the cholera crisis were still in dispute at the time of the HRI mission and have been the subject of a UN appeals tribunal.

The situation does not appear to have been helped by a high turnover of OCHA staff. Three OCHA heads came and left within a three-year period. The negative consequences of RC/HC "double-hatting" are, by no means confined to Zimbabwe. As the RC, s/he needs to maintain good relations with the host government while as HC the priority should be upholding of humanitarian principles.

Some UN agencies and donors vigorously attempted to fulfil their humanitarian mandates. As an example, NGO staff interviewed by the HRI team who had been present during the cholera crisis praised efforts by some UN agencies, notably WFP and UNICEF, and several donors for their lobbying efforts with the government to ease restrictions on NGOs.

Current donor response

A continued freeze on government-to-government funding has meant that the bulk of Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC) donor funding continues to be channeled through international agencies. The Consolidated Appeal Process (CAP) has become the main vehicle for strategic humanitarian response, with donors channeling over 80 percent of their funding to activities within the CAP framework. However, overall funding as of September 2010 stood at 43 percent, lagging in comparison to the previous two years when coverage was an average of 50 percent by the time of the Mid Year Review in July. The food cluster is the best funded at 91 percent. The lowest are agriculture and nutrition (both 15 percent), education (11 percent) and protection (four percent).

In August 2010, the UN cited "economic and political challenges" and insufficient recovery and development funding in support of an upward revision of CAP 2010 requirements. The revised CAP document said Zimbabwe was at a crossroads, and the humanitarian situation "remains fragile due to the prevailing degradation of infrastructure in the basic sectors of health, water and sanitation, and food security," (OCHA 2010a).

Evaluation of donors' practices

Needs assessments and targeting of beneficiaries are invariably difficult in such politically-charged environments. However, the HRI team found general agreement that the annual vulnerability surveys led by WFP and the Zimbabwean government have been relatively impartial. The active involvement of NGOs during these assessments contributed in a good level of confidence in the results and consistent application of findings. There have been periodic reports of attempts by politicians on both sides of the political spectrum to use food aid to support their electoral campaigns. However, the combination of pre-agreed beneficiary lists coupled with an effective crisis monitoring system run by WFP has reportedly mitigated this problem.

Donor humanitarian approaches are generally perceived positively by UN agencies and international non-governmental organisations (INGOs). During the HRI mission, the European Commission (EC) and the UK were most often cited as good examples of donors who were both responsive and flexible in supporting changing needs. Approaches to monitoring and evaluation by donors (particularly OECD/DAC donors) were rated highly.

The Swiss Development Corporation piloted seed voucher and cash transfer activities as an alternative to food aid in 2008 and communicated – the largely successful – results to the international community. As a result, WFP's programme now contains a significant cash transfer component.

Donors appear ready to fund activities that promote greater participation of beneficiaries and community -level accountability systems, but few of the agencies interviewed could think of any examples where donors had proactively suggested enhancing participation or establishing beneficiary accountability systems.

Is aid untransparent?

The overall level of satisfaction of INGOs and UN agencies with donors is not necessarily shared by all Zimbabweans. Interviews with Zimbabwean government officials across the political spectrum indicated a widespread notion that there is lack of

transparency on how donor funds are used. Some of this dissatisfaction may be due to frustration at not being able to lift donor restrictions that are preventing channeling of bilateral funds directly to the government. Unhappiness may also stem from the lack of a centralised database for tracking information. Donors and humanitarian agencies readily provided budgetary and other financial information when requested during interviews, but it was impossible to interview all donors as many do not have a permanent in-country presence. The HRI team thus found it challenging to compile a comprehensive picture of the humanitarian funding situation. It soon became evident, however, that a considerable amount of humanitarian funding is not included in OCHA's Financial Tracking System (FTS).

This appears to be inconsistent with FTS' defined purpose to be "a global, real-time database which records all reported international humanitarian aid," (OCHA 2010b). Among examples of programmes that do not appear in the FTS are the C-SAFE programme, which was established in 2002 as a parallel food pipeline funded by the US Agency for International Development's (USAID) Food for Peace. Operating in Zimbabwe since January 2003, during 2009 it accounted for just over 50 percent of USAID's US$130 million budget for food aid in the country (OFDA 2009). Funding provided by the UK's Department for International Development (DFID) for its long-established Protracted Relief Programme is also not included in the FTS.

When the HRI team asked donors why information is not included in the FTS, there were several responses. Some said this was because this category of funding was outside the CAP while others attributed the lack of some information to administrative delays in compiling and uploading data. Others said funding information was not included in the FTS as it fell under the rubric of transition activities that were meant to provide a bridge between relief and future development activities. However, there has been inconsistency. A significant proportion of activities planned under the 2010 CAP, particularly those relating to infrastructure and food security, could be classified as transition activities. The planned addition of the African Development Bank (ADB) -administered multi-donor trust fund – which may, some claim, manage over US$1 billion – will add a further layer of funding complexity and ambiguity.

The challenge of accessing comprehensive donor funding information along with the inconsistent interpretation of the use of the FTS by different donors appear to be creating perceptions that donors are not being fully transparent. UN and international agencies receive large sums for recovery and transition programmes that in other countries would be provided as bilateral government assistance. This makes it doubly important for donors to devise a better way to consolidate and communicate information in a transparent manner.

"The humanitarian response to the cholera epidemic was widely recognised as being too little, far too late."

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Coordination and clusters in Zimbabwe

Major donors have formed an effective coordination mechanism – the Friends of Zimbabwe – also known as the 'Fishmongers Group' after a Harare restaurant where they initially met. It brings together the US, Australia, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, the Netherlands, Norway, Spain, Sweden, Switzerland, the UK, the EC, the International Monetary Fund, the World Bank, the ADB and the UN. At their June 2010 meeting in Oslo, the Friends of Zimbabwe acknowledged the important role played by the Southern African Development Community (SADC), particularly South Africa, but expressed concern at a continuing lack of respect for the rule of law, protection of fundamental freedoms and the slow pace of progress in implementing

the good governance aspirations set out in the GPA. They confirmed that they would continue their practice of channeling aid through existing pooled funds and programmes along with a newly-created Multi-Donor Trust Fund managed by the ADB and would not provide direct budgetary support to the government. While critics allege the Fishmonger's Group was set up to bring about regime change (Eagle 2010), many of those interviewed during the HRI mission noted that it has provided an unusually coherent and consistent approach towards humanitarian action. Specific good practice examples cited by international humanitarian agencies included effective gap-filling by donors, collaborative interventions with groups of donors and consolidated reporting systems.

The cluster approach was formally adopted in Zimbabwe in March 2008 and Zimbabwe was one of five countries reviewed during a DFID-funded NGO and Humanitarian Reform project. The 2009 study found that on average, each INGO attended seven coordination mechanisms. Interviewees felt that the water, sanitation and hygiene (WASH) cluster was "action-oriented with a good working atmosphere" whereas other clusters were described as "theoretical" and not very relevant (Otto 2009). The study also found participation of local NGOs to be marginal.

The HRI team learnt that humanitarian reform mechanisms have improved since 2008-2009, with many welcoming increased participation by government representatives in clusters. The UNICEF-led WASH cluster led continues to be highly rated by members, not least for its conscientious efforts to ensure that interests of the cluster come before those of UNICEF (ICVA 2010). ICVA states that the WASH cluster has helped to reduce NGO cynicism about UN dominance of clusters and has "demonstrated how principles of partnership can be operationalised by giving proportional representation to NGOs on decision-making forums," (ICVA 2010).

A study in 2009 discovered widespread dissatisfaction amongst NGOs regarding the Central Emergency Response Fund (CERF), notably around transparency and delays in approval (Otto 2009). The HRI team encountered similar complaints from NGOs about UN-managed pool funds, where priority-setting and allocation of funding was not felt to be particularly transparent. Since significant funds continue to be channeled through the clusters it will be important to address these issues.

Although the 2008 cholera epidemic was one of the largest in history, Oxfam's Real Time Evaluation (Oxfam 2009) is the sole evaluation posted on Active Learning Network for Accountability and Performance in Humanitarian Action's (ALNAP) Evaluative Resource Database. While some agencies, notably UNICEF and DFID, readily shared independent evaluations with the HRI team, other agencies were reluctant to do so.

Lessons learnt and recommendations for the future

One of the main conclusions of the HRI mission is that there is no room for complacency. The HRI team was repeatedly told that the Zimbabwe crisis has not been resolved. There is concern that donors are focusing resources elsewhere. There was evidence that disbursements for Haiti have affected funding for Zimbabwe from OFDA and the EC.

It remains to be seen whether the changed political environment in Zimbabwe will enable international agencies to truly prioritise humanitarian principles. There are several issues which need to be addressed by donors and the humanitarian community:

1. Contingency planning must be realistic, factoring in the likelihood and potential consequences of further political crisis, state-directed violence and displacement.
2. The widespread notion that aid is untransparent needs to be countered by developing a system that clearly shows how funds are being used and provides a model for the Zimbabwean government.
3. Evaluation results must be better used. It is commendable that donors have funded evaluations, but it is important to sit down with partners to review and act on recommendations. Independent evaluations should be encouraged, beneficiaries involved in their design and results be publicised and shared with them.
4. Donors need to recognise the real risk that post-recovery plans could be fatally undermined by an upsurge in HIV/AIDS. Substantial funding is needed for both prevention and treatment.
5. Humanitarian funding systems must become more responsive, strategic and timely. Funding through clusters can potentially add considerable value, but only if this is supported by robust information management systems and a facilitated process to help cluster members agree on clear priorities, roles and responsibilities and hold each other to account.

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Information based on field interviews with key humanitarian agencies in Zimbabwe from 20 to 30 April 2010, and 163 questionnaires on donor performance (including 111 OECD/DAC donors).

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