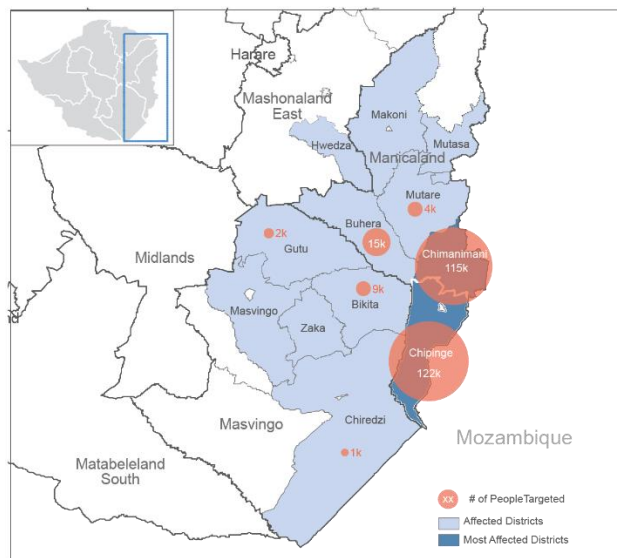


This Situation Report is produced by OCHA Regional Office for Southern and Eastern Africa in collaboration with humanitarian partners. The Situation Report builds on Flash Updates No. 1 and provides more detailed information on the situation and response. It covers the period from 27 March to 9 April 2019. The next Situation Report will be issued on or around 17 April.

HIGHLIGHTS

- 299 deaths have been recorded and 329 people are still missing, according to the Government.
- Latest assessments indicate that the homes of some tens of thousands of people have been destroyed or damaged beyond habitability. Most of these people are staying with hosts in the extended community.
- Revised Flash Appeal requires US\$294 million to respond to the drought and Cyclone Idai.
- Food Cluster partners have so far assisted an estimated 30,000 people in the worst-affected areas of Chimanimani and Chipinge.
- Access to a sufficient quantity of water for drinking, cooking and personal hygiene has been restored for 43,000 people.
- Eight clusters have been activated to bolster the humanitarian response effort in support to the Government of Zimbabwe,



270K

affected people

\$60M

Cyclone Idai requirements

>4,000

households displaced

299

deaths

43,000

people have restored access to clean water

SITUATION OVERVIEW

- Following the landfall of Cyclone Idai in Mozambique on 14 March, eastern provinces of Zimbabwe experienced torrential rainfall. The combination of high winds and heavy rain in the districts of Chimanimani, Chipinge, Buhera, Nyanga, Makoni, Mutare Rural, Bikita, Masvingo and Gutu caused riverine and flash flooding, as well as landslides, causing significant loss of life, injury and displacement.
- At least 299 deaths and 186 injuries have been reported, and 329 people were reported missing as of 3 April, according to the government. The international community with operational partners are finalizing targeting and distribution planning, and multi-sectoral support is being delivered. Temporary repairs have been completed on roads and bridges to Chimanimani town and most other cut-off areas; access is open for relief transports to all but three wards. However, the temporary repairs may be fragile and may not withstand heavy traffic or more torrential rain.
- The homes of at least 4,000 households are destroyed or currently uninhabitable. This is expected to increase as Displacement Tracking Matrix (DTM) assessments are finalized. The vast majority are finding emergency accommodation with hosts in the extended community. Households hosting displaced people will require support to continue accommodating them until other permanent or temporary shelter solutions are on line. In the seven districts affected by the Cyclone Idai—Chipinge, Chimanimani, Buhera, Bikita, Mutare, Gutu, and Chiredzi—multisectoral

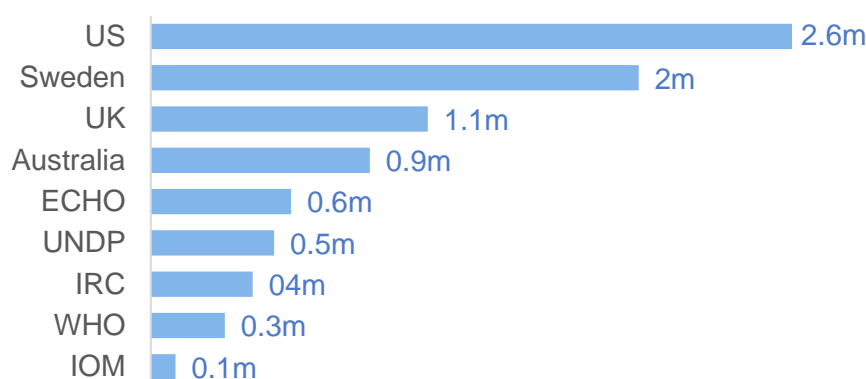
support will be required to mitigate immediate risk, speed recovery and re-build livelihoods. The livelihoods of over 270,000 people across these districts has been affected; those in Chipinge and Chimanimani districts are worst hit.

- This Situation Report takes into account the progress with the humanitarian response as it continues to gain momentum. The improved access affords a more detailed requirement of need after recent sectoral assessments. Sector-specific response, needs and gaps have been updated accordingly.

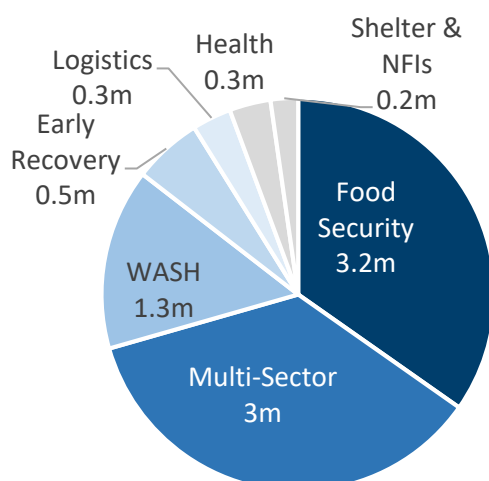
FUNDING

The revised Flash Appeal that calls for US\$294 million, including \$60 million for the Cyclone Idai response, was launched on 5 April. Response to the cyclone component from the donor community now totals \$8 million committed (14% of requirements). Member States whose contributions are not yet reflected in FTS are encouraged to report as soon as possible: <https://fts.unocha.org/content/report-contribution>.

Funding by donors and agencies (as received to date in US\$)



Funding by sector (as received to date in US\$)



Source: donor and recipient reports to FTS, supplemented by local reports.

HUMANITARIAN RESPONSE

Camp Coordination and Camp Management

Needs:

- A temporary camp has been established at Skyline, and two additional temporary camps will be established at Wengezi and Ngangu. However more assessment, and intention surveys, are needed to ascertain whether displaced people would intend to stay in such camps, as opposed to host families or other options. To inform their intentions, timelines and scenarios should be developed and consulted for return and reconstruction, or (in some cases, for example those whose land is too dangerous to rebuild a home on) relocation.

3

temporary camps will be established

Response:

- As lead of the S-NFI-CCCM cluster, IOM undertook focus-group discussions with the displaced communities residing in collective centres in Chimanimani.
- IOM planning to bring a site planner to support possible temporary displacement centers. UNHCR are able to leverage a shelter engineer to support in the same
- IOM has engaged a partner to set up a hotline that can act as a community feedback mechanism. The mechanism will be rolled out next week.

Gaps & Constraints:

- There is a need for better understanding of guidelines on principled relocations as well as the development of a clear long-term plan to support those who are displaced.
- There are ongoing protection concerns in collective centres, particularly where the displaced population is housed in areas where armed forces are also occupying accommodation space.
- More planning is needed at the planned temporary displacement sites in Arboretum and Pondo farm. Sphere standards for space allocation, WASH facilities, protection recommendations and appropriate drainage are not yet met.

Early Recovery

Needs:

- Restoration basic services in shelter, livelihoods, WASH, education, health systems.
- Rehabilitation of critical community infrastructures.
- Livelihoods restoration.
- Restoration of weather-monitoring infrastructure damaged by cyclone.

\$6 million

funding gap

Response:

- Ongoing spontaneous early recovery interventions by partners to assist affected communities to recover from and reduce the impact of the crisis, restore basic services (e.g. shelter, livelihoods, WASH, education, health etc.).
- Community critical infrastructure restoration in Chimanimani & Chipinge districts.
- Emergency employment and livelihoods restoration in all affected districts.
- Socio-economic impact study led by UNDP.
- Deployment of Early Recovery Sector Specialist.
- Consolidation of Early Recovery Needs Analysis.

Gaps & Constraints

- Out of the \$8.5 million required, the gap is \$6 million.
- Technical capacities in the areas of effective coordination, ER programming, and information management.

Education

Needs:

- The Ministry of Primary and Secondary Education has reported that the number of schools affected in the country now stands at 143.
- The infrastructural damage suffered by the 143 schools stand at 6,595,886 \$RTGS.
- The total learners affected is still estimated at 90,000.

90,000

school-age children
affected

Response:

- Save the Children, Plan, CARE and World Vision assessed all the sampled schools in the districts affected by the cyclone. UNICEF is currently assessing in the field and will be done by end of this week.
- The Education Cluster members reached 13,842 affected people last week and have reached 99,062 individuals since Cyclone Idai struck.
- Most agencies, including Save the Children, have already secured sites for safe spaces for children and they will be operating soon.

Gaps & Constraints:

- Current data still lacks definitive information on the number of learners directly affected by the floods. For planning purposes, the sector agreed to use Education Management Information System (EMIS) enrolment figures.
- The challenge has been the funding: the needs on the ground and the available funding are grossly mismatched.
- Information is still not coordinated from all the different response efforts in the 5 main affected districts. Save the Children, the cluster lead, has recruited a full-time Cluster Coordinator to coordinate all education interventions through districts and provincial structures starting next week.
- Accessibility and hence distribution of teaching learning material is still a challenge in some areas. Some agencies are mobilizing more vehicles to support and they are getting all supplies in Chimanimani while waiting for an opportune moment to deliver them.
- Child protection and child safeguarding issues remain a top priority. Parents and adults are “chasing” aid currently and leaving children to look after themselves in some of the areas. This poses a huge risk to children. There is need to create safe playing spaces for children within camps and communities. There is need to train local-level child protection actors.
- Strengthening the collection of quality data from the districts so that a clear picture of what is being done and the gaps can be established needs to be addressed.

Food Security

Needs:

- Cyclone Idai has significantly disrupted livelihoods in the most affected districts (Chimanimani and Chipinge), worsening the food security situation of the most vulnerable communities, many of which were already considered severely food-insecure according to the IPC analysis in February 2019.
- Extensive impact has been recorded in terms of homesteads, crops and livestock being washed away and/or submerged in mud and water, rendering households food-insecure.
- A joint rapid needs assessment carried out by FAO and the Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement from 25 to 29 March indicates crops and cattle were washed away with the floods, together with homes, productive assets and communal agricultural infrastructure, significantly disrupting the livelihoods of the most vulnerable and, in turn, worsening the already precarious food security situation.
- Preliminary assessment figures show that approximately 10,955 hectares of crop land and 14,277 livestock was severely affected in Chimanimani and Chipinge districts. This figure is likely to change as comprehensive assessments are undertaken.

32,650

food insecure people
assisted so far

Response:

- Complementing the assistance provided by local authorities and first responders, Food Cluster partners have so far assisted an estimated 30,000 people in the worst-affected areas of Chimanimani and Chipinge.
- A blanket supplementary feeding programme is currently implemented in the worst-affected wards of Chimanimani and Chipinge, targeting up to 70,000 under age 5, pregnant and lactation women and people living with HIV/AIDS. As of 9 April, more than 2,500 people have been assisted through the programme.
- In partnership with UNFPA, WFP is providing food assistance to 150 pregnant and lactation women, and patients in selected hospital and clinics in Chipinge and Chimanimani.
- A Joint Verification Exercise is currently being conducted by WFP, UNICEF, UNDP, NGO partners and Government representatives in Chipinge and Chimanimani to determine the severity of impact and needs, including food assistance, and to help coordinate assistance with local authorities.
- Close coordination and collaboration with private sector partner, Econet, as one of the most significant first responders, in the provision of food assistance.
- FSL cluster is collaborating with the Ministry of Lands, Agriculture, Water, Climate, and Rural Resettlement to collect information on the impact of Cyclone Idai through the Annual Second Round Crop Assessment which is currently underway.

Gaps & Constraints:

- Limited partner presence in the worst-affected wards of Chimanimani, hampering effective targeting and distribution of food.
- Limited Government capacity to coordinate the response with local and international partners.
- The livelihood component still reports gaps in covering all the affected areas with a comprehensive assessment of needs.

Health

Needs:

- Scaling up surveillance and early-warning systems for the early detection and response to epidemics in Chipinge following successful roll-out in Chimanimani.
- Procurement of medicines for chronic diseases for Chipinge and Chimanimani.

Response:

- Over 5,226 patients have been managed in health institutions and temporary clinics in Chimanimani district.
- 975,646 doses of oral cholera vaccine (OCV) are expected in-country on 10 April 2019 for the OCV campaign.
- 17,332 mosquito nets were distributed in Chimanimani Hospital during the week under review.
- 37 health workers from 32 health centres and satellite institutions were trained on early warning, alert and response network to support on reporting.
- Social mobilization for OCV is currently ongoing with the support of health promotion officers, volunteers and village health workers.
- 9,923 people have been reached with health and hygiene education in Chimanimani and Chipinge.
- Six additional temporary health facilities were established in Chimanimani; this will improve access to basic health services.
- Procurement of essential medicines and medical supplies by MOHCC and partners continues.
- Health partners are deploying staff to Chimanimani and Chipinge to strengthen coordination and implementation of activities in the affected communities.
- Five patients were airlifted from Ngorima, Hlabano and Chimanimani to Chipinge Hospital with various disease conditions.
- Psychosocial support to affected communities in Ngangu Township in partnership with Musasa.

6

temporary health facilities established in Chimanimani

Gaps & Constraints:

- Poor network coverage in affected areas has seen health institutions failing to submit daily reports on time.
- Limited stocks for cardiovascular diseases, diabetes, asthma and mental health medication in the health facilities.
- Some health institutions in Chimanimani are still inaccessible preventing the needed support to these facilities.
- Lack of adequate capacity to manage mental health and psychosocial support (PSS) for the affected populations.

Nutrition

Needs:

- The cyclone affected drought-prone districts that were already food-insecure (IPC3 and IPC4), worsening the food and nutrition status security situation and increasing the risk of malnutrition.
- In February, a month before the floods, 24 children in Chimanimani and 49 in Chipinge were under treatment for severe acute malnutrition. The expectation is that global acute malnutrition (GAM) rates will increase and this could be exacerbated by disruption of livelihood and increased of communicable diseases.
- Additionally, poor distribution of health services can impede access to treatment and thus contribute to disease spread. Overall, 4,700 children are expected to be affected by acute malnutrition; about 47,000 children under age 5 and 21,250 pregnant and lactating women need emergency nutrition support.

144

children acutely malnourished admitted for treatment

Response:

- All health facilities in Chipinge and Chimanimani have now received life-saving nutrition commodities enough to cover immediate needs for treatment of acute malnutrition and nutrient supplementation.
- This week 1,853 children were screened for acute malnutrition. Training of 550 village health workers and volunteers are under way in preparation for the mass screening activities and vitamin A supplementation of over 210,000 children under age 5 in Chimanimani and Chipinge through the vaccination campaign scheduled to start on 15 April.
- GOAL has started the WFP food distributions integrating infant and young child nutrition counselling in Chipinge targeting 9,956 pregnant and lactating women and 23,400 children under age 5.
- Under the supervision of the 13 Ministry of Health nutritionists and with support from partners, all the food distribution points have now started screening for malnutrition.
- Out of 3,700 children are at risk of being acutely malnourished, 34 children have been admitted this week into malnutrition treatment program. Since the beginning of the emergency, 144 children have been admitted. It is expected that the number of admissions will substantially increase once the mass screening campaign is completed next week.
- Weekly coordination meetings were conducted at national and provincial level this week and 4Ws, funding tracking and information management system is under finalization.

Gaps & Constraints:

- Seven Nutrition Cluster partners submitted a flash appeal request for a total of \$4.3 million targeting over 47,000 children under age 5. To date, only 4.6 per cent of the appeal has been funded (\$204,000 from CERF to UNICEF).
- The real-time monitoring system is yet to be fully operational, causing under-reporting of the nutrition response.

Protection (Child Protection, GBV, Mental Health)

Needs:

- Newly confirmed needs of some 3,000 Zimbabweans engaged in relief actions for PSS and sensitization in prevention of sexual abuse and exploitation (PSEA) in Manicaland. A series of sessions is expected to start on 10 April for Chipinge and Chimanimani, led by MHPSS Task Force in Manicaland.
- Reports of interference by some officials in relief-item distributions continued.
- Strengthen coordination at field level in the districts, as different partners seem to engage in similar activities which contributes to duplication instead of creating programme synergies.
- Strengthen partners' capacities on the PSEA reporting mechanism (practical session organized in the field) and new obligations within CSO procedures.
- Need to identify the entry point to engage on children's rights within the army via the justice and law sector, as an entry point to be followed up as well as via the Protection working group to strengthen advocacy on the need to build the army's capacities on the protection of children rights.
- Continuous assessment at field level—thematic distribution and geographical spread of the response, assess percentage of people reached to date (project people in need and current reach).

130K

men, women, boys and girls in need of immediate protection services

- The Government has a plan to relocate some 1,600 persons who lost homes in Chimanimani to two locations where the international community's cooperation is expected, particularly protection support to ensure that the relocations are conducted in line with the humanitarian standards.

Response:

- Community outreach interventions, including the establishment of community-based complaints mechanisms and GBV surveillance system, continue with support from FACT, engaging 60 community workers.
- 854 family kits and 245 mama kits have been distributed, provided by UNFPA with support from IRC and GOAL. Additional 700 mama kits dispatched at safe spaces and distribution points in Chipinge and Chimanimani. Additional 3,000 dignity kits are being procured for future distribution.
- 3,724 people benefited from psychosocial support first aid provided by REPSSI—1,876 children (830 male and 1,046 female), 237 adolescents (89 male and 148 female) and 1,611 young mothers (303 female) and caregivers (80 male and 1,228 female). A total of 2,844 children (1313 boys, 1531 girls) were reached through community mass mobilization and awareness sessions on child protection.
- Child Protection Society has supported 107 (52 boys, 55 girls) unaccompanied and separated children who are outside the family environment. So far, 14 children (8 boys, 6 girls) have been reunified with caregivers and family members.
- JF Kapnek has provided specialized support to 177 children with disability including 25 severely injured who are at risk of permanent disability. The children were referred for special rehabilitation support at the local clinics and for those with epilepsy and albinism, DSW and JF Kapnek provided medications and sunscreen lotion.
- Through the two established child-friendly spaces in Ngangu and Kopa (Rusitu), a total of 1,982 children (1,023 boys and 959 girls) were reached with psychosocial support services. Childline has a component on positive parenting and a total of 1,289 parents/caregivers (514 male and 775 female) were reached information on CPIE and educational awareness on abuse. The same partner reached a total of 2,118 children (1,013 boys and 1,105 girls) in and out of school with CPIE information on abuse prevention, reporting and where to get support.

Gaps & Constraints:

- Coordination of the protection actors at the district level.
- Mainstreaming of all types of protection interventions at the inter-cluster level.
- Limited PSEA awareness at district level; community-based protection mechanisms to identify, report, refer and address violence against children were severely affected.
- Limited psychosocial support trauma counselling teachers and professional social welfare workforce managing the humanitarian situation.

Shelter & NFI

Needs:

- Total beneficiary needs across all the sectors are 270,000 individuals, and the cluster is targeting an estimated 90,000 individuals (18,000 households) for NFIs and shelter support (shelter kits distribution, shelter repair, safe land identification, etc.).
- For upcoming winter season (during which night-time temperatures can approach freezing in the higher mountains), proper shelter options and NFIs such as blankets are essential.

10K

Shelters distributed

Response:

- Provision and distribution of over 10,000 shelters and 8,000 NFI kits in Manicaland (Chimanimani, Chipinge, Buhera and Mutare) by ACF, CARE International, CAFOD, GOAL/UNHCR, CRS, Help from Germany, IOM, Practical Action, Zimbabwe Red Cross Society.
- Mobilization of additional resources by Shelter Cluster partners.
- IOM has rolled out DTM in 32 wards in Buhera, 36 wards in Mutare, 38 wards in Chipinge and 23 wards in Chimanimani districts.

Gaps & Constraints:

- NFI and Shelter distributions remains challenging with damage and possibly precarious repairs to roads and bridges to access target communities.

- As road access improves gradually, more precise information on needs and numbers of affected population are being resolved through the roll-out of the DTM.

Water, Sanitation and Hygiene

Needs:

- A cholera outbreak in Mozambique continues to be a major threat to cyclone-affected districts where access to water, sanitation and hygiene (WASH) remains limited. (This is despite the OCV campaign.)
- WASH sector rapid assessments in Manicaland Province confirmed that at least 170 water sources require immediate rehabilitation in Chimanimani, Chipinge, Buhera, Mutare, Makoni, and Mutasa districts.
- While immediate and temporary repairs have been managed to both Chimanimani's and Chipinge's town water supplies, more interventions are necessary to ensure continuous and sustained supply.
- Meanwhile little has been managed to date with respect to sewage disposal in the two towns, other than temporary latrine provision.
- Over 5,000 household latrines have been partially to fully damaged.
- Approximately 250 sanitation facilities at schools require rehabilitation or reconstruction.
- Reinforced health and hygiene education with water treatment to affected communities remains critical to minimize the risk of WASH-related disease outbreaks.

62K

people reached

Response:

- 43,000 people (at least 16,000 in Chimanimani district, 24,000 in Chipinge district, and 2,000 in Mutare district) have gained access to a sufficient quantity of water for drinking, cooking and personal hygiene.
- 62,400 people (at least 38,000 in Chimanimani district, 12,500 in Chipinge district, 11,900 in Masvingo Province) have been reached with key health and hygiene messages to prevent water-borne diseases.
- At least 1,880 people have been provided with basic sanitation facilities in Chimanimani district.
- WASH sector rapid assessments have been conducted in cyclone-affected districts, and findings have been compiled to inform rehabilitation and reconstruction of water and sanitation facilities.
- Data on WASH in communities, schools, and health care facilities have been collected from key informants in cyclone-affected areas and are currently under analysis to inform response activities in cyclone-affected communities and institutions.
- WASH sector partners continue to coordinate response activities at the district, provincial, and national levels for information-sharing and field updates.
- Response coordination has been substantially strengthened, and frequent updates on 4W matrix have better clarified the roles and contributions of each sector partner.

Gaps & Constraints:

- Most of the hygiene kits distributed to date did not include sanitary pads, so the needs of adolescent girls and women have not been fully addressed.
- Information management needs to improve for efficient data-sharing and reporting on cyclone response activities and populations reached.
- Although more wards in Chimanimani are now accessible, relief intervention continues to be hampered by the inaccessibility of roads in the east of the district (wards 10 & 11) and parts of Chipinge.
- Risk of cholera in affected areas remains and heightens as Easter approaches (because the holiday normally occasions movement of Mozambicans to visit relatives in neighbouring Zimbabwe).

Logistics

Response:

- The Mi8 helicopter, made available by WFP as a common service to the humanitarian community through the Logistics Cluster, has now completed 20 rotations, transporting a total of 36.3 metric tons of relief items on behalf of 5 partners. This logistics asset will continue operations until 24 April 2019.

36.3MT

Of relief items have been
airlifted

- As roads in affected regions begin to open following government repairs, there will be a transition from air transport to road transport to allow movement of larger volumes of cargo.
- Three mobile storage units are being provided as common storage to the humanitarian community. To date, eight partners have used this service. Storage availability is adequate to cater for the current and planned cargo.
- Two coordination meetings have been held to date, attended by nine partners.
- 19 information management products have been produced and shared via the operational mailing list and the dedicated webpage created for the response: <https://logcluster.org/ops/zwe19a>.

Constraints:

- Limited road access to some affected districts is still presenting logistical challenges for humanitarian responders.
- No formal weight restrictions are in place for the main tar route to Chimanimani, but the passage of vehicles over 7 tons risks weakening the temporary repairs. These repairs are also vulnerable to further heavy rainfall, which some forecasts predict.
- Limited amount of available cargo to transport by air to identified landing zone locations, due to lack of partners currently operating in inaccessible areas, is affecting the helicopter's use.
- The reportedly inadequate fuel supply to Chimanimani will be problematic for operational partners.

GENERAL COORDINATION

The Cluster system is activated in Zimbabwe to boost humanitarian response to the humanitarian crisis caused by Cyclone Idai. The following cluster lead agencies are now reinforcing cluster coordination: Education (UNICEF/ Save the Children); Food Security (FAO/WFP); Health (WHO); Nutrition (UNICEF); Protection (UNHCR/UNFPA/UNICEF); Shelter/NFI/CCCM (IOM/IFRC); WASH (UNICEF); and Logistics (WFP).

Inter-cluster coordination meetings are taking place every Wednesday in Harare, and these are replicated at Mutare level every Friday, while in Chipinge there are daily partners meetings.

The ICCG will advance the discussion on potential use of the multisectoral cash transfers in all affected districts, and the PSEA strategy and harmonised approach.

The next period will focus as well on refining the humanitarian needs analysis including consolidation of data from needs assessments recently completed by the clusters.

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