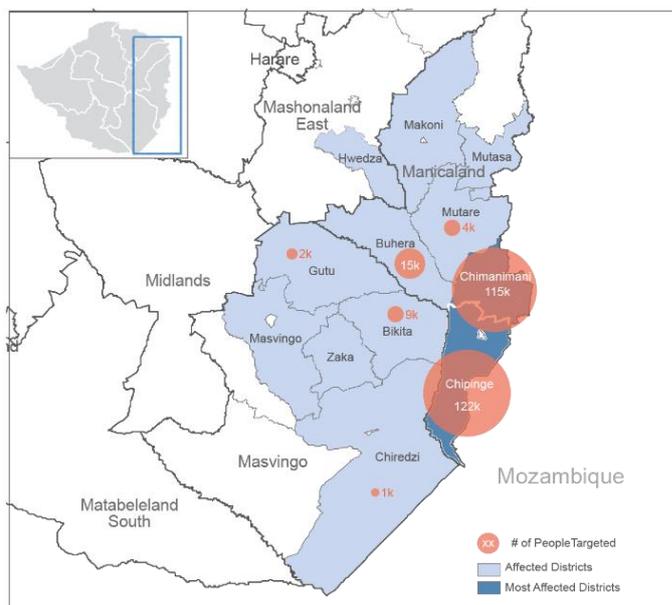


This Situation Report is produced by OCHA Regional Office for Southern and Eastern Africa in collaboration with humanitarian partners. The Situation Report builds on Flash Updates No. 6 and provides more detailed information on the situation and response. It covers the period from 07 – 14 May 2019. The next Situation Report will be issued on or around 21 May.

### HIGHLIGHTS

- The re-settlement of 87 families to temporary camps in Chimanimani has enabled schools to re-open.
- Long-term settlement planning by the Government remains a concern.
- Funding commitment for the response is at 50 per cent but the sectoral funding split is not uniform.
- The Displacement Tracking Mechanism (DTM) assessment at the village level has been completed and has mapped the mid- to longer-term priorities for families residing with host communities.
- Transition to early recovery activities is underway –the sector assessment has been completed and the World Bank has a delegation in-country to finalize sectoral programming.
- Phase II Food Assistance registrations are on-going and market assessments confirms that cash transfer programming is sustainable.
- The second and last round of the oral cholera vaccination (OCV) campaign in Chimanimani and Chipinge districts is underway.
- 230,000 persons so far have received food assistance, including reaching 50,000 vulnerable people (children under 5, pregnant and lactating women, people living with HIV and the disabled) through blanket supplementary feeding.



**23,400**

children under five, 9,958 pregnant and lactating women reached with Corn Soya Blend (CSB) blanket distribution

**8,130**

children have benefited from child protection services

**11,000**

individuals assisted with shelter support

**20,769**

cumulative Out Patient Department consultations

**175,000**

people have been reached with WASH interventions

### SITUATION OVERVIEW

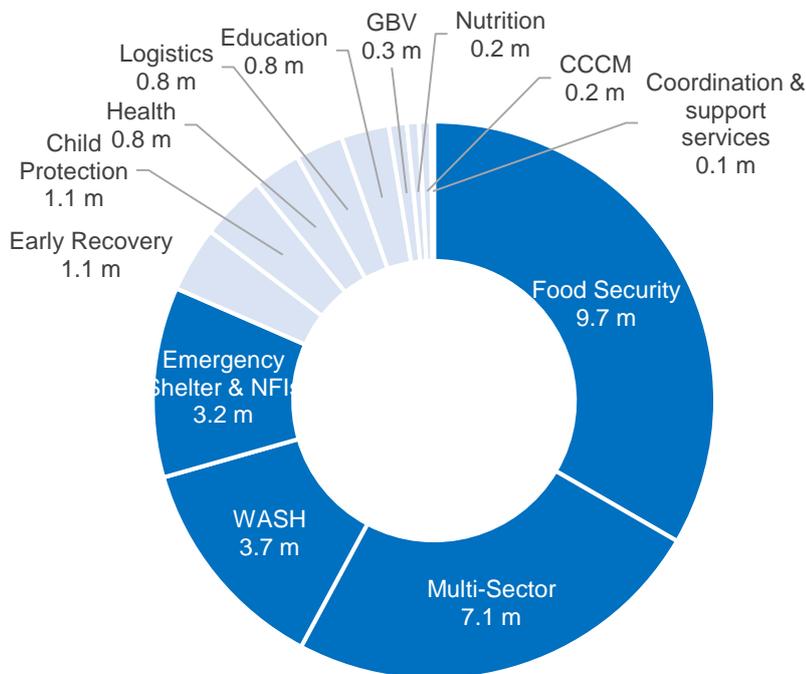
The re-location of displaced people residing in schools has been completed enabling all schools to re-open on 7 May. Families have been moved to serviced camp sites in Chimanimani. Discussion with local authorities and national government entities will be required to ensure more sustainable accommodation in the longer-term. In Chimanimani district a private sector house construction assessment will be completed by the end of May and this will inform planning for rehabilitation of existing houses and requirements for new houses. Following the World Bank’s announcement to provide up to \$75 million for the cyclone-response (Early Recovery interventions) an assessment mission has deployed and is in-country. This multi-sector funding is to cover all affected districts with a focus on Education, WASH, Agriculture, Transport, Health and Water Infrastructure. The WB delegation will meet with Government/Local Authorities, UN agencies, and prospective operational partners to finalise sectoral intervention programming. Funding is being channeled through UN agencies. The Early Recovery sector under UNDP in

collaboration with the Department of Civil Protection (DCP) is consolidating multi-sectoral stakeholder assessment reports to determine post-disaster recovery needs.

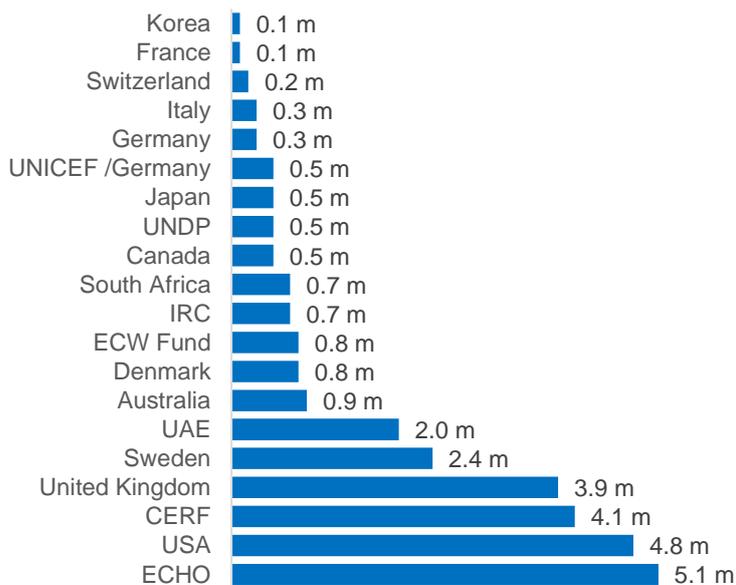
## FUNDING

The revised Flash Appeal, which calls for US\$294 million (including \$60 million for the Cyclone Idai response), was launched on the 5<sup>th</sup> of April. To date \$29 million has been committed by donors for the Cyclone Idai response. Member States whose contributions are not yet reflected in FTS are encouraged to report as soon as possible [here](#).

**Contribution to the Flash Appeal and outside by Sector**



**Contributions to the Flash Appeal and outside by donor**



# HUMANITARIAN RESPONSE

## Camp Coordination and Camp Management

### Needs:

- A large number of IDPs in affected areas are still residing in host communities and in collective centers.
- CCCM Cluster partners continue to work in the temporary sites to improve living conditions, through community participation, camp lifecycle, capacity building and boys/girls empowerment.
- 18 collective centers remain in use across Masvingo and Manicaland. A plan to support these IDPs to improve their short-term living conditions is required. In the longer-term there is concern as to the lack of planning by the authorities for more sustainable housing especially for those families residing in camps and other collective centers.

87

Households voluntarily settled in two temporary camps in Chimanimani

### Response:

- IOM's DTM team conducted the first round of village-level assessments - targeting 61 villages with the highest number of IDPs. This assessment informs the needs and challenges of both IDPs and host communities in Chimanimani and Chipinge districts. Key data collected includes IDP and host community intentions with regard to the duration of hosting arrangements and specific needs. In particular, the assessment has mapped how long current arrangements can continue and the support needed for both the host and displaced families.
- Establishment of Garikai, the third temporary camp in Chimanimani district is ongoing. This camp is expected to cater for 91 families.
- As of 14 May, 57 families have been voluntarily settled at Arboretum and 30 families at Nyamatanda-Pondo temporary camps. There are a number of concerns with regard to the Nyamatanda-Pondo site that are being addressed.
- The CCCM Cluster and Department of Public Works conducted a IDP registration exercise at Ngangu primary and Chimanimani High school, mostly targeting those whose homesteads have been completely destroyed. In Ngangu, 93 households have been registered at schools, churches and the Chimanimani hotel.
- The District Administrator (DA) confirmed that the Government's survey for all proposed permanent relocation sites would take 3 to 6 months. The government is drafting an action plan for permanent relocation sites. This will be discussed during the IDP management meeting in Chimanimani this week.

### Gaps & Constraints:

- There is a need for a comprehensive government plan on assistance to the displaced in collective centers as well as those living in the host community - focusing on long term solutions. Close linkages between the government relocation plan and private sector housing initiatives will be crucial.
- IDPs demanded to be relocated directly to permanent accommodation from the collective centers. This was a cause for concern in the completion of the camp re-location process. According to the District Administrator it is Government's position that permanent re-settlement will only be undertaken after all services (roads, sewage, water supply, social amenities etc) are in place.
- Noting the need to ensure that temporary camps will only be required in the short-term a clear focus is required to finalize the longer-term planning. Delay in Government action will create issues for the humanitarian partners.

## Early Recovery

### Needs:

- Restoration of weather monitoring infrastructure damaged by cyclone.
- Restoration of basic services in shelter, livelihoods, WASH, education, health systems.
- Rehabilitation of critical community infrastructures.
- Livelihoods restoration.
- Road and bridge infrastructure repairs especially primary access routes to Chimanimani.

\$6 MILLION

Funding gap

### Response:

- Repairs and rehabilitation of critical school facilities to pave the way for schools opening for second term
- UNDP socio-economic impacts and needs assessment report finalized

- UNDP in collaboration with the Department of Civil Protection (DCP) is consolidating multi-sectoral assessment reports conducted by various agencies (governmental and non-governmental agencies) to determine post-disaster recovery needs
- SAFIRE conducting environmental damage assessment
- Development of Early Recovery Plan informed by Early Recovery Needs Analysis will be released by the 23May
- UN Habitat conducting spatial planning and settlements assessment in order to determine options for risk informed relocation and/or resettlement
- The NGO Practical Action is conducting resource mobilisation for agriculture and energy projects targeting most vulnerable groups
- Rehabilitation of water reticulation systems in Chimanimani by ADRA Zimbabwe.
- Rehabilitation of irrigation systems through conditional and unconditional cash transfers by Cafod
- Reconstruction of permanent houses by CRS
- World Bank experts engaging in-country and coordinating with Early Recovery stakeholders.
- Private sector well advanced with assessment in the context of addressing Chimanimani housing needs.

## Gaps & Constraints

- Coordination and communication between national (strategic) and provincial (operational) levels of the response
- Technical capacities to ensure building back better in infrastructural rehabilitation and reconstruction
- Timing of ER activities vis-a-vis the schools calendar in terms of following reconstruction standards
- Detailed infrastructure damage to buildings might delay some reconstruction activities as BOQs need to be specified

## Education

### Needs:

- Discussions within the Cluster partners have now focussed on how to use the findings to refine interventions as well as to conduct a gap analysis which should inform any resource mobilisation efforts.

### Response:

- All schools are reported to have reopened for the second term in all the affected areas. Ministry of Primary and Secondary Education (MoPSE's) officials were on the ground to witness and support the process. While no concrete statistics of school attendance were available, MoPSE's estimates that around 90 percent of learners turned up for school during the first week. Attendance will become a monitoring priority throughout the course of the school term, together with identification of the barriers preventing children to access learning.
- The Rapid Joint Education Needs Assessment (REJNA) was completed and the report distributed just before commencement of the second term. This has led to better targeting and improved the choice of future interventions. The report was the outcome of the collaboration of all key Education Cluster partners, and therefore forged a common understanding of the issues affecting learners and teachers as well as their communities.
- There has been no difficulty with the despatch of education materials - 58 schools in Chimanimani and Chipinge have received their supplies which included school tents (for selected schools); ECD kits for all targeted primary schools, School-in-a-box kits for all targeted schools, a recreational kit for every school; and 10 buckets per school . Procurement of supplies for Phase 2 is ongoing. Rehabilitation of damaged toilets or construction of new facilities is underway. Ministry of Primary and Secondary Education is closely collaborating with the Ministry of Local Government, Public Works and National Housing and local communities.

**58 SCHOOLS**

in Chimanimani and Chipinge have received their education and learning supplies

### Gaps & Constraints:

- The widespread destruction of WASH facilities was an area that was highlighted by the RJENA. While government-led rehabilitation and reconstruction efforts are underway and progress is being made, significant gaps were observed in the vertical coordination (from national through provincial and district to school levels) as well as horizontal coordination of the interventions (communication among the different sector ministries as well as partners involved).
- This issue has been addressed by key stakeholders - ministries involved discussed the gaps and agreed on how to address them. This also enabled the WASH and Education Clusters to synchronise support in order to improve coordination at the district level, the Education Cluster resolved to identify co-chairpersons, drawn from the partners who have a strong presence in each of the targeted districts, who will work closely with the District School Inspectors (DSIs) for the respective districts.

**Needs:**

- A total of 155,000 people have been registered for Phase II food assistance in Chipinge and Chimanimani by Goal and the Zimbabwe Red Cross Society. An additional 35,000 people in Chimanimani are being registered by World Vision International this week.
- According to the verification needs assessment irrigation systems in Chipinge and Chimanimani have been damaged -. 61.5 per cent of the respondents indicated that their irrigation system was irrecoverable, while 7.7 per cent and 17.9 per cent respectively, confirmed that their irrigation systems incurred partial or slight damage. Only 2.6 per cent stated that their irrigation system had not been affected. Collaboration with FAO is required on the rehabilitation of those irrigation systems which are still damaged.
- The preliminary findings of the multi-sectoral market assessment in all affected districts suggest that cash transfer is a viable tool for most district wards including those in Chipinge and Chimanimani. This should encourage the cash working group to agree as soon as possible on a harmonized cash transfer value. The majority of FS cluster partners are ready to switch to cash transfer support which will improve the distribution process.

**230K**

People reached by the FSL cluster

**Response:**

- In complementarity with the assistance provided by local authorities and first responders, Food Cluster partners, the Government and other partners have assisted an estimated 230,000 persons so far, including reaching 50,000 vulnerable people (children under 5, pregnant and lactating women, people living with HIV and the disabled) through blanket supplementary feeding.
- FAO is working with the Department of Irrigation and farmers to carry out repairs on affected irrigation schemes and has restored minimal functional capacity for four schemes in Chipinge and two schemes in Chimanimani. Additional financial support is required to restore the schemes to reach full operational capacity. The commitment from farmers to recover, replace and repair damaged infrastructure is in place.
- All partners have been requested to delay cash distributions until the Cash Working Group releases its final guidelines based on the recent WFP/Care Market Assessment.

**Gaps & Constraints:**

- The last FS Cluster meeting raised the issue of non-harmonized food basket content across responders. Large differences have been identified in terms of both nature and quantity of assistance. Cluster partners based their food basket content on their own needs, this demonstrate the importance of ZimVac to reach a shared understanding of needs and appropriate response modalities. In addition, it was agreed that the food basket contents should be aligned as much as possible to standardized WFP rations bearing in mind that WFP is the main stakeholder as far as food assistance is concerned.

 **Health****Needs:**

- Communities heightened awareness of communicable diseases outbreaks have led to increased number of suspected cases of infectious diseases, placing increased demand on laboratory testing and sample transportation, which pose a challenge.
- There is need to scale up critical life-saving emergency health services including non-communicable diseases for the vulnerable people as well as establish early recovery interventions
- Improve communication from community, district and provincial health administration for management of infectious and priority diseases
- Psychosocial and mental health support to humanitarian workers as well as the traumatized vulnerable populations need to be addressed

**20,769**

patients received medical care

**Response:**

- The catch-up campaign for all EPI antigens in the two cyclone Idai most affected districts (Chimanimani and Chipinge) began on Monday 13 May. The campaign is scheduled to last for ten days and will include: i) Road to Health (RTH) cards replacement, ii) EPI catch up (all antigens in the routine vaccination schedule), and iii) nutrition assessment including vitamin A supplementation. Additionally, the campaign provides the second Human Papilloma Virus (HPV) doses for the first cohort, as well as the first HPV dose for the second cohort.
- Preparations for the second and the last round of oral cholera vaccination (OCV) campaign in Chimanimani and Chipinge districts are currently ongoing. The campaign will begin on the 27 May and end on 3 June.

- Since the beginning of the response a total of 20,769 patients (13,433 female and 7,437 males) received medical care at the different health facilities.
- Pregnant women continue to be supported in health facilities and maternity waiting homes. A total of 460 pregnant women were seen in the facilities with 27 institutional deliveries reported this week.
- The Health Systems Early Recovery Plan for Chimanimani and Chipinge has been completed and submitted to MoHCC Permanent Secretary's office and shared among partners. The plan used the findings and recommendations of the HeRaM that was conducted by partners
- The Inter-Agency Coordination Committee on Health (IACCH) in its meeting held on 10 May recommended the shift from early warning to the normal disease surveillance protocols. However, capacity building is required. The disease surveillance reporting has improved in the affected districts. Acute Respiratory Tract Infections continue to be the leading priority disease condition being reported. The number of diarrhoea cases reported also continued to be higher than the two preceding years for the 6th consecutive weeks in Chimanimani. Active surveillance continued in Zamuchiya and Hwakwata close to the Mozambique border where suspected cholera and measles cases have been reported and investigated. Thus far, no cholera case has been reported.

#### Gaps & Constraints:

- Access to some hard to reach areas still poses a challenge to emergency health care delivery especially in Rusitu, Mutsvangwa and Muchadziya.
- Poor mobile network or non-existent coverage in certain areas is affecting communication, as well as patient referral to next levels of the health care system
- Health facilities reported that they have family planning commodities shortages
- Psychosocial and mental health support to traumatized and vulnerable affected people as well as for humanitarian workers is inadequate.

## Nutrition

#### Needs:

- The Nutrition Cluster is focusing on building the capacity of the MoHCC to strengthen their emergency preparedness and response in treatment of acute malnutrition and protection of vulnerable groups in the event of future shocks. This will include the training of 252 health workers and 1,207 village health workers in Integrated Management of Acute Malnutrition (IMAM) in Chimanimani, Chipinge and Buhera.
- In addition, the Nutrition Cluster is planning to train the provincial and district level nutritionists and partners in development of emergency preparedness and response plans, cluster coordination including reporting and effective supervision and monitoring.
- The cluster funding remains low, limiting the partners capacity to support the scale-up in all wards/areas affected. UNICEF requires approximately \$900,000 for nutrition supplies, additional human resources to support provincial medical directorate (PMD) and partners in program implementation.

**14,348**

mothers reached with  
Infant and Young Child  
(IYCF) counselling

#### Response:

- The screening of acute malnutrition is steadily being integrated across other sector activities and routinely at the health facilities. During the reporting period, over 1,440 children have been reached. The screening identified 11 severe acute malnutrition (SAM) and 19 moderate acute malnutrition (MAM) cases bringing the total number of cases admitted in the Outpatient Therapeutic Programme (OTP) to 109 SAM and 190 MAM cases. The number of acute malnutrition cases during the reporting period is significantly lower compared to past weeks. This is attributed to access to a variety of humanitarian aid including food, comprehensively screening in the past that identified many of the acute malnourished cases, and successful disease control.
- The outcome performance of the OTP programme is within the SPHERE standards. Approximately 21 patients have been discharged (70 per cent cured) with 9 patients defaulting (20per cent). The outcome can further be improved through training, mentorship and more engagement with the Village Health Works (VHW) to reduce the defaulting rates.
- Promotion of appropriate infant and young child feeding (IYCF) and care practices is ongoing with support of nutrition partners ADRA, GOAL, Save the Children, NAZ and World Vision. A total of 15,873 mothers and primary caregivers of children under two years have been reached with IYCF counselling, representing 60 per cent of the target. The IYCF-E messages are provided during routine health services provision, Mothers' Care Groups and by VHWs conducting health promotion at the community level.
- GOAL supported by WFP is targeting 23,400 children under five, 9,958 pregnant and lactating women in Chipinge district with CBS (Corn Soy Blend) blanket distribution. ADRA, World Vision and Save the Children are planning to reach over 10,000 children under five in Chimanimani district with BSFP.

- The micronutrient supplementation of Vitamin A has reached 8,749 (15 per cent of the target) children under five and Multi-micronutrients powders (MNPs) has reached 14,008 (25 per cent of the target). The Vitamin A supplementation will be integrated into the planned EPI catchment outreach campaigns. The coverage of Vitamin A supplementation is expected to increase during the EPI catch-up campaign.
- UNICEF and PMD conducted joint support supervision and monitoring in 6 health facilities in Chimanimani districts.
- The nutrition cluster continues to monitor breastmilk substitutes (BMS) distribution and engage in awareness creation on the dangers of BMS.
- The nutrition cluster oriented 165 health workers in Chimanimani and Chipinge in nutrition integrated programming and reporting. A total of 771 Village health workers from Chimanimani and Chipinge trained at health facility level in active screening and reporting using the Rapid-pro SMS system.
- Nutrition coordination meetings held on a weekly basis at the National, Provincial and District levels.

#### Gaps & Constraints:

- Health worker skills and knowledge gaps in Integrated Management of Acute Malnutrition (IMAM) across the districts affecting the quality and performance of the Outpatient Therapeutic Feeding Programme (OTP).
- There is a huge information gap at provincial and district levels in terms of weekly reporting (Rapid-pro SMS) and sensitization meetings should be continued post training.
- Inadequate integration of IMAM activities in the routine health service with over-reliance of Ward Nutrition Coordinators to conduct IMAM at health facility level.
- Lack of adequate funding by partners including UNICEF for scale-up of response especially in capacity building.

## Protection (child protection, GBV, mental health)

#### Needs:

- The IDP relocation to temporary tented camps remains a concern. especially the lack of information from Government as to long-term settlement. Inadequate conditions and services available at the place of relocation is also problematic. The anxiety created by lack of transparency for the future, including the fear to lose their property, negatively affects the communities, potentially resulting in increased number of domestic violence, including cases against male survivors.
- With the number of actors dealing with protection, child protection and SGBV increasing, better coordination at the field level for data collection and consolidation, information management and quality service delivery remains a need.
- Protection mainstreaming across sectors was conducted (with a specific focus on NFI/ Shelter/ CCCM, WASH and Food Security) through technical support and half-day training on the IASC guidelines and checklist (in particular in relation to the IDP relocation and the kicking starting of the recovery phase).
- The situation of children placed with relatives or foster families is fragile. With the resources of foster families being exhausted, they are at risk of being abandoned. There is a comprehensive system to monitor their situation and respond their needs, including providing support to and educating foster families.
- High-level intervention is needed to address the continued presence of the military. Though reduced at school facilities in Chimanimani reports suggest involvement elsewhere.
- Humanitarian aid workers need to harmonize Psychosocial Support (PSS) at the Provincial and District levels.
- With recent re-opening of schools, it is essential to reach out to the youth attending school to create awareness in trauma care and in protection against sexual exploitation and abuse (PSEA).
- The psychosocial response to all affected persons including children and parents needs improved internal coordination within the psychosocial working group at field level and in coordination with the Health and Education Clusters to ensure interventions respect the standard, quality service delivery and avoid overlapping.

**313**

Disabled children received psychosocial and medical support

#### Response:

- Protection Cluster during this reporting period focused their response on the IDP relocation from school sites to the tented camps. The main concern is that the relocated families did not received enough information about the process as well as the future plans. In addition, some of the temporary camps did not meet the humanitarian standards. The Protection Cluster, together with other partners on the ground advised CARE International, IOM's CCCM partner, on a number of measures to ensure safety and security and well-being of the camp residents.
- The Child Protection Sub Cluster has increased its capacity to respond to the needs of affected children including through expansion of partners intervention in districts with very limited Child Protection coverage such as Chipinge

and Buhera. In addition, the Child Protection Sub Cluster has welcomed new members such as MSF Belgium and Plan International in the provision of Psychosocial support to affected people in Chimanimani and Chipinge.

- The Child Protection Sub Cluster has also conducted field visit in Chipinge and Buhera to assess Child Protection partners field presence, coverage of intervention and gaps. In these two locations, the team has provided support and guidance to child protection stakeholders for the upcoming update on Child Protection needs assessment as well as engaged with other clusters on child protection mainstreaming.
- To date, the Child Protection Cluster has reached a total of 8,130 children (3,703 boys, 4,427 girls) with 7,629 children (3,456 boys, 4,173 girls) in Chimanimani and 501 children (247 boys, 254 girls) in Chipinge).
- Psychosocial activities have benefited a total of 6,308 (3,008 boys, 3,300 girls) in 4 Child friendly spaces in Chimanimani Secondary & Chimanimani Primary School in Ngangu, Rusitu in Koppa and Tongogara refugee Camp in Chipinge. During the week, a total of 157 children (61 males, 96 females) were reached with PSS services including both individual and group therapy as well as play therapy. To improve quality of services in the Child Friendly spaces, Save the Children supported by Red Cross has conducted training for 16 (8 male and 8 female) community care workers on First Aid in Chipinge and Chimanimani.
- To date a total of 500 (264 boys and 236 girls) unaccompanied and separated children (UASCs), have been identified and documented.
- Child line and World Educational International identified 16 (9 males, 7 females) new cases of separated and accompanied children while follow up visits were conducted for 50 children (29 males, 21 females) including 3 children (1 male and 2 females) in alternative care. 8 children are temporarily placed at the Methodist church in Koppa while contacts are underway in the community to find voluntary foster families to receive them.
- Child Protection Society & Childline conducted positive parenting session for caregivers at Nyamatanda camp, Ngangu and Chipinge on safe parenting skills during emergencies including child rights, trauma management, communication with children, importance of children staying within the family or with nearest relatives as well as potential risks that children face in the aftermath of a disaster. These sessions have benefited a total of 3,505 parents and care givers (1,253 male and 2,252 female).
- To date 313 disabled children (167 male and 152 female) have been identified and provided psychosocial and medical support including casting severely injured children or at risk of permanent disability while 846 OVC (433 boys, 414 girls) have been documented and provided with alternative care arrangements
- In the framework of the GBV response to cyclone IDAI, GBV partners with technical and financial support from UNFPA continued to provide mitigation, prevention and response to GBV, including PSEA sensitization, in Chimanimani and Chipinge.
- A total of 802 individuals (112 male and 521 female in Chimanimani, 29 male and 140 female in Chipinge) received psychosocial support from mobile clinics and safe spaces run by Musasa in Ngangu and Chipinge and IRC in Kopa (total 2790 individuals reached since beginning of response.)
- As part of the GBV mitigation efforts, a total of 180 most vulnerable women and girls (96 chimanimani and 84 chipinge) received dignity kits through the established safe spaces and community outreach. The total reach since the beginning of the response stands at 2,176 women and girls. In addition, 442 women were reached by IRC in Kopa ward with FGDs including awareness raising and information on safe space services. Discussions regarding the risks faced by women and girls during natural disasters were held including ways to enhance the protection environment and complaints system.
- A total of 70 complaints (49 Chimanimani – 32 female and 17 male; 21 Chipinge – 13 male, 8 female) on GBV and PSEA were received through the safe spaces (bringing the total of received complaints since beginning of response to 131).
- As part of the community outreach for Sexual Reproductive Health and Rights (SRHR), 769 individuals (354 males and 435 females) were reached on GBV by community volunteers, 8 GBV survivors (6 males and 2 females) referred for services, while 200 individuals (71 males and 129 females) (excluding GBV survivors) were referred for other SRHR services by BC facilitators. (Total number of Community members reached with SRHR outreach and referrals since beginning of response is 3545, while total GBV cases referred is 31, total 935 individuals referred to other SRHR services).
- Through the partnership with African University leading the Manicaland MHPSS response team, 46 Humanitarian and relief workers (27 female and 19 male) were provided with PSS and sensitized on PSEA in Chimanimani, Chipinge and Mutare, including CPU committees members, Mental Health nurses and Red Cross volunteers from various professional background such as teachers, soldiers, social work from Mutare district. (Total reach since beginning of response 272 Humanitarian and relief workers).
- 10,000 PSEA IEC handouts (Pocket guides) for both humanitarian aid workers and communities, in English and vernacular, have been produced by UNFPA and distributed to GBV sub-cluster partners for dissemination during PSEA interventions
- The GBV sub-cluster, in coordination with the Protection cluster and Child protection sub-cluster, has engaged CCCM and Shelter clusters in preliminary discussions on the criticality of incorporating Protection into camp management and relocation plan. The Team has developed a protection checklist (IASC GBV and CP guidelines) as a basis for technical support to cluster teams.

- Discussion on PSS response with Health and Education clusters was undertaken. Outcomes will be shortly reported.

### Gaps & Constraints:

- As to IDP relocations, the Government's mid to long-term plan on housing and return solutions needs to be clarified to help IDPs and affected population make informed decisions on their future.
- The ongoing child protection interventions are based on the need assessment conducted at the beginning of the response and need to be reviewed and adjusted to the new context to ensure children in formally inaccessible affected districts receive appropriate support and new needs including early recovery are addressed
- Ongoing discussion with Health, Education and GBV will allow development of a harmonized PSS package aligned with national and international standards to improve quality services for affected children. Government line Ministries including Health and Social Welfare will need to be included in the process for national ownership.
- Confidentiality issues are not adequately addressed by the partners when collecting confidential data on GBV and HIV. Hence the need to provide training on information sharing protocol and informed consent prior to registration process.
- The inclusion of specific needs considerations including disability and other child protection concerns to be systematically integrated in the planning and implementation of other humanitarian sector interventions including, Food distribution, WASH, Health, Nutrition and Shelter
- The application of a GBV survivor-centered approach, such as Confidentiality, privacy issues are not adequately addressed by some partners when collecting confidential data on GBV and HIV. Hence the need to provide training on information sharing protocol and informed consent prior to registration process.
- Access to SRHR services for affected populations, including menstrual health stress-related conditions seems constrained for those residing far from District health facilities.
- Systematic data desegregation by age and sex to be improved needs assessment, targeting and reporting
- Limited attention by clusters at provincial and district level on mainstreaming of protection (GBV prevention, CP, etc) into Shelter and WASH sector during relocation and recovery phase and Education sector in view of schools reopening.
- The inclusion of specific needs considerations including disability and other GBV concerns to be systematically integrated in the planning and implementation of other humanitarian sector interventions including, Food distribution, WASH, Health, Nutrition and Shelter

## Shelter & NFI

### Needs:

- 'Quality not quantity' approach emerging – fewer organizations are active due to funding constraints or shifting to the early recovery phase, but those active are doing important work.
- Concerns about potential adverse consequences of large-scale 'model village' on local communities: differences in quality/cost of partners' shelter interventions; HLP issues; forced relocation; social cohesion risks etc.
- For many IDPs who have been able to seek shelter with relatives and community members, there is a risk that hosting arrangements will add significant stress to hosting households. Cluster partners are encouraged to explore the feasibility of providing support to host communities and consider the provision of rental support.
- For IDPs residing in newly established temporary displacement sites in Chimanimani, there is a need for partners to provide additional winterization items (warm blankets, clothes, mats etc.) ahead of the winter months.

**27K**

HHs reached with NFIs

### Response:

- Cluster members have reached almost 27,000 households with non-food items in affected areas, with over 11,000 individuals assisted with shelter support.
- The Cluster is in a good position to update OCHA on what has been achieved for the past 2 months in the most affected districts; Chipinge, Chimanimani and Buhera. However, outside these districts, there are fewer partners engaged, and less information is available. The Cluster seeks to ensure that partners respond to other districts which have not yet been assisted, including in certain parts of Chipinge.
- Assessments is carried out by cluster members to triangulate and verify reported levels of damage and destroyed houses in priority wards.
- Private sector actors have committed to building 500 new homes and repairing 5,000 others in Chimanimani. Close coordination among the government, private sectors and Shelter Cluster partners on relocation plan are essential.

## Gaps & Constraints:

- Updated hazard mapping and environmental risk assessments will be required to ensure that any rebuilding efforts – spontaneous or organized – will be safe and sustainable.
- Government policies and plans related to relocation and reconstruction are needed in order to enable Cluster partners to prioritize and target shelter assistance effectively.

## Water, Sanitation and Hygiene

### Needs:

- The main target for WASH cluster in Chimanimani for the week under review was to ensure restoration of sanitation in schools for all schools which resumed on 7 May
- Garikai Area in Chimanimani is an urban residential area with no existing sewer system and residents are relying on pit latrines. The Chimanimani RDC has not authorised construction of BVIPs in the area. There is need for the Chimanimani RDC to make a definitive decision on providing sanitation facilities in this location. The WASH Cluster plans to intensify on hygiene promotion activities in Garikai Area.
- The residents of Garikai location also do not have access to safe water; the source of water is a nearby stream which predisposes them to diarrhoeal diseases.
- There is need to continue with water quality surveillance for community and school water sources.
- Diarrhoea cases continue to be reported in Health units in Chimanimani from the following wards: 3, 4, 8, 11, 15, 21, 22 and 23. There is need for increased treatment of water and hygiene promotion in these locations.
- 17 schools were listed as having challenges with clean water supply due to the effects of cyclone damage on their water sources.
- Support for Kopa Camp - There is a temporary collective centre/camp established in Kopa which houses about 63 households however the camp has received little or no support from Development Partners save for temporary shelter material and some hygiene kits. Water, sanitation and hygiene promotion support is required. Borehole drilling attempts are ongoing.
- The WASH Cluster has plans for post distribution monitoring of hygiene kit items to ensure proper use of items and improve on efficacy of the kits.
- There is need for more WASH actors in Chipinge District

**17,099**

People with access to appropriate sanitation

### Response:

- In Manicaland, during the reporting week the WASH Sector focused on finalising data validation and compiling a consolidated WASH detailed assessment report for the province which is expected to be completed shortly.
- For cyclone affected schools, in Chimanimani District, 70 temporary latrine squat holes were constructed at 8 schools. UNICEF supported with temporary latrines construction materials in five (5) of the eight schools reaching more than 4,000 learners. UNICEF also supported, the distribution of hygiene kits to nine (9) schools which have no access to safe water reaching more than 7,500 people.
- The WASH Cluster distributed hygiene kits in schools targeting those with unsafe water sources
- Cyclone affected schools in Chipinge were also facilitated to open in time for the new term.
- In Manicaland province, to date the WASH sector has drilled 29 boreholes, repaired / rehabilitated 145 boreholes and flushed 43 boreholes.
- In Manicaland, 17,774 out a target of 48,795 hygiene kits have been distributed; during the reporting week, Garika Area received hygiene kits from Mercy Corps.
- Hygiene promotion has been intensified in Manicaland.
- Movement of IDPs from Schools in Chimanimani to 2 temporary camps – A total of 72 households/360 people have been successfully relocated from Chimanimani High School and Ngangu Primary school and settled in 2 camps (Arboretum- 56 Households) and (Nyamatanda-16 Households). More people settled in the Country club, Chimanimani Hotel and Churches will be moved during the course of the week. WASH services were established in the 2 main temporary camps.
- WHH started distribution of NFIs in schools for point of use water treatment and hand washing with soap. No other partner has come on board for this activity as they earlier distributed the stocks they had to different communities.
- WASH agencies are addressing the WASH needs in the diarrhoea affected wards in Chimanimani through hygiene promotion and provision of hygiene kits, which include water treatment chemicals.
- Africa Ahead with partners as well as Oxfam are mobilising to start WASH interventions in Chipinge.

## Gaps & Constraints:

- In Chimanimani, for safe access to toilets and bath shelters at night, there are general concerns over outdoor lighting in the 2 camps that have been established and are functional. Families have been given hand held lights but there is a need for external lighting to illuminate the outside and increase safety of vulnerable women and children. The matter has been raised at the District Civil Protection committee meetings and the Provincial inter-cluster meeting.
- There is need for expanding the emergency WASH response activities to Chipinge and other districts.
- Wards 3 and 8 in Chimanimani District are reporting cases of diarrhoea, but do not have WASH partners to address WASH needs.
- There is a gap in partners distributing hygiene kits in schools, the kits themselves are in short supply to cover schools with unsafe water sources.

## Logistics

### Response:

- 21 partners have been supported to-date
- Partners have been informed that Logistics Cluster common storage at Mutare Aerodrome will close and transition to WFP warehouse if storage is required beyond May 31.
- Partner items stored at Logistic Cluster common storage at Aerodrome occupy half the storage capacity of the two 10x 24 MSUs
- A Logistics Cluster satisfaction survey has been distributed to partners and results are being compiled.
- Road access continues to improve in Chimanimani with access to most wards by 10-ton trucks possible.
- The next Logistics Cluster coordination meeting will be held May 17 at 10:am at PLAN International boardroom in Mutare.
- A dedicated webpage is set up for the operation: <https://logcluster.org/ops/zwe19a>
- The latest Access Constraints map can be found together with the minutes of Logistics Cluster Coordination Meetings <https://logcluster.org/document/meeting-minutes-mutare-8-may-2019>

21

# of partners supported during the response

### Constraints:

- Some road repairs continue to be vulnerable to wet weather. Partners are advised to adhere to recommended vehicle weight limits as published on the Logistics Cluster's [Access Constraints Map](#)

## GENERAL COORDINATION

The frequency of Inter-clusters coordination meetings in Harare is now twice monthly. At provincial level cluster coordinators continue to meet weekly in Mutare and in districts partners are meeting on daily basis. Specific clusters continue to engage with respective Government Ministries, district command centres and district administrators. The information management working group is consolidating and analysing data from the detailed cluster Needs Severity Ranking tool as well as undertaking Strategic Response Tracking. This will provide response activity data linked to needs indicators on ongoing, planned and completed activities and will assist in the transition from humanitarian support to early recovery interventions. UNDP with responsibility for Early Recovery programming has established the ER sector coordination forum and in collaboration with the Department of Civil Protection (DCP) is consolidating multi-sectoral assessment reports conducted by various agencies (Government and NGO sector) to determine post-disaster recovery needs. For ER programming coordination/communication between national (strategic) and provincial (operational) levels of the response needs to be addressed.

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