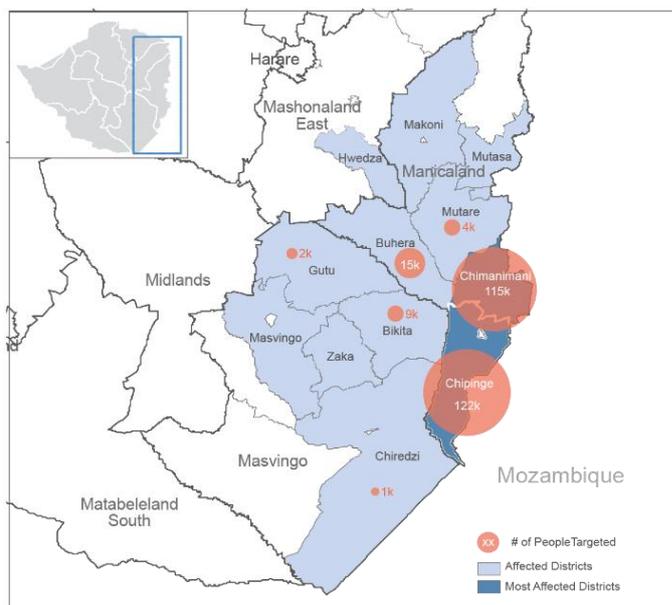


This Situation Report is produced by OCHA Regional Office for Southern and Eastern Africa in collaboration with humanitarian partners. The Situation Report builds on Flash Updates No. 4 and provides more detailed information on the situation and response. It covers the period from 23 April to 30 April 2019. The next Situation Report will be issued on or around 07 May.

HIGHLIGHTS

- Since the start of the response over 19,000 children aged 6 to 59 months have been screened for acute malnutrition and 91 severe acute malnutrition (SAM) and 156 moderate acute malnutrition (MAM) cases have been identified, which are now being treated.
- The Mi8 helicopter completed 46 rotations, transporting a total of 89.7mt of relief items on behalf of 8 partners. Helicopter cargo operations were discontinued on 27 April as all districts are now accessible by road again.
- All previously inaccessible schools, except one, are now accessible. Pre-positioned materials ready for distribution include 88 Temporary Learning Spaces to ensure that girls and boys have access to safe learning spaces where classrooms have been damaged or destroyed.
- The first round of the Oral Cholera Vaccination (OCV) campaign ended on 27 April in Chimanimani and Chipinge districts, A total of 482 910 (102 per cent) individuals were vaccinated. A second round campaign is planned in June 2019.
- Acute Respiratory Infections (ARI) continue to be a priority as the most prevalent health condition with 1,501 cases reported in the last two weeks. This is likely to increase as the winter season approaches.



230K

Have been reached with food assistance

6,184

children have benefited from child protection services

20,000

households reached with non-food items

1,700

hectares of land under crop production have been affected

138K

people have access to clean water

SITUATION OVERVIEW

The humanitarian response to cyclone-affected districts in the eastern part of the country continues to gather pace as all wards are now accessible by road. Several clusters have completed in-depth assessments in all affected districts, providing a more refined analysis of the needs helping a more tailored humanitarian response in the short term. Further assessment will lay the foundation for the medium to long-term recovery plan, especially the re-settlement of displaced families.

The majority of those displaced are staying with host families and are expected to remain there until re-location or return is feasible. In the short-term the priority is to accommodate 500 families, currently residing in seven collective centres, and plans are at an advanced stage to prioritised the relocation of those families currently living in schools. Three sites are being prepared for serviced tented accommodation that meet international standards. The private

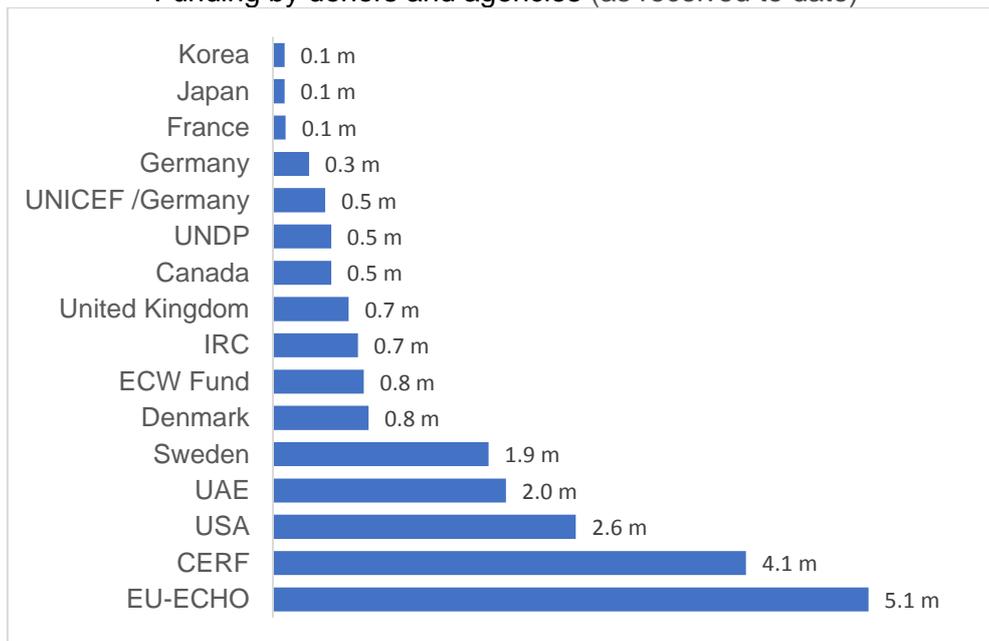
sector is working with the with Government on the construction of some 500 new houses and the repair of a further 5,000 homes, which were damaged during the cyclone.

The HCT in Zimbabwe while focusing and prioritizing the humanitarian response to the Cyclone Idai affected areas, is becoming increasingly concerned about the food insecurity and the deteriorating economic situation as the below average rain performance and resulting poor harvest is progressively eroding coping capacity of the already vulnerable communities across the country.

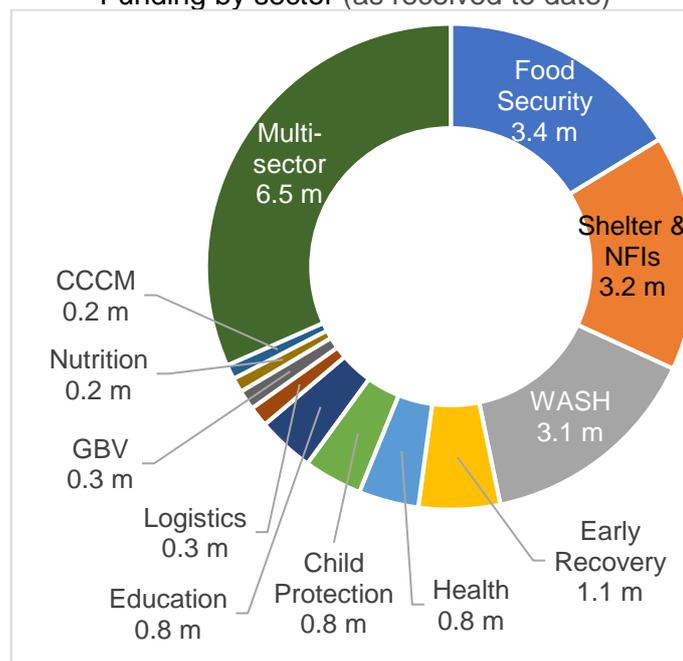
FUNDING

The revised Flash Appeal, which calls for US\$294 million (including \$60 million for the Cyclone Idai response), was launched on the 5th of April. To date just over USD 20.7 million has been committed by donors for the cyclone Idai emergency. Member States whose contributions are not yet reflected in FTS are encouraged to report as soon as possible [here](#).

Funding by donors and agencies (as received to date)



Funding by sector (as received to date)



Camp Coordination and Camp Management

Needs:

- A large number of IDPs in affected areas are still residing with relatives and friends in host communities and in collective centres. The recently completed DTM baseline assessments indicate that there are approximately 51,000 IDPs in the 12 cyclone-affected districts.
- As schools are about to reopen, priority support for IDPs currently residing in those collective centres needs to be continued (of 15 collective centres initially identified by DTM baseline assessments there are now 8 collective centres in use – all in Chimanimani).

8

Collective centers still in use

Response:

- The displacement working group (chaired by the Ministry of Public Works and IOM) continues to work with partners to ensure that temporary displacement sites are suitably prepared based on minimum standards and according to protection guidelines.
- Ongoing registration of IDPs residing in collective centres who are willing to relocate to temporary displacement camps in Arboretum, Garikai and Pondo. A total of 135 households have been registered; 30 in Arboretum, 90 in Garikai and 15 in Pondo.

Gaps & Constraints:

- Long term solutions for IDPs residing in collective centres and those who will be relocated to other temporary displacement sites are needed. In addition, solutions for those residing in the host community will also need to be sought in line with possible shelter options including host community support.

Education

Needs:

- All previously inaccessible schools, except one, are now accessible. The total number of affected schools stands at 139, while the number of affected learners stands at 90,847 (44,509 girls, 46,338 boys).
- The Rapid Joint Education Needs Assessment of 60 schools in 6 affected districts found that: a) children's attendance in 2 out of 5 schools is significantly below what it was pre-crisis; b) half of affected schools closed for a number of days in the aftermath; c) two in three schools report loss of sanitation facilities; d) loss and damage to essential teaching and learning materials has impacted 95% of schools, including 9 schools where more than 50% of materials are lost; e) more than half of schools report that staffing levels were affected by the emergency. District-level data analysis is forthcoming.
- Infrastructure support is the top priority identified by heads of school, followed by psychosocial support for teachers and learners.

139

Schools affected by the cyclone

Response:

- All stakeholders are working towards the reopening of schools on 7 May.
- Tents (TLS), core textbooks, school-in-a-box, ECD kits, recreational kits, and buckets have arrived at provincial and district levels. These items are being distributed this week in partnership with MoPSE, targeting pre-crisis enrolment of 40,707 learners ahead of schools reopening. Priority will be given to the 60 most affected schools in Chimanimani and Chipinge districts. Attendance will be monitored during the new school term in order to identify and address barriers to children's access to learning.
- Pre-positioned materials ready for distribution include 88 Temporary Learning Spaces to ensure that girls and boys have access to safe learning spaces where classrooms have been damaged or destroyed.
- Ministry of Primary and Secondary Education is working closely with the Ministry of Local Government, Public Works and National Housing and local communities in the rehabilitation of damaged toilets or construction of new ones.

Gaps & Constraints:

- WASH in schools remains the most urgent need - although it is being prioritised by many agencies and private donors together with MoPSE and Public Works, stronger cross-sector and interagency coordination is needed

to ensure MoH standards are being delivered on the ground, construction is adequately supervised, and school targeting is aligned according to the need.

- It is unlikely that all rehabilitation and construction work will be completed before schools re-open on 7 May given the scale of damage and timelines for delivery.

Food Security

Needs:

- According to the findings of the joint verification exercise, conducted by WFP, UNICEF and UNDP and other partners, an estimated 250,000 people have been directly affected by the cyclone in the districts of Chimanimani, Chipinge, Buhera, Mutare, Bikita, Chiredzi, and Gutu.
- To date, a total of 154,528 people has been registered by WFP and partners (Goal and the Zimbabwe Red Cross Society) in Chipinge and Chimanimani in order to receive food assistance for the next three months (food and cash) under Phase 1.
- About 667.5 hectares of land under crop production was affected in Chimanimani, while in Chipinge about 1,072 hectares was affected. There were also some reports of livestock deaths in both districts. Priority response requirements include: provision of horticultural crops in gardens; and support to inputs farmers with tools and inputs such as seed, fertilizers and pesticides.
- A market assessment is currently underway, being co-led by WFP and CARE with participation from a large number of partners. The assessment is focused across a number of sectors and results are expected to be shared by next week.

230,000

food insecure people
assisted so far

Response:

- In complementarity with the assistance provided by local authorities and first responders, Food Cluster partners, Government and other partners have so far assisted an estimated 230,000 people, including more than 40,000 vulnerable people (pregnant and lactating women, children under five, people living with HIV, and the disabled), through blanket supplementary feeding.
- According to the last FS Cluster meeting in Mutare, duplication is being minimized and the operational partners GOAL, Red Cross Zimbabwe, Caritas, Oxfam and WVI are currently coordinating their implementations closely with WFP in affected districts.
- FAO currently implements rehabilitation of affected irrigation schemes project in Chipinge and Chimanimani.
- All wards in cyclone-affected districts are now accessible, with some being accessible for 4 MT trucks only.

Gaps & Constraints:

- Coordination has been reinforced at the district and provincial level. FS Cluster coordinator will increasingly focus on district level coordination in order to reach an accurate and updated figure for government food assistance and operating NGOs and address the standardization of food baskets and agriculture input support guidelines

Health

Needs:

- Scale up critical life-saving emergency health services including to mitigate and respond to non-communicable diseases
- Scale up psychosocial support for health workers and the large number of traumatized vulnerable populations
- Improve laboratory capacity at provincial and district levels for infectious diseases diagnosis and confirmation

1,510

Acute Respiratory
Infection cases
reported in the last two
weeks alone

Response:

- The first round of the Oral Cholera Vaccination (OCV) campaign ended on April 27 in Chimanimani and Chipinge districts, however two inaccessible locations have not been reached. A total of 482 910 individuals were vaccinated in Chipinge and in Chimanimani. A second round campaign is planned in four weeks' time.
- The Early warning system daily reporting of cyclone affected health facilities continues to improve. However much more is required to enable prompt detection of diseases with epidemic potential.

- The current daily reporting is 30.3 per cent. Acute Respiratory infections continue to be the leading priority disease condition being reported. A total of 1,510 cases of ARI have been reported in the last two weeks constituting 17 per cent of all OPD consultations. This is likely to increase as the winter season approaches and the living conditions may not improve soon
- The risk of diarrhoea diseases remains high in the districts affected by the cyclone due to the interruption in the water and hygiene infrastructure. Surveillance has been stepped up at the facilities. Two suspected cases of cholera and measles were investigated but were negative. For the 4th consecutive weeks in Chimanimani, the number of diarrhoea cases reported are higher than the 2 preceding years.
- The Ministry of Health and Child Care, WHO, UNICEF, UNFPA, MSF and Save the children finalized in-depth assessment of the health infrastructure and systems functioning using the Health Resources Availability and Mapping Assessment (HERAMS). The exercise and the initial reports of the analysis of the situation will be released on Thursday, 9 May 2019.

Gaps & Constraints:

- Poor functioning of the cold chain system at health facility level especially for measles and rubella antigens
- Effective early warning systems against epidemic prone diseases in all affected districts and cholera hotspots.
- Emergency maternal and reproductive health Services in health facilities in Chipinge and Chimanimani.

Nutrition

Needs:

- The most pressing needs for the nutrition cluster includes funding for the procurement of life-saving supplies, as well as human resources.
- The current cluster funding is approximate 8 per cent of requirements, with most partners using their internal funds to implement activities. UNICEF requires \$890,000 to cover the immediate needs including procurement of RUTF to replenish existing emergency stocks. The Nutrition cluster requires funds to capacity build nurses in 'Nutrition in Emergencies' in order to improve the quality of the response.

19,000

Children aged 6 to 59 have been screened for acute malnutrition

Response:

- Nutrition interventions are steadily reaching an increasing number of affected people. Over 19,000 children 6-59 months have been screened for acute malnutrition mainly through the health facilities and food/NFI distributions sessions in the community since the start of the response. The screening has identified 91 SAM and 156 MAM cases who were admitted for treatment in the UNICEF supported Outpatient Therapeutic Care Programmes (OTP) based in the health facilities.
- A total of 77 health facilities in both Chimanimani and Chipinge have received life-saving nutrition supplies, with emergency stocks placed in the provincial central stores. The supplies distributed are sufficient to cover the immediate needs and monitoring is ongoing to ensure no stock-out.
- A total of 13,719 mothers and primary caregivers of children under two years have been reached with Infant and Young Child (IYCF) counselling that included messages on immunization, hygiene and sanitation. The IYCF messages have been delivered at health facilities, through community-based Care Groups and Road shows.
- The monitoring of breastmilk substitutes (BMS) donations identified and stopped the distribution of approximately 5MT of expired supplies during the reporting period. Since the start of the response, approximately 20MT of BMS and other inappropriate baby food donations have been identified and their distribution stopped.
- Micronutrient supplementation is ongoing: 1,345 children received Vitamin A and 824 received multi micronutrient powders during the reporting period. This represent a 120 per cent increase compared to the previous reporting period. The increase is due to increased integration of nutrition activities with other sectors including EPI.
- WFP and partners reached 21,254 children under five, 8,220 pregnant and lactating women with CSB (Corn Soya Blend)
- Nutrition coordination meetings held on a weekly basis at the National, Provincial and District levels.
- Plans have been completed to strengthen the reporting of nutrition activities and screening through orientation of 135 health workers and training of 800 VHWs in active screening. The training is supported by UNICEF, Save the Children, GOAL and implemented by the provincial medical directorate.

Gaps & Constraints:

- Distribution of breastmilk substitutes and other inappropriate baby food donations pose a risk to the health of children <5 and may interfere with exclusive breastfeeding rates to communities receiving these donations. The Nutrition cluster is closely monitoring the distribution of donations and working with the organizations donating to the BMS to ensure they do no harm the community.
 - Low-levels of reporting among health facilities continue to persist, but plan have been completed to roll-out a real time monitoring system that is expected to significantly improve the reporting rates at health facilities and Village health worker level.
- Underfunding of nutrition requirements is preventing a scale-up nutrition activities.

Protection (child protection, GBV, mental health)

Needs:

- Some of the priority needs include active engagement with community-based child protection mechanisms such as Ward Child Protection Committees (WCPC) and Village Child Protection Committees (VCPC).
- In addition there is an urgent need to improve data collection and analysis particularly in newly accessible wards in the affected districts.
- protection/GBV/Protection actors on the ground increases.
- The Psychosocial Support PSS at Provincial and District level requires harmonization through enhanced coordination
- The situation of separated and unaccompanied children placed in extended and/ or voluntary foster families is still fragile. The risks of secondary separation is high due to financial constraints of receiving families.
- There is a need to increase advocacy and engagement with other clusters including Wash, Food, Shelter to mainstream protection in their intervention. The aim is to improve access of affected communities, women, men, children to services provided as well as prevent and respond to related protection issues.
- High level advocacy is needed to address the proximity of armed troops to the affected populations, particularly if the armed actors are involved in the response. This is critical as it increases the risk of sexual based violence for girls and women.
- There are continuous reports of people who have lost documentations during the flood and thus have hindered access to their rights and services entitlement.
- There is a need to respond to other vulnerable groups such as elderly in addition to the ongoing response to child protection and GBV needs.

1,231

women received
psychosocial support

Response:

- 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 1,231 women received psychosocial support through mobile clinics and safe spaces run by Musasa in Ngangu and IRC in Kopa.
- As part of the GBV mitigation efforts, a total of 1,860 most vulnerable women and girls received dignity kits through safe spaces and community outreach in Chimanimani and Chipinge.
- A total of 51 complaints (all female) on GBV and PSEA were received through the community based GBV surveillance system. While a total of 365 community members (179 male and 186 female) benefitted by Sexual and reproductive health (SRHR) outreach services. A total of 72 referrals (36 male and 36 female) to SRHR services were provided, including HIV couple testing, STIs screening, Family planning, Cervical cancer screening, HIV testing services (HTS).
- Through partnership with African University leading the Manicaland Mental Health and Psychosocial Support (MHPSS) response team, a total of 207 humanitarian workers including CPU committee members, FBOs leaders were provided with PSS training and sensitized on PSEA in Chimanimani, Chipinge and Mutare,
- To date a total of 6,184 (2,868 boys, 3,316 girls) have benefited from critical Child Protection services through partnership with key Child protection members.
- A total of **5,052 children (2,445 male and 2,607 female)** were reached through the 4 Child Friendly Spaces established in Chimanimani Secondary School & Chimanimani Primary School in Ngangu, Rusitu in Koppa and Chipinge as well as through community outreach PSS activities. In addition, they also received trauma counselling services.
- For unaccompanied and separated children (UASCs) a total of **380 children (202 male and 178 female)** were identified, documented and reunified with their extended families (**334 children 174 male and 160**

female) while **26 children (16 male and 10 female)** have been placed in alternative care arrangements settings including in voluntary foster care families.

- Public awareness activities have been intensified including through contribution of trained community cadres on Child Protection in Emergency (CPiE), Violence against Children (VAC), PSEA and GBV reaching a total of **11,362 children** and 1,134 adults (375 male and 759) in the last two weeks.
- Child Protection actors have identified and provided appropriate services to a total of 227 disable children (**114 male and 113 female**) including those with severe injury or at risk of permanent disability who were referred for specialized treatment.
- 507 OVC (261 boys, 246 girls) identified in affected districts have been supported with documentation and alternative care arrangements.
- Members of **14** Child Protection Committees in Chimanimani (**8**) and Chipinge (**6**) participated in sessions on self-care, PSS, child safeguarding and CPiE to better understand and address child protection risks for affected children. In addition, parents and caregivers including voluntary foster family continued to receive sessions and awareness on positive parenting as part of the sensitization exercise to improve their understanding on their duties and responsibilities.

Gaps & Constraints:

- There is a need for a harmonized service package including alignment with national and international standards. Particularly focusing on capacity building of field staff engaged in PSS both for community PSS and Humanitarian aid workers PSS.
- The presence on uniformed personnel is still a threat (GBV and PSEA) to the wellbeing of children in affected areas mostly in Chimanimani. In addition, their presence in schools is of serious concern while the Education sector and partners work to prepare the reopening of schools.
- Systematic data desegregation by age and sex through needs assessment, targeting and reporting to be improved
- The application of a GBV survivor-centered approach (such as confidentiality, privacy) is still not adequately followed 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.
- 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
- The inclusion of specific needs considerations such as 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
- Accessibility remains a challenge in some wards (e.g., Ward 21 in Chimanimani) for outreach, sensitization and referrals to SRHR lifesaving services.

Shelter & NFI

Needs:

- Shelter needs remain high across all affected districts. Shelter assistance has so far focused primarily on Chipinge and Chimanimani Districts, but there are significant shelter damages reported in Buhera and other low-lying areas of Masvingo Province as a result of flood waters.
- The SNFI/CCCM cluster strongly encourages partners to consider scaling up the distribution of tarpaulins to support families who have partially damaged homes.
- It is important for the Cluster and Government counterparts engage on planning for medium- to long-term shelter/housing options in line with international standards and commitments.

20K

HHs reached with NFIs

Response:

- Cluster partners will receive additional tents, tarpaulins, and non-food items in the coming weeks to be distributed to the most vulnerable households, including those currently residing in school buildings who will be required to vacate the schools next week.
- A technical working group has been established to discuss durable shelter options. The group will share information to ensure common messaging and standards/designs.

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.

Water, Sanitation and Hygiene

Needs:

- As schools in Chimanimani are due to open during the first week of May, there is an urgent need to complete the temporary accommodation camps in the district and install acceptable WASH infrastructure.
- Need to accelerate decision on resettlement sites in order to plan suitable WASH installations. No progress reported thus far.
- Mashonaland East urgently needs Aqua tabs as many of the water sources were contaminated during Cyclone Idai.
- Mashonaland East needs cement for rebuilding demolished sanitation facilities.
- Assessments revealed that 113 schools were affected by the cyclone, 54 in Buhera, 35 in Chimanimani and 24 in Chipinge. These schools have a total of 544 squat holes. The number of damaged squat holes is yet to be determined.
- A total of 3,702 household latrines were assessed and found to be damaged. The breakdown of the figures per province is as follows: Buhera (953), Chimanimani (1,422), Chipinge (343) and Mutare (948). Assessments are ongoing.

138K

People Reached

Response:

- **Masvingo:** 1,294 people received aquatabs for treatment of drinking water, 7,657 people received hygiene messages, including good hygiene practices during breast feeding
- **Manicaland: 1) water systems:** assessments of damaged water points/systems are still ongoing; these include identification of locations for drilling new boreholes, repair and flushing of boreholes and deep wells as well as carrying out spring repairs. Out of 59 targeted boreholes for drilling, 17 have been drilled. Out of 120 boreholes planned for rehabilitation, 90 have been completed. Out of 43 boreholes planned for flushing, 34 have been completed. Out of the 14 deep wells planned for rehabilitation, 1 has been completed. Two piped water systems have been completed out of the planned 22, whereas 9 springs have been constructed out of the planned 90. **2) Water Quality Monitoring:** a total of 104 water samples were collected and analysed for bacteriological fitness in regard to human consumption. For the bacteriological tests, 7 out of 104, (6.7%) were contaminated, which calls for continued disinfection of water for drinking and domestic use in order to prevent diarrhoeal diseases. Out of the 111 samples tested for chemical fitness, all of them, 100% were fit for human consumption. **3) Sanitation** - Temporary latrines constructions in Chimanimani, there is a target to construct 460 latrine squat holes. For the reporting period, 170 out of 460 squat holes had been completed. These were done by UNICEF through partners Mercy Corps, and Oxfam. Construction works are ongoing. **4) Hygiene kits:** 55,167 hygiene kits are required out of which , 12,907 kits have been received with a shortfall of 42,260 kits. Over 66,000 people have been reached with hygiene kits.

Gaps & Constraints:

- Slow progress on the assessments by the WASH sector stakeholders owing to limited resources.
- There is need for improve information sharing among clusters to ensure better synergies and improved response.
- The districts still need support to enhance water quality monitoring especially post cyclone to determine the suitability of the water for human consumption.
- There is still a gap on hygiene kits in Manicaland (42,260)
- In Mashonaland East there is a shortage of Hygiene Kits as a result of limited fuel and transport
- There is need for all WASH agencies planning to construct latrines in institutions to observe standard designs and guidelines from MoHCC, as well as ensure proper supervision of construction works.

Logistics

Response:

- Helicopter operations for the transport of air cargo ceased on 27 April. The Mi8 helicopter, made available by WFP as a common service to the humanitarian community through the Logistics Cluster, completed 46 rotations, transporting a total of 89.7mt of relief items on behalf of 8 partners.
- Road conditions continue to improve in Chimanimani District with all wards now accessible by a minimum of 4x4 vehicle.

89.7MT

Of relief items have been
airlifted

- Three Mobile Storage Units (MSUs) are being provided as common storage to the humanitarian community. To date, 9 partners have utilised this service. Storage availability is adequate to cater for the current and planned cargo.
- Five coordination meetings have been held to date, attended by 16 partners.
- A total of 35 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.
- Some road repairs have proved 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.
- There have been a number of road blockages on the main route from Mutare to Chimanimani due to vehicles becoming stuck which is impacting humanitarian operations in the region.
- Limited amount of available cargo to transport by air to identified landing zone locations, due to lack of partners currently operating in inaccessible areas which is affecting the utilisation of the helicopter.

GENERAL COORDINATION

The cluster system has been 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); Logistics (WFP). Inter-clusters coordination meeting are taking place every Wednesday in Harare, the same is replicated at Mutare level every Friday, while in Chipinge the partners meeting are taking place on daily basis. An information management working group has been established to support data analysis and information sharing. There is an active cash working group with focus on multipurpose cash.

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