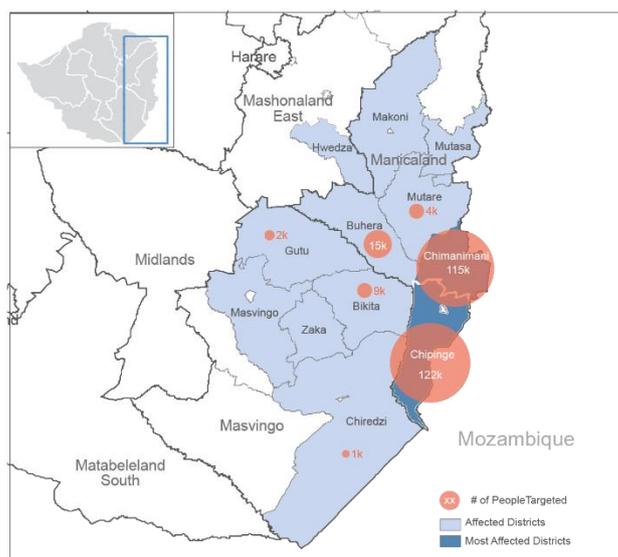


This Situation Report is produced by the office of the UN Resident Coordinator in Zimbabwe and the OCHA Regional Office for Southern and Eastern Africa in collaboration with humanitarian partners. The Situation Report builds on previous Flash Updates and provides more detailed information on the situation and response. It covers the period from 10 April to 16 April 2019. The next Situation Report will be issued on or around 24 April.

### HIGHLIGHTS

- Local authorities estimate that 60,000 people are displaced in the four worst-affected districts (Buhare, Chimanimani, Chipinge and Mutare).
- In light of this week's wet weather, upcoming cold weather, and expected movement of people for Easter holiday, operational urgencies will include distribution of non-food items, especially blankets, ensuring adequate temporary shelter for all, and oral cholera vaccination.
- Oral cholera vaccination targeting 336,699 people in Chipinge and 139,635 in Chimanimani is under way.
- Food Security Cluster partners have so far assisted an estimated 155,000 people in the worst-affected areas of Chimanimani and Chipinge, out of an initial target of 270,000.
- About 70,000 people have gained access to a sufficient quantity of water for drinking, cooking and personal hygiene, out of an initial target of 270,000.
- Confirmed funding for the cyclone component of the flash appeal is \$10.1 million, or 17 per cent of requirements.
- The UN system together with the humanitarian partners are fully engaged with the Government of Zimbabwe to provide all comprehensive humanitarian assistance across all sectors.



**90K**

Learners affected by the cyclone

**475K**

Targeted for OCV campaign in two most-affected districts

**60,000**

Estimated people displaced

**191,764**

Verified severely and moderately food-insecure people

**70,000**

People have regained access to clean water

### SITUATION OVERVIEW

One month after Cyclone Idai affected 270,000 people in eastern Zimbabwe, clusters are activated, and in the most-heavily-affected districts (particularly Chipinge and Chimanimani), aid materials are flowing and coverage is rising, although gaps remain. Humanitarian partners are working to reach all people in need with essentials such as blankets: night-time temperatures (currently around 15 degrees Celsius) will soon fall to 10° C or lower. WHO reports an increase in acute respiratory infections, which may indicate that some people are suffering exposure.

Roads to all wards have become accessible by 4x4, although rainfall may make the dirt roads impassable again. Bad weather is forecast for this week—thunderstorms and up to 3cm of rain—which will ground the WFP helicopter, and might threaten the temporary road repairs. OCHA and Logistics Cluster have therefore advised partners to pre-position all necessary materials in Chipinge and Chimanimani, in case their roads are cut off again.

WHO and partners are administering oral cholera vaccine in all affected areas this week, before the expected visits of many Mozambicans to their relatives in neighbouring districts of Zimbabwe for the Easter holiday.

Data from new assessments (including for early recovery) is being assimilated and compiled, which together with upcoming assessments should yield refined figures for people in need and targets. One key ambiguity for assessments to resolve is the location and intentions of displaced people whose houses were destroyed or damaged beyond habitability: many are reportedly staying with relatives or host families, but many of these may be in other districts. Host families are also likely to need support. The Government and Zimbabwe Red Cross Society are preparing three temporary displacement centres with tents, for those who have no host families; CCCM Cluster is engaging to support. Intentions regarding return or resettlement will have to be documented and considered by reconstruction actors: some people’s house plots were destroyed by landslides, others are traumatized and wish to re-settle elsewhere. The Government’s programme for house reconstruction is already in motion.

The Government launched its humanitarian assistance appeal for the cyclone response, for US\$613 million, targeting 16,500 households for multisectoral support through the next harvest in May 2020.

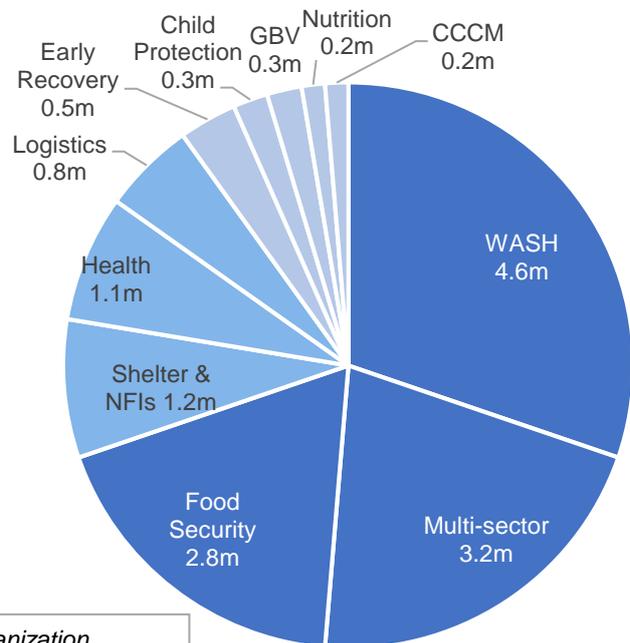
## FUNDING

The revised Flash Appeal, which calls for \$294 million (including \$60 million for the Cyclone Idai response) was launched on 5 April. To date, according to donor and recipient organization reports to FTS, donors have contributed at least \$10.1 million for the cyclone-response component of the flash appeal (17 per cent of requirements). Additional grants are informally reported and to be confirmed; some additional funding is recorded outside the Flash Appeal. Member States whose contributions are not yet reflected in FTS are encouraged to share specific information as soon as possible: <https://fts.unocha.org/content/report-contribution>.

**Flash Appeal funding (cyclone component) to date per donor:<sup>2</sup>**



**Funding per sector to date (cyclone):<sup>1</sup>**



*Source: donor and recipient organization reports to FTS. (Local reports suggest some additional funding, soon to be reported to FTS.)*

<sup>1</sup> The sum of these amounts per sector slightly exceed the sum of amounts per donor, because some funding on the sectoral table awaits clarification as to whether it pertains to the flash appeal.

<sup>2</sup> Some agencies have also made significant internal allocations of flexible resources; these will be reflected on FTS and in subsequent sitreps as soon as they are confirmed.

## HUMANITARIAN RESPONSE

### Camp Coordination and Camp Management

#### Needs:

- In the four worst-affected districts (Buhare, Chimanimani, Chipinge and Mutare), reports from district and ward authorities estimate 60,000 internally displaced people (IDPs). The vast majority of IDPs (as many as 96 per cent) are currently residing with host communities.
- Approximately 2,400 IDPs are currently in 22 camp-like sites, including collective centres (public buildings, schools, churches). Most of the camp-like sites (15) are located in Chimanimani. Two temporary displacement sites are being established in Chimanimani, and a third is planned, in order to provide more viable shelter solutions for IDPs currently in collective centres.
- Deployment of site management capacity will be imperative to ensure regular assessment of needs and equitable provision of multi-sectoral assistance in displacement sites.

3

Temporary camps are being established

#### Response:

- The first Displacement Management Working Group was held in Mutare on 12 April and included key partners from SNFI/CCCM and Protection clusters, plus participation by the Ministry of Public Works and National Housing. The group has been formed to support and lead on the management of displacement that was caused by Cyclone Idai. The initial focus will be on supporting those living in collective centres, to ensure that safe, alternative shelter options can be identified so that public buildings (such as schools) can be reopened. The group will meet weekly in Mutare. Displacement Management meetings at district level in Chimanimani will be facilitated as of today by IOM.

#### Gaps & Constraints:

- Clarifying with government counterparts the potential temporary displacement sites and relocation options for those IDPs who cannot return to their plots.

### Education

#### Needs:

- The total number of learners affected is over 90,000, reflecting the pre-crisis enrolment of affected schools (Source: EMIS).
- 143 schools are affected and an additional 28 schools remain inaccessible, so this number is expected to rise.
- Besides the impact to infrastructure and materials, and given the impact on children's' and teachers' communities and homes, the Ministry of Primary and Secondary Education (MoPSE) and partners continue to report psycho-social support as a key need. For example, in Chimanimani, 62 students have reportedly lost their lives, and a further 72 girls and boys and 3 teachers are reportedly missing.
- Preliminary results from partners' joint assessment highlight widespread damage and destruction of essential WASH facilities in schools
- The infrastructural damage to the 143 schools stands at 6,595,886 \$RTGS. More detailed school-level assessments are ongoing, which have so far demonstrated structural damage beyond what was initially most visible.
- Whilst short-term solutions are needed to ensure schools open on time for the second term, longer-term rehabilitation and holistic support to affected learners and teachers is essential.

28

Schools remain still inaccessible

#### Response:

- All schools are currently closed for the Easter holidays. Many affected schools have been closed early however, including 41 schools in Chimanimani district alone. MoPSE and partners are prioritizing essential support to ensure that schools reopen by 30 April.

- Data collection for the Rapid Joint Education Needs Assessment was completed this week, and joint analysis will now follow. 58 schools were assessed by 5 partners, constituting a significant sample of affected schools.
- School supplies have started to arrive in country, and will be warehoused in Chimanimani and Chipinge. UNICEF is currently working with MoPSE to develop a distribution plan for emergency supplies so that they are in schools before the beginning of the second school term.
- Partners have finalized the Cluster-coordinated Education Cannot Wait submission and look to begin activities soon.

### Gaps & Constraints:

- Resourcing of the education response remains a key constraint given the scale of need and number of affected schools.
- Information gaps remain for the schools that are currently inaccessible.
- WASH in schools remains the most urgent gap in the immediate term, including infrastructure and water purification tablets. In line with national guidelines, schools without latrines and a safe water source will not be able to reopen for the new term in two weeks' time, leaving thousands of children out of school and missing out on learning.
- Solar lighting is a newly identified gap given the lack of light for children to read and study by.

## Food Security

### Needs:

- Completion of a joint needs verification assessment (conducted by WFP, UNICEF, UNDP, NGO partners and Government representatives in Chipinge and Chimanimani) provides a revised figure of 191,764 severely and moderately affected people in the two hardest-hit districts. These results were adopted by the district administration in Chipinge, and are to be presented to the district administration in Chimanimani. Final analysis including verification findings from the five other districts will be done during the week.
- Severely affected households include: damaged homesteads; households and fields (with potential harvests) and livestock washed away; lost livelihood sources including savings, income sources (irrigation schemes, fruit plantations, sugar cane, vegetable gardens, tubers, etc.); loss of bread winner or head of household; loss of spouse / HH member; loss of food stocks.
- Moderately-affected households include: partially damaged homesteads; collapsed toilets; damaged water sources; limited access to markets due to damage to infrastructure (roads, bridges, etc.); fields washed away with little harvest potential; small numbers of livestock, etc.
- Access continues to improve, with only three wards remaining in Chimanimani east still only accessible by air.

**155,000**

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 155,000 people (out of an initial target of 270,000 estimated to be food-insecure in the cyclone's wake).
- The blanket supplementary feeding programme being implemented in the worst-affected wards of Chimanimani and Chipinge, to date, has assisted more than 7,500 people.

### Gaps & Constraints:

- The Food Security Cluster Coordinator arrived in Harare on 17 April. Recruitment of the Cluster Information Management Officer continues.
- The sector continues to face challenges to have an accurate and updated figure for the government food assistance.


**Health**
**Needs:**

- The early-warning alert and response system has over the last week indicated a high burden of acute respiratory tract infections (ARI) in Chimanimani district. Out of 8,304 outpatient consultations reported in the week, 1,381 were for ARI (17 per cent), and the majority of cases were aged 5 years and above. This ARI proportion of consultations is an increase from 10 per cent the previous week. The most-affected areas are shown in the map below. There is need to scale up capacity for management of respiratory diseases given the decreasing temperature alongside review of shelter needs of the district's most-affected wards (Ngorima, Ngwindingwi, Chayamiti, Chimanimani, Charter, Rusitu and Mutambara).
- In January and February 2019, Chimanimani and Chipinge had 2,559 and 5,550 consultations respectively for refill of medicines for the three top chronic diseases (asthma, diabetes and hypertension). Most of these people lost their drugs during the cyclone. An even greater number of people used to buy their medicines privately but now having lost their livelihoods they depend on supplies at the government facilities to continue treatment. All these people will need support to continue treatment for the next 6 months or even longer: current stocks of essential medicines for chronic disease are not sufficient to meet the demand over the next month.
- As communities continue to grapple with the devastation caused by the cyclone, their need for mental health and psycho-social support becomes more evident. There is need for professional counselling and psychotherapy on a structured, comprehensive and continuous basis.

**10,022**

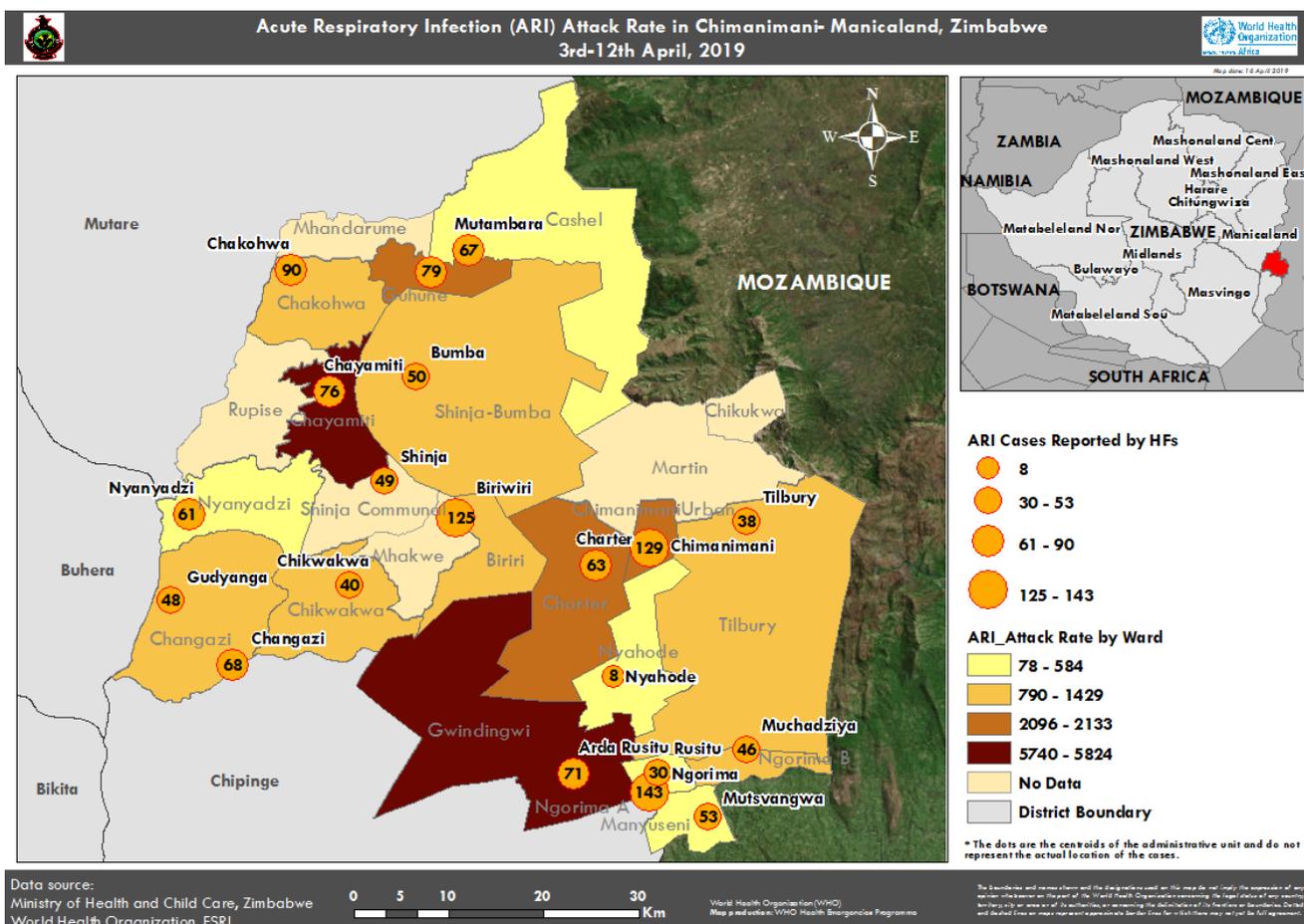
Patients reached by health services

**Response:**

- Coordination with the leadership of the Ministry of Health and Child Care (MOHCC) and cluster leads at Provincial and district level it contributing to the implementation of Health Sector Response Plan. Inter-sector coordination also continues for effective response.
- WHO has supported the MOHCC to set up an Emergency Operations Center at Mutare to enhance the coordination of the response and to improve access to information for evidence-based planning and decision-making.
- Oral cholera vaccination targeting 336,699 people in Chipinge and 139,635 in Chimanimani is under way this week and expected to end on 23 April. The exercise is led by the MOHCC with support from GAVI, UNICEF, MSF, WHO, and health partners in Manicaland.
- So far 10,022 patients (6,601 females and 3,421 males) have been reached with health services in health institutions and temporary clinics in Chimanimani district.
- About 55,250 people were reached with health and hygiene messaging as part of social mobilization for OCV campaign.
- Health partners such as UNICEF, WHO, UNFPA, World Vision, Save the Children are strengthening their presence at district levels for improved program implementation.
- WHO is supporting the early-warning system to strengthen early detection and response to priority diseases and other conditions. 33 health facilities operational and reporting.
- HigherLife Foundation supported Chipinge Hospital and clinics in Chimanimani with medical supplies. The health facilities also continue to get medical supplies from MOHCC, ZAP, HDF, Natpham, WHO, UNICEF and the private sector. Procurement of additional essential medicines and medical supplies by MOHCC and partners is in progress.
- During the reporting period Chimanimani had 23 normal deliveries and 7 Caesarean sections. 46 women were also admitted for maternal and new-born health. UNFPA has been supporting strengthening of obstetric care for women in Chipinge and Chimanimani.

**Gaps & Constraints:**

- Poor weather in Chimanimani continues to hamper delivery of available medical supplies to the affected areas.
- The early warning system has not reached the desired levels due to erratic network coverage in the affected areas.



## Nutrition

### Needs:

- Emergency nutrition services in the two districts of Chimanimani and Chipinge appear to have improved through integrated food assistance and nutrition interventions and deployment of surge nutrition capacity in health facilities and re-settlement sites. However, livelihoods have been disrupted and the communities will require extensive nutrition support until after the next harvest in mid-2020.
- Over 47,000 children remain vulnerable to poor infant and young child feeding practices; an estimated 3,900 are at immediate risk of acute malnutrition.
- An average of 140 pregnant women per month are housed at waiting mothers' shelters at hospitals in the two districts out of an estimated population of 21,250 pregnant and lactating women. Through advocacy with the food aid cluster, the women are now being supplied with food for the next six months as they come to the shelters with no food supplies at all.

**176**

children 6 to 59 months  
acutely malnourished  
admitted for treatment

### Response:

- The number of children under age 5 screened for acute malnutrition increased from 1,853 to 2,657; out of the children screened, 32 were identified with acute malnutrition and admitted for life-saving nutrition treatment using therapeutic products. Since the beginning of the emergency 176 children have been admitted.
- Use of multiple micronutrient supplements (MNPs) to control micronutrient deficiencies was extended to include all children aged 6 to 59 months. Over the last week 557 children were provided MNPs while 195 children received vitamin A supplementation.

- Over 7,000 mothers of children below the age of 2 years were reached with community-level support for infant feeding in emergencies. One woman died on the way to the hospital after an unsupervised delivery; the baby survived and is being fed on formula milk under medical supervision.
- All the health facilities in Chimanimani (26) now have adequate life-saving nutrition commodities to cover immediate needs for treatment of acute malnutrition and nutrient supplementation.
- Weekly coordination meetings were conducted at national, provincial and district levels this week. Funding tracking, 4Ws, and information management system are being finalized, and health workers oriented on data collection and reporting. The main Nutrition partners active in the field are GOAL, SC, WVI, NAZ, ADRA, WFP and UNICEF.

### Gaps & Constraints:

- All seven Nutrition Cluster partners who submitted flash appeal projects for a total of \$4.3 million targeting over 47,000 children under age 5 are active on the ground using their own resources. A large funding gap still exists with only 4.6 per cent of the nutrition part appeal having been funded (\$204,000 to UNICEF from CERF).
- The cluster is experiencing data gaps and delays in reporting as the real-time monitoring system is still being finalized and health workers need to be given orientation before data collection commences.

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

### Needs:

- About 15,000 women and girls at risk of gender-based violence (GBV).
- About 3,000 temporary humanitarian workers need sensitization on prevention of sexual exploitation and abuse (PSEA), and many may need psycho-social support (PSS) to be effective despite their own traumatic experiences.
- Psychological distress among affected children is under-addressed; numbers of affected children are expected to increase as new areas or wards become accessible.
- While most of separated children identified have been reunified with their extended families or in temporary care arrangement through foster families, the situation of separated and unaccompanied children is still fragile and the risks of secondary separation is high.
- Weak technical capacity, lack of appropriate case management and referral pathway involving other sectors (WASH, Food, Shelter) to meet the needs of children with special protection needs including children with disability and children living with HIV/AIDS.
- Limited support and training to community-based child protection mechanisms including Ward or Village Child Protection Committees to enable them to play an effective role in the protection of children within the affected communities.
- High-level advocacy to address the presence of armed troops next to affected populations and the potential for their involvement in the humanitarian response increasing the risk of violence including sexual or gender-based violence especially for girls and women.
- Fragmented data on children's needs and numbers due to lack of a comprehensive sectoral assessment and inaccessibility of other affected areas.
- Sub-sectoral coordination and information-sharing to be improved for unified analysis, priorities.

# 305

children were referred to the child friendly spaces and PSS services

### Response:

- Psycho-social support and GBV/PSEA sensitization continued to be provided to vulnerable women and girls in three safe spaces run by CO partners Musasa (2) and IRC (1) – in Nangu Township (344 females and 96 males); Kopa Growth point (70 women) and Chipinge District Hospital (143 women and 9 men).
- Half (30) of Behaviour Change Facilitators in Chimanimani are now trained in GBV surveillance tools, at-risk pregnant women checklist and got PSEA orientation. The remaining 30 will be trained in the coming week. Through partnership with Africa University, 20 MHPSS members were trained on GBV basic concepts and PSEA, for inclusion in PSS sensitization sessions targeting humanitarian aid workers. IEC materials for both communities and humanitarian actors were adapted to the local context.

- 305 children were referred to the child-friendly spaces and PSS services.
- As part of Cyclone Idai response, UNICEF through partners deployed 34 social workers to respond to the protection needs of affected children and caregivers including young mothers. UNICEF has supported, the Ministry of Public Service, Labour and Social Welfare (MoPLSW), the Regional Psycho-social Support Initiative (REPPSI), Childline, World Education, JF Kapnek, Africaid, Child Protection Society and Plan International to provide ongoing child protection interventions, with the following results to date.
- Three child-friendly spaces have been established in Ngangu (Chimanimani Secondary School and Chimanimani Primary School) and Kopa (Rusitu), and have reached 4,865 children (2,354 male and 2,511 female). The children further benefitted from psycho-social-support first aid, counselling and trauma counselling services from Childline and REPPSI.
- 171 (91 male, 80 female) unaccompanied and separated children have been documented. Out of these 171 children, 143 (75 male and 68 females) were placed in kinship care arrangement, of whom 18 children (10 male and 8 female) have since been reunified with caregivers and family members. Ten children (6 male and 4 female) are now in alternative residential settings.
- 179 children (103 male and 74 female) with disability were identified and supported; also, 33 severely injured who are at risk of permanent disability were referred for special rehabilitation at the local clinics.
- About 9,628 people were reached with awareness messages on child protection in emergencies, violence against children, PSEA and GBV. From this, 5,848 children (2,751 male and 3,097 female) and 3,780 adults (953 male and 2,827 female) benefited from child-protection information. From the 3,780 adults, 2,169 adults (873 male and 1,296 female) were also reached with positive parenting education.
- 168 children (59 male and 109 female) living with HIV/AIDS were identified and supported by Africaid. Seven children who had lost their medication were linked to the local clinics in order to access it. One case of sexual violence was reported of a 14-year-old girl in Chimanimani; a referral was made to DSW and Childline for appropriate CP support services.
- In response to the identified PSEA challenge, the UNICEF PSEA focal person organized a PSEA awareness for social workers, members of the Civil Protection Unit, and five Child Protection Committees (Roman Catholic Church, Golf Club, Chimanimani Hotel, Chimanimani Primary and Secondary Schools). 29 people (10 male and 19 female) benefited from the PSEA awareness.

### 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, plus the fact that community-based protection mechanisms to identify, report, refer and address violence against children were severely disrupted by the cyclone.
- Limited psycho-social support trauma counselling teachers and professional social welfare workforce managing the humanitarian situation.
- Weakness of partners in reporting including disaggregation of data by age and sex which will be addressed through a sector CPiE training and field reinforced coaching.
- The PSEA framework and response mechanism is not yet clarified, including risk analysis, community reporting mechanism and assistance to survivors and witnesses.
- Limited coverage of all affected districts by child protection partners which affects situational analysis and design of appropriate response and strategy.
- Limited programme convergence amongst partners at field level which affects an integrated and complementary response to the needs of affected children.
- Limited support to already weakened community-based mechanism to support child-protection stakeholders' efforts and early recovery.

### Shelter & NFI

#### Needs:

- Needs assessments by partners continue to provide more detailed information on the shelter and non-food item (NFI) needs of IDPs and affected communities. IOM's detailed multi-sectoral assessments will begin next week, which will highlight the priority S/NFI needs in identified displacement sites.

# 10K

Shelters distributed

- There are reports of some IDPs returning to their homes to conduct repairs. However, repairs or reconstruction should be done in a manner that does not increase the risk of damage and displacement during future rains and the upcoming winter season.
- Many houses have suffered significant damage or have been completely destroyed, which will limit the opportunities for return of IDPs.
- Relocation of IDPs currently in spontaneous collective centres (schools etc.) into transit camps is impending.
- Post-disaster needs to be captured at the village/ward level in terms of longer-term service rehabilitation by establishing the Displacement Tracking Matrix (DTM) Village Assessment survey (planned).
- Damage assessments of houses to provide a temporary solution covered by shelter cluster and/or a longer-term solution.
- Rubble removals at locations for safe return.

#### Response:

- Partners have distributed tents to provide emergency shelter to IDPs who have lost their homes. Shelter repair kits and shelter materials (tarpaulins) have also been distributed, enabling IDPs to carry out basic fixes on partially damaged houses. Partners continue to provide much-needed NFIs to those in need – with approximately 10,000 households reached to date.
- Shelter/NFI cluster partners are increasing coordination and information-sharing to ensure an effective response.
- S/NFI teams are supporting return/relocation site assessments and planning.

#### Gaps & Constraints:

- Understanding the extent of shelter damages and understanding the intentions and preferences of displaced people, in order to design the optimal shelter/NFI response packages.

## Water, Sanitation and Hygiene

#### Needs:

- The cholera outbreak in Mozambique continues to be a major threat to Zimbabwe's cyclone-affected districts where access to water, sanitation and hygiene (WASH) remains limited. The current OCV campaign can do much to mitigate the threat but alone cannot eliminate it.
- Information from Manicaland WASH Provincial coordination committee indicates water supplies in need of repair/rehabilitation total: 2 urban centres, 15 piped water schemes, and 175 boreholes/springs/deep wells; plus 25 new boreholes have to be drilled.
- While immediate and temporary repairs continue in both Chimanimani and Chipinge town water supplies, more interventions are still necessary to ensure continuous and sustained supply.
- Some 5,071 household latrines have been partially to fully damaged.
- Approximately 250 sanitation facilities at schools require rehabilitation or reconstruction.

# 83.5K

People Reached

#### Response:

- From cluster partners' 4W information, 70,473 people have regained access to a sufficient quantity of water for drinking, cooking and personal hygiene through provision of water treatment tablets, temporary repairs to water systems and water trucking.
- Work continues repairing the municipal piped-water systems in Chimanimani and Chipinge towns and the sewer reticulation system in Ngangu. In Chimanimani three new boreholes have been drilled this week.
- Fourteen partners are responding in Chimanimani alongside the Government of Zimbabwe (District Development Fund and Zimbabwe National Water Authority) with a mixture of WASH interventions. By contrast, Chipinge reports only two NGO partners on the ground—yet the needs in that district remain high.
- The sectoral assessment carried out in March, while providing a useful overview, lacked specific ward-level data on damaged facilities and needs for rehabilitation—all affected districts are currently carrying out ward-level technical assessments under the direction of the provincial WASH coordination committee.

- Information management has been strengthened by deployment of support from the Global WASH Cluster. This is enabling among other things revisions of the sector reporting tools and data used for reporting and visual representation.
- Funding for immediate needs (\$4.6m) has now reached 92 per cent of the requirements under the flash appeal, although some is to organizations other than those who put WASH project proposals in the flash appeal. The cluster accordingly envisions a light update of its appeal projects to reflect the *de facto* resources and implementation.

### Gaps & Constraints:

- The road network remains a challenge in Chimanimani. Access to some wards (10, 11, and parts of 22) has improved but wet conditions make driving hazardous.
- The low number of active implementation partners in Chipinge remains a challenge.

## Logistics

### Response:

- The Mi8 helicopter made available by WFP as a common service to the humanitarian community through the Logistics Cluster has now completed 28 rotations, transporting a total of 53.8 metric tons of relief items on behalf of five partners.
- Road access is improving in the affected districts: most wards can now be accessed by road, although wet weather is at times making some roads temporarily impassable.
- The cluster is providing three mobile storage units as common storage for the humanitarian community. To date, eight partners have used this service.
- The cluster has held three coordination meetings to date, attended by 12 partners.
- A total of 26 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>.

# 53.8MT

Of relief items have been airlifted

### Constraints:

- Wet weather is affecting roads within Chimanimani district and causing challenges in transporting relief items by road.
- Wet weather is also affecting air operations, reducing the flight schedule.

## GENERAL COORDINATION

There are now NGO co-leads for most of the clusters activated in Zimbabwe for the cyclone response: Save the Children (Education, with UNICEF); GOAL (Nutrition, with UNICEF); World Vision and PLAN (Protection, with UNHCR/UNFPA/UNICEF); Mercy Corps (WASH, with UNICEF); and World Vision (Early Recovery sector working group, with UNDP).

Inter-cluster coordination group (ICCG) meetings are taking place every Wednesday in Harare, replicated at Mutare level every Friday, while in Chipinge the partners are meeting daily. The ICCG is reviewing the locales for coordination meetings, to get the balance right vis-à-vis staff presence and government engagement at district, provincial and national levels. OCHA will brief local authorities on the cluster system and related methods of the international humanitarians, and identify opportunities to share information and streamline coordination.

The ICCG agrees to form a working group on multisectoral cash-transfer programming; chairing arrangements to be determined. A harmonized approach to PSEA is also in the works.

The inter-cluster Information Management Working Group (IMWG) agrees to pool assessment data obtained to date and to compile a register of completed and planned assessments, so that future assessments can be

orchestrated to fill key gaps. The IMWG will use the Government's population projection for 2019 per administrative unit (based on the 2012 census) as the population baseline, and will seek to build multi-layered and inter-locked information starting with population per affected area, assessment planning and results, response planning, resourcing, and implementation data.

Additional effort is put in place to refine the humanitarian needs analysis including detailed analysis of recently completed needs assessments by the clusters.

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