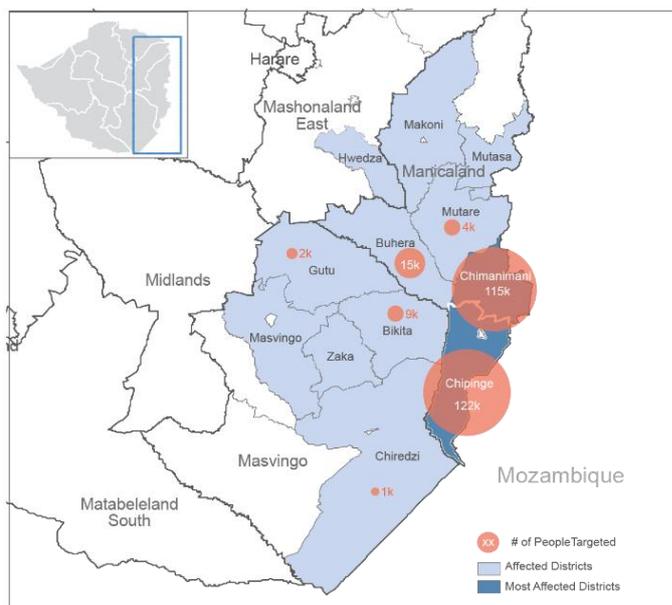


This Situation Report is produced by OCHA Regional Office for Southern and Eastern Africa in collaboration with humanitarian partners. The Situation Report builds on Flash Update No. 6 and provides more detailed information on the situation and response. It covers the period from 27 May 2019 to 5 June 2019. The next Situation Report will be issued on or around 20 June 2019.

### HIGHLIGHTS

- The Displacement Tracking Mechanism (DTM) assessment at the village level has concluded that almost 51,000 people have been displaced. Of those, about 35,600 have returned to their places of origin, many of them without adequate support, particularly for shelter.
- About 15,270 people remain displaced, most of them stay in host communities, while some shelter in collective centres and camps.
- The re-settlement of families to temporary camps in Chimanimani continues with a third camp site, which will accommodate 200 families, nearing completion.
- More than 120,000 people have been reached in the second phase of the food assistance intervention.
- The second and last round of the oral cholera vaccination (OCV) campaign in Chimanimani and Chipinge has covered 391,848 individuals, representing 85 per cent of target.
- As part of the gender-based violence (GBV) mitigation efforts, dignity kits have been distributed to 3,929 women and girls since the start of response interventions.
- Under-funding continues to be a challenge (with only \$24M committed from the \$60M appeal), particularly for Shelter and CCCM.



**120,000**

people covered with food support under Phase 2 operations

**50,905**

total displaced people (confirmed by DTM assessment)

**14,348**

mothers received Infant and Young Child (IYCF) counselling

**49,000**

children under age 5 receiving multi-micronutrients powders

**198,000**

people received WASH support

### SITUATION OVERVIEW

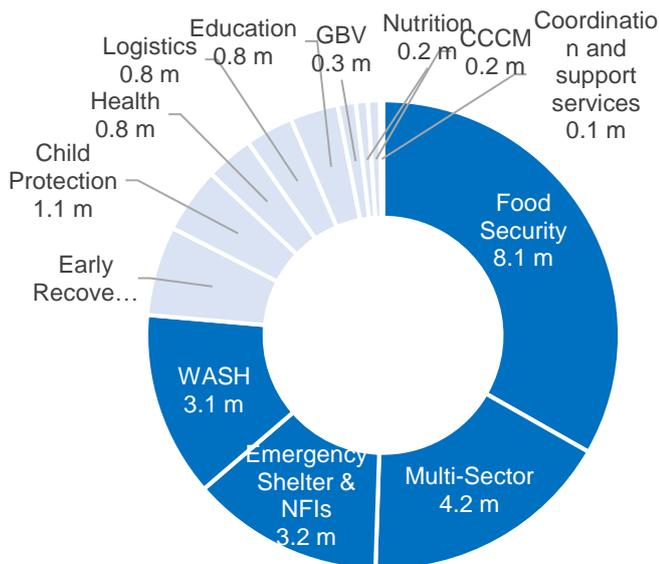
About 15,270 people remain displaced, most of them stay in host communities, while some shelter in collective centres and camps. A shortage of tents is delaying the opening of the third temporary camp. Nevertheless, this camp will not be enough to cover total numbers remaining in collective centres. The informal camp settlement in Kopa is a continuing concern. Seventy-three families have been registered and discussions are ongoing to re-locate them to more suitable accommodation and/or how they can be best supported. Discussions with local authorities and national government entities will be required to ensure more sustainable accommodation in the longer-term for all families residing in temporary camp sites. As permanent re-settlement will not be undertaken before the end of 2019, all stakeholders will need to engage and plan for continued servicing of temporary camps. According to the DTM assessment, about 70 per cent of the people who were displaced (about 35,600 people) have returned to their homesteads and will require support. Continued deterioration in food security is a major concern as prices for basic

commodity and fuel continue to escalate as the RTGS values worsen. The Zimbabwe Vulnerability Assessment Committee (ZIMVAC) report is nearing completion and will inform on household need especially nutritional intake. All cyclone-affected districts have been prioritized under ZIMVAC.

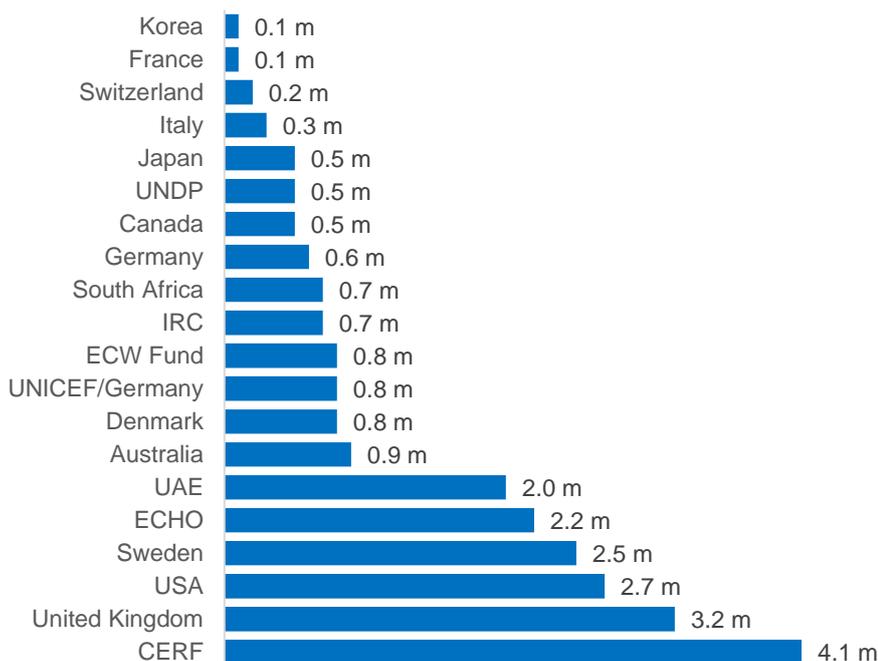
## FUNDING

The revised Flash Appeal, which calls for US\$294 million (including \$60 million for the Cyclone Idai response), was launched on the 5 April. To date, \$24 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 (US\$)



### Contributions to the Flash Appeal and outside by donor (US\$)



## HUMANITARIAN RESPONSE

### Camp Coordination and Camp Management

#### Needs:

- With the completion of the DTM, the number of internally displaced persons (IDPs) can now be more accurately determined. Baseline Assessments in 12 districts record over 50,905 individuals who have been displaced. The vast majority, 97,5 per cent, are residing with host communities (friends and relatives), with a small proportion (2,5 per cent) currently seeking shelter in collective centres (schools, churches, camp-like settings) and informal camps. Two serviced camps have been established for 117 families and one is still under construction bringing the total camp population to 200 families or about 1,000 individuals.
- IDPs in collective centres and informal camps are most at risk and vulnerable. These families have been unable to receive support from the hosting community and thus are more reliant on external support. Four collective centres remain in Chimanimani accommodating 346 individuals. Resources allocated to support camp management are only enough to the end of June 2019. The expectation is that support for serviced camps will be required for several months and potentially into 2020.
- The living conditions of those in temporary camps and other collective centres requires constant monitoring, improvement and multi-sectoral support especially if these individuals cannot be relocated before the next rainy season (Sept/Oct 2019). More durable solutions outside of camp and camp-like settings need to be developed, especially to transition to the early recovery. More consultation is required with all stakeholders and the CCCM cluster will consider an intention of return assessment be have a better understanding of the options available.
- Garikayi camp still requires construction of cooking and washing facilities, washing lines, fencing and lighting. Twenty-seven tents are needed in Garikayi to complete the tent pitching process.
- There is need to engage the IDPs in Kopa informal camp for a lasting solution as their current place of residence do not meet the CCCM standards
- IDP management committee to continue to engage the Government on the finalization of relocation plans.
- Since a large number of IDPs are still residing in host communities, balancing humanitarian support to both caseloads (IDPs with host families and IDPs in the camps) is required to mitigate tensions. There is need to explore best practice for returnees and host families including multi-purpose cash transfers, in-kind construction materials (procurement on behalf of beneficiaries), and training for better construction of houses.

# 200

families being accommodated  
in temporary camps in  
Chimanimani

#### Response:

- Feedback mechanism and help desk support has been established in the camps and residents have are using these platforms to resolve and deal with issues of concern.
- IDP committees have been formed and two meetings have been held as part of the IDP engagement process for accountability to affected people.
- Fencing has been completed at Aboretum camp. This has improved security and the privacy for camp residents.
- One Early Childhood Development (ECD) centre has been established in Aboretum camp.
- Partners have started offering psychosocial support to camp residents continue to raise awareness on child protection issues.
- Two clean-up campaigns have been conducted in Nyamatanda and Aboretum camps.
- Eight hygiene promoters have been trained and are now operational in both camps.
- Food distributions and WASH NFIs distributions have been undertaken.
- Winterization NFIs have been distributed.
- Social welfare and public works have deployed staff to manage the information centre.
- Camp managers maintain camp diaries and all partners are now coordinating activities through the camp management and coordination structures.

#### Gaps:

- Families from collective centres were to be moved to Garikayi by 1 June but the camp is still under construction.
- Nyamatanda and Garikai camps will require perimeter fencing.
- 178 households are in need of mattresses in the two occupied camps.
- Buckets for bathing/laundry, tissues and baby diapers/napkins are required.

- Government has been engaged to finalize and share permanent settlement plans and to plan for eventual camp closure. The IDP management committee is supporting this process.

## Shelter & NFI

### Needs:

- While the distribution of NFIs has been relatively comprehensive, the shelter response to date has been extremely limited. There is an urgent need to scale up the distribution of shelter materials (tarpaulins and tools) for emergency repair of damaged IDP houses and expansion/improvements to host community households to support both the displaced population and their respective host families. The scale-up of transitional shelter options is necessary to bridge the gap between humanitarian response and early recovery. This is required at place of origin and in areas where the displaced are currently being hosted.
- DTM data from 104 villages throughout 21 most affected wards has been reviewed and the key finding is that “70 per cent of the displaced have returned to their place of origin and are living in makeshift structures in need of emergency shelter”. The remainder continue to reside with relatives or friends bearing in mind that their homes have been completely destroyed, are unsafe or remain inaccessible.
- Support including the provision of emergency shelter to the 70 per cent of the people (about 35,600 people) that have returned to their place of origin and are living in makeshift structures is required.
- About 30 per cent of the community members still leaving with relatives or friends. Both those displaced and their host families will require support.
- About 90 per cent of the affected individuals do not have sufficient living space, especially for those that have returned. In the majority of households structural damage is a limiting factor.
- Village assessments in most affected wards have shown that 40 per cent of the houses were partially or badly damaged while 60 per cent of the houses were completely destroyed.
- There is urgent need for response partners to start rehabilitation of damaged infrastructure for early recovery
- Fewer organization have confirmed securing resources to build permanent structures which might not be enough to cover all the affected households
- Government needs to finalize and share with partners the approved housing model which partners can use for planning, BoQs and resource mobilization for permanent structure constructions.
- There is a need for partners to provide additional winterization items (warm blankets, clothes, mats, etc.) as winter sets in.

# 30K

HHs reached with NFIs

### Response:

- Cluster members have reached over 2,300 households (HHs) with temporary shelter materials, out of target of 19,000 HH. Only 12 per cent of the affected population have received temporary shelter materials, including tents and tarps. Cluster members have reached almost 30,000 households with non-food items.
- 12 per cent of the affected population have received temporary shelter in the most affected districts
- Partners planning to support with permanent structures reconstruction have started conducting assessments for targeting. Ongoing processes in the targeted districts include community level validation of the designs, beneficiary improved shelter techniques and assessment of repairs of damaged houses.
- Allocation of operational ward has been completed and joint assessments for targeting are being prioritized and coordinated at district cluster level.
- Registration of households targeting those who have not been assisted thus far is underway. The Civil Protection Unit (CPU) is assisting in the identification.
- After training for all partners and government stakeholders, Post Distribution Monitoring (PDM) has started in wards that have received Shelter and NFIs.
- Wards which were not accessible in Chipinge and Chimanimani have started receiving support and assessments are ongoing to establish urgent need.

### Gaps:

- Environmental Impact Assessment needs to be finalized in order for partners to the map prohibited area for reconstruction.
- Government policies and plans related to relocation and reconstruction are required to enable Cluster partners to prioritize and target shelter assistance effectively.
- Close linkages between private sector and cluster members on shelter standards and verification criteria needs to be established.

## Education

### Needs

- There is an urgent need for learning space in the schools.
- There is need for rehabilitation of classrooms that are old and were weakened by the cyclone.
- There is need for more disaster risk reduction (DRR) trainings to reach more schools
- There is need for trainings of School Development Committees (SDC) members on their roles and responsibilities and related issues.

# 97K

textbooks distributed in  
Chipinge and  
Chimanimani

### Response

- So far, a total of 96,950 textbooks, 44 classroom tents, 156 early childhood development (ECD) kits, 284 school-in-a-box kits, 58 recreation kits, and 620 buckets were distributed to 60 of the most affected schools in Chipinge and Chimanimani.
- Monitoring visits undertaken to selected schools confirmed that schools were operating normally. This was confirmed by reports from the Districts Education Offices.
- The Education Cluster currently is seized with the early recovery plan, a draft of which is now in place and covers the following objectives:
  - Teachers' and learners' capacity for DRR (including child participation) is enhanced;
  - Schools are better equipped for effective Emergency Preparedness and Planning; and
  - Capacity building of community, local organizations and local government actors on EiE, DRR, emergency preparedness, Building Back Better etc. strengthened.
- UNICEF reports that all targeted schools have submitted requests for the School Improvement Grants (Emergency) and Ministry of Primary and Secondary Education (MoPSE) is currently processing the requests. The flexible framework governing the use of these grants means that schools will be able to meet needs that the blanket distribution of supplies is unable to meet due to the peculiar nature of these needs.
- Higherlife Foundation is offering 81 full scholarships to learners (43 male, 38 female) orphaned by the cyclone. The foundation has also been offering fees payment for 775 displaced learners (348 male, 346 female) for Term 2 and Term 3.
- Additionally, there has been distribution of hygiene packs (5 tabs bath soap, 2kg washing powder, 1 litre disinfectant) to learners and teachers in the worst affected wards. This covered 59 schools catering for 32,020 learners (15,948 boys and 16,072 girls)

### Gaps and constrains

- There should be continued greater coordination on what the agencies are doing, especially as it relates to selection and allocation for support. This prevents duplication and ensures that all schools that need help are reached.
- Most of the cyclone affected areas have bad network and this is hampering the free flow of communication or of goods.
- About 40 schools in the Eastern side of Chimanimani district are in need of trainings for SDC members on their roles and responsibilities. MoPSE has not been able to do this because of resource constraints.
- Some learners have relocated from the district after being taken into the custody of extended family as per African traditions. Locating some of these learners will continue to be a challenge going forward. Concerns around situations where extended family has no capacity to continue supporting the education of the affected learners.
- Education cluster partners are encouraged to refer cases of orphaned and displaced learners to Higherlife Foundation. Due process will be followed to verify the information and assist the affected students.
- Recommend that all education agencies post their response on an online platform so that all can see. This information can be used to make decisions on the response.
- More funds be raised towards DRR so that more schools are reached.
- Funds have to be mobilized for refurbishment of old structures that were weakened by the cyclone.

## Summary of needs, interventions and gaps

Need Category	Total Requirements (USD)	Response (USD)	Gap (USD)	Gap (%)
Teaching/Learning Materials	881,010	366,578	514,432	58
Rehab/Construction of infrastructure	5,385,000	460,000	4,925,000	92
WASH (Latrines, Water & Hygiene kits)	536,063	148,063	388,000	72
Psychosocial Support & Safeguarding	231,296	211,296	20,000	9
Training Teachers (DRR, use of Kits etc)	240,000	75,375	164,625	69
NFIs (Bucket, Sanitary ware)	86,050	36,050	50,000	58
School improvement Grants - Emergency	180,000	174,000	6,000	3
Fees, Levies, Accelerated Learning Services	219,000	69,000	150,000	69
Community Mobilization & Advocacy	36,000	0	36,000	100
Other (e.g Support costs)	92,115	92,115	0	0
<b>TOTALS</b>	<b>7,706,534</b>	<b>1,458,477</b>	<b>6,248,057</b>	<b>79.3</b>

## Food Security

### Needs:

- Food insecurity levels remains high in Chimanimani due to a combination factors key among them being the drought and the prevailing macro-economic conditions. The cyclone has had a catalytic effect of worsening the situation. The Joint Verification exercise found 250,000 people directly impacted in the worst affected districts.
- The most severely affected households experience minimal or depleted cereal stocks, making them more dependent on markets for food purchase, as well as those relying on labour opportunities linked to the preparation of the cropping season.

# 250K

people targeted for food assistance until mid-July 2019 under Phase 2 operations

### Response:

- Phase 1, Life-saving food assistance (16/03-10/05): during the initial response phase, Food Cluster partners, together with the Government assisted an estimated 230,000 persons in the two worst-affected districts, including 50,000 vulnerable individuals with blanket supplementary food, to address the most immediate food needs and safeguard their nutritional status.
- Phase 2, Stabilization (10/05 – 15/07): Under this phase, partners targets the 250,000 people affected with general food assistance until to mid-July. As of early this week, FSC partners had reached more than 120,000 people with assistance under this phase.
- Phase 3, Early recovery (from 15/07 - 2020): Closely coordinated with the Early Recovery sector lead and partners, this phase focuses on restoring livelihoods through rehabilitating community assets, and essential community infrastructure, and providing a social safety net through multi-purposes cash transfers to selected households until the harvest in April 2020. More specifically, and in line with the Verification Needs Assessment's recommendations, FSC partners will focus on rehabilitation dip tanks, irrigation systems through C4W modality, among other interventions currently being designed. The impact of those activities will be two-fold, providing immediate livelihoods opportunities to vulnerable households through temporary employment while enhancing small farmers' production capacity and output during the main crop season.

### Gaps and Constraints:

- While phase 1 of the response has been completed, sector partners have only received 50 per cent of the resources requirements for Phase II. The findings of the annual ZimVAC Rural Livelihood Assessment will help define the social assistance needs and the requirements in terms of meeting the food gap resulting from the cyclone until the 2020 harvest.
- A strong coordination effort has yielded results in harmonizing assistance delivered across responders. Most actors have now aligned their planned interventions on WFP's food basket, to minimize discrepancies between wards. Similarly, guidelines harmonizing planned agricultural support are being finalized and will ensure farmers from different wards will benefit from comparable packages of assistance. Regarding cash interventions, most partners are waiting the harmonization of the C4W and Cash Food Basket amount (to be validated in early June) to start their interventions.



## Needs:

- Following completion of the Health Systems recovery plan, the Provincial administration and partners are mobilizing resources to operationalize the transitioning to early recovery.
- Recent increase in malaria cases in both Chipinge and Chimanimani and the province requires the scaling up malaria control interventions in the most affected areas including larvicide.
- Psychosocial and mental health support for humanitarian workers and communities has not been fully addressed, there is a need for inclusion of this component in the recovery plan to help the communities to build back better.

# 392K

People reached with OVC in Chipinge and Chimanimani

## Response:

- Ministry of Health and Child Care (MOHCC) with support from GAVI/ICG, WHO, HigherLife Foundation, UNICEF, World Vision and other health partners recently completed the catch-up campaign for all Expanded Programme on Immunization (EPI) antigens as well as second round Oral Cholera Vaccination (OCV) in Chimanimani and Chipinge districts. The coverage for administration of the three antigens and vitamin A is as detailed as follows

Chimanimani					Chipinge				
	MR	MUAC	HPV1	HPV2		MR	MUAC	HPV1	HPV2
Target	20,734	20,734	2,069	9,775	Target	52,906	52,906	6,324	25,733
Achieved	16,136	13,848	1,209	7,374	Achieved	45,026	37,032	3,408	16,445
Coverage (%)	77.8	66.8	58.4	75.4	Coverage (%)	85.1	70	53.9	63.9

- During the week under review MOHCC and health partners were involved in administering the second dose of OCV to the entire populations of both Chimanimani and Chipinge districts. By end of day six of OCV campaign 279,257 people representing 84.1 per cent were reached in Chipinge while 112,591 people (89 per cent) were reached in Chimanimani.

District	Target	Vaccinated	Coverage
Chimanimani	126,517	112,591	89
Chipinge	332,247	279,257	84
<b>Total</b>	<b>458,764</b>	<b>391,848</b>	<b>85</b>

- To strengthen coordination, Health Cluster meetings were held in Mutare and Chipinge district.
- WHO supported the Province by providing items essential to continue to provide critical life-saving emergency health services including non-communicable disease to vulnerable communities as well as strengthening preparedness for disease outbreak. Medical supplies distributed include:
  - 3 NCD Kits;
  - 3 cholera periphery kits (complete set);
  - 2 Emergency trauma kits, 20 basic Emergency kits;
  - 3 Interagency emergency health kits;
  - 3 Cholera Community kits;
  - 15 Diagnostic kits Crystal VC (dipstick);
  - 3 Cholera laboratory checklists (100 samples);
  - 3 Cholera Central Reference kits.

**Gaps & Constraints:**

- Adequate storage facilities for vaccine and cold chain equipment at health facilities in Chimanimani district continues to be challenging.
- Access to chronic medicines is still a major issue in health facilities in Chipinge and Chimanimani. Health facility stocks are seriously depleted or in some cases not available.
- There is need for additional anti-malarial drugs in view of increasing malaria cases in Mutswangwa, Muchadziya and other wards/villages in Chipinge.

 **Nutrition**
**Needs:**

- The Nutrition Cluster is currently scaling-up its capacity building for health workers and village health workers (VHW) in the treatment of acute malnutrition in the flood and drought affected areas targeting over 500 health workers and 2,500 VHWs.
- The overall response targeting the cyclone and drought affected districts aims to treat approximately 13,157 under-five children with acute malnutrition, reaching 136,086 pregnant and lactating women with infant and young child feeding counselling and other prevention activities.
- The cluster will continue to focus on scale-up and improving the quality of nutrition interventions in the most affected districts of Chimanimani and Chipinge.

**49K**

children under age 5  
receiving multi-  
micronutrients  
powders (MNPs)

**Response:**

- On the nutrition response, and the increase of acutely malnourished children, UNICEF is delivering adequate stock to ensure all identified severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases have access to the life-saving supplies. Additionally, partners including Save the Children, Red Cross, World Vision in Chimanimani while GOAL and ADRA in Chipinge with support of WFP are distributing the CSB targeting children under age 5. The coverage of CSB distribution has significantly increased as a preventative measure to arrest increased SAM/MAM. Additionally, the Cluster has planned for mass MUAC screening in the second week of June (17-21) in all districts of Manicaland. This will be known as the nutrition week. The objective is to screen 100 per cent of children under age 5 and mop up any case of SAM/MAM remaining in the community
- The screening of acute malnutrition integration is ongoing and routine at the health facilities during the Oral Cholera Vaccine (OCV) campaigns and food distribution sessions. During the reporting period, 29,833 under-five children were screened for acute malnutrition identifying 17 SAM and 45 MAM cases. The reduced number of acutely malnourished children identified during the reporting period is an indication the sustained screening has identified most of the cases in previous screenings.
- The total number of acutely malnourished children since start of the response is 202 SAM and 451 MAM cases representing 15 per cent of the cluster anticipated referrals for the two districts. The number of acute malnutrition is below the expected prevalence clearly indicating the nutritional status of the affected community is under control reflecting disease outbreak containment and improved access to safe water. The nutrition cluster is prioritizing the improvement of the quality of care provided in the Outpatient Therapeutic Programme (OTP).
- Promotion of appropriate infant and young child feeding (IYCF) and care practices continues with the support of nutrition partners ADRA, GOAL, Save the Children, NAZ and World Vision. During the reporting period, 11,294 new caregivers were reached with counselling at the health facilities. Since the onset of the response a total of 59,489 (150 per cent of the cluster target) pregnant and lactating women and caregivers of children less two years have been reached.
- The micronutrient supplementation of Vitamin A reached 4,542 during the reporting period bringing total number of children under age 5 to 41,973 children. Approximately 90 per cent of the targeted children have received Vitamin A supplementation in both Chimanimani and Chipinge since the start of the response. Multi-micronutrients powders (MNPs) reached 9,532 beneficiaries in this period bringing the total number to 48,329 children under age 5 equivalent to 100 per cent household coverage with under-five children receiving MNPs on a weekly/monthly basis.
- WFP and their partners GOAL, World Vision and Zimbabwe Red Cross are conducting registration for the second phase distribution of the CBS+ (Corn Soy Blend plus) blanket distribution in identified wards in Chipinge and Chimanimani. ADRA distributed 10 tons of CSB+ reaching 1,771 individuals in Wards 6 and 13, in Chimanimani district.

- The monitoring of breastmilk substitutes (BMS) is ongoing with no reports of distribution during the reporting period. The cluster is working on a strategy on how best to utilize the BMS stocks in accordance with the Infant Feeding in Emergency (IFE) guide.
- Nutrition coordination meetings held on a weekly basis at the national, provincial and district levels will continue.
- The RapidPro SMS reporting (a UNICEF tool) has seen significant improvement in the reporting of key nutrition indicators with 70 per cent of facilities reporting comprehensively and on time.

#### Gaps & Constraints:

- Lack of adequate funds to train the targeted number of health workers in Integration Management of Acute Malnutrition (IMAM) will impact the overall outcome of the outpatient therapeutic program (OTP). The available funds are only adequate to train one health workers per facility against the target of at least two per facility.
- The cluster funding is still critical with UNICEF and partners requiring \$2 million immediately for the capacity building activities and to replenish life-saving nutrition supplies

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

#### Needs:

- Families residing in temporary tented camps and other collective centres in Chimanimani need information for planning purposes. Without this, protection risks increase. Clarity is required with regard to anticipated duration of IDP camps and rehabilitation plans. Harsh conditions and limited services available at the temporary centres combined with anxiety created by lack of transparency for the future, including the fear to lose their property, negatively affects these communities. Increased incidence of domestic violence is ever-present when families are having to endure an indefinite period in the camp-like circumstances.
- The situation of separated and unaccompanied children placed in extended and/ or voluntary foster families is still fragile, and the risks of secondary separation is high due to several reasons including scarcity of resource, impact of the cyclone on financial and economic capacities of the receiving families and risk of exploitation including through domestic work.
- Active advocacy and engagement with other sectors, including WASH, Food and Shelter, to improve the access of affected children to services provided by these sectors as well as prevention and response to related protection issues including PSEA.
- Active engagement with community-based child protection mechanisms including Ward Child Protection Committees (WCPC) and Village Child Protection Committees (VCPC) for their continuous active participation in the response including timely updates on the situation and needs of affected children.
- Except Chimanimani and Chipinge where several actors are present, child protection presence and response in other affected districts is limited to the intervention of social welfare workers and community child protection committees who lack resources and technical guidance to address the needs of affected children.

# 612

Unaccompanied/separated children placed with extended families and carers

# 7,410

People received psychosocial support

#### Response:

- Protection Cluster focussed during this reporting period in monitoring of IDP camps and collection centres, to ensure minimum standards as per protection cluster recommendations.
- A one-day Prevention of Sexual Exploitation and Abuse (PSEA) workshop was held in Tongogara Refugee Camp and Harare Office, and attended by 45 participants, including UNHCR staff, partners and government officials. UNHCR's commitment to prevent sexual exploitation and abuse was reiterated and partners were engaged in discussions throughout to further reinforce that message.
- A one-day training was conducted on GBV and PSEA and targeted at GBV committee and refugee women in Tongogara refugee camp. The training, attended by 37 participants, included types of violence, response and referral pathways, confidentiality, consent, prevention, reporting mechanism, awareness, role and responsibility.
- The Child Protection Sub-Cluster through the partners on the ground has continued to respond and provide essential child protection services to the Idai-affected children including through expansion of partners intervention in districts previously with very limited child protection coverage such as Chipinge and Buhera.

- To date, the Child Protection Sub-Cluster has reached a total of 9,620 children (4,395 boys, 5,225 girls) with 8,640 children (3,968 boys, 4,672 girls) in Chimanimani and 980 children (427 boys, 553 girls) in Chipinge).
- To date, a total of 612 (338 boys and 274 girls) unaccompanied and separated children (UASCs) have been identified and documented. Among them, 538 (289 boys, 249 girls) have been placed with extended families while 74 (49 boys, 25 girls) are in alternative care arrangements until relatives and next of kin are identified. During the reporting period, Child Protection Society identified 35 (23 males, 12 females) new cases of UASCs in Koppa and Ngangu. Follow up and home visits conducted for 44 children (26 girls, 18 boys) living with extended families while family tracing and reunification done for 7 children (5 male and 2 females) in ward 19.
- Provision of psychosocial support through individualized sessions and Child Friendly Spaces in Chimanimani and Chipinge has benefitted a total 7,101 children (3,412 boys and 3,689 girls). During the reporting period, 595 children (312 males and 283 females) were reached with protection from abuse (PFA) services including both individual and supervised recreational play therapy.
- As part of the early recovery interventions where affected communities are expected to play a critical role, community awareness activities have been intensified to reach most of the affected communities and key members, especially community and religious leaders. To date, 21,947 individuals (6,530 boys, 8,083 girls, 2,506 men and 4,828 women) in Chimanimani (Kwirire, Koppa, Machongwe, Mutsvangwa and Nyamatanda camp) and Tongogara in Chipinge have been reached.
- Childline, JF Kapnek and Africaid conducted sessions on positive parenting for parents and caregivers of orphan children including those living with HIV in Mutsvangwa, Koppa and Chipinge. The training focused on safe parenting skills as well as the various child protection risks and welfare for orphan children and those living with HIV. To date, a total of 4,631 parents and care givers (1,650 males and 2,981 females) have been reached with positive parenting initiatives.
- To date, a total of 393 (208 boys and 185 girls) children with disabilities have been identified and provided with psychosocial first aid and medical support including provision of mobility devices including casting for severely injured children or at risk of permanent disability. JF Kapnek Trust has provided assessment to these children and referred them to further medical support at Mutare and Chipinge Hospitals. During the reporting period a total of 33 new cases of children with disability identified (18 females, 20 males) with impairments such as hearing, mobility, speech, visual and intellectual, and have been referred to Ministry of Health, JF Kapnek Trust and Ministry of Education, School Psychological Services for further support.
- In an effort to ensure confidentiality of beneficiaries, 21 child protection actors from 12 partners were trained in referral pathway and information sharing protocols. As part of the major outcomes of the training, tools for obtaining informed consent, initial assessment, case referral and follow up, were reviewed and adopted. Two taskforces were formed to develop a Referral Pathway and an Interagency Information Sharing Protocol. It was also agreed that a service mapping would be conducted the following week as part of the process of developing a referral pathway.
- 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 2,990 individuals (332 males and 1,690 females in Chimanimani, 230 males and 738 females in Chipinge) received psychosocial support from mobile clinics and safe spaces run by Musasa in Ngangu and Chipinge and IRC in Kopa in the past two weeks. Since the beginning of response, 7,410 individuals have been reached.
- As part of the GBV mitigation efforts, a total of 1,534 vulnerable women and girls (1,427 Chimanimani and 107 in Chipinge) received dignity kits through the established safe spaces and community outreach, in partnership with Musasa, IRC and FACT in the past two weeks. Since the beginning of response, 3,929 women and girls have been reached.
- A total of 395 complaints (186 in Chimanimani – 48 males and 138 females; 209 in Chipinge – 48 males and 161 females) on GBV were received in the past two weeks. In addition, five complaints on SEA were received from females in Chimanimani.
- As part of the community outreach for sexual and reproductive health and rights (SRHR), 770 individuals (338 males and 432 females) were reached on GBV by community volunteers in Chimanimani in the past two weeks. Eleven GBV survivors (one male and ten females) were reached by BC facilitators. Ten GBV survivors were referred for services (one male and nine females). Another 245 individuals (83 males and 162 females) (excluding GBV survivors) were referred for other SRHR services. The total number of community members reached with SRHR outreach and referrals since beginning of response is 5,026, while total GBV cases referred is 46, and total 1,340 individuals referred to other SRHR services.
- Through partnership with African University leading the Manicaland, mental health and psychosocial support (PSS) response team, 97 humanitarian and relief workers (50 males and 47 females) were trained on PSS and sensitized on PSEA in Chimanimani, Chipinge and Mutare. These included participants from NGOs, health and education sectors. To date, 369 people have been trained.

- 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 drafted a protection checklist (IASC GBV and CP guidelines) as a basis for technical support to cluster teams.

### 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 to make informed decisions on their future.
- Large numbers of people in affected communities, including refugees in Tongogara camp, and have lost critical documentation increasing protection concerns. Many have lost civil registration documents that ensure identification, protection and access to entitlements, such as birth, death and marriage certificates. An estimated 100,000 people need duplicate civil registration documents and mobile registration
- Need for enhancing the Protection Cluster coordination at provincial and district level, through a more consolidated structure by all actors, specific attention on mainstreaming of protection (GBV, CP, etc) as critical during early recovery and relocation phases.
- There is need for the integration of specific considerations of person with specific needs including child and women at risk, disability, elderly, in the planning and implementation phases of all sector interventions
- There is need strengthen of national civil protection unit system/representation (community-based protection) at ward and village level, to ensure the access of information, rights of person with specific needs, entitlement, complaint mechanism and community engagement in line with disaster risk reduction strategy.
- 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.
- Access to SRHR services for affected populations, including mental health stress-related conditions seems constrained for those residing far from district health facilities.
- Systematic data disaggregation by age and sex to be improved in 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 sectors during relocation and recovery phase and Education sector in view of schools reopening.
- The inclusion of specific needs considerations including child protection, 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.
- The current child protection interventions are based on the need assessment conducted at the beginning of the response and need to be reviewed and updated to the new context to ensure no child is left behind especially those living in location formerly inaccessible and those exposed to additional risks including secondary separation.
- 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. The Ministry of Health and Child Care and the Ministry Public Service, Labour and Social Welfare will need to be included in the process for national ownership.
- The psychosocial response to affected persons including children and parents needs improved internal coordination within the psychosocial working group at field level and with other sectors including Health and Education to ensure respect of standards, quality service delivery and avoid loss of time and resources related to overlapping interventions.
- As we focus on early recovery, the child protection case management system needs strengthening, particularly ensuring that emergency preparedness is mainstreamed in both the tools and information management systems.

## Water, Sanitation and Hygiene

### Needs:

- Chimanimani District was the most affected with two main centres having received the brunt of the cyclone; Ngangu Township of Chimanimani which experienced landslides and Kopa growth point which experienced flooding. According to the assessment done by the WASH Cluster, most sanitation facilities were damaged with 57 schools and 16 health facilities affected, and 2,559 community ventilated improved pit latrines collapsing. The water supply in the district is predominantly from springs. More than 600 springs were flooded and more than 61 boreholes affected.

# 198K

people provided with  
WASH support

- Chipinge District had rural and urban water and sanitation facilities affected, and there is need for rehabilitation efforts, some work is already ongoing.
- As a result of disruption of water and sanitation facilities, diarrhoea cases continue to be reported in Chimanimani and Chipinge. Health and WASH clusters continue to work together to address the issue.
- In Mashonaland, Chikomba District, a significant number of toilets were affected. Damage ranges from total and partial collapsing of lined latrine pits and superstructures. Additionally, in Mashonaland, Chikomba District, a significant number of private and communal water points were either destroyed or contaminated. Affected water points included family wells which were either protected wells or unprotected shallow wells. No boreholes were damaged.
- In Masvingo province, the three districts most affected by the cyclone are Bikita, Gutu and Zaka. The magnitude of the cyclone aftermath in Masvingo was not of the same intensity as in Chimanimani and Chipinge and as such, Christian Care, the only agency providing WASH emergency services received funding to respond to floods in Gutu and Bikita, leaving Zaka and Chiredzi without emergency WASH services.
- WASH Cluster members are providing emergency WASH services in the affected districts, with some limitations in some districts, as well as preparing for recovery activities as informed from assessment results.

### Response:

- In the three cyclone-affected provinces, the WASH Cluster, working with the Civil Protection Units (CPUs) in the respective districts, carried out assessments to determine, among other things, the WASH needs. The assessments guided the response activities, as well as the planning for early recovery activities. Although the provincial assessment reports are currently in draft, they are used to inform response and early recovery WASH activities. Assessment covered:
  - Chipinge District Wash report, 9 April 2019
  - Rapid assessment report for Chimanimani urban sewage systems, April 2019
  - Manicaland WASH assessment report (draft)
  - Chipinge assessment report (draft)
  - Masvingo assessment report (draft)
  - Mashonaland assessment report (draft)
- UNICEF and National Coordination Unit (NCU) are co-leading the WASH Cluster to ensure that emergency WASH services are appropriate, timely and equitably distributed. There are also WASH Cluster focal persons in Chipinge and Chimanimani districts and in the provinces of Mashonaland East and Masvingo. These are co-led by the District (CPUs) at the district and provincial levels.
- The WASH Cluster is currently working with UNDP in planning for the early recovery WASH activities, which mostly include rehabilitation and construction of new water and sanitation facilities in the affected locations. The recovery activities also include strengthening the capacity of the communities and schools to sustainably manage their WASH facilities.
- WASH interventions being undertaken include:
  - Provision of safe water through rehabilitation and construction of water infrastructure in the urban and rural areas;
  - Provision of water treatment chemicals;
  - Water quality surveillance;
  - Provision of sanitation facilities at IDP camps and affected schools;
  - Hygiene promotion in schools, communities and IDP camps;
  - Provision of WASH NFI kits;
  - Capacity enhancement of community-based cadres for management and promotion of WASH services and facilities.

### Progress against WASH indicators

# of people receiving Hygiene kits (family kit or female dignity kit)*	46,989
# of people receiving WASH NFI Kits**	127,981
# of people receiving sanitation and hygiene messages***	188,735
# of people with access to appropriate sanitation	23,252
# of people with access to safe & sufficient quantity of water	130,190

<b>Number of People Reached****</b>	<b>198,242</b>
<i>(Sum of maximum of number of people reached among indicators in each ward), target population is 270,000</i>	

**Gaps & Constraints:**

- There is need for funds for carrying out recovery activities in the three affected provinces of Manicaland, Mashona land East, and Masvingo.
- Chipinge town council is not supplying water consistently given the ongoing power outages at the treatment plant. Load shedding is expected to continue for some time to come.
- In Masvingo, there is lack of implementation partners to provide WASH services in the cyclone affected districts of Zaka and Chiredzi. The magnitude of the calamity especially in Zaka district requires focused WASH interventions.
- In Masvingo, most response interventions were not related to WASH, as such, there is need to mobilize resources for WASH activities.
- In Chimanimani, Kopa camp is not yet recognized by the District Administration, as such, interventions are below the required standards. An appropriate location for the camp is yet to be identified.
- Lack of lights in the IDP camps at night, is a concern since it could lead to open defecation bearing in mind the latrines may not be accessible in the darkness.
- As part of the transition to Early Recovery interventions, assessments in the affected districts have informed the WASH Cluster and donors on the gaps to address during the recovery period. During coordination meetings, relevant government departments/ministries are involved to ensure that the transition from response to recovery is compliant with the Government standards. Relevant government ministries and departments are also engaged/consulted outside coordination meetings in order to ensure that the recovery activities are in line with the Government of Zimbabwe standards.

 **Early Recovery**
**Needs:**

- Restoration of basic services in shelter (building new houses and or repairing damaged ones), WASH, education, health systems using building back better development principles
- Restoration/rebuilding of livelihoods, community assets.
- Restoration of weather monitoring infrastructure damaged by cyclone.
- Rehabilitation of critical community infrastructures.
- Rebuilding of community assets, diversify economic and employment opportunities.
- Roads and bridges infrastructure repairs especially primary access routes to Chimanimani.

**Response:**

- World Bank and UNDP have completed rapid in-field assessments. The WB finalized the Rapid Impact Needs Assessment (RINA), while UNDP completed the consolidation of multi-sectoral impact assessments conducted by various agencies. This was required as Zimbabwe did not conduct a coordinated PDNA. UNDP is working closely with the WB towards supporting access to Trust Funds to compliment the WB's \$75 million funding announced earlier this month. Similarly, the AfDB is also engaging. Close coordination and synergy is being pursued to ensure complementarity and to ensure that early recovery funding is channelled timely if a smooth transition from humanitarian support to rebuilding livelihoods and communities is to be achieved. AfDB is preparing a recovery package to support restoration/rehabilitation and reconstruction of critical infrastructure in water, transport, power and agriculture.
- In collaboration with Government and operational partners, UNDP Zimbabwe is supporting affected communities to re-establish lives and livelihoods on a cash-for-work basis.
- UNDP has mobilized \$500,000 from its core resources to support immediate requirements for coordination, debris clearance, critical infrastructure rehabilitation and impact mapping. UNDP is mobilizing more resources to support installation of roofs to 237 individual private houses, 30 schools (22 Chimanimani and 8 Chipinge) and roofs for toilets in 46 schools in Chimanimani and Chipinge, including installation of roofs to 7 health facilities and 8 clinic staff houses. Additionally, UNDP working with the WB is mobilizing approximately \$3 million to contribute to building resilience to risks and crises through strengthening of national systems to respond to different shocks and to mitigate against multiple risks of increased vulnerability and violence.
- To boost its coordination capacity support to government, UNDP has mobilized surge deployments with the Early Recovery Sector Coordinator already deployed.
- Beyond development partners, UNDP is mobilizing volunteer organizations and the private sector to augment the support and mobilize additional resources including technical and raw material input for reconstruction, to re-build livelihoods and the re-establishment of markets.
- UNDP in coordination with the Dept. of Civil Protection (DCP) has consolidated multi-sectoral assessment reports conducted by various agencies (governmental and non-governmental agencies) to determine post-disaster recovery needs. Additionally, UNDP has finalized a socio-economic impacts and needs assessment

report which have been integrated into consolidated multi-sectoral impact assessment report. UN Habitat is conducting spatial planning and settlements assessment to determine options for risk informed relocation and/or resettlement. All these assessment results have been used to inform the development of the Early Recovery Plan. The plan equips stakeholders to make evidence-based decisions on early recovery and sustainable long-term development.

- Private sector is well advanced with assessment in the context of addressing Chimanimani housing needs with Econet targeting to build 500 new houses including doing repairs to 5,000 damaged houses
- Private sector partners have mobilized volunteers with specialized skills (civil engineers, brick layers, architects) to support emergency reconstruction targeting critical infrastructure and are ready for deployment.
- Repairs are ongoing on 10 per cent of the major access roads used in delivering emergency relief services. Secondary roads are not receiving attention and a few remote areas remain inaccessible by road. Makeshift bridges set up for quick access to needy areas to be upgraded.
- Emergency employment and livelihoods restoration in all affected districts is ongoing.
- Repairs and rehabilitation of critical school facilities to pave the way for schools opening for the second term.
- A number of NGOs are engaged in various combined humanitarian/early recovery related interventions in WASH, livelihoods, community infrastructure, agriculture, irrigation systems, reconstruction of houses/shelter, community assets, to assist affected communities to recover from the impact of the cyclone.

### 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, including use of appropriate construction materials and standards.
- Technical capacities in areas such as: effective coordination; ER programming; and information management.
- Detailed infrastructure damage to buildings might delay some reconstruction activities as BOQs need to be specified.
- Funding gap, especially to meet socio-economic livelihoods related needs given that the prospective resources from the WB and AfDB have mainly prioritized infrastructure rehabilitations.

### Summary of recovery needs adapted from the Consolidated Multi-sectoral Impact Assessment<sup>1</sup>

Sector	Damage (USD)	Estimated Recovery Needs (USD)
<b>Productive Sectors</b>		
1. Agriculture, Irrigation & Livestock	169,000,000	46,400,000
2. Industry and Trade	8,500,000	14,500,000
<b>Sub-Total</b>	<b>177,500,000</b>	<b>60,900,000</b>
<b>Social Sectors</b>		
3. Education	6,500,000	10,000,000
4. Health	4,200,000	8,998,000
5. Nutrition (targeting US for SAM)	-	2,270,000
6. Housing (Low range)	6,900,000	5,880,000
7. Cultural Heritage	500,000	800,000
<b>Sub-Total</b>	<b>18,100,000</b>	<b>27,948,000</b>
<b>Infrastructure Sectors</b>		
8. Water supply and Sanitation	8,700,000	17,200,000
9. Community Infrastructure	12,000,000	20,000,000
10. Transport	59,700,000	83,580,000
11. Energy	5,200,000	6,100,000
12. Environment	20,000,000	20,000,000
<b>Sub-Total</b>	<b>105,600,000</b>	<b>146,880,000</b>
<b>Cross-Cutting</b>		
13. DRM	11,000,000	75,000,000
14. Social Protection (severely and moderately affected hhs)	0	46,021,000
<b>Sub-Total</b>	<b>11,000,000</b>	<b>121,021,000</b>
<b>GRAND TOTAL</b>	<b>312,200,000</b>	<b>356,749,000</b>



● Rapid Socio-economic  
● Consolidated  
● Health Sector Recovery  
● Estimate

● Estimate based on HSR plan  
● From consolidated needs, but lacks costing  
● From consolidated needs, but embedded  
● EMA  
● UNDP estimate  
● Estimate S&MAHH 38,351 @\$200/month

<sup>1</sup> These are preliminary estimates and are pending validation by stakeholders.

## Logistics

### Response:

- Twenty-one partners have been supported to date.
- The remaining 2 MSUs at the Aerodrome were closed and emptied on 31 May.
- A total of 1,200 tons of cargo has been despatched during the response period.
- A further 90 tons of life-saving cargo was airlifted during the initial weeks of the response.
- Road access is much improved and to assist partners in commodity movement.
- WFP has established a dedicated access constraints mapping website: <https://logcluster.org/map/zimbabwe-access-constraints-map-29-may-2019>
- At the weekly Logistics Cluster Coordination meeting partners coordinated and shared information regarding available warehouse capacity in preparation for early recovery interventions for food and non-food items. Logistics meeting minutes are available on: <https://logcluster.org/document/meeting-minutes-mutare-24-may-2019>

# 1,200

tons of cargo lifted  
from WFP storage  
facilities

### Constraints:

- In terms of road access constraints, updated information is posted to the dedicated site. This said the approach of the rainy season (September 2019) will likely impact both primary and secondary routes.

## GENERAL COORDINATION

The frequency of inter-clusters coordination meetings in Harare is now twice a month and will continue until the end of June 2019. At provincial level, cluster coordinators will meet on an ad-hoc basis until end June 2019. 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. For Early Recovery, UNDP 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. ER programming coordination /communication between national (strategic) and provincial (operational) levels of the response is being addressed.

For further information, please contact:

**Guiomar Pau Sole**, [pausole@un.org](mailto:pausole@un.org)

**Sirak Gebrehiwot**, [sirak.gebrehiwot@one.un.org](mailto:sirak.gebrehiwot@one.un.org)

For more information, please visit [www.unocha.org/rosea](http://www.unocha.org/rosea) / [www.reliefweb.int](http://www.reliefweb.int).

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