As of 21 March 2019, a total of 250,000 people are reported to be affected by the floods in nine districts. An estimated 48 per cent of the affected population is under 18 years of age.

There is limited road access in the Chimanimani, the worst affected district.

An estimated 60,000 children are in need of immediate protection services, and 100,000 children are in need of welfare and civil registration services in nine flood affected districts.

Initial estimates indicate that 54 classrooms from 114 schools have been affected by the floods, impacting about 30,000 learners.

Over 5,000 households have been reached with critical WASH Hygiene kits in affected districts.

The Government of Zimbabwe declared 23 and 24 March as National days of mourning the flood victims.

**UNICEF Targets for the Cyclone Idai Response**

- **Health**: # of children and women accessing life-saving interventions through community-based activities
  - 100,000

- **Nutrition**: # of children 6 to 59 months with SAM admitted to community-based treatment programmes
  - 3,905

- **WASH**: # people provided with a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene
  - 200,000

- **Child Protection**: # of children receiving psychosocial and/or critical protection services
  - 100,000

- **Education**: # of school aged children in humanitarian situations accessing formal or non-formal basic education
  - 30,500

**UNICEF 2019 Flood Response Appeal**

US $ 10 million

*(Initial estimate. UNICEF HAC currently under review to reflect these needs)*
Situation Overview

Zimbabwe experienced torrential rainfall caused by Cyclone Idai from the 15 to 17 of March 2019. Cyclone Idai caused high winds and heavy precipitation in Chimanimani, Chipinge, Buhera, Nyanga, Makoni, Mutare Rural, Bikita, Masvingo and Gutu Districts causing riverine and flash flooding and subsequent deaths, and destruction of livelihoods and property. To date, Chimanimani district is the most affected. An estimated 50,000 households/250,000 people, including 120,000 children, have been affected by the flooding and landslides after local rivers and their tributaries burst their banks. The flooding has caused significant damage to homes, schools, and other property, and in some cases led to death. As of 22 March, 154 people had been reported dead and 189 people are reported missing. The number of deaths is expected to increase as the search and rescue efforts continue. The water supply in Chimanimani and Chipinge have suffered significant damage and will require rehabilitation. Over 250 boreholes and 18 urban and peri-urban water supply systems were damaged. Following the cyclone, about 5,000 metres of the water distribution network was washed away in Chimanimani town, depriving more than 9,000 residents of safe water. Thirteen health care facilities in Chimanimani district are inaccessible, including Mutambara Mission Hospital and Chimanimani District hospital. This can increase the risk of water born disease outbreaks; before the flood, the Chipinge and Chimanimani districts had low sanitation coverage (43 per cent and 46 per cent respectively).

Leadership and Coordination

The Department of Civil Protection is leading the national and sub-national coordination of the flood response through the national, provincial and district Civil Protection Committees. The Provincial Administrator for Manicaland is leading the coordination of the response at a sub-national level with support from district administrators for Chipinge and Chimanimani, who are supporting field level coordination activities. A total of 13 technical sub committees have been established at a provincial level, namely - Search and Rescue, Food, Transport and Logistics, Education, Protection, Health, Shelter, Water and Sanitation, Agriculture, Weather, Roads, Administration and Security. Two district command centers have been set up in Chimanimani and Chipinge to support the response. UNICEF is a member of the National Civil Protection Committee and its emergency sub-services sub-committee. UNICEF is increasing field presence, and UNICEF’s partner Mercy Corps is also supporting the sub-national flood command centre that has been set up by the Department of Civil Protection to facilitate real time coordination of the response.

A Joint rapid interagency assessment was conducted on 18-19 March. UNICEF is co-leading the field assessment and report writing with the Department of Civil Protection. The report from the assessment was presented to the HCT. Some preliminary results were presented in the situation analysis.

Two Humanitarian Country Team meetings were held during the week. The first meeting focused on a situation analysis of the impact of the floods and the second meeting discussed the inter-agency rapid assessment report. Overall, sector coordination is also being strengthened. UNICEF co-leads WASH, Nutrition, Education sectors and the Child Protection subsector with the relevant government authority. The Ministry of Health and Child Care (MoHCC) continues to lead the coordination of the response through the Inter-Agency Coordination Committee on Health (IACCH) at the national level with secretariat support from the World Health Organization (WHO). UNICEF is a member of IACCH and relevant WASH, Nutrition and Communication for Development (C4D) partners are active members of the Committee. During the week, a IACCH meeting was held to plan for a joint assessment wa. In addition, a WASH Emergency Strategic Advisory Group (E-SAG), part of the Emergency Sector Coordination and Information Forum, meeting was held during the reporting week, with the participation of UNICEF. A detailed matrix of who is doing what, where and when is now in place for all WASH partners responding in the flood response and a sectoral response plan
Response Strategy

UNICEF Zimbabwe is responding in the flood affected areas by focusing on the key sectors of Health and Nutrition, WASH, HIV/AIDS, Education and Child Protection. UNICEF is targeting the most vulnerable including children, women, and People Living with HIV. UNICEF is finalizing the Response Plan, and is also revising the Humanitarian Action for Children (HAC) appeal to reflect these needs. UNICEF has reprogrammed existing funds to activate the response, and earlier preposition of supplies have allowed UNICEF to scale up the response in the first days after the floods.

The strategic areas of focus for strengthening the response are:

- Strengthening national and district sectoral and intersectoral coordination;
- Strengthening disease surveillance for WASH related and vector borne diseases;
- Supporting WASH interventions focusing on the provision of water supply and hygiene promotion interventions;
- Enhancing social mobilization, hygiene promotion and health education;
- Pre-positioning and distribution of Child Protection, Health and WASH emergency supplies;
- Providing psychosocial support for the affected children through the deployment of social workers and tracing; and reunification identification and documentation of separated and unaccompanied children (IDTR);
- Supporting inter-agency resource mobilization efforts.

Summary of Programme Response

Health

UNICEF continues to provide technical support to the MoHCC in response to Cyclone Idai. The earlier support provided to the Procurement and Supply Chain Management under the Health Development Fund (HDF), allowed the pre-positioned supplies to be used for the cyclone emergency. Medical supplies have been distributed and there are enough for case management for the next three months. Distribution is ongoing to health facilities through airlifting, as most of the health facilities are inaccessible by road. Follow up is being made to have essential supplies replenished for the routine programme.

A rapid assessment of the health facilities was conducted on the 22 of March in Chimanimani with UNICEF participation. The inter-agency team visited Chikukwa, Rwedza, Ngangu, Tilbury, Ngorima, Copa, Ndima and Nyahode clinics. There was no infrastructure damage to the health facilities that were assessed. Meanwhile, there are reported increases in cases of child infections in Chimanimani, especially pneumonia with an average of 20 cases being seen per day, up from an average of five cases before the cyclone. Two temporary clinics are being set up at Copa and Vimba in Chimanimani district to serve the population where access to health services have been cut off. In areas where health facilities are now accessible, community nurses are being deployed to conduct cold chain assessments and re-activation of Village Health Workers. All pregnant women in Chimanimani from 36 weeks and above are being treated as emergency cases and plans are underway to airlift them to Birchnough hospital. Plans are also underway to strengthen patient care and disease surveillance (especially cholera) at community level through orientation of deployed staff and Village Health Workers. Preparations for integrated mobile outreach are also getting underway, to include vaccination and malnutrition screening amongst other health services.

Nutrition

UNICEF continues to provide technical support to the MoHCC in the case management and surveillance domain. An initial 30 boxes of RUTF from UNICEF procured from the (HDF) has been dispatched to the health facilities covering
the affected communities. These supplies will cover the treatment needs for one month of the 73 children suffering from severe acute malnutrition in Chimanimani and Chipinge districts. An additional 300 cartons of ready to use therapeutic food from the Government of Zimbabwe have been prepositioned in Mutare and will be airlifted next week to all health facilities in affected districts to cater for the additional needs and to start treating all children with moderate acute malnutrition.

A total of 13 district and ward nutrition coordinators, supported by UNICEF, who were working in Chimanimani prior to the flooding have been deployed to the emergency center that has been set up to offer nutrition-related care as well as to monitor food and breastmilk substitute donations. UNICEF is planning to equip and support the deployment of all the Village Health Workers, the 13 ward nutrition coordinators and district nutritionist working in the affected area to provide integrated nutrition, health and sanitation services, including screening and referral for acute malnutrition. The nutrition cluster is coordinating with WFP and the food assistance cluster to distribute blended food ration, provide micronutrient supplementation, support malnutrition screening and provide nutritional counselling in the upcoming food assistance programme targeting children under five and pregnant and lactating women. Corn soya blend (Tsabana) together with other food commodities will be distributed to children under five and pregnant and lactating women in Chimanimani and Chipenge amongst other food commodities.

Water, Sanitation and Hygiene (WASH)

Prior to the landfall of the cyclone, the WASH sector had prepositioned hygiene kits in Mutare and Buhera, however, distribution was hampered by inaccessibility. A total of 5,000 people have received WASH hygiene kits comprising of water treatment tablets, jerri-cans, buckets and soap in Chipinge, Mutare Rural and Buhera districts through implementing partners, (Partners Mercy Corps and Goal). Small quantities of WASH supplies provided by UNICEF were distributed in Chimanimani by MSF once they reached the cut-off areas. This distribution will be scaled up with airlifting operations on 25 March. UNICEF is supporting the provincial authorities with damage assessments and coordination.

Child Protection

UNICEF, UNFPA and civil society organization (CSO) partners are providing technical support to the Ministry of Public Service, Labour and Social Welfare (MoPSLW’s) coordination of the Protection/Psychosocial Support Committee (PSS) sub-committee at a national level and the sub-regional coordination hub. The committee developed a response plan and an appeal document. UNICEF has reprogrammed funds and existing partnerships with three CSO partners (REPPSI, World Education International and Child Line) in order to meet immediate protection needs through reprogrammed funds. As of 22 March, a total of 12 social workers including clinical trauma counsellors, were deployed to affected areas. The social workers have so far assisted 1,234 affected children and young mothers with psychological first aid, bereavement support and protection of sexual exploitation and abuse (PSEA) awareness in affected areas, including in rescue coordination centers, Tongorara refugee camp and Nganga village (worst affected village that was partially swept away). Another surge deployment of 15 social workers from three additional CSO partners will be deployed for trauma counselling, mentoring support for antiretroviral treatment (ART) adherence for children affected by HIV, services for children with disability, identification and documentation of separated children, and emergency foster care support to temporary caregivers of unaccompanied children early next week. Coordination and case referrals on the ground between service providers is hampered by low phone reception and lack of electricity to charge phones. Prepositioned recreation kits, tents meant for establishment of Child Friendly Spaces and trauma support, and PSEA Information, Education, and Communication (IEC) materials are being transported from Skyline to Mutare for helicopter airlifting to affected areas. More tents, kits and psychosocial support materials will be transported from Harare early next week.

Education

The immediate priority for the education sector is to minimize disruption of learning and ensure that children are in safe learning spaces. Since the onset of the cyclone, UNICEF has engaged the Ministry of Primary and Secondary Education (MoPSE) on the response to the disaster. Data on the affected schools has been difficult to gather as affected areas were inaccessible following the destruction of road infrastructure. However, efforts are ongoing. To expedite the assessment process and gather enough details to inform the response, UNICEF together with MoPSE developed questions for the SMS based platform and these will be sent out to schools. In addition, MoPSE is engaging the affected
provinces and districts for more detailed technical assessments or a rapid appraisal of the situation on the ground. To respond to the disaster, UNICEF has in stock 30 (72sqms) tents, 10 (24sqm) tents and 28 school in a box kits. Prior to the floods UNICEF had prepositioned a total of 102 school in a box kits with the MoPSE and is ready to transport them to the areas affected once requirements have been confirmed. UNICEF will continue to closely monitor the situation and engage other education partners in the development of the sector plan. Psychosocial support materials and training will be provided to affected learners and teachers. WASH interventions, which include the distribution of water purification tablets and soap will be implemented to affected schools.

Communication for Development (C4D)

UNICEF is a member of the National Inter Agency Coordination Committee on Health, which is addressing key priorities in risk communication and recovery for WASH promotion, education, child protection, HIV, health, nutrition, child rights, and behavior change information and communication. A rapid C4D assessment is currently ongoing, focusing on key socio-cultural and information barriers to be addressed during the flood emergency, as well as information and communication preferences and strategies. Activities will be coordinated with provincial and district line ministries, extension workers and UNICEF partners. Posters to prevent sexual abuse are being distributed to affected populations through the coordination command centre in Chipinge and through child protection partners. In addition, a total of 1,100 cholera prevention flipcharts are now being printed for distribution early next week, along with 5,000 Nutrition in Emergency cross-sectoral flipbooks.

A local community radio station is being mobilized to disseminate life saving and real-time messages through public service announcements (PSAs). UNICEF created an interactive free-to-user SMS flood information hub with mobile provider, ECONET sharing hygiene and sanitation messages when users text the words ‘cyclone’ or ‘floods’ to U-Report (33500). Additional funding is required to scale-up social and community mobilization, frontline workers’ training and interpersonal communication. C4D surge support has been requested for strategic and field activities.

Media and External Communication

Due to the lack of access to the most affected areas, documenting the impact of the cyclone on children and communities is very challenging. However, UNICEF Communication team is on the ground to generate content and share stories on social media on the supply distribution and interventions in all programme sectors. The global press release and social media have focused on the deployment of prepositioned UNICEF supplies to accessible areas. Social media posts also acknowledged major donor contributions, especially from UKaid and Sweden. UNICEF will provide public information on the anticipated UNICEF airlift of supplies to hardest-hit Chimanimani during the week beginning 25 March. Synergy will be created between external communications and C4D for disease prevention, vaccination, handwashing and sanitation, the protection of children and psychosocial support, and the promotion of breastfeeding and ART adherence.

Supply and Logistics

A comprehensive Supply and Logistic Plan is being finalized for the response. Pre-positioned stock for WASH was already mobilized prior to the cyclone. WASH suppliers are identified and are on standby for further procurement. Service providers like transporters, custom clearing agents and freight forwarders have been sensitized and are ready for a scale up. Coordination with the Logistics Cluster has been initiated for utilizing storage space and supporting airlifts, which are scheduled to start on 23 March. One logistics staff member has been deployed to Mutare to support coordination and prioritize UNICEF supplies for the airlifts to Chimanimani and other affected areas.

Medical and nutrition supplies procured under the HDF and the Bill and Melinda Gates Foundation, including drugs and material for the primary health care package (essential medicines to treat pneumonia, diarrhea, malaria, treatment of acute malnutrition, as well as supplies for family planning) have been sent from Natpharm Harare to Natpharm Mutare, and from Mutare to the affected districts, despite the logistical challenges. These stocks will cover case management for the next three months.

Funding

UNICEF requires US$10.2 million in emergency funding resources to meet the humanitarian needs of children at-risk and affected by the cyclone. In addition, UNICEF is reviewing increasing the HAC to take into account cyclone response. The timely availability of funds will enable UNICEF and partners to effectively scale up the response. UNICEF is grateful
with the donors for their flexibility for UNICEF to allocate available resources to address the needs of the population affected by Cyclone Idai.

### UNICEF Zimbabwe Estimated Funding Requirements for Cyclone Idai/Flood Response (Initial Estimates)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>740,000</td>
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<tr>
<td>Health</td>
<td>1,160,000</td>
</tr>
<tr>
<td>WASH</td>
<td>3,100,000</td>
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<tr>
<td>Education</td>
<td>1,600,000</td>
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<tr>
<td>Child Protection</td>
<td>1,500,000</td>
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<tr>
<td>HIV/AIDS</td>
<td>300,000</td>
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<tr>
<td>Social Protection</td>
<td>1,800,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10,200,000</strong></td>
</tr>
</tbody>
</table>

Next SitRep: 31 March 2019


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**Who to contact for further information:**

- **Amina Mohammed**  
  OIC Representative  
  Zimbabwe  
  Tel: +263 4 703941-2  
  Fax: +263 4 791163  
  Email: amohamed@unicef.org

- **Aidan Cronin**  
  OIC-Deputy Representative  
  Zimbabwe  
  Tel: +263 4 703941-2  
  Fax: +263 4 791163  
  Email: acronin@unicef.org

- **Denise Shepherd Johnson**  
  Chief of Communication  
  Zimbabwe  
  Tel: +263 4 703941-2  
  Fax: +263 4 791163  
  Email: dshepherdjohnson@unicef.org