

ZIMBABWE

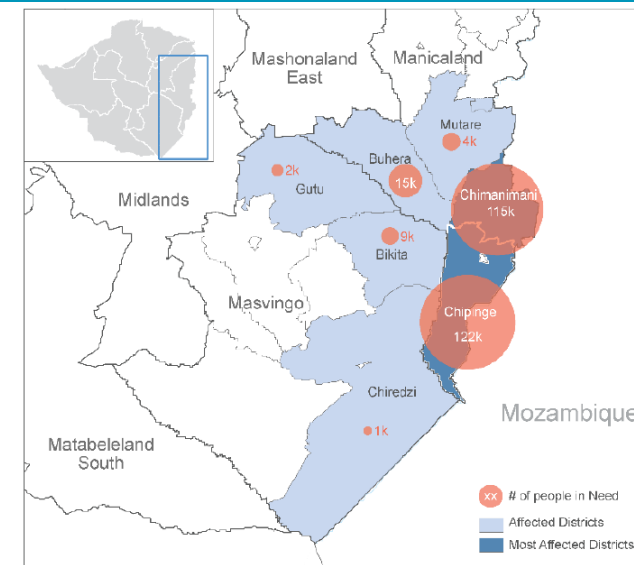
Tropical Cyclone Idai – Update 1

Since the publication of the [ACAPS Zimbabwe Tropical Cyclone Idai Briefing Note on 19 March](#), severe flooding continues to affect eastern Zimbabwe. In total, it is estimated that 270,000 people have been affected in nine districts, mainly in Chimanimani (115,000) and Chipinge (122,000) districts, Manicaland province. This marks a significant increase of more than 250,000 people since ACAPS' last report, likely due to increased access to previously cut-off areas and improved data. As of 25 March, more than 180 people have been killed, 170 injured and 330 remain missing. There is now confirmation that at least 4,500 people have been displaced. Main priorities remain health assistance, food, and shelter provision.

IMPACT



NEED FOR INTERNATIONAL ASSISTANCE



Source: OCHA 27/03/2019

Anticipated scope and scale

The full impact of Cyclone Idai is still under assessment. Floods are likely to persist in eastern Zimbabwe due to elevated water levels that are proving slow to recede. Flooding is expected to continue creating humanitarian needs. Zimbabwe's already high levels of **food insecurity are likely to worsen** due to lost crops and livestock. Livelihoods in the medium and long term will also be impacted. An **extension of the ongoing lean season** is expected. Inadequate health and WASH facilities increase the **risk of waterborne disease outbreaks**.

Key priorities



4,500
internally displaced



270,000
in need of humanitarian
assistance



Significant health needs
no access in Chimanimani district

Humanitarian constraints



Despite improvements access to Chipinge and Chimanimani districts remains highly restricted. In Chimanimani district, 95% of the road infrastructure, including several bridges, has been damaged. More helicopters are needed to reach remote, inaccessible communities. Power shortages and the impact on the network are complicating communication and data collection.

Limitations

This report mainly focuses on the most affected districts of Chipinge and Chimanimani in eastern Zimbabwe. Information on northern and northeastern provinces is limited, despite these areas being affected. The scope and scale of this disaster is still emerging so the information on the humanitarian situation may change rapidly in the coming days.

Crisis impact

Cyclone Idai hit eastern Zimbabwe on 15 March, after making landfall in Mozambique on 14 March. Heavy torrential rainfall and strong winds have led to severe riverine and flash flooding and landslides in Manicaland and Masvingo provinces. As of 27 March, 270,000 people are estimated to be in need of humanitarian assistance in seven affected districts of Chimanimani, Chipinge, Buhera, Mutare Rural, (Manicaland province) Bikita, Gutu and Chiredizi district (Masvingo province). Chimanimani and Chipinge are most impacted districts, accounting for 122,000 and respectively 115,000 people in need ([OCHA 27/03/2019](#)). This figure represents a significant increase since 19 March when only 12,500 to 15,000 people were estimated to be affected, likely due to an increase in available data. Around half of the total number of people in need are estimated to be children (UNICEF 27/03/2019).

OCHA's Situation Report No 1, issued on 27 March, reports that Nyanga, Makoni and Masvingo districts were flooded as well other districts in eastern Zimbabwe (OCHA 27/03/2019). However, needs have not yet been assessed in these districts.

The Government of Zimbabwe's (GoZ) official death toll has risen from 82 to 181 as more information becomes available (OCHA 27/03/2019). Some organisations are reporting higher death tolls, of over 500, and many bodies are believed to have been washed by the flooding from Zimbabwe into Mozambique (News Day 28/03/2019). The number of those reported missing has also increased from 200 on 18 March to 327 by 27 March. Some 175 injuries had been reported by 25 March across Zimbabwe. Across all the affected areas 4,500 people are estimated to be displaced (OCHA 27/03/2019; Eyewitness News 28/03/2019).

Due to the continual emergence of new information from Zimbabwe as more humanitarian actors deploy, and communications slowly return, it is expected that the increase in numbers of fatalities and those affected by flooding is going to continue rising. This will particularly be the case as more humanitarian assessments are undertaken to see what the key needs of the population are and where. Although forecasts for the next week indicate limited rainfall, elevated water levels in rivers, mean that it is likely flooding will persist. A further increase in the number of people affected is therefore anticipated (Eyewitness News 27/03/2019; NOAA 26/03/2019).

Health: 270,000 people are facing restrictions to access medical facilities in affected districts, especially in Chimanimani district where the majority of health care facilities are inaccessible. Two temporary health clinics have been established in Copa and Vimba, Chimanimani district, to help improve access to health services (OCHA 27/03/2019, VOA 28/03/2019).

The district hospital Mutambara Mission and the provincial hospital are not reachable. Blocked and damaged roads and bridges hinder access. Airdrops are supporting the distribution of medical supplies (OCHA 26/03/2019; OCHA 27/03/2019; UNICEF 27/03/2019). Many life-saving medicines are short in supply (ICRC 22/03/2019; The Atlantic 25/03/2019).

OCHA estimates that 100,000 women and children across the affected districts will need life-saving health interventions. There are plans to transport pregnant women beyond 36 weeks away from Chimanimani via plane to functional hospitals elsewhere, though it is not clear how many women this will affect (OCHA 27/03/2019).

There are likely to be long-term health consequences of the cyclone. Vaccination coverage among the affected population will become irregular as services are disrupted. Psycho-social and trauma cases among survivors will increase. There are also severe health risks for HIV/Aids, tuberculosis and other chronic disease patients as regular treatment is interrupted (MSF 27/03/2019; VOA 28/03/2019; NewsDay 27/03/2019; The Atlantic 25/03/2019). Higher mortality rates due to lower immune systems of many patients, as well as high risks of disease outbreaks and heightened malnutrition caseloads are anticipated following the floods.

Since September a cholera outbreak which started in Harare, spread to several other areas of the country including Manicaland, an eastern province which borders Mozambique. While the outbreak was largely considered as contained by February 2019, Zimbabwe has a history of large cholera outbreaks owing to dilapidated WASH infrastructures and a weakened health system. The impact of flooding in increasing caseloads of cholera and typhoid patients should be expected, with initial cases already having been declared in flood affected areas (WHO 24/03/2019, MSF 27/03/2019). Overcrowded shelter arrangements add to the risk of contracting diseases. (MSF 27/03/2019; ACAPS 18/09/2019).

Shelter and NFIs: A total of 90,000 people across, in four districts (Chipinge, Chimanimani, Buhera and Mutare) are estimated to be in need of emergency shelter (OCHA 27/03/2019). This is a significant increase compared to reports published earlier due to new assessment data covering a wider range of affected areas, as well as the ongoing impact of the floods on houses leading to a higher number of people in need.

Temporary camps have been established at Skyline, Ngangu primary and secondary school, Chimanimani Hotel and Ngangu clinic. More temporary emergency shelter arrangements are planned in Wengezi and Ngangu, Chimanimani district (OCHA 27/03/2019).

Tents and further NFIs, such as blankets and warm clothing, for people in need of shelter are urgently needed (OCHA 27/03/2019; CNN 28/03/2019).

2,000 refugee houses in Tongogara Refugee Camp, Chipinge district mostly made out of natural materials, were damaged (UNHCR 25/03/2019). This is a significant increase since ACAPS's last report where only 168 damages on houses were reported (UNHCR 25/03/2019; Newsday 18/6/2018; OCHA 18/3/2019). It remains unclear if they are included in the overall estimates of OCHA's Situation No. 1 report (OCHA 17/3/2019).

Evacuation efforts are ongoing (Eyewitness News 28/03/2019; News24 28/03/2019). Numbers of evacuations are not known.

Food security and Livelihoods: Cyclone Idai significantly affected the food security situation in Chimanimani and Chipinge as well as the other seven affected districts. Livelihoods have been severely disrupted due to crop and livestock losses, as well as, the destruction of food stocks caused by flooding (VOA 28/03/2019).

Prior to the onset of the cyclone, 5.3 million Zimbabweans were estimated to require food assistance, including 2.9 million people facing IPC Phase 3 (Crisis) and 1 million people in IPC Phase 4 (Emergency) levels of food insecurity. Rural households in the affected areas of Chimanimani and Chipinge districts account for high levels of food insecurity, with 35% and 50% respectively facing IPC 3 and higher (OCHA 28/2/2019; IPC 2/2019, FEWS NET 2/2019). The loss of the harvest (April to June) and livestock will not only impact people's food security but will also impact livelihoods in the medium and long term. The lean season, typically from November to February is expected to last for longer than usual in the affected areas (The Zimbabwe Daily 18/3/2019; FEWS NET 2/2019; Al Jazeera 17/3/2019).

There are plans in place to install 65 food distribution points in Chimanimani and Chipinge in the coming week (OCHA 27/03/2019).

Nutrition: It is estimated that a minimum of 4,700 children between 6 to 59 months face SAM. SAM and GAM rates are expected to increase in the aftermath of the floods (OCHA 27/03/2019).

WASH: The cyclone has a severe impact on WASH infrastructure, compromising access to safe drinking water for at least 42,000 people in affected areas. Across the affected areas, over 250 boreholes, 50 springs and 16 water supply systems have been damaged. 50 schools have no functional WASH facilities in Chimanimani and Chipinge districts (OCHA 27/03/2019). There is a lack of detergents and chlorine to treat drinking water (MSF 27/03/2019).

In Chipinge town, 33,000 residents have no safe drinking water as most of the water pipes and a water treatment plant have been destroyed by floodwaters. The sewage network in Chipinge Gaze town is also non-functional which poses health risks as raw sewage is likely to both seep into floodwater, then contaminating groundwater and bore holes.

In Chimanimani town, it is estimated that 5,000 meters of water pipes were destroyed, hindering 9,000 people from accessing clean water. (MSF 27/03/2019; OCHA 27/03/2019).

Inadequate WASH infrastructure severely elevates the risk of disease outbreaks such as cholera (MSF 27/03/2019; OCHA 27/03/2019; UNHCR 25/03/2019).

Protection: There is a risk that land mines from Mozambique have been dislodged and moved by floodwaters to Zimbabwe, leading to heightened protection concerns in parts of Chipinge and Chimanimani districts (OCHA 27/03/2019).

Immediate protection services for 60,000 children as well as welfare and civil registration services for 100,000 children in the nine flood-affected districts is needed (OCHA 27/03/2019). Separated and unaccompanied children face major documentation challenges (UNICEF 27/03/2019).

Education: New assessment results show that the learning of around 30,500 school-age children has been disrupted. At least 54 classrooms from 114 schools have been affected by the flooding (OCHA 27/03/2019).

Impact on critical infrastructure

While the full extent of the cyclone's impact cannot yet be assessed, extensive damage to critical infrastructure, including roads, WASH infrastructure and education and health facilities has been recorded (UNICEF 17/3/2019; OCHA 27/03/2019; Africa Daily Voice 28/03/2019).

Much of the local electricity transmission infrastructure, as well as communication lines, have been destroyed in Manicaland and Masvingo provinces, affecting service provision. The power supply across the flood affected areas remains cut off or disrupted (BBC 17/3/2019; OCHA 17/3/2019; Reuters 18/3/2019).

Blocked roads and damaged bridges have left people stranded in Chipinge and Chimanimani districts. Limited movement is hindering trade to neighbouring Mozambique (ZBC 17/03/2019; ERCC 16/3/2019; Al Jazeera 17/3/2019; The Standard 17/3/2019).

Vulnerable groups affected

UNHCR reports that all 13,000 refugees in Tongogara Refugee Camp, Chipinge district, are in need of urgent assistance. Their coping capacity is lower due to their displacement situation and limited livelihood activities. (UNHCR 25/03/2019).

Approximately 48% of the affected population are children. They are particularly vulnerable during flooding, due to the higher risk of drowning as well as the risk of being separated from their parents (OCHA 17/3/2019; GoZ 2012). Young girls are at high risk

of child marriage if their household's livelihoods have been affected. In Zimbabwe, 32% of girls are married before the age of 18 and 4% before turning 15 years old (Girls, not Brides, accessed on 18/3/2019).

Pregnant women, children under five, people with disabilities and the chronically ill often face more access issues and are particularly vulnerable to waterborne diseases during and after floods. People with disabilities and physical mobility restrictions may face particular challenges during evacuation.

Rural households are more vulnerable as their access to basic services is already limited and distribution of relief items is less likely in remote, hard to reach areas (OCHA 27/03/2019).

Humanitarian and operational constraints

Access to affected areas remains highly restricted, therefore humanitarian operations are continuously faced with challenges. As winds reduced, air transport is reliable, however, the availability of planes is limited. As of 27 March, east Chimanimani districts is still only accessible by air, leaving many rural communities vulnerable and without access to humanitarian support (OCHA 27/03/2019; OCHA 26/03/2019).

It is estimated that 95% of the road infrastructure in Chimanimani district has been destroyed. Emergency reconstruction efforts for major roads are ongoing, targeting however many rural areas remain inaccessible. Secondary roads leading to remote villages are not included in priority emergency recovery plans. Many areas are only accessible by foot or air (MSF 27/03/2019; OCHA 27/03/2019, Africa Daily Voice 28/03/2019; OCHA 26/03/2019; MSF 27/03/2019). Under "cyclone Idai Relief" on Twitter, damaged road infrastructure and repair operations can be tracked (Cyclone Idai Relief, accessed 29/03/2019). Disruptions to the electricity supply have affected the communication networks (OCHA 27/03/2019).

Aggravating factors

Further aggravating factors, including information on the WASH/Health infrastructure, high levels of food insecurity, the housing and poor road infrastructure and the economic crisis can be read in [ACAPS's initial Briefing note on Cyclone Idai's impact on Zimbabwe](#) published on 19 March.

HIV/Aids Prevalence in Zimbabwe

Some 1.3 million adults and children in Zimbabwe have the HIV or AIDS virus, with new infection rates of approximately 15% (OCHA 31/07/2018 UNAIDS accessed 11/09/2018). The large community of people living with HIV/AIDS combined with the

interruption in their antiretroviral treatments due to the flooding presents health risks (The Atlantic 25/03/2019).

Response capacity

The government-led response is being coordinated by the Department of Civil Protection (DCP) through the National, Provincial and District Civil Protection Committees, with support from several private, local and national emergency services assisting the humanitarian relief activities (The Standard 17/03/2019; OCHA 17/03/2019). On 16 March, Zimbabwe's president Emmerson Mnangagwa declared a state of disaster in the affected areas (OCHA 17/03/2019).

The government has deployed the army on the ground and the air force to improve access to cut-off areas and facilitate evacuations (BBC 17/03/2019; The Standard 17/03/2019; OCHA 17/03/2019).

The local government is continuing to respond to the crisis in cooperation with main international NGOs, organisations and UN agencies. Local and national emergency response committees, as well as NGOs, are supporting ongoing emergency operations (OCHA 27/03/2019).

Information gaps and needs

The extent of the risk of mines being transported by floodwaters from Mozambique to Zimbabwe is currently unknown, posing high protection concerns for citizens and humanitarian workers (OCHA 27/03/2019).

Data on the needs of people in specific geographical localities is lacking. It remains unclear if northern provinces are affected or just uncovered in ongoing assessments, as humanitarian actors set their priorities to the most affected areas (ODI 03/2019).

Information on gender-specific sectoral needs, as well as information on people with disabilities, remains unknown.

Short, medium and long-term impact on food security levels and livelihoods remain speculative as for the level of damage by the rains and floods on agricultural productivity and livestock cannot yet be accurately assessed.

Lessons learned

Improved education for affected communities in the areas of health, WASH and nutrition is essential for affected people, especially the displaced population, to mitigate the risks of diseases outbreaks (OCHA 27/03/2019; VOA 28/03/2019). Awareness raising campaigns are essential. Investment in improved health and WASH infrastructure can minimise the risk of disease outbreaks significantly (Al Jazeera 27/03/2019).

Research in Chipinge and Chimanimani district on specific local cultural and religious habits, preferences of types of aid as well as challenges of delivery methods must be conducted to ensure a dignified humanitarian response.

The Civil Protection Unit was only allocated 2.36 million USD under the 2019 national budget. Many critics see this figure as too low for significant and holistic disaster preparedness and response (The Standard 17/3/2019).

Due to previously reported mismanagement of funds in local authorities, the government started to put in place stronger monitoring mechanisms to ensure funds reach beneficiaries in Manicaland and Masvingo provinces (263 Chat 17/03/2019).

Improved collaboration between the governments of Mozambique and Zimbabwe could improve preparedness and response for communities at risk in bordering districts.

As seen from previous flood events in Zimbabwe, it is important to support households with livelihood opportunities in the medium and long-term to ensure their food security and livelihoods (IFCR 29/04/2015).

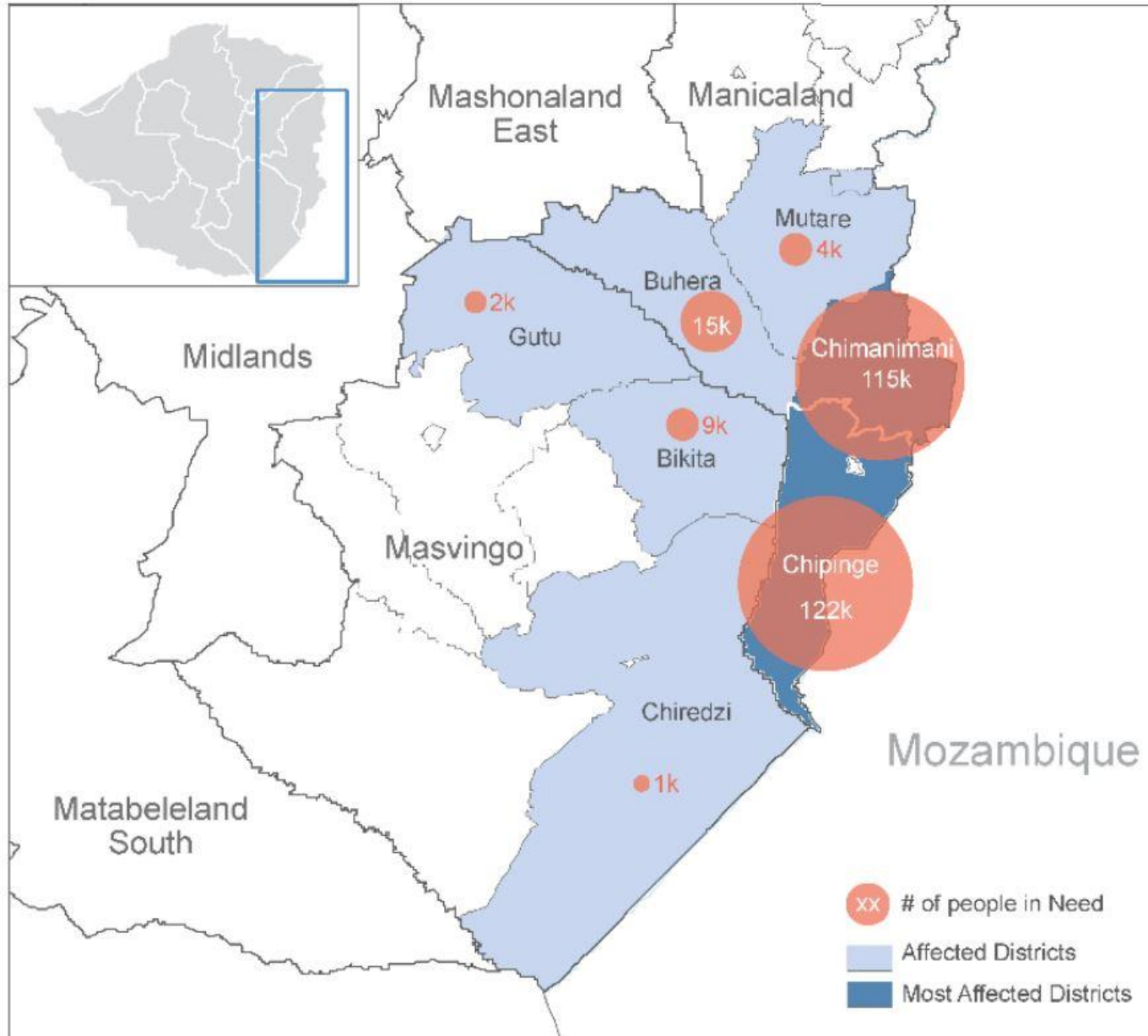
Improved road access to rural areas as well as planning and compliance with safer housing construction standards increases the resilience of many people at risk to floods (GFDRR 2015).

Heightened attention should be given to ensure schools are running to not interrupt learners' education in the long term. Otherwise, high dropout rates are more likely.

It is important to specifically target information and awareness-raising campaigns to communities at risk of floods and spread of diseases, as high illiteracy levels may hinder target communities from effectively utilising the information (GFDRR 2015). Gender-specific vulnerabilities, as well as those of people with disabilities, must be taken into consideration when disseminating information.

Post-disaster needs assessment to inform the recovery process, as well as monitoring and evaluation are crucial to inform and improve preparedness measures. Political commitment is however needed for sustainable interventions (GFDRR 2015).

Map: Floods in Zimbabwe



Source: OCHA 27/03/2019