



UNFPA ESARO Sub-Regional Situation Report
Malawi–Mozambique–Zimbabwe
29 March 2019



Highlights:

- UNFPA has successfully positioned more than US\$600,000, including pre-existing CERF-approved funds for food insecurity in the region.
- Nearly 3 million people have been affected by flooding, among them more than 600,000 women of reproductive age, 70,000 pregnant women and 75,000 women who are HIV positive.
- More than 2,500 cases of acute diarrhea and 5 cases of cholera have been confirmed.
- More than 7,500 dignity kits and 50 tents have been positioned and distributed in Beira, Tete, Manica and Zambezia in Mozambique.

Situation Overview

Since January, the **Southern Africa region** has been severely affected by flooding, due to the rainy season starting in Malawi and Tropical Cyclone Idai making landfall on 14 March, bringing torrential rainfall and strong winds to several provinces of Mozambique and with devastating effects for Beira city, as well as large sections of Malawi and Zimbabwe. Since 2018, Mozambique has been affected by acute food insecurity due to below average and erratic rainfall.

To date, as many as **2,969,000 people have been affected** and **193,000 sheltered in transit camps** following the devastation in Malawi, Mozambique and Zimbabwe, with others seeking refuge in neighbouring areas.

In **Malawi**, an estimated 869,000 people have been affected by the floods, among them more than 217,000 women of childbearing age, of whom about 7152 are expecting deliveries in the next three months. In total almost 876,000 people have been displaced, 672 people were injured and 59 people have died.

More than 170 camps have been set up to provide shelter for the affected people. At least two health facilities (Makhanga and Ndamera) in Nsanje District have been adversely affected, making case referrals difficult.

In **Mozambique**, 1,850,000 people have been affected, among them an estimated 438,000 women of reproductive age, 67,000 pregnant women and 77,000 women who are HIV positive. Within the next 3 months, about 19,000 live births are expected and 3,000 women are expected to experience complications during pregnancy or childbirth.

The death toll has risen to 468 people, with 1,528 injured. At least 130,000 people are sheltering in 161 sites across Sofala (199), Manica (27), Tete (4) and Zambezia (11).

More than 2,500 cases of acute water diarrhoea (AWD) and five cases of cholera have been confirmed. The arrival of cholera vaccines for 450,000 people (2 doses each) was anticipated.

The number of accommodation centres has risen to 29, housing 15,444 people; these were established by the government in schools and empty structures.

In **Zimbabwe**, 250,000 people have been affected by the cyclone, of which 16,000 have been displaced. There are confirmed reports of more than 100 fatalities with 180 people missing, 110 injured, 45 marooned and 19 critically ill. Four hospitals, hundreds of houses and bridges, schools and roads were washed away by flash floods and mudslides, especially in Chimanimani and Chipinge districts of Manicaland province.

Inter-Agency Collaboration and Partnership

Since the start of the emergency, coordination mechanisms have been set up under government leadership in the three countries, in close collaboration with the inter-agency committee. UNFPA continues to support the response committee's overall capacity towards its sexual and reproductive health mandate through the provision of **integrated and life-saving sexual and reproductive health services, supplies and information**.

In the sub-region, and under the overall coordination of the respective governments, **UNFPA is working with various partners** through emergency working groups and task forces that involve key ministries, UN agencies and national and international non-governmental organizations (NGOs).

UNFPA Programme Response to Date

UNFPA Country Offices in Malawi, Mozambique and Zimbabwe, as well as the UNFPA East and Southern Africa Regional Office, have been mobilized to meet the immediate needs of the thousands of flood-affected people in the three countries. As a key partner of governments in providing support to more than **180,000 displaced persons** registered in the sub-region, of whom **an estimated 50 per cent are women**, UNFPA is focusing on areas where it has a comparative advantage, providing sectoral leadership in protection, sexual and reproductive health and coordination.

The response undertaken by the UNFPA Malawi, Mozambique and Zimbabwe Country Offices is summarized below:

Malawi

Since 10 March, an inter-agency assessment mission was being conducted, with a rapid assessment conducted by the governments and partners. UNFPA is addressing the following:

Coordination

- ✓ The government and various UN partners are mobilizing financial support and are working to respond immediately to the situation. UNFPA continues to support both the Health and Protection cluster meetings.

SRH

- ✓ UNFPA has positioned reproductive health (RH) kits over the weekend for clean delivery, post-rape treatment, and sexually transmitted infection (STI) treatment; equipment for assisted delivery, including Caesarean section, and management of miscarriage and complications of abortions. The RH kits are meant to address preventable maternal and neonatal deaths, and treat STIs.
- ✓ UNFPA is working with district health officers (DHOs) to distribute condoms in camps.
- ✓ UNFPA is also working with the Ministry of Health and Population – Reproductive Health Directorate to facilitate a comprehensive assessment on the capacity of health facilities to provide safe deliveries. This assessment will start as early as next week.

Protection

- ✓ Distribution is to start as early as next week in collaboration with the Ministries of Gender and Health and Population and partners on the ground.
- ✓ More kits are yet to come as efforts are still underway to secure Central Emergency Response Fund (CERF) funding to procure 10,000 extra dignity kits ensure the dignity of more women and girls is secured.
- ✓ NGOs are being engaged as partners to provide information on prevention and management of GBV to address limited information available on where the women can get SRH and GBV-related services in the absence of community outreach.

Mozambique

Coordination

- ✓ The Minister of Health met with health partners and appealed for a detailed needs assessment and to improve epidemiological surveillance.
- ✓ All of the clusters are revising their emergency response plans. OCHA sent out a Flash Appeal on 23 March, and two UNDAC teams are on the ground in Beira and in Manica.
- ✓ The Protection Cluster in Beira met and established the following needs and agreed to prioritize access to and assessment of disaggregated data in relation to vulnerability (orphans, elderly, disabled people, single women and children).

UNFPA Response

- ✓ More than 2,000 dignity and 50 tents have been positioned and distributed in Beira, Tete, Manica and Zambezia in Mozambique.
- ✓ Active participation in coordination meetings at central and provincial levels by UN and the Government of Mozambique. Cluster, Humanitarian Country Team (HCT) and Inter-cluster coordination meetings are being held more frequently.
- ✓ UNFPA Country Office is regularly chairing the protection cluster, including activating the local gender-based violence (GBV) protection mechanism in conjunction with the Ministry of Gender, Child and Social Action (MGCAS) and Ministry of Health (MISAU) focal points on availability of women police officers in resettlement centres, working with the water, sanitation and hygiene (WASH) cluster for separate toilets, and prioritization of vulnerable groups in distribution of all assistance/food and non-food assistance.
- ✓ UNFPA Country Office is updating maps of actors, identifying who is doing what and where, and updating the 4Ws (Who does What, Where and When).
- ✓ UNFPA included protection needs in the first CERF proposal; as a result, the Country Office mobilized more than \$200,000 for drought response. Implementation of these interventions includes the procurement of dignity kits and sexual and reproductive health kits.
- ✓ UNFPA is sending 1,000 dignity kits to Tete and Sofala for distribution to the most vulnerable displaced women and girls. An additional 4,000 kits are under procurement.

Government, UN and other stakeholders' response

- A team led by Dr. Marlene Cuco (National Director of Public Health) visited the district of Dondo; UNFPA participated in this mission. Another team will visit the district of Buzi. The protection team started assessment in transit centres.
- More reproductive, delivery and dignity kits are needed. UNFPA is exploring local procurement as the demand is high and the number of partners responding is low.
- Due to violence during food distribution, OCHA's Communications Focal Point on the ground is working with other partners to disseminate messages via community radios to inform the population when supplies are being distributed, what type and where. OCHA encourages partners to spread the messages across the communities.
- OCHA has confirmed that there are over 500 responders/humanitarian actors in Beira and 100 working in Maputo.

Zimbabwe

Coordination

The government response continues to be coordinated by the Department of Civil Protection (DCP) through the National, Provincial and District Civil Protection Committees, which Sector Lead agencies and humanitarian partners are supporting.

The four distribution centres established in Chipinge town, Wenedzi, Skyline and Silverstream continue to distribute urgent food supplies to the most hard-to-reach areas via helicopters. Medical teams as well as the army and private helicopter pilots are on standby for deployment once access to hard-to-reach areas is clear or when an airlifting plan has been developed by CPU coordination structures.

UNFPA Response

The distribution of UNFPA-supported Maama kits was undertaken jointly with International Rescue Committee, which distributed dignity kits. Médecins Sans Frontières (MSF) staff at the stabilization centre supported these efforts. Since contents of the IRC dignity kit are similar to the UNFPA family kit, a decision was taken not to distribute the UNFPA family kit, to avoid duplication. Pregnant mothers and/or mothers with six-week-old babies or younger and those mothers who lost everything in the cyclone were prioritized to receive Maama kits.

As identification and verification of the affected people were difficult in the absence of a registration system, the team relied mainly on information presented at the distribution point. This resulted in only a few kits being distributed as there was a high risk of providing assistance to those not meeting the selection criteria.

For further information, please contact the following:

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