

ZIMBABWE: Floods

Office of the Resident Coordinator Situation Report No. 01

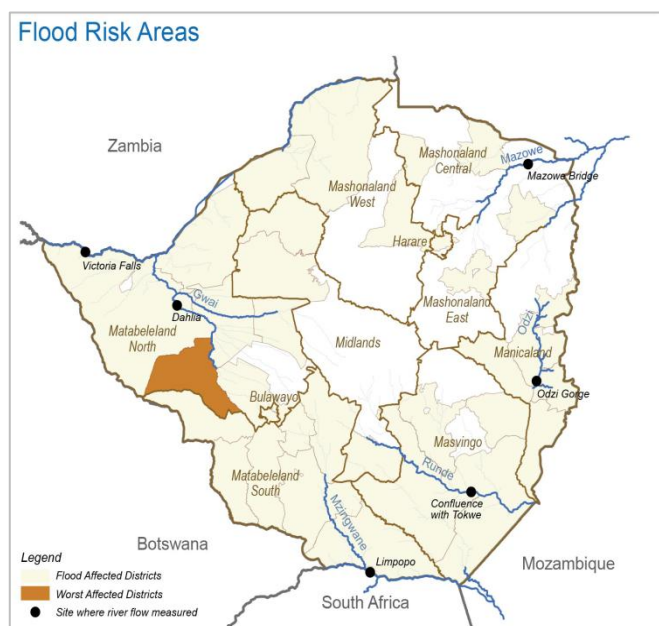
As of 6 April 2017



This report is produced by Office of the Resident Coordinator in Zimbabwe in collaboration with humanitarian partners. It covers the period from January - April 2017. The next report will be issued on or around June 2017.

Highlights

- The Government of Zimbabwe has declared the flooding situation affecting 36 districts in the country a national disaster, and has appealed for international assistance.
- The Government estimates that some 251 people have been killed and 128 others injured by various impacts of the floods. An estimated 100,000 people lack access to safe drinking water in the affected areas.
- Nearly 2,000 people are internally displaced in Tsholotsho district, Matabeleland North province, 859 of whom are sheltering in a nearby temporary camp at Sipepa Rural Clinic.
- The floods have resulted in extensive damage to infrastructure including roads, schools and health institutions. More than 140 dams have been destroyed.
- Humanitarian assessments are ongoing in affected districts; the majority of which were recovering from the two-year El Nino induced drought.
- Humanitarian partners are redirecting diminishing drought stocks, as well as mobilising additional resources to meet the critical needs emerging from the flood response.



Source: DCP - Zimbabwe, Humanitarian Partners
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

100,000

people in need of safe drinking water

166,216

children's education disrupted in 388 schools destroyed by floods

1,985

people internally displaced in Tsholotsho district

251

people killed

855

people sheltered in a temporary camp in Tsholotsho district

2,579

homesteads destroyed

Situation Overview

Above normal rainfall, worsened by the effects of tropical cyclone Dineo in March 2017, have resulted in severe floods affecting 36 districts in Zimbabwe. Worst affected are Matabeleland (North, West, South and Central), Midlands, Masvingo, Mashonaland West, Manicaland and Metropolitan Provinces. These provinces are on a recovery path from the severe food insecurity caused by the two-year El Nino induced drought but successive crises have eroded the capacity of people to cope.

The Government has declared the flood disaster a national emergency and has appealed for international assistance amounting to USD189 million, to meet both the immediate and long-term needs of affected communities.

Preliminary assessments in some affected areas indicate that 251 people dies and 128 people injured due to various impacts of the floods. Nearly 2,600 houses have been destroyed, leaving thousands of people homeless.

In Tsholotsho district, an estimated 2,000 people have been displaced – 855 of whom to a nearby camp at Sipepa Rural Hospital. They are in need of shelter materials, foodstuffs, blankets and clothing.

The floods have affected children's access to quality and safe learning spaces. A total of 388 schools (287 primary; 101 secondary schools) where 166,216 children were enrolled, have been destroyed. Out of the 855 people living in the displaced people's camp at Sipepa clinic, 354 are children of school-going age. Pupils from Mathuphula and Mahlaba primary schools have been integrated at Sipepa Primary School. The school, with an enrolment of 342 pupils, has six classrooms and is under pressure for more furniture, teaching and learning materials, and staff accommodation.

Health needs in the affected areas are becoming increasingly critical. Five health institutions in Tsholotsho districts have been destroyed and require shelter materials and personnel for the increased patient load. The floods have compromised the hygiene practices and water quality, especially in the congested IDP camp. There is an increased risk of water and vector-borne diseases, including cholera, malaria and measles; endemic in the affected areas. The Government estimates that over 100,000 people are without safe drinking water following extensive damage to water supply infrastructure. The typhoid situation mostly affecting Harare and other districts is a direct threat to the districts affected by the flooding situation. Recent reports by the Ministry of Health indicate that a total of 1,934 suspected typhoid cases, 59 confirmed and 5 deaths have been reported since January 2017. About 8 floods affected districts are also in malaria outbreaks with a cumulative figure of 134, 223 cases and 194 deaths reported during the same period. The displaced children under 5 years of age face imminent outbreaks of vaccine preventable conditions, particularly measles. There is an urgent need to build capacity in the management of these conditions and ensure adequate supplies of medicines and other supplementary commodities to the affected areas.

More than 140 community and privately owned dams have breached, resulting in damage to downstream infrastructure, especially in Matabeleland (South and North) and Midlands Provinces. Flood monitoring equipment has been destroyed, hindering effective flood early warning actions. Nearly all districts have reported damage to roads and collapsed bridges, rendering some areas inaccessible. More than 90 per cent of small-scale miners in heavily affected areas have lost their livelihoods, as mines are inundated in water.

About 5,000 women and children across all flood-affected districts are in need of immediate lifesaving protection services. Exposure to gender-based violence remains high as a consequence of damaged infrastructure, which hinders access to services. Sixteen unaccompanied and separated children have been provided with alternative care arrangements.

The floods have coincided with the ongoing response to the El Nino-induced drought, which has affected more than 5.2 million people countrywide. Humanitarian assessments and multi-sectoral life-saving response activities are ongoing in the worst affected districts. The Government is leading the response with support from the Humanitarian Country Team.

Humanitarian partners are partially redirecting the current drought response, as well as mobilising additional resources – such as the Central Emergency Response Fund (CERF) – to meet the emerging needs of the flood response.

Funding

The Government estimates that US\$189 million will be required to address the flood disaster. The United Nations and partners estimate that out of this US\$20 million is needed for immediate emergency humanitarian response. Government funding includes both immediate, medium and long-term interventions, majority being for infrastructure rehabilitation. It should be noted that the Government is in a very tight fiscal and liquidity situation.

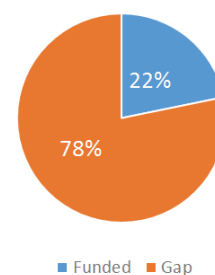
The Government Special Cabinet Committee has allocated US\$35 million for the emergency.

China has donated US\$1.06 million for emergency relief. Several other donors have pledged additional resources, including the ECHO (US\$3 million), Japan (US\$50,000), USAID (US\$2 million), in addition to in-kind contributions by Namibia.

The World Food Programme (WFP) has redirected food contributions from the drought response to flood-affected communities.

The HCT is developing a CERF proposal prioritising lifesaving interventions in education, health, shelter and WASH. Protection and gender needs will be reflected in the priority sectors.

US \$ 189 M Required



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

Humanitarian Response



Camp Coordination and Camp Management

Forty three per cent (855 people) of the 2,000 people displaced are sheltering at a temporary camp at Sipepa Clinic. These numbers could increase as more people displaced by floods seek refuge at the site.

Needs:

- Aid workers require shelter materials to facilitate the decongestion of the IDP camp.
- Immediate needs include blankets, food and shelter and temporary toilets.
- Affected districts are in Matabeleland (North and South), Midlands, Masvingo, Mashonaland (West and Central) and Manicaland provinces.

Response:

- The Government has registered close to 2,000 displaced people in Tsholotsho district.
- Aid agencies have provided food, tents and toilets, but the situation remains dire.
- Site construction and management is being conducted through community mobilisation and training of shelter construction brigades by the International Organization for Migration (IOM).
- UNICEF has established water, sanitation and hygiene facilities.
- Play centres for children have been set up by Childline.

855

people living in a temporary camp in Tsholotsho district

Gaps and constraints:

- Partners have reported a shortfall of seven temporary toilets at the displacement site.
- Assessments are ongoing in other affected areas to determine the impact of the floods on households.
- More funding is required to meet the emerging needs that are beyond the normal agency programming.
- Formal training of district government authorities and humanitarian actors in camp coordination and camp management is required.
- Access to affected people in Gwanda is limited due to logistical challenges, including collapsed bridges and damaged roads. Food and health supplies to the area will be airlifted by the Zimbabwe Airforce.



Education

Preliminary assessments in affected areas have identified 287 primary and 101 secondary schools destroyed by floods. 166,216 children have had their education disrupted. Only a limited number have been integrated in the already overcrowded schools nearby. Delayed assistance could lead to poor academic performance and school dropouts.

Needs:

- The Government estimates an overall funding requirement of US\$8.44 million for infrastructure rehabilitation. The cost of damaged teaching and learning materials is estimated at US\$220,000.
- The most pressing needs are the rehabilitation of damaged classrooms, teachers' houses and toilets, and the supply of teaching and learning materials, including for infant grades.

Response:

- Assessments are ongoing to determine the number of children affected by floods countrywide.
- Pupils from Mathuphula and Mahlaba primary schools have been integrated at Sipepa Primary School.
- UNICEF and partners are distributing stationary, teaching and learning materials (including on GBV and child protection), and early childhood development and recreational kits across the provinces. They are also providing tents for temporary learning spaces and teachers' houses, as well as counselling services.

166,216

children's education disrupted in 388 schools destroyed by floods

Gaps & Constraints:

- Dearth of information on the actual numbers of affected learners and their needs.
- Lack of resources to support schools with infrastructural rehabilitation and other needs.
- Inaccessibility of some areas due to floods and limited resources to conduct assessments.



Preliminary assessments indicate that 5 health facilities in Tsholotsho have been destroyed, disrupting the provision of health care services and increasing the risk of disease outbreaks, including common diarrheal diseases, malaria, typhoid and cholera. Latest reports by the Ministry of Health indicate that a total of 1,934 suspected typhoid cases, 59 confirmed and 5 deaths have been reported since January 2017. About 8 floods affected districts are also in malaria outbreaks

Needs:

- Health services must be re-established. Damaged health facilities require tents for shelter and additional staff to cater for the increased patient load. Replenishing stocks of medicines that have been depleted by the increased caseloads of diarrheal and vector borne diseases is critical.
- Flooding has compromised water and hygiene conditions, hence the need to treat drinking water at the household level and to regularly monitor water quality.
- Health and hygiene promotion interventions should focus on sexual and gender-based violence (SGBV), family planning, sexually transmitted infections and HIV, and waterborne diseases. Hygiene and sanitary supplies for displaced people, particularly pregnant women, are needed.
- Ensure pregnant women, children and Opportunistic Infection/Antiretroviral Therapy (OI/ART) patients, who are among the most vulnerable, have access to critical health lifesaving interventions including access to ART remains critical.
- Increase measles vaccination coverage, Vitamin A supplementation and de-worming programmes.
- Conduct field orientation of Health Workers and Community Health Workers in case management.

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Health institutions
destroyed in
Tsholotsho district

Response:

- Medicines, including paediatric anti-retrovirals (ARVs), have been sent to the health facility serving affected communities in Tsholotsho district. In Gwanda district, officials have supported the distribution of medicines delivered by helicopter.
- Interagency Diarrhoea Disease Kits (IDDK) have been distributed and pre-positioned at strategic places in all 10 provinces in the country.
- Monitoring of trends of priority diseases through the Ministry of Health and Child Care (MoHCC) rapid notification system is being carried out for early identification of outbreaks.
- Monitoring and tracking of children, adolescents, pregnant and lactating women on Anti-Retroviral Treatment (ART) is underway.
- Rapid investigations of reported outbreaks is being conducted with technical and financial support from WHO and UNICEF.
- UNICEF supported the mainstreaming of HIV in the rapid assessments conducted in Tsholotsho. This provided information on lack of adequate paediatric ART and has led to the re-positioning of supplies.

Gaps & Constraints:

- Lack of resources to support strengthening of the early warning response systems at district and sub-district levels and for additional essential medical supplies.
- Disruption of epidemiology services due to accessibility challenges.
- Health workers in affected areas are not trained in emergency response.



Flooding has damaged crops, livestock and food supplies, with devastating impacts for affected communities, particularly pregnant women and children.

Needs:

- Support the health and nutrition requirements of affected communities.
- Conduct an assessment to ascertain the extent of damage to crops and livestock.

- Monitor feeding practices to promote, protect and support breastfeeding and continued screening for malnutrition in all children under 5 years.

Response:

- In Tsholotsho district, 66 health workers have been trained to identify, treat and manage acute malnutrition.
- 281 village health workers trained in active screening have been conducting rapid active screening using Mid -Upper, Arm Circumference (MUAC) and oedema. Of the 1,471 children screened, 29 were admitted for treatment of severe acute malnutrition.
- Prepositioning of supplies for the treatment of acute malnutrition.
- Infant feeding monitoring to ensure breastfeeding is supported, protected and promoted.
- Community level support to mothers and caregivers of children below 2 years to ensure appropriate infant and young child feeding practices.

29

Children admitted for treatment for severe acute malnutrition

Gaps & Constraints:

- Logistical challenge for nutrition Ward coordinators to move from one ward to the next due to long distances and lack of transport.

Protection

Rapid assessments conducted by GBV sub-cluster partners in Mashonaland central areas (Guruve, Muzarabani, Mbire) report limited access by women and girls to health facilities due to the interruption of the electricity supply and damage to health facilities, bridges and other infrastructure.

Expectant mothers are exposed to higher risks of maternal death or ante- or post-natal complications when not able to access healthcare. Additionally, women and girls are more likely to be exposed to gender-based violence as a consequence of damage to infrastructure, such as health facilities, schools, latrines and toilets.

Needs:

- 5,000 women and children across all flood-affected districts need immediate lifesaving protection services.
- Non-food item requirements include sanitary pads, underwear, clothing, and medical supplies.
- GBV survivors need better access to services, including post-exposure preventive (PEP) kits.
- Capacity building and training of protection actors on GBV preparedness and prevention from sexual exploitation and abuse, including the development of codes of conduct and setting up community complaints and response mechanisms.
- Establishment of 3 mobile clinics for medical and psychosocial support to expectant mothers and GBV survivors.
- Six additional mobile clinics and 200 child protection kits are required.

5,000

Women and children need lifesaving protection services

Response:

- Family tracing and reunification services are underway. Sixteen Unaccompanied and Separated children identified in Sipepa camp have been provided with alternative care arrangements.
- UNICEF has established a child-friendly space and a drop-in counselling centre in Sipepa camp, and dispatched 150 child protection kits. UNICEF and Childline have deployed 2 protection workers who are providing psycho-social support services (557 children and 62 women reached).
- Protection workers are working with the Government to strengthen protection monitoring and risk mitigation across all sectors, as well supporting coordination and providing critical protection services.
- Protection partners are conducting awareness raising and community sensitisation activities to prevent and respond to child protection and GBV concerns and have established referral pathways.
- UNFPA has distributed dignity kits to 500 women and girls in Sipepa camp, and in Sipepa primary and secondary schools.
- UNFPA, in partnership with FACT Zimbabwe, has set up 2 community-based GBV shelters in Makonde (Mash West) and Mutasa (Manicaland) districts.
- UNFPA has conducted four GBV in Emergencies workshops in Harare (December 2016), Bulawayo (February 2017), Mutare and Gweru (March 2017), covering all 10 provinces, focusing on GBV preparedness and response in all emergencies contexts, with a focus on drought and floods response.

- UNICEF has provided child protection mainstreaming training for 36 government and community emergency response actors in Sipepa camp.
- UNICEF and Childline conducted a Child protection initial assessment in the last week of March 2017 in Sipepa camp and 3 wards neighbouring the camp, which is due for release in April.
- UNFPA is conducting assessments in preparation for the establishment of 3 mobile clinics to provide medical and psychosocial support to expectant mothers and GBV survivors.

Gaps & Constraints:

- Funding to support procurement and distribution of 1,000 dignity kits, which include sanitary pads and solar lamps for lighting.
- Weak capacity of community-based systems and structures to prevent and respond to protection needs of affected population.
- Funding for PEP kits to respond to sexual violence.
- The protection experts deployed need to cover a longer period than the 3 months.
- There is also need to expand the protection activities to cover the surrounding wards. More skilled protection human resources required to support the civil protection unit with protection mainstreaming.
- Funding is needed to support the government in developing standard operating procedures for protection, prevention and response in humanitarian situations.



Shelter

In Tsholotsho, 2,000 people have been displaced and 2,579 houses completely destroyed by floods.

Needs:

- The Government estimates that US\$3.6 million is needed for the construction of dwelling units in affected areas. Some 2,579 homes have been destroyed.
- Immediate shelter needs include emergency shelter materials that can withstand ongoing rains (predicted to last until April), non-food items and construction of toilet facilities.
- The Government and partners are mobilising funds for the relocation of 300 of the 900 IDPs in temporary shelters in Tsholotsho to higher ground.

2,579

Houses completely destroyed

Response:

- The Government of Japan is providing emergency relief goods including tents, plastic sheets, water purifiers and portable jerry cans.
- The Government Department of Civil Protection, in collaboration with UN agencies and partners, has registered the affected people in Tsholotsho area. Partners are conducting assessments in other affected areas to identify the immediate needs.

Gaps & Constraints:

- Adequate funding is needed for the relocation and reconstruction process.
- There is still a gap of tents and NFIs for 2,071 households countrywide.



Water, Sanitation and Hygiene

The floods have compromised access to clean water, hygiene practices and sanitation, especially in the congested IDP camps. There is an increased risk of water and vector-borne diseases including cholera, typhoid, diarrhoea and malaria. Over 100,000 people are currently without safe drinking water due to damage to water infrastructure. Boreholes and latrines, including at schools and health facilities, have been flooded. Access to flood-affected families was a challenge in some areas but as flooding receded all (known) affected areas were accessed to assess the needs and implement response activities. Assessments were conducted in Mberengwa, Tsholotsho, Kariba, Hwange, Chiredzi, Umzingwane, Masvingo, Mwenezi, Gokwe North, Bubi

Needs:

- Emergency safe water supply and improved sanitation is needed in affected areas, particularly in schools and health centres.
- The Government estimates that US\$5million will be required to restore water supply in affected areas, as well as provide emergency water supply interventions to displaced communities.

Response:

- Some development and drought programming has been reprogrammed to respond to the critically affected areas.
- WASH essential non-food items have reached 670 households in Tsholotsho district.
- Five temporary latrines have been constructed at Sipepa holding camp.
- Partners are implementing cash transfers in some areas.
- Water supplies have been restored (solar pump), and sanitation provided at the temporary camp in Tsholotsho reaching approximately 1,870 people. Water quality testing and monitoring is ongoing.
- Partners are conducting door-to-door education in displacement camps and affected communities (1,573 people reached in Tsholotsho).
- WASH partners are undertaking critical repairs and/or rehabilitation of infrastructure.
- WASH sector emergency contingency agreements between UNICEF and designated NGOs have been activated in order to rapidly respond in affected areas.
- UNICEF implementing partners have accessed rapid funding from the “START fund”.

100,000

Estimated # of people without access to safe drinking water

Gaps & Constraints:

- Immediate gap is for funding for immediate repair of WASH facilities, water quality monitoring, additional NFIs for displaced populations and continued hygiene education to reduce ongoing risks of diarrheal disease.

General Coordination

To strengthen national response to the flooding crisis, the Government has established a national coordination mechanism, which includes a Ministerial Committee and a Special Cabinet Committee, to oversee the overall response and early recovery.

The UN Resident Coordinator and the Office of the President and Cabinet are jointly chairing a Multi-stakeholder Consultative Forum composed of Government, UN, NGOs, private sector and the donor community. At sub-national level, the overall flooding response is coordinated through the Provincial and District structures of the Civil Protection Department and the Food and Nutrition Security Committees.

The UN Resident Coordinator is leading coordination of the international humanitarian response under the Humanitarian Country Team. Five sectoral groups have been established: Food Security and Agriculture, Health and Nutrition, WASH, Protection and Education.

The UN Resident Coordinator’s Office, supported by OCHA, is facilitating support for inter-sectoral activities, including cross-cutting issues such as HIV and Gender. OCHA has deployed, on surge, two Humanitarian Affairs Officers to support the team with Reporting and Information Management. However given the scope of response needed, there is need for continued support and capacity building for the Resident Coordinator’s Office.

A joint Government and Inter-agency assessment was conducted in Tsholotso district, the worst affected by the floods. Assessments are ongoing in other affected districts. The UNDAC CADRI team initially deployed for the drought response also visited some of the flood-affected areas and will issue a report.

Background on the crisis

The 2016/17 national forecasts predicted normal to above normal rainfall for Zimbabwe for the period October 2016 to January 2017, and below normal rainfall between January and March 2017. While the southern part of the country was still experiencing continuous rainfall, tropical cyclone Dineo crossed southern and western Zimbabwe as a powerful storm system leading to increased flooding and massive damage to infrastructure. Some 251 people were killed and 128 others injured. The Government declared the flood emergency a national disaster and has appealed for international assistance. An estimated 2,000 people have been left homeless in Tsholotsho district, Matabeleland North Province, with around 900 people displaced to a temporary camp at a nearby clinic. The floods have reportedly caused extensive damage to infrastructure, including destroyed homes, schools and clinics; washed away roads and collapsed bridges in the affected districts. More than 380 schools with an enrolment of over 160,000 pupils have been destroyed. The Government estimates that over 100,000 people are without safe drinking water, following damage to water supply infrastructure. More than 140 dams have been destroyed. There is an increased risk of water and vector borne diseases, including malaria, cholera and measles. Humanitarian partners are considering redirecting the current drought stocks, as well as mobilizing additional resources, including CERF, to respond to the floods. Multi-sectoral life-saving response activities and further assessments are ongoing in the worst affected districts. The rains are expected to continue until April.

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