

SADC Regional Humanitarian Floods Appeal in Response to Tropical Cyclone IDAI



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LIST OF ACRONYMS

ART	Anti-Retroviral Treatment
CERF	Central Emergency Response Fund
CPU	Civil Protection Unit
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
DoDM	Department of Disaster Management Affairs
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCT	Humanitarian Country Team
ICP	International Cooperating Partners
IEC	Information Education and Communication
INGC	Instituto Nacional de Gestao das Calamidades
IOM	International Organization for Migration
NCD	Non Communicable Diseases
NFI	Non-food Items
NGO	Non-governmental organizations
OCHA	United Nations Office of Coordination of Humanitarian Affairs
PLHIV	People Living with HIV
RIASCO	Regional Interagency Standing Coordination Office
RMF	Results Monitoring Framework
SADC	Southern African Development Community
SAM	Severe Acute Malnutrition
STI	Sexual Transmitted Infections
WASH	Water, Sanitation and Hygiene

AT A GLANCE

REGIONAL REQUIREMENTS

*PEOPLE TARGETED

PEOPLE IN NEED



\$323M

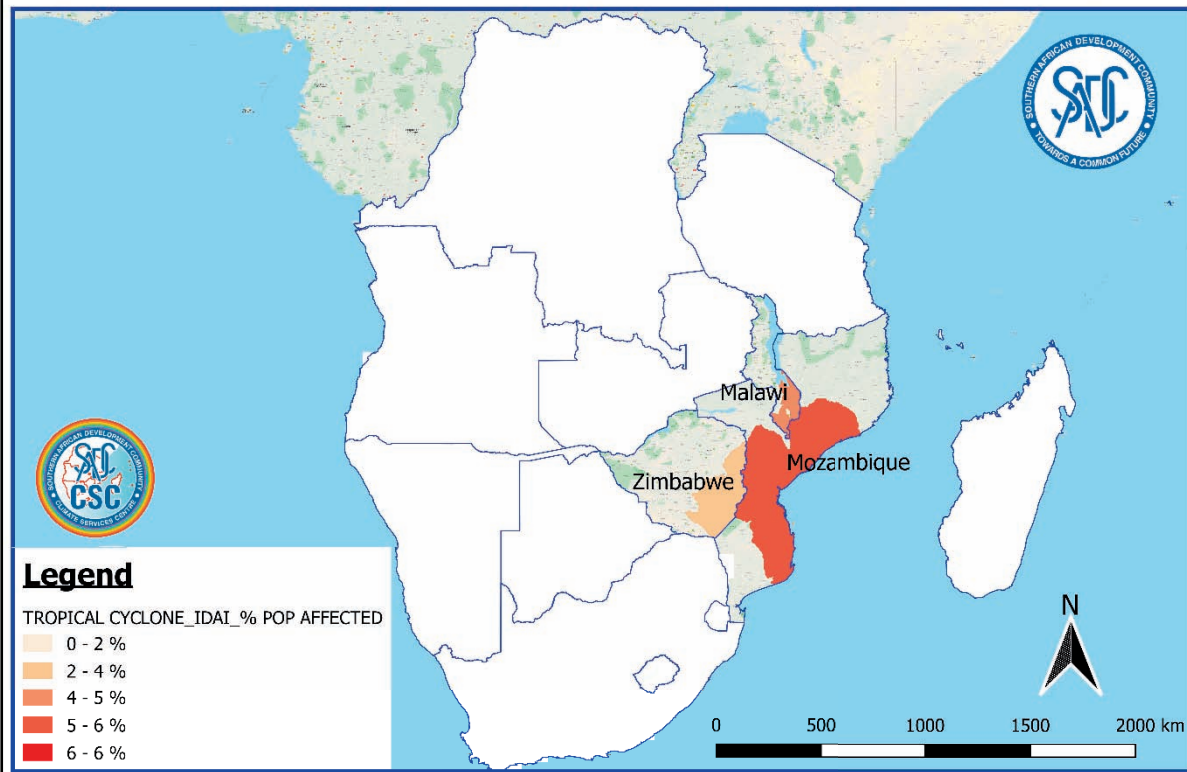


2.802M

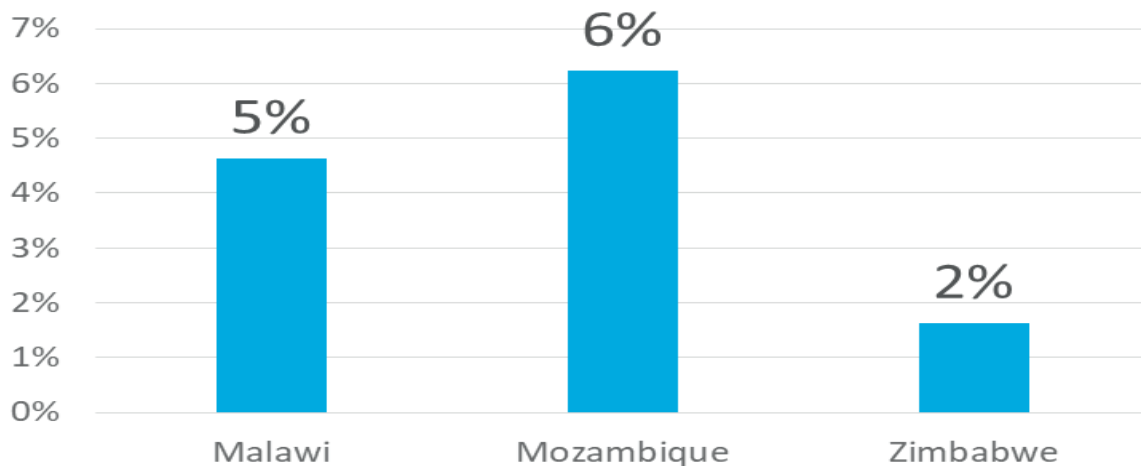


2.989M

PERCENTAGE OF POPULATION AFFECTED BY TROPICAL CYCLONE IDAI



Percent Population Affected



STATEMENT

Tropical Cyclone IDAI, developed on the 5th March 2019 initially as a tropical depression near Maganja da Costa in Zambezia Province in Mozambique. It moved up to Niassa Province within Mozambique and turned towards southern Malawi on 6th March 2019 where it resulted in heavy flooding. The tropical depression returned to the Mozambican Chanel, where it gained momentum and became a tropical cyclone. It curved back to Mozambique coastline and made landfall near Beira City. The Tropical Cyclone IDAI further, propagated westwards up to Eastern Zimbabwe on subsequent days, with highly destructive impacts. It has been classified as the worst cyclone to hit the SADC region in recent history.

To date about 839 lives have been lost in the three affected countries, 2,347 people have been injured and nearly 3 million people have been affected. The Cyclone also resulted in extensive damage to infrastructure as more than 3,344 classrooms have been destroyed, affecting more than 150,854 pupils. In the wake of the Cyclone, 317 accommodation centres have been established, currently housing about 201,476 people. Nearly 778,822 hectares of cropland and crops have been destroyed, which will worsen the already drought compromised food security situation in the affected areas. Access to healthcare has been disrupted as more than 54 health facilities were destroyed by the Cyclone. The lack of access due to damaged road infrastructure and flooded areas impeded the provision of assistance to the affected communities.

Due to the severe and devastating impacts of Cyclone IDAI, about 3 million people require immediate humanitarian assistance, including food, shelter, clothing, potable water, sanitation and medical support, considering the threat for cholera and other diarrheal infections, malaria and water borne and water related diseases. The support would also aid in early recovery actions in the affected districts, thereby helping to them to rebuild their lives, livelihoods and economies. The impacts of Cyclone IDAI have led to the declaration of states of emergency in the three countries.

On behalf of SADC, I wish to bring to your attention the plight of our citizens. We must ensure that our people do not only survive the threat posed by the Cyclone and the subsequent floods, but bounce back better and stronger. This Appeal is meant to compliment the efforts of individual Member States, including national partners, as a great deal has been done by the countries. Let me also assure you that the Region continues to support the affected Member States resilience building efforts. Let me thank these Member States and other SADC Member States as well as our regional and international stakeholders for supporting these Member States.

Finally, may I appeal to the international partners as well as the regional Member States to assist the Region to prevent loss of lives and rebuild the livelihoods of the affected communities in Mozambique, Malawi and Zimbabwe.

HIS EXCELLENCY, DR. HAGE G. GEINGOB
PRESIDENT OF THE REPUBLIC OF NAMIBIA AND CHAIRPERSON OF SADC

PREFACE

Following the devastating impacts of cyclone Idai, the Chairperson of SADC His Excellency Dr. Hage. G. Geingob, President of the Republic of Namibia mandated the Secretariat to develop a regional Appeal. The Appeal is a collaborative effort of the affected Member States and the SADC Emergency and Resilience Technical Working Group composed of a multi-sectoral team at the Secretariat working collaboratively with regionally based UN agencies, International Non-Governmental Organizations as well as National Disaster Management Offices. The team prepared this regional appeal to reinforce humanitarian support and compliment national efforts in three affected Member States.

The issuing of this Regional Disaster Appeal is a key milestone in responding to the impacts of the cyclone. It documents, the resource needs and gaps. It also highlights early recovery actions, and further recommends on humanitarian and resilience efforts, but most importantly it emphasizes the process of drawing lessons for better preparedness, response and coordination at both national and regional levels. The appeal aims to complement the efforts that Member States, Civil Society Organizations and International Cooperating Partners have made towards the addressing the impacts of the disaster.

The Secretariat joins the Chairperson of SADC His Excellency Dr Hage G. Geingob in extending an outreach to global and regional partners to support the SADC Regional Appeal for Humanitarian Assistance in response to Tropical Cyclone Idai.

DR. STERGOMENA LAWRENCE TAX
SADC EXECUTIVE SECRETARY

1. INTRODUCTION

The Southern African Development Community (SADC) experienced the most devastating impacts of a Level 4 Tropical Cyclone IDAI, leading to three affected Member States; Malawi, Mozambique and Zimbabwe declaring states of emergency¹. The flooding caused immediate and extensive damage leading to hundreds of lives lost, destruction of infrastructure, disruption of basic services and livelihoods as well as the destruction of croplands and crops.

Mandated by the Chairperson of SADC, His Excellency Dr. Hage G. Geingob, President of the Republic of Namibia, the SADC Secretariat has developed this Regional Appeal in Response to the Tropical Cyclone Idai to reinforce the affected Member States' efforts and ensure collective efforts in the region for strengthened national capacities to meet the needs and requirements of the affected communities. The region will also draw lessons that will facilitate coordinated future response. The Appeal is based on national humanitarian disaster declarations by the three Member States, while consolidating and complimenting national appeals.

2. SCOPE OF THE CRISIS

SADC Region with its six (6) coastal countries, six (6) in-land countries and four (4) island states of the South-West Indian Ocean is vulnerable to threats from tropical cyclone the most recent of which, was tropical cyclone IDAI that caused devastation in Malawi, Mozambique and Zimbabwe. The 2018/19 cyclone season, which started in September 2018 is very active and will end in May 2019, thus the need for continuous monitoring.

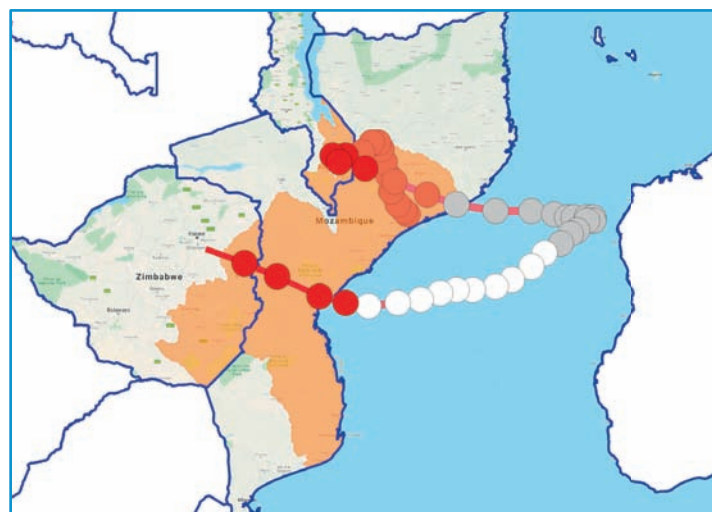


Figure 1: Tropical Cyclone IDAI track and areas affected

Tropical Cyclone IDAI, developed on the 5th March 2019 initially as a tropical depression near Maganja da Costa in Zambezia Province in Mozambique. It moved up to Niassa Province within Mozambique and turned towards southern Malawi where it caused heavy rain leading to flooding













¹ The Republic of Malawi declared a disaster on the 8th March 2019, Republic of Zimbabwe declared a disaster on the 16th March 2019 and Republic of Mozambique declared a disaster on the 18th March 2019.

disaster, as shown in Figure 1 above. The tropical depression then returned to the Mozambique Channel, where it gained momentum and became a Tropical Cyclone IDAI. The Tropical Cyclone IDAI curved back to Mozambique coastline and made landfall near Beira city on the 14th March 2019. On the 15th March the eye of the Tropical Cyclone was located approximately 25 km away of north-west of Beira, with maximum sustained winds up to 167 km/h. Heavy rainfall, strong winds and storm surge estimated at a maximum height of 2.5 metres were recorded in Beira and sweeping over the coast of the Sofala region ². It further, moved westwards towards eastern Zimbabwe on subsequent days, with highly destructive impacts. It has been classified as the worst Tropical Cyclone to hit the SADC region in recent history.

A heavy rainfall alert was issued by the SADC Climate Services Centre (CSC) on the 4th March 2019, which was subsequently followed by advisories on the occurrence of Tropical Cyclone IDAI.

The floods caused by the Tropical Cyclone IDAI has affected 3 million people in the Republics of Malawi, Mozambique and Zimbabwe leaving 839 people dead, and this figure continued to rise as the rains stopped and water subsided. To date, over 201,476 people (**Table 1**) have been displaced and about 317 camps established. A total of 2,347 people have been reported injured and over 300 people are still missing in the affected countries. Cyclone IDAI has coincided with the lean season in affected areas. The loss of food stocks as well as food price increases have combined to make food accessibility and availability more difficult after the cyclone. Food availability is also a challenge in the affected areas not reachable due to the damage to roads and bridges. Basic Health and Sanitation services have been cut off due to washing away of water reticulation systems, sanitary and health facilities. Epidemics are reportedly on the increase as 1,052 cases of cholera, 535 cases of diarrhoea and 276 cases of malaria have been confirmed. Most of the affected people have been sheltered in 317 camps where gender-based-violence cases are also on the increase.

Table 1: Regional Summary of Impact of Cyclone IDAI

MALAWI	MOZAMBIQUE	ZIMBABWE
 868,900 people affected	 1,850,000 people affected	 270,000 people affected
 86,976 people displaced	 110,000 people displaced	 4,500 people displaced
 60 deaths	 598 deaths	 181 deaths
 672 people injured	 1,500 people injured	 175 people injured

² European Commission's Joint Research Centre, 2019.

3. STRATEGIC OBJECTIVES

The overall objective of the appeal is to provide a coordinated regional response action to meet the immediate humanitarian needs and early recovery actions underpinned by the five strategic objectives below. The primary aim is to save lives and alleviate human suffering by ensuring that the support (**Table 2**) reaches the affected people and communities on time.

The response also seeks to maximize complementarities for implementation at national level by the three national disaster management entities: Civil Protection Unit in Zimbabwe, Instituto Nacional de Gestao das Calamidades (INGC) in Mozambique and the Department of Disaster Management Affairs (DoDMA) in Malawi, working with the International Cooperating Partners (ICPs) and International Non-Governmental Organizations as well as Civil Society Organizations.

To effectively respond and urgently provide for humanitarian assistance donor support is required for achievement of the following strategic objectives (SO) to:

- SO1:** Save lives and provide basic needs and services.
- SO2:** Protect human dignity, in particular for women and children.
- SO3:** Provide access to adequate health and nutrition services.
- SO4:** Promote early recovery actions and build livelihoods and resilience.
- SO5:** Strengthen the coordination capacity at national and regional levels.

3.1 SAVE LIVES, AND PROVIDE BASIC NEEDS SERVICES

The floods washed away food stocks, and livestock and destroyed 778,822 hectares of fields planted with crop in the three countries. Water reticulation systems, water reservoirs and wells were washed away. The 201,476 displaced people mostly sheltered in the 317 established camps have no access to food and clean water.

3.2 PROTECT HUMAN DIGNITY, IN PARTICULAR FOR WOMEN AND CHILDREN

Reports from Malawi indicate that over 12,000 baby deliveries are expected in the next three months from the affected areas. Women and young girls have already been reported as victims of abuse and sexual violence in all the three countries. Sexual violence presents vulnerabilities to rape, which could lead to HIV infections and other Sexually Transmitted Infections (STI). In Malawi alone 230,000 of the affected are women of child bearing age. In addition, to protection from the violence they also do not have access to sanitary facilities and dignity packs.

The floods also destroyed education infrastructure. In Zimbabwe 54 classrooms were totally destroyed, while in Mozambique 3,344 classrooms were destroyed affecting 150,854 school going children. It is of utmost importance to create temporary solutions to bring teachers and pupils back to school. Efforts are to be made to keep school-going children from dropping out of school, and to

immediately replace the teaching and learning materials that have been damaged and/or lost.

3.3 PROVIDE ACCESS TO ADEQUATE HEALTH AND NUTRITION SERVICES




Health facilities were destroyed and services grounded to a halt in the affected areas; as 54 health facilities were damaged leading to disruption in the provision health care services. Water bodies still submerge the affected areas presenting a risk of epidemic outbreaks, and already 1,052 cases of cholera have been reported in the affected area in Mozambique alone. The affected areas are also malaria-prone. The immediate response on the ground has facilitated distribution of 107,500 mosquito nets however, 276 cases of Malaria have already been reported together with depleted drugs for spraying.

3.4 PROMOTE EARLY RECOVERY ACTIONS AND BUILD LIVELIHOODS AND RESILIENCE

Agriculture activities were compromised as vast areas of cropland were washed away covering nearly 778,822hectares. Most smallholder farmer’s seed stocks and livestock were washed away. Delivery of health and education services remain compromised as communication and transport facilities have been destroyed. Rehabilitation and restoration of these facilities is an immediate requirement to advance early recovery resuscitation of livelihoods. In addition, inputs to agricultural production for the coming season are key to early recovery.

3.5 STRENGTHEN THE COORDINATION CAPACITY AT NATIONAL AND REGIONAL LEVELS

The SADC Secretariat capacity to coordinate the response on the ground remains weak, there is a need to enhance coordination to foster complementary response at national level while the regional support monitors effectiveness of the response. Critical to this appeal is generation of evidence and documentation of lessons learnt for enhanced preparedness as well as improved future response and coordination.

<p>STRATEGIC OBJECTIVE 1 Provide lifesaving and basic services</p> <p>STRATEGIC OBJECTIVE 2 Protect human dignity in particular for women and children</p> <p>STRATEGIC OBJECTIVE 3 Provide access to adequate health and nutrition services.</p>	  	<p>PEOPLE IN NEED*</p> <p>2.989M</p> <hr/> <p>PEOPLE TARGETED*</p> <p>2.802M</p> <p>REQUIREMENTS (US\$)</p>
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STRATEGIC OBJECTIVE 5 Strengthen Coordination capacity at national and regional levels		323M
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Table 2: People Affected and Resource Needs by Sector

Sector	People Affected	People Targeted	Resource Needs (USD)
Agriculture and Food Security	2,988,900	2,801,879	205,430,243
Protection	2,988,900	2,300,000	16,926,276
WASH	2,988,900	2,401,879	29,965,000
Health and Nutrition	2,988,900	1,500,000	49,630,934
Education	1,878,900	808,134	21,140,000
Coordination	2,988,900	2,801,879	300,000
TOTAL	2,988,900	2,801,879	323,392,453

4. SITUATIONAL ANALYSIS

4.1.1 REPUBLIC OF MALAWI

Following the declaration of the state of emergency on the 8th March 2019, an appeal for support from local and international organisations was made. These triggered response operations aimed at meeting the immediate and life-saving needs of the affected people. So far, food and non-food items have been provided to the affected populations with an estimated coverage of at least 95% of the sites. The main challenge however, is inadequacy of the distributed food. Some of the affected areas such as Mlolo, which was cut off and only accessible by boat and air, is now accessible through the Chikwawa-Thabwa road.

The Government, through the Department of Disaster Management Affairs (DoDMA) has facilitated the development of a Flood Response Plan. The plan is costed at US\$42,338,536.71. Contributions and pledges made so far total US\$11,016,370.71, leaving a gap of US\$31,322,166. The plan seeks to support response interventions around Food Security, Agriculture, Nutrition, Protection, Water, Sanitation and Hygiene (WASH), Education, Health, Shelter and Camp Management and Coordination clusters. The Humanitarian Country Team (HCT) met on the 22nd March 2019 and reviewed the response plan.

4.1.2 REPUBLIC OF MOZAMBIQUE

The Republic of Mozambique declared a state of emergency on the 18th March 2019 following the landfall of the Tropical Cyclone IDAI on the 14th March 2019. According to the Situation Report from the INGC dated 2nd April 2019, the official death toll was 598, and 1,641 people injured. Nearly 131,136 people were accommodated in 136 sites in Sofala (107 sites), Manica (21 sites), Zambezia (3 sites) and Tete (5 sites) provinces. Some 93,721 houses are reportedly totally destroyed (62,153), partially destroyed (15,784) and 15,784 flooded, with more than 715,378 hectares of crops damaged.

An increase in cases of acute watery diarrhoea was reported in areas affected by the Tropical Cyclone IDAI. Health partners are in the process of identifying suitable locations for the establishment of treatment centers. An appeal for response in the Republic of Mozambique was

launched indicating needs of US\$282.00M.

4.1.3 REPUBLIC OF ZIMBABWE

At least 181 deaths have been reported and 330 people are still as missing, following flooding caused by Tropical Cyclone IDAI's trajectory. A further 175 people are reportedly injured according to reports. The death toll is expected to rise as areas previously cut-off become reachable, and an additional 500 people are still missing in Rusitu Valley in Chimanimani District, where rescue efforts have been hampered by damaged roads, according to International Organization for Migration (IOM).

In Chimanimani and Chipinge districts, an estimated 270,000 people have been affected, according to the preliminary findings of an inter-sector joint rapid needs assessment mission. The mission reported further states that an estimated 37 per cent (121,000 people) of the rural population in Chipinge district require urgent food assistance, while 77 per cent (114,000 people) are in need of food assistance in Chimanimani. At least 35,000 households with over 120,000 women and over 60,000 children are in urgent need of protection interventions in the two affected districts (Chimanimani and Chipinge).

The infrastructure has sustained significant damage, as 95 per cent of the road networks in the affected areas were damaged, and bridges reportedly damaged. In addition, some 48 schools, 18 water points were damaged or destroyed, according to preliminary government reports. At least 200 poles have been washed away along the Chipinge to Chimanimani electricity line, leaving many people without power.

5. SECTORAL IMPLICATIONS AND RECOMMENDATIONS

5.1 AGRICULTURE AND FOOD SECURITY (SO1, SO4)

5.1.1 Overview

Extensive flooding destroyed homes with food stocks, backyard gardens and crop fields key to food security in the affected communities. Based on the Integrated Food Security Phase Classification (IPC) Analysis, the areas affected by the Tropical Cyclone IDAI, shown in Figure 2 below, particularly southern Malawi and eastern Zimbabwe were already in food security crisis Phase 3 and emergency Phase 4 due to the prevailing drought conditions in the specific areas. In addition, the marketing year 2017/18, cereal production decreased for Malawi and Zimbabwe, while for Mozambique an increase of 15% was recorded.

The recent update on food insecure population in the three countries, as of March 2019, indicates that Malawi has 3.3 million people food insecure, Zimbabwe 2.9 million and Mozambique 2 million, showing an increase compared to last marketing year (2017/18).

Additional to the current impact of the Tropical Cyclone IDAI, food security in the region is threatened by the persistent below-normal rainfall received since the beginning of the 2018/19

rainfall season projected to continue through June 2019. This will have negative effects on crop production in the current agricultural season

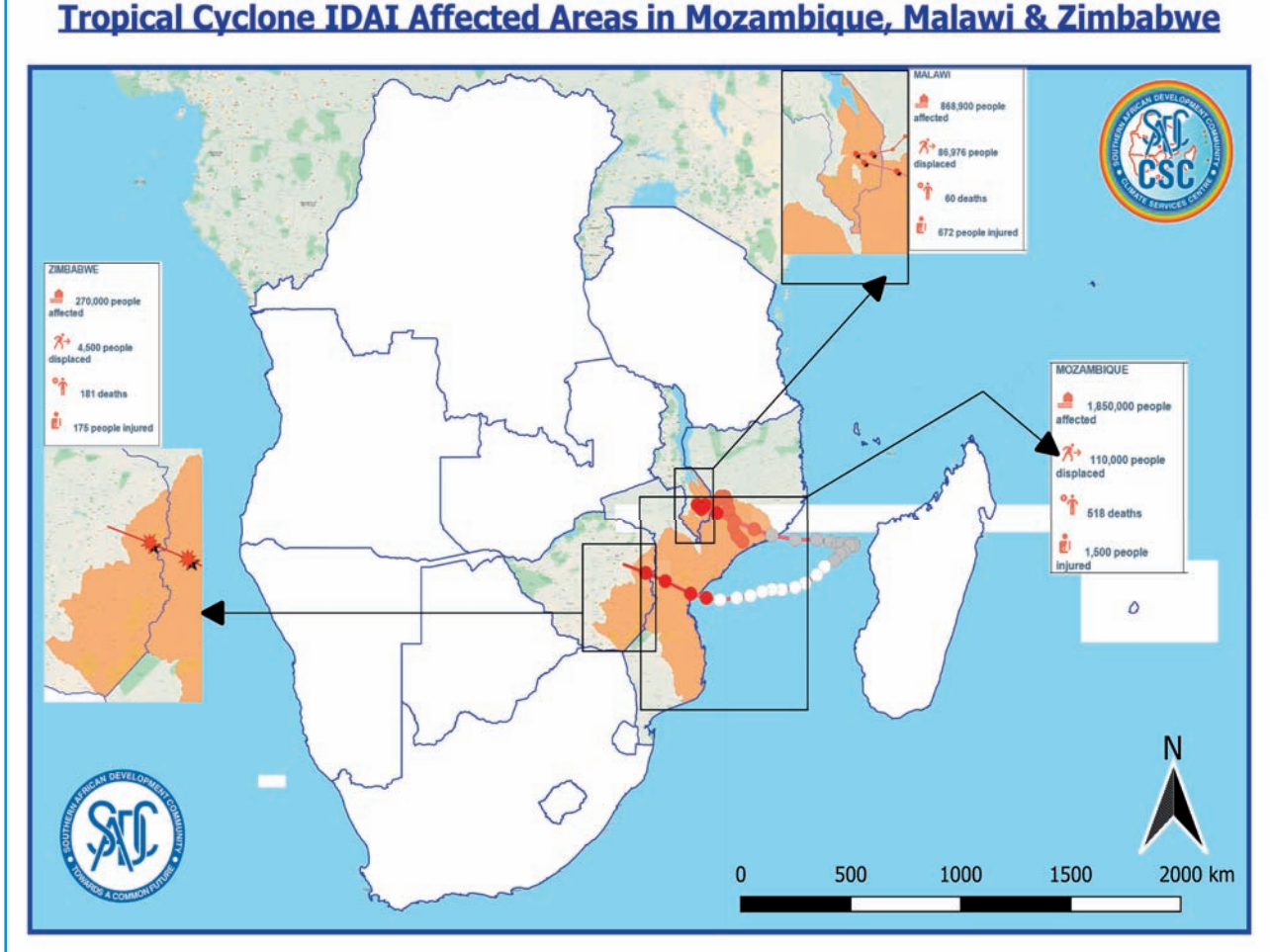


Figure 2: Tropical Cyclone IDAI affected areas (Source: SADC CSC, March 2019)

Pending the new assessments to be undertaken during May 2019, the numbers for the food insecure are expected to increase. A total of 778,822 hectares of cropland have been destroyed in the three Member States. Access to food is impeded by destroyed infrastructure including roads and retail shops in the affected communities. Food prices have increased by nearly 70 percent on some basic commodities in the affected communities thus increasing vulnerability.

Table 3: Recommended Interventions for Agriculture and Food Security

RECOMMENDATIONS	Short-Term Response		Mid-Term Response	
	Activity	Outputs	Activity	Outputs
RECOMMENDATION 1: Increase levels of food security among the affected people	Provide food assistance to affected people	Number of people receiving food assistance	Provide seed fairs to households.	Number of households receiving seed fairs.
RECOMMENDATION 2: Improve access to portable water for the affected people.	Provide access to portable water	Number of people supplied with portable water.	Rehabilitate water reservoirs and wells.	Number water reservoirs and well rehabilitated.

RECOMMENDATION 3: Improve early warning systems and information sharing.	Provide training to Member States on food and nutrition monitoring and surveillance for crop production.	Number of Member States trained on different tools and systems for early warning (i.e. remote sensing).	Promote remote mobile monitoring systems to Member States	Number of countries trained and making use of mobile monitoring systems.
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PEOPLE IN NEED



2.989M

PEOPLE TARGETED



2.802M

REGIONAL REQUIREMENTS



\$205.430M

Table 4: Total Agriculture and Food Security Needs and Resource Gap

Country	People Affected	People Targeted	Resource Needs (USD)
Malawi	868,900	731,879	23,530,243
Mozambique	1,850,000	1,800,000	161,000,000
Zimbabwe	270,000	270,000	20,900,000
TOTALS	2,988,900	2,801,879	205,430,243

5.2 PROTECTION (SO 2)

5.2.1 Overview



The immediate interventions established a total of 317 camps in the affected Member States, which provide shelter to 201,476 displaced people. There is lack of food and water in the affected areas, especially for children, pregnant women and lactating mothers. This situation is particularly precarious for those on Human Immuno-Virus (HIV) treatment and other chronic medication as this will lead to increased defaulting rates. As shown on Table 5, the protection response will focus on an aggressive sensitization of the community on Gender Based Violence (GBV) including HIV prevention, orientation of all humanitarian workers on GBV and child abuse to strengthen identification and referral systems.

Table 5: Recommended Interventions For Protection

RECOMMENDATIONS	Short-Term Response		Mid-Term Response	
	Activity	Outputs	Activity	Outputs
RECOMMENDATION 1: Increase levels of sanitary and hygiene services for women and adolescent girls.	Supply women and adolescent girls with dignity kits	Number of women and girls provided with dignity kits	Train women and adolescent girls on personal/sanitary hygiene	Number women and adolescent girls trained on sanitary hygiene

RECOMMENDATION 2: Prevent gender based violence and STIs.	Distribute condoms to people in the affected areas	Number of condoms distributed in the affected areas.	Conduct peer gender based engagements for various groups in communities.	Number of peer groups engaged on gender based violence
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PEOPLE IN NEED



2.989M

PEOPLE TARGETED



2.300M

REGIONAL REQUIREMENTS



\$16.926M

Table 6: Total Protection Needs and Resource Gap

Country	People Affected	People Targeted	Resource Needs (USD)
Malawi	868,900	230,000	1,626,276
Mozambique	1,850,000	1,800,000	12,700,000
Zimbabwe	270,000	270,000	2,600,000
TOTALS	2,988,900	2,300,000	16,926,276

5.3 WATER, SANITATION AND HYGIENE – SO1, SO3



5.3.1 Overview

The critical shortage of water and sanitation facilities reported in the affected areas were as a result of damaged water reticulation systems, reservoirs and contaminated wells. The damage of the water infrastructure included the dam burst in north-east Beira City in Mozambique. There is currently inadequate access to water and sanitation facilities in the 317 camps established, which provides shelter to 201,476 people in the affected areas. In most cases, WASH activities are promoted through schools and health facilities, however a significant number of facilities are reportedly damaged in Beira city in Mozambique, and Chimanimani and Chipenga in Zimbabwe

Diseases outbreaks are already on the rise as 1,052 cases of cholera, 535 diarrhoea cases and 276 malaria cases have been reported in Mozambique. Prevention of further disease outbreaks within the affected areas can be achieved through improved access to portable water, availability of sanitation facilities and awareness on hygienic practices.

Table 7: Recommended Interventions for WASH

RECOMMENDATIONS	Short-Term Response		Mid-Term Response	
	Activity	Outputs	Activity	Outputs
RECOMMENDATION 1: Improve quality of portable water to affected people.	Provide water treatment kits.	Number of water treatment kits distributed	Increase number of water points in affected areas	Number of water points established.

RECOMMENDATION 2: Improve access to sanitation facilities for the affected households.	Provide sanitation facilities in affected communities/households	Number of communities/households with sanitary facilities	Training on hygiene promotion provided in schools and health facilities in affected areas	Number of people trained on hygiene promotion in schools and health facilities in affected areas
RECOMMENDATION 3: Increase awareness on hygiene.	Train affected communities on WASH	Number of people trained in WASH	Develop and distribute Information Education and Communication (IEC) materials (also translated in local language) for communicating on WASH and good hygiene	Number of communities/education centres and health facilities with IEC material on WASH

PEOPLE IN NEED



2.989M

PEOPLE TARGETED



2.402M

REGIONAL REQUIREMENTS



\$29.965M

Table 8: Total WASH Needs and Resource Gap

Country	People Affected	People Targeted	Resource Needs (USD)
Malawi	868,900	731,879	3,165,000
Mozambique	1,850,000	1,400,000	21,800,000
Zimbabwe	270,000	270,000	5,000,000
TOTALS	2,988,900	2,401,879	29,965,000

5.4 HEALTH AND NUTRITION – SO3, SO2, SO1



5.4.1 Health and Nutrition Overview

A total of 201,476 persons are currently living in displacement across the three Member States. Crowding, squalor and lack of portable water and adequate sanitation facilities pose a significant risk for the emergence of communicable diseases. Severe damage to crops, livestock and means of livelihood increase the risk for food insecurity and malnutrition. According to the UNHCR demographic projection tool, 19% (38,280) of the displaced population are children under five. This age group is particularly vulnerable to diarrheal diseases, severe acute malnutrition and acute respiratory diseases. The UNHCR estimates that more than 50% of displaced population across Africa are women. In addition to the psychosocial trauma due to loss of personal effects and community support links, the women have protection-specific needs related to their vulnerability in communities where resources are scarce and access to them is challenging.

It is anticipated that the after effects of the floods will result to the worsening situation of the overall food and nutrition, and increased risk of acute malnutrition. Some areas in Malawi already were seeing higher-than-usual admissions of Severe Acute Malnutrition (SAM) cases during the period

of January 2019. In February, a month before the floods in Zimbabwe, 24 children in Chimanimani and 49 in Chipinge were admitted with severe acute malnutrition.

In emergencies, exposure to water-borne diseases increases as the environment deteriorates while malnutrition itself increases the incidence, duration and severity of infection. People with greater nutritional needs remain most at risk, which includes young children, pregnant and nursing mothers, the elderly and those living with tuberculosis and/or HIV.

The expectation is that global acute malnutrition (GAM) rates will increase and this could be exacerbated by diarrhoeal diseases. Additionally, poor distribution of health services can result in a lack of access to treatment and consequently disease spread with increasing GAM rates. The table below 9 and 10 outlines the target population and the funding requirements for nutrition support.

Table 9: Recommended Interventions for Health and Nutrition

RECOMMENDATIONS	Short-Term Response		Mid-Term Response	
	Activity	Outputs	Activity	Outputs
RECOMMENDATION 1: Health status of the affected populations is improved and support the national health systems to cope with the increased demand for health services.	<p>Support Primary Health Care activities in the affected areas including maternal and child health.</p> <p>Support the provision of essential medicines in the affected areas.</p> <p>Support the strengthening of capacity for local health personnel.</p>	<p>Number of people receiving Primary Health Care is available for the affected population</p> <p>Number of people with access to basic treatment is available for minor illnesses</p> <p>Adequately trained personnel available at PHC facilities</p>		
RECOMMENDATION 2: Disease prevention, hygiene promotion and improved sanitation facilities.	<p>Provide handwashing facilities.</p> <p>Conduct hygiene promotion campaigns in communities</p>	<p>Number of hand washing stands are available</p> <p>Community and door to door HP campaign are conducted.</p>		

RECOMMENDATION 3: Improve nutrition status of the vulnerable (children under five, pregnant and lactating women and PLWH)	Provide nutrition support to children under five with acute malnutrition (Severe and moderate acute malnutrition)	Number of children under five with acute malnutrition (Severe and moderate acute malnutrition) receiving nutrition treatment.	Promote optimal infant and young child feeding (IYCF) practices health facility and community level.	Number of people reached with IYCF messages.
	Provide nutrition support to pregnant and lactating women.	Number of pregnant and lactating women reached with nutrition support.	Provide vitamin A to lactating and pregnant women.	Percentage of children 6-59 months receiving Vitamin A supplementation
	Active screening for early identification, referral for treatment and community level follow up of children with acute malnutrition.	Number of children under five screened for acute malnutrition.	Supplementation and de-worming tablets to children under five.	Percentage of children 6-59 months receiving deworming tablets.
RECOMMENDATION 4: Reduce mortality and provide appropriate management of morbidity for PLWH and other chronically illnesses.	Provide ART and other chronic medication.	Number of people reached with treatment by type	Track clients on medication for re-integration in their treatment regimen	Number of clients re-integrated into their treatment regimens.
RECOMMENDATION 5: Improve psychosocial well-being of people affected by the floods.	Conduct psychosocial vulnerability assessment.	Vulnerability assessment report highlighting severity of psychosocial needs.	Provide psychosocial support to affected populations.	Number of people reached with psychosocial counselling services..

PEOPLE IN NEED



2,989M

PEOPLE TARGETED



1.500M

REGIONAL REQUIREMENTS



\$49.630M

Table 10: Total Health and Nutrition Needs and Resource Gap

Country	People Affected	People Targeted	Resource Needs (USD)
Malawi	868,900	230,000	1,830,934
Mozambique	1,850,000	1,000,000	40,400,000
Zimbabwe	270,000	270,000	7,400,000
TOTAL	2,988,900	1,500,000	49,630,934

5.5 EDUCATION (SO 2)



5.5.1 Overview

The floods destroyed 3,344 classrooms in the affected areas disrupting 150,854 students from accessing education as both the learning facilities and materials were destroyed. Other services promoted in schools such as school feeding, sanitation facilities and training on WASH were also disrupted. As temporary school facilities are established, the provision of drinking water, sanitation and promotion of hygiene is critical. The increased food insecurity in affected households mean that children would go to school hungry thus affecting their concentration in class. Absenteeism from schools due to the disrupted schooling will lead to increased dropout rates. Rehabilitation and building back better of school facilities in the affected communities is key to restoration of access to education services. This should include provision of rain water harvesting tanks or trucked water to schools, constructing sanitation facilities, and provision of life-saving school feeding (Table 11).

Table 11: Recommended Interventions for Education

RECOMMENDATIONS	Short-Term Response		Mid-Term Response	
	Activity	Outputs	Activity	Outputs
RECOMMENDATION 1: Improve access to education	Provide school feeding to affected areas	Number of children receiving school feeding	Rehabilitate damaged schools	Number of rehabilitated schools
RECOMMENDATION 2: Improve access to portable water at schools in affected areas.	Supply temporary/schools with water tanks	Number of temporal/schools supplied with water tanks	Construct Water-harvesting infrastructure for rehabilitated schools	Number of water-schools rehabilitated with water harvesting infrastructure

PEOPLE IN NEED



1.879M

PEOPLE TARGETED



0.808M

REGIONAL REQUIREMENTS



\$21.140M

Table 12: Total Education Needs and Resource Gap

Country	People Affected	People Targeted	Resource Needs (USD)
Malawi	868,900	77,134	1,540,000
Mozambique	900,000	640,000	15,000,000
Zimbabwe	110,000	91,000	4,600,000
TOTAL	1,878,900	808,134	21,140,000

5.6 COORDINATION (SO 5)



5.6.1 Overview

The occurrence of Tropical Cyclone IDAI coincided with weak coordination mechanisms of

Disaster Risk Management (DRM) at both regional and national levels. This was evidenced by poor information sharing between the region and Member States which compromised the response time thus exacerbating the impacts of the disaster.

The effects of Tropical Cyclone IDAI impacted all the DRM sectors namely: Agriculture and Food Security, Water and Sanitation Hygiene (WASH), Social Protection, Education, Health and Nutrition, Camp Management and Logistics. This, therefore, calls for concerted coordination efforts for ease of response interventions implementation by the national entities in the affected Member States working with international cooperating partners and international and national non-governmental organization.

Coordination strengthens the collective response of the various structures for better monitoring on the cost-effective utilization of both the technical and financial resources. Effective coordination also promotes complementarities and less duplication. Further, coordination improves drawing of lessons to inform future undertaking.

Table 13: Recommended Interventions for Coordination

RECOMMENDATIONS	Short-Term Response		Mid-Term Response	
	Activity	Outputs	Activity	Outputs
RECOMMENDATION 1: Improve coordination of emergency response and early recovery interventions.	Monitor the implementation of the response to the Tropical Cyclone IDAI	Number of field monitoring visits undertaken	Document lessons on IDAI humanitarian response	IDAI humanitarian Response Lessons Report
	Prepare monthly reports on the response progress.	Number of monthly reports produced	Disseminate lessons report to: DRR Unit for programming.	Integration of lessons into SADC DRM Coordination

REGIONAL REQUIREMENTS



\$0.300M

6. RESPONSE STRATEGY

To ensure that an efficient response will be carried out building on existing partner capacity and implementation channels in place in the region the SADC Secretariat needs to facilitate a coordinated response. The response will maximize the use of the limited resources by closely coordinating on which partners are best placed to respond. National leadership through the three national disaster management entities, INGC, DoDMA, CPU will be supported through a multi-sectoral response. In line with the proposed large-scale multi-sectoral humanitarian response in the most affected districts in the three countries SADC will support coordination and drawing of lessons for informing future response.

6.1 RESPONSE CAPACITY

The affected Member States, Malawi Mozambique and Zimbabwe declared the impact of the Tropical Cyclone IDAI flooding a disaster and emergency and issued appeals with multi-sectoral plans to address the needs of the affected population. The Emergency Logistics and Communication team mainly supported by the ICPs from the region and Members States governments are on the ground, clearing and activating transportation, communication, electricity networks. The majority of actions on the ground are to create access to food, NFIs, water and medicines to the affected families and individuals and save lives as well as advance early actions.

6.1.1 National Response Capacity

The disaster management offices in the three countries coordinate the response working with the civil society actors. National efforts have been strengthened by the invaluable input of international entities including the United Nations, International Federation of Red Cross and Red Crescent Societies (IFRC), among others.

6.1.2 International and Regional Capacity

The International, Regional Economic Communities (RECs), UN (RIASCO) and international NGOs as well as the private sectors have strengthened response efforts over the last three weeks (since 03 March 2019). The Humanitarian Country Team (HCT) in the three affected countries Mozambique, Zimbabwe and Malawi are working with the National Disaster Management Teams.

6.2 COORDINATION

The coordination of the regional response will be spearheaded by the Emergency Disaster and Resilience Technical Working Group (WG). The Working Group will map the mobilization, utilization and outcome use of the resources. This team will be involved in, among others, the following activities:

- a. Analysis and communication of the impacts of the floods and therefore the financial and logistical needs and requirements for an effective response;
- b. Coordination, from a regional perspective, of the importation and distribution of food and non- food commodities in the SADC Region to mitigate the impacts of the floods;
- c. Development and updating of Regional Floods Appeal;
- d. Monitoring and evaluate of the response to allow for effective decision making during and after the response
- e. Documentation of the IDAI Flooding Response through a Lessons Report; and
- f. Development of recommendations for future disasters prevention, preparedness and response.

7. MONITORING FRAMEWORK

7.1 MONITORING

The SADC DRR Unit will serve as the Secretariat to the WG and will manage the Results Management Framework (RMF) for the period April to September 2019. The targets to be tracked will be provided as indicators (both quantity and quality as well as time and financial resources used) for delivery of humanitarian assistance to affected populations in the three countries. The RMF defines what will be monitored, how and when, identifies responsibilities for monitoring and analysis, and provide a schedule for the release of reports, including situational reports and humanitarian dashboards. While providing an evidence base for SADC and its Member States to make decisions on strengthening the humanitarian response, addressing shortcomings, and adjusting the response, the monitoring framework will also strengthen the humanitarian community's accountability towards the affected population.

7.2 REPORTING

Regular monitoring monthly reports will be produced. These reports will present progress made against agreed targets as set out in the RMF, challenges faced in reaching the set targets, changes in the context, if any, an analysis of funding, and recommendations for the way forward. The situation update and humanitarian dashboard will be used to highlight key responses, needs and gaps. Member States will be encouraged to use the same situational reporting templates to enable easier regional synthesis.

CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN

To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit:

<https://reliefweb.int/disaster/tc-2019-000021-moz>

<https://reliefweb.int/country/mwi>

<https://reliefweb.int/country/zwe>

DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)

CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

<https://www.unocha.org/southern-and-eastern-africa-rosea/cyclone-IDA1>

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