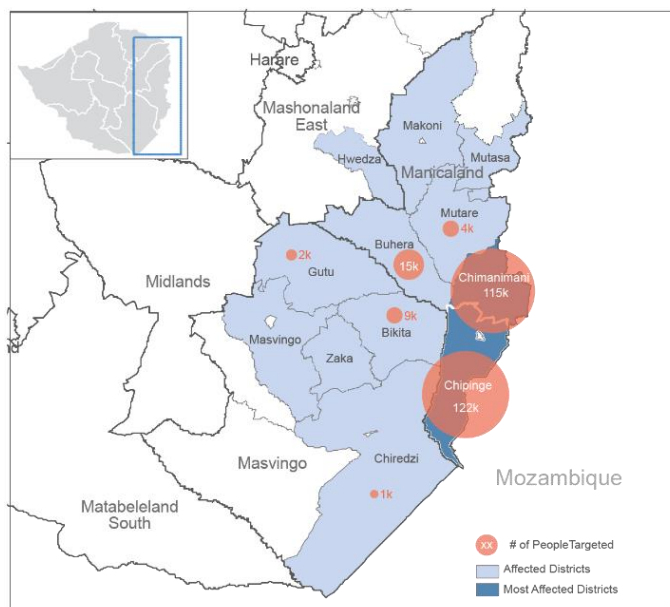


This Situation Report is produced by OCHA Regional Office for Southern and Eastern Africa in collaboration with humanitarian partners. The Situation Report builds on Flash Updates No. 5 and provides more detailed information on the situation and response. It covers the period from 30 April to 06 May 2019. The next Situation Report will be issued on or around 16 May.

### HIGHLIGHTS

- 40,000 textbooks were distributed to affected schools in Chimanimani and Chipinge ahead of reopening. 18 Temporary Learning Spaces were established in the worst affected schools.
- Screening of children under age 5 for acute malnutrition is ongoing, with 20,043 screened in April (50per cent of the cluster target).
- Temporary latrines were constructed at 80 per cent of all affected schools in Chimanimani and Chipinge.
- All schools in Chimanimani opened on 7 May.
- Nearly 25,000 households were reached with non-food items in affected areas, and over 10,000 individuals received shelter support.



**20,000**

Children screened for acute malnutrition in the month of April

**7,483**

children have benefited from child protection services

**25,000**

households reached with non-food items

**19,500**

cumulative Out Patient Department consultations

**166K**

people have been reached with WASH intervention

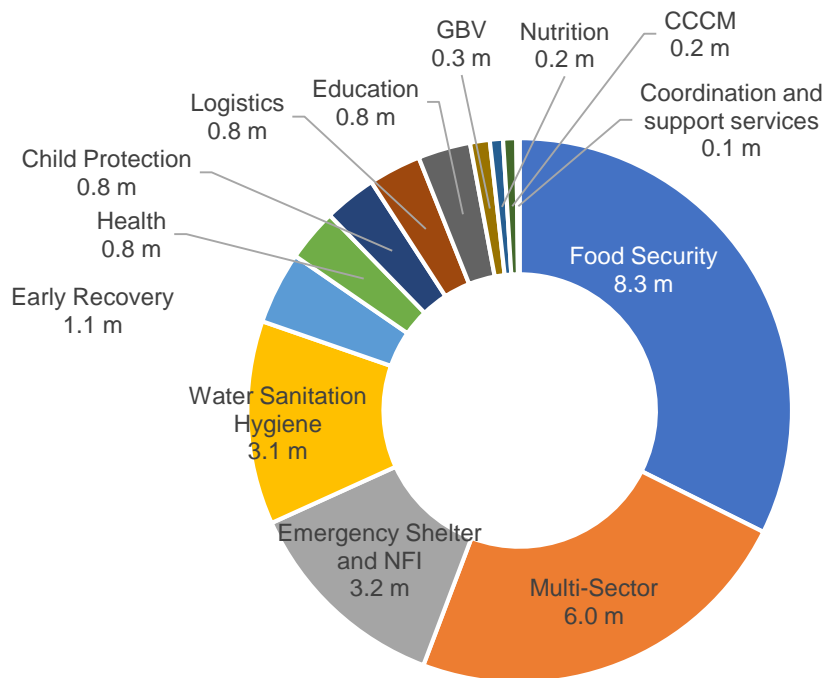
### SITUATION OVERVIEW

The re-location of displaced people from community collective centres (particularly schools) is underway with 56 families being moved to serviced camp sites in Chimanimani. For the long term the private sector is well advanced with planning for new-house builds and homestead repairs for those displaced in Chimanimani: Detailed assessments planned in May will inform the number of beneficiaries for permanent shelter – priority will be given to orphans, female headed households, and the elderly. Private sector is being embedded in the shelter cluster to ensure a coordinated response. Funding being made available by the private sector is sufficient to cover about 27,500 people, i.e. most of the affected households in the district. Meanwhile the World Bank has announced its intention to provide up to \$75M for the cyclone-response with emphasis on early recovery. This multi-sectoral funding is being routed through UN agencies and is intended to support all cyclone-affected districts. Implementation will commence late 2019 and will have a timeframe of 2-3 years.

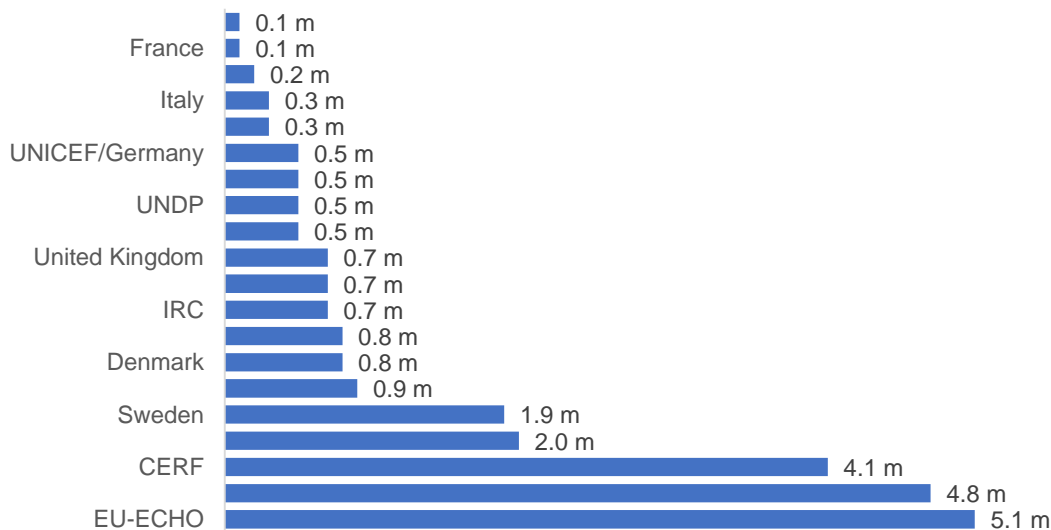
## FUNDING

The revised Flash Appeal, which calls for US\$294 million (including \$60 million for the Cyclone Idai response), was launched on the 5<sup>th</sup> of April. To date over USD 25.3 million has committed by donors. Member States whose contributions are not yet reflected in FTS are encouraged to report as soon as possible [here](#).

### Contribution to the Flash Appeal and outside by Sector



### Contributions to the Flash Appeal and outside by Donor



# HUMANITARIAN RESPONSE

## Camp Coordination and Camp Management

### Needs:

- Most of the IDPs in affected areas are still residing with relatives and friends in host communities. The number of people staying in collective centers (schools, churches community buildings) is reducing as schools open and families are being moved to serviced camps. The recently completed DTM baseline assessments indicate that there are 50,905 IDPs in the 12 cyclone-affected districts. Precise information on IDPs living in host communities is a challenge to establish; in particular \, their intentions, the longevity of their hosting arrangement and their medium-term needs and potential sustainable long-term solutions.
- 23 collective centres remain in use across Masvingo and Manicaland while it is recognized that temporary camps are not sustainable for the families concerned.

23

Collective centers still in use across Masvingo and Manicaland provinces

### Response:

- In its role as SNFI/CCCM cluster lead, IOM has delivered CCCM training in Chimanimani for 28 participants from both G\government departments and local and international NGO partners. The training covered principles of displacement management, roles and responsibilities in camp management as well as the importance of community participation.
- On 6 May, IDPs residing in two schools in Chimanimani were relocated to temporary displacement sites prepared by humanitarian partners and government departments. This ensured that the schools could reopen as planned on 7 May. CCCM partners, along with government departments led the relocation - 56 IDP families were allocated tents at Arboretum camp and 23 IDP families are hosted at Nyamatanda camp (Pondo farm). Ngangu Primary School and Chimanimani High School collective centers are now vacated allowing students to re-commence schooling.
- The development of a third Temporary Displacement Site is underway at Garikai. A site plan has been developed, site clearance is underway and eventually the site will house f 91 families.

### Gaps & Constraints:

- There is a need for a comprehensive government plan on assistance to the displaced in collective centers as well as those living in host community across all districts. and- focusing on long term solutions.

## Education

### Needs:

- 139 schools are impacted, risking the learning and wellbeing of 90,847 school-age learners (44,509 girls, 46,338 boys)
- The Rapid Joint Education Needs Assessment of 60 affected schools in 6 affected districts found that: children's attendance in 2 out of 5 schools is significantly below what it was pre-crisis; half of affected schools closed for a number of days in the aftermath; 2 in 3 schools report loss of sanitation facilities; loss and damage to essential teaching and learning materials has impacted 95 per cent of schools, including 9 schools where more than 50 per cent of materials are lost; more than half of schools report that staffing levels were affected by the emergency.
- Infrastructure support is the top priority identified by school heads, followed by psychosocial support for teachers and learners.
- Whilst emergency solutions are still needed to ensure all affected schools are safe for teachers and learners, and conducive to learning, a joint effort is required to promote Early Recovery and Building Back Better, to safeguard the learning and wellbeing of learners and teachers going forward and in preparation for further potential emergencies.

40,000

Text book distributed

### Response:

- All affected schools reopened for the start of the second school term on 7 May, including those previously used as collective centres for displaced households. Teams of officials are on the ground monitoring the reopening of schools on 7 May, including attendance and tracking of missing learners.
- 40,000 textbooks were distributed to affected schools in Chimanimani and Chipinge ahead of the reopening, in addition to the establishment of 18 Temporary Learning Spaces in the worst affected schools.
- Teaching and learning materials were distributed to 1,824 children in affected schools in Mutare

- Partners in several districts are procuring additional material, including 170 further temporary learning spaces where classrooms are damaged or destroyed.

### Gaps & Constraints:

- Schools reopening does not signal the completion of all infrastructure repairs or the full recovery of schools - it will be vital to monitor learner attendance, school functionality, staffing and support needed throughout the second term.
- Ongoing distributions to schools are complicated and slowed by the condition of roads (incl. those only passable by low-load vehicles), areas without network coverage, and distance between schools allocated to operational partners at district level.
- WASH in schools remains the most urgent infrastructure gap - though it is being prioritised by many agencies and private donors together with MoPSE and Public Works,
- Improved cross-sector and interagency coordination is needed to ensure MoH standards are being delivered on the ground, construction is adequately supervised, and school targeting is aligned according to needs and capacity.
- Many schools have not yet received structural assessments.

## Food Security

### Needs:

- A total of 155,000 people has been registered under Phase II registrations in Chipinge and Chimanimani by Goal and the Zimbabwe Red Cross Society respectively and will receive their May food assistance starting next week.
- In Chipinge and Chimanimani harvests prospects are very low due to the combined impact of the drought and cyclone-induced floods (both extreme weather phenomena). Most of the fields were either washed away or submerged in excess water and crops were severely moisture stressed except for irrigated crops. There is a high need that partners ensure funding to support the next crop season starting in September.
- The preliminary findings of the multi-sectoral market assessment conducted last week in the affected districts suggest that cash is viable for most wards of both Chipinge and Chimanimani. The main concern at this point is the limited stocks carried by local retailers due to low demand, much of which is attributed to cash liquidity crises and the material impact of the cyclone. The infusion of additional cash would help restore the basic market functionality.

**50,000**

People reached with blanket supplementary feeding

### Response:

- In complementarity with the assistance provided by local authorities and first responders, Food Cluster partners, the Government and other partners have assisted an estimated 230,000 persons so far, including reaching 50,000 vulnerable people (Under five children, pregnant and lactating women, people living with HIV and the disabled) through blanket supplementary feeding.
- FAO is working with the Department of Irrigation and Farmers to carryout repairs on affected irrigation schemes and has restored minimal functional capacity for 4 schemes in Chipinge and 2 schemes in Chimanimani. Additional financial support is required to restore the schemes to full operational capacity. Farmer participation in the rehabilitation works is to be commended. The commitment from farmers to recover, replace and repair damaged infrastructure is commendable.
- All partners have been highly encouraged to delay their Cash distributions until the Cash Working Group releases its final guidelines based on the recent WFP/Care Market Assessment.

### Gaps & Constraints:

- The last FS Cluster meeting raised the issue of non-harmonized food basket content across responders. Large differences have been identified in terms of both nature and quantity of assistance. Cluster partners based their food baskets' contents on their own needs which demonstrate the importance of ZimVac to reach a shared understanding of needs and appropriate response modalities. In addition, it was agreed that food baskets' contents should be as similar as possible to standardized WFP's as it remains the largest food assistance provider.

**Needs:**

- Scaling-up early warning and alert systems to nearby districts bordering Chimanimani and Chipinge in Manicaland and Masvingo provinces for early detection and response to communicable diseases outbreaks
- Improving specimen collection, handling and transportation skills of health workers to laboratories at provincial and district levels for diagnosis and confirmation of infectious diseases.
- There is need to scale up critical life-saving emergency health services including non-communicable diseases for vulnerable people
- Improve communication from community, district and provincial health administrations for management of infectious and priority diseases

**378**

Pregnant women seen at health facilities during the reporting week

**Response:**

- The mop up campaign in the remaining hard to reach areas of Vhimba and Rusitu has concluded the first round of the Oral Cholera Vaccination campaign in Chimanimani and Chipinge districts. A total of 482,910 individuals were vaccinated in the two most affected districts. Women and girls accounted for 55.6 per cent and children aged less than 4 years were 13.3 per cent. MOHCC, WHO, UNICEF and partners have started the microplanning with authorities in the two districts for the second round of vaccination which is planned between 27 May and 1 June, targeting the same number of people.
- The cumulative number of Out Patient Department consultations are 19,428 patients (12,530 female and 6,898 males) who have received care at the different health facilities since the health interventions for the cyclone were initiated.
- The MOHCC, WHO, UNFPA, UNICEF and partners led Health Resources Availability Monitoring System (HeRAMS) assessment was completed and data analysis is ongoing with preliminary analysis report expected by 13 May.
- WHO has received three basic modules and equipment (including three renewable modules with insulin) for the management of non-communicable diseases in the affected areas. Non-communicable disease management was identified as one of the critical gaps in the response.
- Pregnant women continue to be supported in Maternity Waiting homes. 378 Pregnant women were seen in the facilities with 65 institutional deliveries reported this week. 86 pregnant women were admitted in maternity wards. No maternal deaths, no neonatal deaths and no still births were reported. 5 pregnant women were referred by road to higher level care using ambulances, own transport and EMRAS. 172 pregnant women received mosquito nets (LLINs)-
- The active disease surveillance in Chimanimani District has decreased from 48.5per cent to 27.3 per cent. Only 9 out of 33 sites submitted their daily reports. This is lower than the target of at least 85 per cent. Acute Respiratory Tract Infections continue to be the leading priority condition being reported. The number of diarrhoea cases reported also continued to be higher than the two preceding years for the 5th consecutive week in Chimanimani. Active surveillance continued in Zamuchiya and Hwakwata close to the Mozambique border where suspected cholera cases have been reported and investigated.

**Gaps & Constraints:**

- Access to some hard to reach areas still poses a challenge to emergency health care delivery especially in Rusitu, Mutsvangwa and Muchadziya.
- Poor mobile network or non-existent coverage in certain areas is affecting communication, data transmission as well as patient referral to next levels of the health care system
- Health facilities reported that they have Family Planning commodities shortages

 Nutrition**Needs:**

- The nutrition cluster is in the process of scaling-up the response to Buhera district by focusing on quality improvements through capacity building.
- The nutrition cluster is also in the process of mobilizing resources to conduct training of 252 health facility workers and 1,207 village health workers in Integrated Management of Acute Malnutrition (IMAM) in Buhera, Chipinge and Chimanimani districts.

**14,348**

mothers reached with Infant and Young Child (IYCF) counselling

- The cluster continues to be underfunded (11 per cent only) with partners using their internal funds to support the response. Operational partners also require resources to scale-up the targeted supplementary feeding programmes for both children under-five, pregnant and lactating women.

#### Response:

- Screening of children under-five for acute malnutrition is ongoing, with 20,043 screened in the month of April representing about 50 per cent of the cluster target. A total of 98 severely malnourished children (SAM) and 171 moderately malnourished children (MAM) were admitted in the UNICEF supported outpatient therapeutic care programme (OTP). Among the children admitted, nine have been successfully treated and discharged from the program.
- Promotion of appropriate infant and young child feeding (IYCF) and care practices is ongoing with support of nutrition partners. A total of 14,348 mothers and primary caregivers of children under two years have been reached with IYCF counselling, representing 60 per cent of the target. The IYCF messages have also been distributed using IEC materials, and integrated during community-based activities e.g. food distribution.
- GOAL supported by WFP is targeting 23,400 children under age 5 and 9,958 pregnant and lactating women in Chipinge district with CBS (Corn Soy Blend) blanket distribution.
- The micronutrient supplementation of Vitamin A has reached 8,344 (15 per cent of the target) children under age 5 and multi-micronutrients powders (MNPs) has reached 13,400 (25 per cent of the target). The Vitamin A supplementation will be integrated into the planned EPI catchment outreach campaigns. Scale-up of distribution of MNPs is currently ongoing focusing on training to Village Health Workers (VHWs) and stocking supplies.
- UNICEF and PMD conducted joint supervision and monitoring in 13 health facilities in Chipinge and Chimanimani districts.
- The monitoring of breastmilk substitutes (BMS) and awareness creation on the dangers of BMS has targeted two faith-based organizations making donations.
- PMD with support from UNICEF, World Vision, Save the Children, GOAL and ADRA oriented 145 health workers from Chimanimani and Chipinge in an integrated approach to nutrition intervention. This included training of trainers (ToT) for VHW on active screening and reporting using the rapid-pro SMS system. Training of VHWs in active screening is ongoing at the health facility levels in both Chipinge and Chimanimani with support from nutrition cluster partners.
- Nutrition coordination meetings held on a weekly basis at the national, provincial and district levels.

#### Gaps & Constraints:

- Lack of adequate coverage of targeted supplementary feeding programmes as it requires a continued use of RUTF (Ready-to-Use Therapeutic Food) in the treatment of MAM.
- Distribution of breastmilk substitutes and other inappropriate baby food donations remains a risk to exclusive breastfeeding of children less than 6 months in communities receiving these donations.
- Lack of adequate funding by partners including UNICEF remains a challenge. Urgent funding is needed to scale-up the response, especially for capacity building activities.

## Protection (child protection, GBV, mental health)

#### Needs:

- Address field coordination challenges, data collection, information management and quality service delivery as the number of child protection actors on the ground is increasing.
- The psychosocial response to affected persons including children and parents needs improved internal coordination within the psychosocial working group at field level and with other sectors including Health and Education to ensure respect of standard, quality service delivery and avoid loss of time and resources related to overlapping interventions.
- The situation of separated and unaccompanied children placed in extended and/ or voluntary foster families is still fragile, and the risks of secondary separation is high due to several reasons including scarcity of resource and impact of the cyclone on financial and economic capacities of the receiving families to respond to basic needs of their members.
- Active advocacy and engagement with other sectors including WASH, Food, Shelter for child protection, disability and PSEA mainstreaming to improve the access of affected children to services provided by these sectors as well as prevention and response to related protection issues including PSEA.

**448**

Unaccompanied and separated children (UASCs) have been identified and documented

- Active engagement with community-based child protection mechanisms including Ward Child Protection Committees (WCPC) and Village Child Protection Committees (VCPC) for their continuous active participation in the psychosocial support and improvement of the overall protection environment in targeted affected districts.
- High level advocacy to address the presence of armed troops next to affected populations and their involvement in the humanitarian response increases the risk of violence including sexual violence and GBV especially for girls and women.  
Needs to improve existing fragmented data on the children need and numbers through increasing expertise and coverage of newly accessible wards in affected districts
- Active engagement with community-based GBV surveillance mechanisms including for their continuous active participation in the psychosocial support and improvement of the overall protection environment in targeted affected districts.
- Protection mainstreaming across sectors (With a specific focus on WASH and SHELTER while the relocation and recovery phase begins) through technical support to clusters on IASC guidelines checklist and half day sensitization.

#### Response:

- As part of Child Protection Cyclone Idai response, child protection cluster partners continue to provide essential CP services to affected children and caregivers including young mothers in Chimanimani and Chipinge Districts. During the reporting period, a total of 7,483 (3,455 boys, 4028 girls) have been reached.
- Through the 4 established Child Friendly Spaces in Chimanimani Secondary & Chimanimani Primary School in Ngangu, Rusitu in Koppa and Tongogara refugee Camp in Chipinge, a total of **7,483 children (3,455 male, 4028 female)** reached with PSS services including both individual & group therapy as well as play therapy being provided by Social Workers managing the CFS.
- A total of **448 (256 boys and 228 girls)** unaccompanied and separated children (UASCs) have been identified and documented. Family tracing conducted for **16 children (5F;11M)** while follow up visits were conducted for **32 children (18F;14M)** in kinship care. In addition, caregivers were sensitized on minimizing of separation of siblings placed in kinship care.
- As part of the information awareness and dissemination activities on child protection in emergency (CPiE), PSEA, VAC and GBV was held for a total of **12,200** children and adults in Ngangu, Koppa and Tongogara Refugee camp in Chipinge with **1,972 persons (34 male and 1,251 female)** reached during the last two weeks.
- CP actors in the cyclone affected districts supported a total **278** disable children (**142 male and 136 female**) including those with severe injury or at risk of permanent disability who were referred for specialized treatment while **673 orphan and vulnerable children (OVC) (341 boys, 332 girls)** have been provided support including documentation and alternative care arrangements.
- In effort to support children who had lost vital documents during the Cyclone Idai, Child Protection Society identified a total of **97 children (56 male and 41 female)** in Chimanimani and they are in discussions with the District Social Work and the Registrar's office to initiate mobile birth registration to assist children who lost their documentation.
- A total of **429** parents, caregivers including teachers (**81 men, 348 women**) from Ngangu, Koppa and Chipinge were provided with psychosocial support (PSS) training to identify needs at family, community and school levels to address PSS related issue. This include helping children understand their rights, responsibilities and protection in the absence of Social Workers to support.
- The Protection Cluster provided advice and guidance for the relocation of 79 households from school facilities to the tented temporary sites in Chimanimani.
- In the framework of the GBV response to cyclone IDAI, GBV partners with technical and financial support from UNFPA continued to provide mitigation, prevention and response to GBV, including PSEA sensitization, in Chimanimani and Chipinge.
- A total of **757 individuals** (73 male and 246 female in Chimanimani, 122 male and 316 female in Chipinge) received psychosocial support through mobile clinics and safe spaces in Ngangu, Chipinge and Kopa (total **1,985 women** reached since beginning of response.)
- As part of the GBV mitigation efforts, a total of **136 most vulnerable women and girls** (48 Chimanimani and 88 Chipinge) received dignity kits through the established safe spaces and community outreach in Chimanimani and Chipinge (Total reach since the beginning if response: **1,996** women and girls).
- A total of **11 complaints** (6 Chimanimani, 4 Chipinge - **all female**) on GBV and PSEA were received through the safe space (bringing the total of received complaints since beginning of response to 61).
- As part of the community outreach for SRHR, **2,165 individuals** (851 males and 1,314 females) were reached on GBV by community volunteers, **23 GBV survivors** (9 males and 14 females) referred for services, while **493 individuals** (188 males and 305 females) (excluding GBV survivors) were referred for other SRHR services by BC facilitators.

- Through partnership with African University leading the Manicaland MHPSS response team, **51 Humanitarian and relief workers** (34 female and 21 male) were provided with PSS and sensitized on PSEA in Chimanimani, Chipinge and Mutare, including CPU committee members, Mental Health nurses and Red Cross volunteers from various professionals such as teachers, soldiers, social work from Mutare district. (Total reach since beginning of response **226 Humanitarian and relief workers**)

#### Gaps & Constraints:

- The need of a harmonized package and alignment with national and international standards as well as capacity building for field staff engaged in PSS.
- The application of a GBV survivor-centered approach, such as confidentiality, privacy issues are not adequately addressed by some partners when collecting confidential data on GBV and HIV. Hence the need to provide training on information sharing protocol and informed consent prior to registration process.
- The presence of uniformed personnel is still a threat to the wellbeing of children in affected areas mostly in Chimanimani including GBV and other PSEA related risks. In addition, their presence in schools is of serious concern given that schools have now re-opened.
- Systematic data desegregation by age and sex to be improved needs assessment, targeting and reporting
- The inclusion of specific needs considerations including disability and other child protection concerns to be systematically integrated in the planning and implementation of other humanitarian sector interventions including, Food distribution, WASH, Health, Nutrition and Shelter
- Access to SRHR services for affected populations, including menstrual health stress-related conditions seems constrained for those residing far from District health facilities.
- Limited attention by clusters at provincial and district level on mainstreaming of protection (GBV prevention, CP, etc) into Shelter and WASH sector during relocation and recovery phase and Education sector in view of schools reopening.
- Accessibility remains a challenge in some wards (eg 21 Chimanimani) for outreach, sensitization and referrals to SRHR lifesaving services.
- .

#### Shelter & NFI

##### Needs:

- The amount of shelter assistance provided continues to be limited. The number of actors engaged in Masvingo Province is a constraining factor.
- For many IDPs who have been able to seek shelter with relatives and community members, there is a risk that hosting arrangements will add significant stress to hosting households. Cluster partners are encouraged to explore the feasibility of providing support to host communities and consider the provision of rental support.
- It will be important for Cluster members, relevant government Ministries, and private-sector actors engaged in housing reconstruction or repairs to coordinate closely in the coming weeks and months.
- For IDPs residing in newly established temporary displacement sites in Chimanimani, there is a need for partners to provide additional winterization items (warm blankets, clothes, mats etc.) ahead of the winter months.

**25K**

HHs reached with NFIs

##### Response:

- Cluster members have reached almost 25,000 households with non-food items in affected areas, with over 10,000 individuals assisted with shelter support.
- The Technical Working Group on shelter options has increased information sharing and awareness of international standards and important socio-political considerations.
- Assessments will be carried out this week by cluster members to triangulate and verify reported levels of damage and destroyed houses in priority wards.

#### Gaps & Constraints:

- Government policies and plans related to relocation and reconstruction are needed in order to enable Cluster partners to prioritize and target shelter assistance effectively.



**Needs:**

- Currently the most affected schools (19 in Chipinge) and (8 in Chimanimani) that had limited /poor WASH infrastructure are scheduled to open on time following the installation of temporary/permanent sanitation infrastructure.
- Although repair/rehabilitation of water systems and construction of new water sources is ongoing in Chimanimani, access to safe water remains a challenge, with affected people fetching unsafe water from streams.
- Based on the water quality surveillance results, water quality for drinking purposes remains a challenge
- An analysis from District Health Information System (DHIS) data, showed a consistent increase in diarrhoea cases in 8 health centres; as such, there is need for increased surveillance and hygiene promotion interventions in at-risk communities. WASH Cluster will liaise with Health Cluster to get the wards which are reporting increasing cases of diarrhoeal, and intensify prevention activities.
- In Masvingo Province, Child Care held an inception meeting in Gutu (02/5/19) following the recommendation by the Provincial Authorities to relocate to Gutu district from Chiredzi.
- The Manicaland Provincial Water and Sanitation Services Committee identified as key priority activities: i) data cleaning and validation of district assessment data, ii) continue monitoring of the response activities, iii) ensure WASH in Schools is adequately addressed before the opening, and iv) review of the provincial response plan in preparation for recovery phase activities.

**16,196**

People with access to appropriate sanitation

**Response:**

- Weekly coordination of emergency WASH activities is ongoing.
- In support to enabling schools to open on 7th May 2019, during the reporting week UNICEF/partners and other WASH Cluster members focused on construction of temporary latrines in 80% of the cyclone affected schools in Chimanimani and Chipinge.
- WASH Cluster members are delivering school hygiene kits to at risk schools and communities to enable them to reduce the risk of waterborne diseases.
- Welthungerhilfe (WHH) has finished the construction of critical WASH infrastructure at 2 out of 3 collective camps that have had the shelter infrastructure completed.
- In Chimanimani, training of community-based workers on good hygiene, sanitation and water safety was completed
- In Manicaland, WASH Cluster agencies are carrying out repairs, rehabilitation of damaged water sources, as well as construction of new ones.
- Water quality surveillance continues in Manicaland, and remedial actions such as hygiene promotion and water chlorination are carried out to address poor water quality.
- At Nyamatanda IDP camp, WHH with Zinwa finalized the water supply network as result safe water is now available. This is in addition to 18 Temporary toilets, 7 bathrooms and waste pits which were provided in March.
- At Aboratum IDP camp, WHH and Zinwa have provided safe water sources. In addition to this, 14 temporary latrines and 8 bathrooms have been constructed.
- Machongwe Piped Water System is being rehabilitated and is at 40% completion. It will be completed by Mid-May 2019.

**Gaps & Constraints:**

- Schools affected by the cyclone will need permanent latrines in the long term, the temporary latrines are an intermediary measure.
- Planning for WASH in resettlement camps is a challenge because it is not yet clear how many people are willing to settle in the camps.
- Chipinge has only GOAL (with UNICEF support) to construct temporary latrines, more agencies are required to cover the need.
- Additionally, in Chipinge, Public Works Department is the only agency constructing permanent latrines in schools; and the construction works are proceeding at slow pace due to limited resources.

**Response:**

21

# of partners supported during the response

- Three Mobile Storage Units (MSUs) are being provided as common storage to the humanitarian community. To date, 9 partners have utilised this service. Storage availability is adequate to cater for the current and planned cargo.
- There is a plan to transition the Logistics Cluster common storage from the aerodrome to the WFP warehouse in Mutare now that air operations have ceased.
- A total of 21 partners have been supported during the response.
- Six coordination meetings have been held to date, attended by 16 partners.
- A total of 37 information management products have been produced and shared via the operational mailing list and the dedicated webpage created for the response: <https://logcluster.org/ops/zwe19a>

**Constraints:**

- Some road repairs have proved to be vulnerable to wet weather. Partners are advised to adhere to recommended vehicle weight limits as published on the Logistics Cluster's [Access Constraints Map](#)

## GENERAL COORDINATION

The activation of the cluster system has improved the coordination and enhanced the humanitarian response. The following cluster lead agencies are now reinforcing cluster coordination: Education (UNICEF/ Save the Children); Food Security (FAO/WFP); Health (WHO); Nutrition (UNICEF); protection (UNHCR/UNFPA/UNICEF); Shelter/NFI/CCCM (IOM/IFRC); WASH (UNICEF); Logistics (WFP). Inter-clusters coordination meetings have been taking place weekly in Harare and in Mutare. In Chipinge the partners are meeting on daily basis. An information management working group has been established to support data analysis and information sharing. There is an active cash working group with focus on multipurpose cash. Individual Clusters also meet weekly and interact with government and local government counterparts.

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