Many lives were lost from the Cyclone, with many more getting internally displaced, and now surviving on handouts from Government and other well-wishers. Key infrastructures were destroyed, setting once thriving and secure communities back. As the cyclone waters receded, the searing drought returned, aggravating the generalized food insecurity Zimbabwe now faces.

This double tragedy hit our country in the middle of broad, painful but necessary reforms. These reforms which are meant to recover our economy, and to re-integrate Zimbabwe into the international fold after years of isolation and punitive sanctions, perforce levy costs on our people, including on communities whose livelihoods have either been broken or severely weakened by the severe drought and the freak cyclone.

Today Zimbabwe faces a cereal deficit of over 900 000 MT which has to be met through grain imports. The food insecure population continues to grow and is expected to peak at over 5 million, a figure of more than a third of the total population. Alongside the crippling food gap is a serious challenge of clean, drinking water in all the country’s ten provinces, including cities, towns and growth points. This increases the likelihood of water-borne diseases and epidemics, especially cholera.

The huge Lake Kariba, itself a source of cheap hydroelectric power for both Zimbabwe and Zambia, is now only 26 per cent full, reducing power supply from a peak of 900 megawatts to just above 250 megawatts. The wheels of industry are slowing down, leading to a severe contraction of an already fragile economy whose recovery was just beginning to show. Many jobs are either at risk or have been lost already, compounding the social malaise already being widely felt and suffered.

The severe drought has thus spawned multifaceted crises, often triggering negative coping mechanisms as communities already in distress desperately seek survival and succour.

It is against this dire background that, alongside the United Nations, Zimbabwe has decided to launch this urgent, broad humanitarian appeal which covers many dimensions of the unfolding crisis.

On its part, Government is determined to ensure that the drought does not degenerate into hunger or famine. It continues to distribute remaining stocks of food fairly and equitably. Already, resources have been committed to start grain importation to augment dwindling food stocks in the country. Contracts with grain importers and suppliers have been concluded, with imports expected to start trickling in, in the coming weeks, hopefully before the exhaustion of domestic food stocks. The social dimensions of the drought, overlaid by the cyclone, are being addressed through comprehensive interventions funded from the National Fiscus. The strain on the country is evident.

Above all, as we grapple with the snowballing humanitarian situation, we also look ahead by way of preparing for the next agricultural season which is less than three months away. In tackling the immediate impact of the ravaging drought, we have to break the cycle of its otherwise lasting and recurring consequences by restoring agriculture-based livelihoods to assure community food security in the year ahead and beyond. We also have to rebuild our food reserves which we have had to run down in the wake of food needs stemming from the current drought.

A key intervention on this front is expanding our irrigation infrastructure and capacity until we cover 400 000 hectares of arable land we need to achieve an all-weather agricultural economy. This is a massive investment requiring international support and impacting directly on needy rural communities living in areas most vulnerable to ravages of climate change.

Overall, our response strategy in the form of this Appeal thus seeks to cover immediate needs in affected communities, while repairing and rebuilding sustainable livelihoods for the year ahead and times to come. Above all, it seeks to protect and empower the vulnerable, principally women, children and the girl-child whose educational prospects must not be diminished by the unfolding humanitarian challenge. Schools have to continue to run. Primary health has to be assured. Children’s nutritional levels have to remain fortified, so Zimbabwe does not slide back on its social gains.

I thus appeal to Nations, Organizations, Partners and individuals of goodwill, urging them to extend a helping hand to Zimbabwe so that together, the humanitarian challenge facing our Nation is not only resolved, but actually spurs and propels the country forward, towards a more secure future.

Emmerson Dambudzo Mnangagwa
President of Zimbabwe
This document is produced by the Humanitarian Country Team and the United Nations Resident Coordinator’s Office in Zimbabwe with the support of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The projects reflected here support the national government covering the period from February 2019 - April 2020.

<table>
<thead>
<tr>
<th>TOTAL POPULATION OF ZIMBABWE</th>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>NEW REQUIREMENTS (US) JUL 2019 - APR 2020</th>
<th>OVERALL REQUIREMENTS (US) FEB 2019 - APR 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1M</td>
<td>5.1M</td>
<td>3.7M</td>
<td>$331M</td>
<td>$464M</td>
</tr>
</tbody>
</table>

**IPC Food Insecurity Phase**

1: Minimal  
2: Stressed  
3: Crisis  
4: Emergency  
5: Catastrophe/Famine

Source: IPC Technical Working Group and ZIMVAC
# Table of Contents

FOREWORD BY THE PRESIDENT OF REPUBLIC OF ZIMBABWE 02

JOINT INTRODUCTION BY THE MINISTER OF LOCAL GOVERNMENT, PUBLIC WORKS AND NATIONAL HOUSING AND THE UN RESIDENT COORDINATOR 05

HUMANITARIAN APPEAL AT A GLANCE 06

OVERVIEW OF THE CRISIS 07

RESPONSE STRATEGY AND STRATEGIC OBJECTIVES 11

RESPONSE STRATEGY AND CAPACITY 12

SUMMARY OF NEEDS, TARGETS & REQUIREMENTS 14

SECTOR RESPONSE PLANS

- AGRICULTURE AND LIVELIHOOD 16
- COORDINATION (UN & NGOs) 17
- EDUCATION 18
- FOOD SECURITY 19
- HEALTH 20
- NUTRITION 21
- CHILD PROTECTION 22
- PROTECTION-GBV 23
- SHELTER AND NON FOOD ITEMS 24
- WATER, SANITATION AND HYGIENE (WASH) 25
- EARLY RECOVERY AND LOGISTICS 26
- REFUGEE RESPONSE STRATEGY 27

ANNEXES

- EARLY RECOVERY PLAN CYCLONE IDAI (SYNOPSIS) 29
- ZIMBABWE GOVERNMENT PRIORITY ACTIVITIES 31
- ZIMBABWE GOVERNMENT SECTORS SUMMARY 33
- HUMANITARIAN APPEAL PROJECTS SUMMARY 34
- LIST OF PARTNERS 38
- GUIDE TO GIVING 39
Zimbabwe is facing a multitude of humanitarian challenges as a result of climate and economic shocks. The impact of 2018/2019 drought combined with continuing macro-economic challenges have resulted in high-level of food insecurity. The 2018/2019 Second Round Crops and Livelihood Assessment found the food gap to be over 900,000 MT, with many districts having less than three-month supply of maize. The 2019 Zimbabwe Vulnerability Assessment Committee (ZimVAC) Rural Livelihoods Assessment estimates that 5.5 million people in the rural areas are food insecure. Of this population, the Integrated Food Security Phase Classification (IPC) analysis points to 3.58 million people – or 38 per cent of the rural population – projected to be in need of urgent humanitarian action between the period October to December 2019. The Ministry of Public Service Labour and Social Welfare estimates that 2.2 million people in urban areas are food insecure. Recognizing that the urban communities are most market reliant and susceptible to affordability issues, an urban vulnerability assessment is ongoing whose results will complement the available data. Urban humanitarian actions will be further informed by the findings and recommendations of the urban vulnerability assessment.

The survivors of Cyclone Idai that struck four Provinces of Manicaland, Masvingo, Midlands and Mashonaland East in March 2019 continue to require humanitarian assistance, particularly the internally displaced persons in temporary camps and living with host families. Recovery and resilience building needs of the cyclone-affected communities have been identified through the Zimbabwe Rapid Impact and Needs Assessment (RINA) and other assessments and are being addressed including through support from the World Bank and the African Development Bank. The Zimbabwe Recovery and Resilience Framework (ZRRF) is being developed by the Government with technical support from the World Bank, UN and EU for multi-sectoral and sustainable recovery of the cyclone-affected communities. In operationalizing the ZRRF, ensuring linkages between humanitarian and recovery/resilience building efforts would be critically important.

The Government, recognizing the impact of the drought and gravity of the situation, plans to declare a state of disaster. Efforts are also ongoing to address the macro-economic challenges including the liquidity crisis. The floating of the currency in February 2019 and the introduction of the new Zimbabwe Dollar as the sole currency for legal tender in July 2019 are part of the longer-term economic reform efforts to stabilize the economy. In the short-term, however, the reform and the necessary austerity measures are negatively affecting household economies, with disproportionate negative impact on the poorest and the most vulnerable, who are having to resort to negative coping mechanisms. It is critical therefore to support these vulnerable households along with those directly affected by the drought.

We are cognizant that humanitarian assistance is not a long-term solution to the socio-economic challenges in Zimbabwe. Intensive effort is required to tackle the root causes of the rising humanitarian needs, the Government with the UN support is committed to continue to undertake the necessary reform efforts as outlined in the Transitional Stabilisation Programme. However, while efforts are being taken to address these extremely complex sets of challenges, there is a moral obligation and an urgency for the international community to lend a hand for life-saving support to those most in need.

We are thankful to the development and humanitarian partners for the generous support to date. Under the Revised Flash Appeal (January to June 2019), the partners contributed over $133 million or 45.5 per cent of the humanitarian needs prioritized. As we launch this revised Humanitarian Appeal (July 2019 to April 2020), targeting 3.7 million people and amounting to $464 million, we would like to stress: implementation is key. With the Government in the lead, we are committed to a people-centred, integrated, sustainable and well-coordinated humanitarian action with clear linkages to recovery and resilience building efforts.

The Humanitarian Appeal is prioritized and principled. We are confident that the activities planned are those that are most urgently needed and will deliver immediate relief to the most vulnerable. Built-in programme methodology is intended to ensure value-for-money, with full accountability to the intended beneficiaries. Most importantly, the Government and humanitarian partners are committed to ensuring that the humanitarian principles of impartiality, neutrality, independence and humanity are respected in implementing the activities in the Humanitarian Appeal.

The Government of Zimbabwe and the UN are committed to further strengthening our partnership for an effective and efficient delivery of humanitarian assistance under our overall promise to Leave No One Behind. We appeal for the international community’s continued generous support.
AT A GLANCE

STRATEGIC OBJECTIVE 1

Save lives and livelihoods by providing integrated humanitarian assistance and protection to people impacted by the severe food insecurity and the adverse impact of economic reforms including residual humanitarian needs of Cyclone Idai affected communities.

STRATEGIC OBJECTIVE 2

Strengthen the resilience of the most vulnerable communities to mitigate the impact of food insecurity exacerbated by the adverse impact of austerity reforms.

OPERATIONAL PRESENCE

NUMBER OF PEOPLE IN NEED

NUMBER OF PEOPLE TARGETED

GOVERNMENT FUNDING REQUIREMENTS AND ALLOCATION BY SECTOR

NEW REQUIREMENTS (US$)

OVERALL REQUIREMENTS (US$)

The Logistics Cluster has been deactivated and is no longer part of the revised appeal. The Early Recovery Sector was part of the original appeal. However, for the revised appeal, the early recovery needs have been mainstreamed across each of the cluster/sector response, therefore there is no stand-alone Early Recovery Sector requirements under the revised appeal.
OVERVIEW OF THE CRISIS

The impact of prolonged drought throughout Zimbabwe resulted in less than 50 per cent of average annual production of maize crop as well as a severe depletion of the country’s strategic grain reserve. The Government estimates the food supply gap to be over 900,000 tons. Production yields at communal farm level have been worst hit and granaries are only enough to sustain households for a maximum of three months. Exacerbating the food supply crisis is the overall impact of austerity related economic shocks. Affordability of basic food items is a real issue and forcing significant numbers to resort to negative coping strategies. Economic crisis is worsened by the limited essential services especially power and fuel supply. The opportunity for formal and informal employed continues to diminish as the productive sector contracts. This Appeal will also need to cover humanitarian support post Cyclone Idai especially for those displaced and continuing to be accommodated in temporary camps and with host families.

The recent IPC analysis concluded that 25 per cent of rural population or 2.29 million people are now in crisis or emergency (IPC 3 or above) and by October 2019 the number of people requiring urgent support will rise to 3.58 million i.e. 38 per cent of population. Significantly, some 1.1 million people in nine districts are expected to be in emergency (IPC phase 4). The projected increase of those in need takes account of the fact that households currently benefit from food assistance and retain grain from the recent maize harvest. According to IPC there has been a general deterioration of all food consumption indicators compared to previous years and this is not confined to those provinces where traditional food insecurity prevails. Indeed, all 60 administrative districts are expected to be in IPC 3 or worse by October 2019. In the nine areas projected to be in IPC Phase 4, it is anticipated that there will be widespread food deprivation, with many people having to forego even minimal daily food intake. The prospect of significant malnutrition cannot be ruled out unless support to these communities is delivered. The key drivers of this deteriorating situation include prolonged/abnormal dry spells, late and erratic rainfall, and the reform induced austerity measures. Many communities have experienced an extended lean season with yields from subsistence farmers enough to cover household consumption until July 2019.

The ZIMVAC report estimates that 5.53 million people will be food insecure during the peak of the next lean season (October 2019 to April 2020). In addition, the Ministry of Public Service Labour and Social Welfare estimates that 2.2 million people (relyant on market supply) in urban locations including major towns and secondary cities are estimated to be facing severe food insecurity. Urban ZIMVAC and IPC analyses are being undertaken to determine the extent of need in urban areas and will be available by end September. The seriousness of the decline in the 2019 crop production combined with the protracted lean season and price increase for basic food commodity is clearly demonstrated in the rural

<table>
<thead>
<tr>
<th>Seasonal Calendar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Main harvest</td>
</tr>
<tr>
<td>Tobacco harvest and curing</td>
</tr>
<tr>
<td>Tobacco sales and auction</td>
</tr>
</tbody>
</table>

Source: FEWSNET
ZIMBABWE HUMANITARIAN APPEAL REVISION

ZIMVAC, which highlights a significant drop in household monthly income - $44 compared to $68 in 2018. In RTGS the national monthly average income for rural households is recorded at 121 RTGS. As of April 2019, food expenditure was 68 per cent of household budget. The report goes on to note a reduction in acceptable consumption patterns (47 per cent compared to 55 per cent in 2018), increased GAM (3.6 per cent) and SAM (1.4 per cent) and a 26.8 per cent rate for stunting. There is a significant increase in households where at least one family member is living with HIV/AIDS, 27 per cent compared to 12 per cent in 2018.

The second round crop assessment re-affirms that the 2018/2019 season was characterized by late on-set of rains countrywide and false- starts in the southern and south-eastern parts of the country, this significantly affected crop establishment. Long dry spells in January and February negatively affected the planted crop. This was further compounded by Cyclone Idai which caused severe damage to crop and agriculture infrastructure in Manicaland, Masvingo, Midlands, and Mashonaland East provinces. The crop assessment estimates national maize production to be 776,635 tons which is 54 per cent less than the 1,700,702 tons obtained during the 2017/18 season. Out of the 60 administrative rural districts only 11 have enough cereal to last until the next harvest with 49 districts holding enough cereal stock to last between 2 and 11 months. The estimate of total cereal deficit taking into account strategic reserves is put at 902,381 tons.

**CEREAL SUFFICIENCY**

Reform induced austerity measures continue to significantly erode the purchasing power of households in both rural and urban communities. People in multiple locations across the country have already exhausted their asset base and are faced with no option but to limit expenditure to the provision of food. With ongoing macro-economic reforms there is need to put in place support mechanisms to alleviate the plight of these communities.

The fiscal consolidation although yielding budget surplus is indirectly diminishing purchasing power and increasing the cost of living. Private sector firms and businesses are suffering with production declining due to shrinking aggregate demand, limited access to electricity as well as shortages of foreign currency for imports. The declining consumer spending, shortages in electricity and fuel supply is crippling industry and limiting public expenditure.

**The rising in the inflation rate since April 2019 is having significant impact on overall consumer spending power.** Underlying reasons include drop in agricultural production (drop in supply) due to drought and reform induced austerity measures. High import demand in the coming months especially food items such as maize, and the possibility of importing electricity could further aggravate the situation. The informal sector continues providing employment opportunity as employment prospects in the formal sector remain low. Despite the recent government effort to increase salaries, the drop in real income has resulted in a reduction in consumer spending.

The most serious implications of the economic reforms are seen in the social sectors with a drop in maize production by more than half, limited opportunity for employment and livelihoods, significant increase in poverty levels. In addition, inflation continues to negatively impact on the well-being of people. Most worrying is that key commodities and services have become less affordable for poor families with increasing prices of transport (167 per cent in May 2019), clothing (140 per cent), food (126 per cent) and health (114 per cent). Prices of pharmaceutical increased by 158.6 per cent by end of April 2019 with serious implications on access to medicine at affordable prices.

**Inflationary pressure is likely to impact on tuition fees which could further aggravate school drop-out.** Meanwhile the quality of learning is being compromised due to non-affordability and unavailability of learning materials. The prohibitive cost of medicine has become a barrier for the poor and vulnerable families in accessing health care. The impact of social safety nets (Government cash transfers) has been eroded by the combined effects of currency depreciation and inflation while those not in receipt of social protection benefit are increasingly isolated.

**Much work has been done but more is required to ensure that livelihoods are restored, and communities can be re-built.** One feature of the response has been the way in which the Government including the military, international community, private sector and Zimbabwean citizens have pulled together to help the many thousands affected by the devastation of Cyclone Idai. Across districts impacted, multi-sectoral interventions have been undertaken. These include: search and rescue, provision of safe water and hygiene, food and nutrition support, health especially cholera vaccination, psycho-social and child protection support, camp coordination and support for those displaced as well as repair of damaged infrastructure in schools.

The impact of Cyclone Idai is reflected in the fact that 270,000 people across nine districts were affected with more than 50,000 people displaced. Damage to infrastructure especially major roads and bridges as well as dwellings and public buildings has been significant. The total cost of the United Nations recovery operation is estimated to be $69 million. There is no doubt that the humanitarian support delivered during the first three months following Idai has saved lives and preventative measures put in place has ensured that communicable disease outbreak has not occurred about 1,250 individuals are still living in camps and in informal settlement. IDPs in camps, are increasing their vulnerability, because they have been unable to receive support from the hosting community and thus are more reliant
on external support. The living conditions of the temporary camps and other collective centers requires constant monitoring, improvement and multi-sectoral support especially if these individuals cannot be relocated before the next rainy season (Sept/Oct 2019). More durable solutions outside of camp and camp like settings need to be developed, especially to transition to the early recovery.

**CURRENT ACUTE FOOD SECURITY (JUN - SEP 2019)**

Although planning for early recovery is at an advanced stage there is a need to continue with humanitarian support. This is especially the case for those that continue to be accommodated in temporary shelters (Chimanimani has a camp population of over 1,000 individuals), are being be cared for by host families and those that have returned to homesteads. The continued provision of food assistance is also critical to sustain communities until livelihoods can be restored and commercial and agricultural activity resumes. Relocation of those displaced is a priority and this includes the repair of dwellings and building new homes. In this context the private sector is making a significant contribution and the Government is actively engaged. This said, it is clear that temporary accommodation arrangements will be required until at least the end of 2019 considering the onset on the rainy season from September.

In support of Government, the Early Recovery plan focuses on multi-sectoral support. This will ensure alignment of synergies required in moving from humanitarian interventions to programming of medium to longer term support and that the transition to development can be achieved. The plan emphasizes a shift from saving lives to restoring livelihoods; effectively preventing the recurrence of crisis situation; harnessing conditions for future development; building national capacities; empowering all members of the affected communities; determining and addressing the root causes and vulnerabilities including developing measures for anticipating future hazards, their prevention, preparedness, response and recovery. Action-oriented interventions are being programmed for addressing the transitional early recovery needs of the affected population over a12-month period. Special focus is put on the recovery needs and potential risks affecting the most vulnerable social groups such as women, children, youth, the elderly, people living with disability and people living with HIV.

Although this Appeal is grounded in addressing the food security and the impact of austerity measures, Zimbabwe is also battling disease outbreaks, acute foreign currency shortages in the health sector and stock outs of essential medicines. Although the Government has been making efforts to contain water-borne diseases, cholera and typhoid still remain a risk. In 2018, Zimbabwe recorded the second largest cholera outbreak in its recent history. The disease rapidly spread mainly around two suburbs of Harare city since September, and by early January 2019 more than 10,730 cases including 69 deaths across the country had been reported. The country is also battling a typhoid fever outbreak, which has affected Harare and Gweru cities since 2017, with more than 6,100 cases reported and 17 deaths since the outbreak began. This is in addition to the high level of HIV prevalence, affecting more than 14.1 per cent of the population. In the face of rising needs, Zimbabwe’s healthcare budget is being eroded by escalating prices of essential medicines. Stocks of essential medicines, diagnostics and supplies have been depleted due to foreign currency shortages.

Decreasing access to clean and safe water in both rural and urban areas is heightening the risk of disease and malnutrition. Only 49.4 per cent of water points across the country (mainly hand pumps) are fully functional, according to the October 2018 report from the Rural WASH Information Management System (RWIMS). Urban areas continue to suffer from overloaded and ageing water and sewage infrastructure, with intermittent water supply of an average of 12 hours per day, according to the most recent Service-Level Benchmarking (SLB) survey. The situation is further compounded by the economic situation, which is limiting access to foreign exchange by urban local authorities to procure water treatment chemicals and maintain the existing water systems. An estimated 780,000 people remain at risk of WASH-related disease outbreaks, including cholera and typhoid, due to inadequate access to safe water. Poor rains have increased the burden of fetching water for children and women, forcing them to travel longer distances and exposing them to the risk of violence and abuse. Access to safe water also remains a challenge for the 20,000 refugees in Zimbabwe.

Humanitarian development nexus

In order to tackle the root causes of the socio-economic challenges in Zimbabwe, the UN and partners are supporting the Government to undertake the necessary reform efforts as outlined in the Transitional Stabilisation Programme (October 2018 to December 2020). Under the Zimbabwe United Nations Development Assistance Framework (ZUNDAF), the UN and partners are jointly investing in building resilience of communities to withstand shocks and stresses. The findings and recommendations from the 2017 Capacity for Disaster Reduction Initiative (CADRI) further guides the joint efforts of the UN and partners to strengthen the DRM capacity in Zimbabwe. The Zimbabwe Recovery and Resilience Framework (ZRRF), which is being developed by the Government with technical support from the World Bank, UN and EU, will further guide multi-sectoral and sustainable recovery of the cyclone-affected communities.
The diarrhoeal diseases burden is also substantial, with a cumulative total of 12,511 clinical dysentery cases and 4 deaths which were reported by week 26 of 2019. Total common diarrhoea cases reported the same week alone were 8,022, with a cumulative of 198,319 cases and 160 deaths. Considering the non-availability of safe and adequate water in both urban and rural areas due to the lack of electricity and water, there is a risk of localized cholera outbreaks.

Rising food insecurity and the adverse impact of economic reforms pose unique protection risks for an estimated 840,000 women and 150,000 vulnerable children. Girls are particularly vulnerable to family separation, early marriage, teenage pregnancy, domestic violence and extreme coping mechanisms during times of household stress, including transactional sex. The risk of exposure to domestic violence and intimate partner violence is also expected to increase as a consequence of heightened family tensions caused by crop damages and income losses. Poor rains have increased the likelihood of drought-induced displacement, as affected people consider moving to urban and peri-urban areas in search of jobs and food. Rural-urban migrants often end up in severely overcrowded city slums, which lack basic services, such as proper drainage systems, safe drinking water and proper sanitation. Migration due to hunger also increases the risk of sexual violence, exploitation, abuse and early and unwanted pregnancy. Meanwhile, restrictions on employment the encampment policy and limited livelihood activities leave refugees and asylum seekers dependent on the humanitarian assistance for food.

An estimated 800,000 children of school-going age are in need of support to continue attending classes as lack of food, water scarcity and deteriorating access to livelihoods will impact their education, especially girls. School dropout is reportedly already rising as families prioritize food, performance of households’ chores and casual labour over school attendance. Families with constrained budgets will prioritize food over school fees. For girls in particular, school dropout can lead to family separation, child labour and early marriage. During the 2015-2016 El Niño-induced drought, there was also a reported increase in cases of teenage pregnancy, impacting girls’ school attendance, and the pattern could be repeated if the situation does not change.
RESPONSE STRATEGY AND STRATEGIC OBJECTIVES

This revised Appeal targets 3.7 million of the most vulnerable people in Zimbabwe who have been severely affected by rising levels of food insecurity and the adverse impact of economic reforms. The response targets the 65 hardest-hit rural districts, which have been prioritised through a severity ranking based on multi-sectoral analysis of humanitarian need. In addition, the Appeal covers residual humanitarian assistance for 68,000 IDPs affected by Cyclone Idai in March 2019 who continue to reside in host communities and temporary camps. This Appeal is intentionally time-bound, with an emphasis on responding to the most urgent needs of communities having to deal with the adverse impact of on-going economic reforms that have eroded disposable income and a prolonged lean season brought about by crop failure. Action during this period is critical to save lives and livelihoods. The overall situation will be monitored closely and with the completion of urban assessments a further Appeal revision may be required targeting potential urban caseload.

1. **Save lives and livelihoods by providing integrated humanitarian assistance and protection to people impacted by the severe food insecurity and the adverse impact of economic reforms including residual humanitarian needs of Cyclone Idai affected communities.**

   This objective reflects the commitment of humanitarian partners to provide timely assistance to save lives and mitigate the negative impacts of the austerity measures and drought. It targets the most vulnerable households to reduce food insecurity and livelihoods losses. In addition, Government in partnership with UN agencies and NGOs will continue to address the residual humanitarian needs post Cyclone Idai. Under this objective, partners will implement a protection-centered and multisectoral approach to humanitarian programming that alleviates suffering, and reduces the risks faced by food-insecure households.

2. **Strengthen the resilience of the most vulnerable communities to mitigate the impact of food insecurity exacerbated by the adverse impact of austerity reforms.**

   Resilience programming will underpin humanitarian action, ensuring sustainability in the response and increasing households’ ability to recover and cope with future shock. Under this Objective, humanitarian action will be linked with ongoing early recovery, development and resilience programming to reduce future dependency.
**RESPONSE STRATEGY AND CAPACITY**

**Response Strategy**

The Humanitarian Appeal revision, which covers from July 2019 to April 2020, complements the Government’s response to which it has so far allocated nearly $274 million. Given the ongoing economic reform and tight fiscal space it is unlikely that the total funds needed to respond to the current crisis arising from drought and the residual effects of Cyclone Idai will be entirely covered by the government, the revised Humanitarian Appeal therefore focuses on life-saving interventions in the most affected districts, to complement the government’s response. The sectors have identified the most appropriate activities to reinforce the coping mechanisms of communities through approaches that are more sustainable and cost-efficient.

This revised Appeal will continue to promote a “cash first” approach. However it also recognizes that, due to the economic situation and other complexities in the Zimbabwe context, cash may not be the optimum delivery tool and the expectation is that in-kind assistance in many districts will be required. Moreover, there is need to consider the recent monetary Statutory Instrument as this will have implications on the continued delivery of support using cash.

The Appeal ensures the centrality of protection, with a particular focus on preventing and responding to gender-based violence and child protection. Humanitarian programmes are implemented in full consultation with and involvement of communities at district, ward and village levels. The village prioritization and targeting processes are carried out by ward assembly meeting and they are facilitated by the District Committee and non-governmental organizations (NGOs). At community level, beneficiary households are selected through community-based targeting, whereby villagers identify sectoral needs using indicators/criteria specific to their area. There are Grievance Report Mechanism (GRM) and support services including help desks, suggestion boxes and toll-free numbers are made available to beneficiaries. These services provide a real-time feedback mechanism, which enables stakeholders (Government, UN, NGOs, local authorities) to share information, verify grievances and address issues in line with the GRM protocol.

**Operational Implementation**

Under this Appeal, 80 organizations — including 72 NGOs and 8 UN agencies — will implement activities nationally, in support of the Government of Zimbabwe’s response. Humanitarian response capacity is well-established in Zimbabwe and indeed dealing with Idai response the number of implementing partners has increased. The organizations engaged in this revised Appeal will be undertaking vertical/horizontal expansion and adaptations to tailor interventions such that multi-sectoral support can be delivered efficiently and effectively in full compliance with humanitarian principles. Crisis modifiers will be applied to respond to deteriorating circumstances. There are however some logistics challenges that may affect implementation of activities; power and fuel supply remain an issue for all stakeholders. Rising commodity prices and shortages of basic commodities add to the challenging circumstances to reach people in need in the most affected and remote areas. Crisis modifiers will be applied to respond to deteriorating circumstances.

**RESPONSE CAPACITY AND RESPONSE PRIORITY BY DISTRICT**

**Humanitarian coordination**

At Government level a standing Cabinet committee under the stewardship of the Minister for Local Government is tasked with overseeing the Government’s response efforts and coordinates with the UN family through the office of the Resident Coordinator.

For the UN, the Humanitarian Country Team, chaired by the UN Resident Coordinator and with the participation of the UN, NGOs, Zimbabwe Red Cross and humanitarian donors, meets bimonthly as an operational coordination forum for international humanitarian response. At the technical level, Sectors are chaired and co-chaired by the relevant line Ministries and the UN, while inter-sector coordination meetings take place regularly.
STRUCTURE OF ZIMBABWE’S DISASTER RESPONSE SYSTEM

- **International and Regional support**
- **Cabinet**
  - Cabinet Committee on Environment Disaster Prevention and Management (CCEDPM)
  - Ministry of Local Government Public Works and National Housing
    - Department of Civil Protection (DCP)
  - Administrators Office (Provincial level civil protection unit)
  - District Administrators Office (District level civil protection unit)
  - Traditional leaders and Village Structures

**Multisectoral representation of government, donor partners, NGOs and Private Sector**

**Civil Protection Organizations**
- National Civil Protection Coordination Committee (NCPCC)
- National Food and Nutrition Council (NFNC)
- Zimbabwe Vulnerability Assessment Committee (ZimVAC)

Photo: UNRCO / Sirak Gebrehiwot
ZIMBABWE HUMANITARIAN APPEAL REVISION

SUMMARY OF NEEDS, TARGETS & REQUIREMENTS

5.13m people in need
3.70m people targeted

$331m new requirement
$464m overall requirement

The Logistics Cluster has been deactivated and is no longer part of the revised appeal. The Early Recovery Sector was part of the original appeal. However, for the revised appeal, the early recovery needs have been mainstreamed across each of the cluster/sector response, therefore there is no stand-alone Early Recovery Sector requirements under the revised appeal.
Rainfall performance in Zimbabwe during the 2018/19 season was below average with significant deficits recorded across most parts of the country. Long dry spells were recorded coinciding with the critical reproductive stage of the staple cereal crops. To compound the situation, the four provinces of the country were hit by a devastating cyclone, which caused severe damages to crop, livestock and agriculture infrastructure.

The Results of the 2019 Second Round Crop and Livestock Assessment indicate maize production at 776,635 MT which is 31 per cent below the five-year average and far below the national requirement of 2.1 million MT. Furthermore, agriculture-related casual labour opportunities have decreased due to the poor performance of the season. There is limited availability of grazing which will not sustain livestock to the next rainfall season. Dipping is erratic due to a critical shortage of dipping chemicals. Since December 2018 over 50,000 cattle deaths have been reported due to an outbreak of Theileriosis.

The situation is further complicated by the adverse impact of economic reforms, the combined effect of a poor agricultural season and an under-performing economy has resulted in dire consequences for the population that derives a significant proportion of their livelihoods from agricultural activities. Urgent assistance is required to avert a large-scale humanitarian crisis.

Response strategy:
Actions developed by agriculture sector actors will focus primarily on restoring the productive capacity of drought-affected small holder farmers and enhancing their resilience to future shocks. Agriculture sector actors plan to assist people in 35 districts targeting 1.1M of the rural population. Humanitarian actors will work closely with the specialized departments of the Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement.

The projects developed will contribute to improving access to essential crop and livestock inputs, transferring skills and building capacity, managing crop pests and livestock diseases. The sector response includes early action interventions that complement ongoing development projects undertaken by agriculture partners, such as emergency rehabilitation of agriculture infrastructure and other rapid interventions designed to mitigate the effects of a poor rainfall season, protect development gains and strengthen the resilience of communities to future shocks.

Priority actions:
Restoring crop production:
• Provide drought-tolerant seeds for cereals and legumes, as well as fertilizers.
• Provide training, extension and advisory services to extension officers and farmers focusing on good agricultural practices with emphasis on climate-smart agriculture .
• Provide farmers with equipment and training to support crop pest management, post-harvest handling, storage and processing .

Restoring livestock production:
• Restocking of small livestock.
• Provide stock feed and support fodder production.
• Livestock vaccination, disease surveillance and management.
• Rehabilitate dip tanks and provide dipping chemicals.
• Enhancing access to water for productive purposes.
• Rehabilitate and solarize water points to support crop and livestock production.
Prolonged drought in Zimbabwe coupled with fast deteriorating economic environment are the main contributor to the sharp deterioration of humanitarian situation across the country. The scale of humanitarian needs requires a step change in the coordination of the response to ensure that synergies, efficiency and cross sectorial analysis and response are reaching the most vulnerable people. Information on affected, and displaced populations has been a key to the response to the cyclone in Zimbabwe due to the rural nature of the affected districts. IOM in collaboration of the Ministry of Labor and social welfare will extend the data collection activities to the drought affected districts. In order to ensure a more robust and targeted response for the humanitarian community, the data collection system is implemented to provide key information and critical insights into the situation on internally displaced and affected persons in Zimbabwe. The system comprises a set of information management tools which are used to collect primary data and disseminate regular and accurate information to humanitarian partners.

About 1,250 individuals are still living in camps and in informal settlement. IDPs in camps are increasing their vulnerability, because they have been unable to receive support from the hosting community and thus are more reliant on external support. The living conditions of the temporary camps and other collective centers requires constant monitoring, improvement and multi-sectoral support especially if these individuals cannot be relocated before the next rainy season (Sept/Oct 2019). More durable solutions outside of camp and camp like settings need to be developed, especially to transition to the early recovery.

Priority actions:

- Strengthen humanitarian coordination at national level to respond to the drought related emergency needs.
- Facilitate joint assessments and response planning.
- Ensure timely dissemination of key information to all stakeholders.
- Promote and lead on joint needs analysis and reporting .
- Roll out of data collection tool to support information gathering on the service needs, provision and gaps at site level throughout all affected areas.
- Carry-out an initial baseline assessment of displaced and affected drought communities including origin, needs, services, gaps and detailed demographics for use in partners programming.
- Facilitate joint assessments and response planning.
- Undertake mobility tracking of population movements for return, relocation and cross border dynamics where applicable.
- Coordination of service delivery, monitoring of standards and implementation of referrals.
- Exist strategy including infrastructure decommissioning and transport for the most vulnerable to return or relocate, when and as appropriate, in accordance with international standard.
Education services support learners’ physical, social, emotional and cognitive wellbeing. Schools provide a safe platform for cross-sectoral, preemptive and life-saving support to food insecure communities. Supporting education services during the food insecurity will enable children to continue their education in a protective space and remain in school. The right interventions will build their resilience to withstand, adapt and recover from impacts of high-level of food insecurity. The link between adequate nutritional levels and school attendance and attainment of educational outcomes is extensively proven. Equally, provision of clean water and sanitation will minimize threat against water borne diseases and will ensure healthy practices that would help learners to stay school. Ensuring that children receive school meals, therefore, both protects the most vulnerable children from food insecurity-induced decline in nutritional status, and ensures their education is not disrupted. The Education Sector has now developed a draft school feeding policy and plans to ensure School Feeding for 595,639 children in the ten most food insecure districts. In addition, the sector seeks to build resilience and sustainability through installation of solar water pumping systems in schools as well as support for the establishment of viable nutrition gardens to enhance self-sufficiency in food supply to school feeding programmes.

Rapid Pro will be used for real time monitoring and in particular to monitor attendance during drought period and provision of school feeding by targeted schools. The key indicators will include number of learners benefitting from school feeding, attendance rate and provision of WASH in school. Data will be disaggregated to monitor participation of both girls and boys and to mitigate any bottleneck that would hinder school access.

The main coordination mechanism will be through the education cluster and smaller committees assigned by MOPSE to oversee progress made. Districts will coordinate the interventions from partners to ensure equitable support to targeted schools and monitoring inputs provided. Communications between the head office, provinces and districts will be strengthened to ensure a cohesive implementation of the plan.

Priority actions:

• Identification and prioritization of the neediest primary and secondary schools.
• Support the temporary provision of school meals and identification of sustainable school feeding through supporting school gardens.
• Provision of WASH services, including access to water and cholera prevention measures in drought-affected schools and cholera-affected zones.
• Provision of teaching and learning materials to reduce the cost burden of education to parents, as families will probably prioritize food over other basic needs.
• Disseminate awareness messages on the importance of regular school attendance for children in emergency locations.
• Coordinate real time data collection exercise to monitor school attendance.
• Capacity building in DRR at all levels – building resilience through installation of water pumps and introduction of nutrition gardens to enhance self-sufficiency.
Following Cyclone Idai, which impacted in an already food insecure situation, the May 2019 rural livelihood Zimbabwe Vulnerability Assessment Committee (ZimVAC) reports that 5.5 million people – or 59% of the rural population – will be food insecure at the peak of the lean season (January-March 2020). Furthermore, the IPC analysis, based on the ZimVac results, conducted in June 2019 projects that 3.58 million of these people will be in IPC phase 3 (crisis) and 4 (Emergency). Regarding the current quarter, 25% of the rural population is estimated to be phase 3 and 4. The results of the ZimVac and IPC analysis demonstrate a radical increase of people having a large food consumption gap and who are forced to deploy negative coping strategies. Additionally, significant dry spells and inflation on prices of basic goods affect purchasing power and reduce food access, which aggravates the food security situation of wide segments of the population.

Interventions developed by food security actors will focus primarily on crisis and emergency areas (IPC phases 3 and 4) to improve food availability and access for acutely food-insecure populations. Food security actors plan to address the most urgent food security needs of highly vulnerable households in rural areas for 2.5 million people. This plan acknowledges that the response is part of a wider action where Government will play a critical role in providing main assistance.

All beneficiaries who are not labour constrained who receive cash or food should be engaged in food for work program. The projects developed will contribute to improving access to food, to prevent a deterioration of the nutritional status of under-five children and vulnerable populations, revitalizing markets and strengthening purchasing power. The various projects developed by the partners in the food security cluster will systematically integrate cross-cutting themes such as gender, protection, accountability and inclusion, and will be implemented in an integrated manner. Food security actors will develop quality programs and set up appropriate monitoring and reporting mechanisms and will also be encouraged to establish strong partnerships with government bodies, national NGOs and the private sector.

Priority actions:

- Provide monthly food baskets through either in-kind, cash transfer or vouchers to food insecure rural households in close collaboration with local stakeholders.
- Provide monthly cash assistance to meet the most immediate food security needs of vulnerable people in urban areas.
- Provide protective nutritional rations to increase nutritional value of food baskets provided to the most vulnerable populations.
Procurement of essential medicines, medical commodities and supplies plays an important aspect of the response activities and this activity will be undertaken by UNICEF who have been procuring drugs for the health facilities for various programs. This will enable the communities to have improved access to health services in the drought affected districts.

A mapping of vulnerability and response capacity will be conducted in the at-risk districts to improve preparedness and response planning. Disease surveillance and early warning systems will be strengthened through training of relevant health staff for early detection, confirmation and response to diseases outbreaks and other public health events through training in Integrated Disease Surveillance and Response (IDSR) and establishment of Rapid Response teams at all levels. Management of medical consequences of malnutrition and common communicable diseases - including cholera, typhoid fever and measles - will be enhanced through building capacity of health workers on case management of priority diseases. Health partners will support laboratory capacity for the National Microbiology Reference Laboratory (NMRL), provincial and district level laboratories through training of laboratory staff and procurement of relevant equipment and reagent. This will support timely and effective detection and confirmation of priority pathogens and monitoring of drug sensitivity for effective case management. The response also seeks to support immunization campaigns to reduce the prevalence of vaccine preventable diseases. The health sector response will be done under the leadership of Ministry of Health and Child Care and in partnership with health partners. Coordination of the same will be done through the Inter-Agency Coordination Committee on Health (IACCH), with WHO as the secretariat and sector lead.

**Priority actions:**

- Strengthen disease surveillance/ early warning through training of relevant health staff in all provinces and local authorities in IDSR and providing logistics for prompt outbreak notification and response.
- Strengthen laboratory capacity of the National Microbiology Reference Laboratory (NMRL) and all provincial health laboratories, including the Government Analyst Laboratory for early detection, confirmation and monitoring of disease outbreaks and other public health threats.
- Strengthen case management for diarrhoeal diseases including cholera, typhoid fever and measles.
- Procurement of essential medicines and medical supplies to ensure facilities in the priority districts are adequately stocked to manage disease outbreaks and other priority conditions at PHC level.
The Nutrition Sector will provide life-saving essential nutrition services to children with acute malnutrition. Partners in the sector will work closely with the Ministry of Health and Child Care as well as with the Food and Nutrition Council to identify, respond to, prevent and control undernutrition in the drought affected districts. Focus will be on prepositioning of essential nutrition commodities in all districts and health facilities; strengthening community-based management of acute malnutrition; providing community level Infant and Young Child Feeding in Emergencies (IYCF-e) support to parents and caregivers of children below the age of two years; and providing micronutrient supplementation to pregnant women and children aged 6 to 59 months in the affected districts. The interventions will prioritize children and pregnant women at highest risk of morbidity and mortality due the drought in the 25 most affected districts. Children with acute malnutrition will be treated with RUTF and linked to protective rations provided by WFP to cover children under the age of five years. Where cash and/or food assistance intervention are provided the nutrition, sector will collaborate with the WASH and food security clusters provide community IYCF support and counselling to mothers and caregivers of children below two years of age. UNICEF as the cluster lead with support from GOAL, will facilitate coordination of government and development partners for nutrition emergency preparedness and response through monthly coordination meetings. Extended coordination through the Provincial, District and sub-district Food and Nutrition Security Committee structures will facilitate nutrition resilience and strengthen the multi-sectoral community-based program in all at risk districts to prevent an increase in acute malnutrition.

**Nutrition Objectives:**

- To provide leadership for a coordinated nutrition response to women and children affected by the drought.
- To protect the nutrition status of vulnerable children under the age of five years (includes children with disabilities and those affected by HIV; pregnant and lactating women from deterioration due to the impact of the drought.
- To provide life-saving nutrition treatment to all children affected by acute malnutrition.
- To provide community level Infant and Young Child Feeding in Emergencies (IYCF-e) support to parents and caregivers of children below the age of two years in collaboration with the HIV programme.
- To improve decision making and effective nutrition response through strengthened data collection, reporting and information systems using the rapid-pro platform.

**Priority actions:**

- Increase access to and efficient stock management of life-saving therapeutic and supplementary foods at Health facility and community levels.
- Implement active screening for early identification and referral of children with acute malnutrition including children with disabilities and HIV through community-based health workers and community volunteers.
- Provide maternal and child micronutrient supplementation (VAS, MNPs, Iron and folate for pregnant women and increased consumption of fortified staple foods).
- Provide community level Infant and Young Child Feeding in Emergencies (IYCF-e) support to parents and caregivers of children below the age of two years including those with disability and HIV.
- Conduct seasonal nutrition assessment by Ministry of Health and Child Care and FNC in partnership with WFP and FAO.

**Contacts**

Min of Health & Child Care  
Crispen Nyadzayo  
tknyadzayo@gmail.com  

Mathieu Joyeux:  
mjoyeux@unicef.org  

Thokozile Ncube:  
tncube@unicef.org  

Gabriella Prandini:  
gprandini@zw.goal.ie  

**Funding Received**

- **$1.6M**  
  *People in Need: 335K*  
  *People Targeted: 251K*  
  *# of Partners: 9*  

**New requirements**

- **$12.9** Million  
  (Jul 2019 - Apr 2020)  
- **$14.7** Million  
  (Feb 2019 - Apr 2020)  
- **$306K**  
  Refugees
The Child Protection Sub-sector estimates that 150,700 children and adolescents will need welfare and child protection services because of the impact of the prevailing drought, the effects of Cyclone Idai, the social and the prevailing economic environment. The result is an increase in child welfare and child protection caseloads and demand for child protection services. Multi-hazards have increased the vulnerability of children to protection violations which are normally preceded by deprivation of access to basic survival needs and social services.

The sector will need an additional $5,890,000 to reach its target of 133,300 children and adolescents who are likely to suffer negative child protection consequences. Sector interventions will impact positively on caregivers, child protection actors and other key sectors such as education and health actors.

**Key child protection risks:**

- Due to the deteriorating humanitarian situation child neglect, abuse and exploitation is likely to increase especially for orphans and other vulnerable children.
- There is a risk that children and adolescents will increasingly experience psychosocial distress as some are likely to drop out of school, pushed away from home to seek for employment, livelihoods and care away from their usual families and caregivers. In such situations family separation and migration become some of the risky coping mechanisms and expose children to new protection and welfare risks.
- The risk of drought and other hazards might result in a high prevalence of sexual violence and exploitation for children and adolescents from ultra-poor households who during the lean season may end up being pregnant, married, or in transactional sex activities.

**The sector’s response will have three main components**

- Strengthening child protection systems to identify risks and prevent child protection violations, thus investment will be made in district and community level child protection structures such as the District and Ward Child Protection Committees responsible for child protection coordination, the Community Childcare Workers who are community volunteers available in each village and responsible for case identification and referral.
- Strengthening the National Case Management System to be inclusive and sensitive to emerging issues because of the hazards — thus integrating Child Protection in Emergencies, resourcing the targeted districts to respond in each level of child protection case management from the cadres (Community Childcare Workers) to statutory workforce and allied service providers such as law enforcement, legal and health practitioners. Integrated case management is the flagship for offering wrap around services and continuum of care.
- Building resilience, mainstreaming child protection in other sectors and investing in early recovery for children, adolescents and their caregivers.
- The main custodian of Child Protection Systems is the Ministry of Public Service Labour and Social Welfare, which is responsible for access to child welfare and child protection services. However to compliment Government efforts the Civil Society organisations will offer specialist services for managing vulnerabilities that may hinder entry, access and full participation in Case Management by special groups such as children and adolescents with disabilities, living with HIV, separated and unaccompanied, in contact with the law and those from child headed or generation gap head of households.

**Contacts**

Child Protection
Ministry of Public Service, Labour and Social Welfare
(Child Welfare and Child Protection Services):
Tawanda Zimhunga
zimhunga2006@gmail.com; John Nyathi:
jnyathi@zimnapovc.co.zw
Jolanda van Westering
jvanwestering@unicef.org
Mitigate, prevent and respond to gender-based violence (GBV) risks, particularly for most vulnerable women and girls, in districts most affected by high-level of food insecurity is one of the priorities of the sector. Among other activities, GBV partners will provide support to the Ministry of Women affairs, community, small and medium enterprises development to establish GBV mitigation and prevention measures, while strengthening referral mechanisms and disseminating lifesaving information about the availability and accessibility of GBV services. Furthermore, the GBV Sub-sector partners will provide support to drought-affected communities to establish community-based complaints mechanisms for Protection from sexual exploitation and abuse (PSEA). Lastly, The GBV sub-sector will support the humanitarian community in ensuring that protection remains central to the entire response, working with all sectors to mainstream protection from GBV and reinforce risk mitigation, while sensitizing all humanitarian actors active in the drought response on PSEA. Among other interventions, the GBV sector will advise the Cash Working Group under the Food Security Sector in the development of a GBV conscious cash assistance strategy to target the most vulnerable and at-risk individuals.

Priority actions:

• Establish timely GBV mitigation strategies in order to build capacity of most vulnerable women and girls and their communities to engage in alternative coping mechanisms and reduce the risk of exposure to GBV. This support includes community-based targeted programmes and distribution of NFIs (dignity kits, Menstrual health management kits, mama kits).

• Ensure availability and accessibility of quality comprehensive GBV survivors’ multi-sectoral services such as health, psychosocial, safety and legal support, through the establishment/ strengthening of referral pathways and the dissemination of life-saving information on available services in drought-affected communities.

• Strengthen capacity-building efforts for GBV sector specialized actors on the application of GBV in Emergencies Minimum standards, as well as for humanitarian sectors’ actors (Food security, Health, WASH, Nutrition and Education) on integrating GBV interventions into humanitarian action, including the establishment of prevention, mitigation and response mechanisms.

• Support affected communities to establish and operationalize community-based complaints mechanisms (CBCM) for protection from sexual exploitation and abuse (PSEA) while providing technical support to humanitarian actors to integrate PSEA in their operations.

• Enhance protection coordination at national, provincial and district level, including effective monitoring, response and prevention of GBV, to inform targeted programming and timely response.

Photo: UNOCHA/ Tsvangirayi Mukwazhi
Five months after Cyclone Idai made landfall in Zimbabwe there are still needs for shelter assistance. As of July 2019, shelter assistance had been provided to 2909 households (15,916 individuals), making a total of 16% of the original target. There is a need for the provision of temporary shelters, especially for families whose houses have been destroyed. It is also necessary to provide support to improve the shelters of those whose houses that have been partially destroyed, with specific attention to issues related to protection, gender and disability inclusion.

Some affected families continue to reside with relatives or friends bearing in mind that their homes have been destroyed or unsafe or remain inaccessible. It is likely that host communities will continue to support the IDPs caused by Cyclone Idai in Zimbabwe. These host communities are often located close to the IDPs’ areas of origin, reducing the challenges of integration. However, until return and shelter repair/reconstruction options are assessed, IDPs will be obliged to remain with host communities. The coping capacity of host communities – already strained because of drought and adverse impact of austerity measures – will be further stressed. It is imperative to regularly assess the needs of host communities and to provide multi-sectoral support to communities hosting IDPs, including emergency shelter support (to rehabilitate displaced or host community homes, for example), full temporary shelters to enable IDPs to erect temporary shelters adjacent to host family.

The aim of shelter assistance programmes is to ensure that families have adequate appropriate and safe shelter supporting them to transition along the pathway to permanent durable housing, prioritizing the needs of the most vulnerable, ensuring participation, freedom of choice, and access to basic services to ensure a life of dignity.

Priority actions:

- **Emergency Shelter Upgrade (ESU):** Emergency Shelter Upgrade (ESU) programs aim to respond to the immediate emergency needs to ensure that those still living in tents and makeshift shelters can live with health and dignity whilst better solutions are found.

- **Minor repair Shelter (MRS):** The minor repair Shelter programmes aim to provide safe adequate, appropriate shelter for households whose permanent housing solution is not yet resolved. To ensure a smooth transition on to permanent solutions, MRS are designed to be relocatable, resalable, or reusable.

- **Host Family Programme (HF):** Sharing Programmes are designed to support families choosing to be hosted by another household as a temporary solution, as well as addressing the separate needs of the hosting family.

- **Rental Support (RS):** Rental support programmes provide temporary support to households choosing to live in a rental property or rented land. These programmes may also support landlords to recover their property and open it to the rental market.

- **Coordination of service delivery, monitoring of standards and implementation of referrals.**

- **Exist strategy including infrastructure decommissioning and transport for the most vulnerable to return or relocate, when and as appropriate, in accordance with international standard.**
The current drought phenomenon is negatively affecting the provision of safe water thereby increasing the risk of WASH related diseases among the vulnerable communities. According to the Rural WASH Information Management System (RWIMS) of July 2019, 28.8 per cent of the water points nationally are seasonal and only 12.74 per cent are good yielding and perennial. The same RWIMS report points out that 49.4 per cent of water points (mainly hand pumps) are currently fully functional. As we move forward, less productive and further away sources will further increase the burden (especially for children and women) of fetching water. As of the June 2019 ZIMVAC Assessment report, showed that 16 per cent of households travelled more than 1km to fetch water from the nearest main water source and 32 per cent over 500m, still above the Sphere standard. This travel distance will increase as more water sources dry up. The reduction in water availability is leading communities to compromise on safe sanitation and hygiene thereby increasing the risk of WASH related diseases. While the WASH Sector has mobilized resources to provide WASH access for immediate needs, the Cyclone IDAI affected population still remain vulnerable, necessitating need for additional resources to repair, rehabilitate and construct WASH infrastructure in institutions (schools and health facilities) and communities as well as community strengthening to adopt safe hygiene practices and operate and maintain WASH.

In urban areas, decline in WASH provision has been particularly significant in high-density and unplanned urban areas, which now face continual water shortages and rationing due to a variety of factors; low dam levels, power cuts and shortage of water treatment chemicals. This has resulted in major sewer leakages in residential areas and raw sewage being discharged into natural watercourses, which ultimately feed into urban water supply sources. There is a comprehensive lack of water treatment chemicals throughout the country, broken pipes are common, and households can no longer be confident that their piped water supply is safe to drink. These conditions increase the risk of WASH related disease outbreaks.

As of the end of June 2019, a total of 5,422 typhoid cases had been reported out of which 165 had been laboratory confirmed and twelve (12) typhoid-related deaths reported. The same week (week 26) recorded 32 new-suspected typhoid cases in Harare Province. Most of the reported typhoid cases, are from Harare, which was also the epicentre of the 2008-2009 and 2018/19 cholera outbreak. The country recorded a cumulative cholera cases were 10, 421 and 69 deaths as of 26 March 2019 again the majority coming from Harare. The diarrheal diseases burden is also substantial, with a cumulative total of 12,511 clinical dysentery cases and 4 deaths were reported by week 26 of 2019. Total common diarrhoea reported the same week alone were 8,022, with a cumulative of 198, 319 cases and 160 deaths. Considering the non-availability of safe and adequate water in both urban and rural areas due to the lack of electricity and water, it is feared that even a small localized cholera outbreak can degenerate into an outbreak at national scale.

Priority actions:

Based on the above triggers, WASH partners will carry out the following interventions to achieve the three sector objectives:

- Rehabilitation/upgrading/ construction of strategic water points with a focus of maximizing use of perennial water sources to cover needs of institutions (schools, health centres) and vulnerable communities.

- Improving safe hygiene and sanitation practices, with a focus on participatory health and hygiene education in institutions (health facilities, schools) and communities with high malnutrition rates. This will include training of Environmental Health Technicians (EHTs), Village Health Workers (VHWs) and Community Health Workers (CHWs) supporting community-based counselling of caregivers on infant and young child feeding practices on critical lifesaving WASH messages / hygiene practices. May also entail provision of temporary latrines/ mobile toilets where appropriate.

- Distribution of WASH hygiene kits targeting care givers of severe and moderate acute malnourished children.

- Strengthening coordination and surveillance mechanisms at national and sub-national levels.
EARLY RECOVERY

The Early Recovery sector was part of the original Humanitarian Appeal with the aim to stabilize livelihoods and rebuild the foundation for resilience of the drought-affected communities in targeted rural and urban areas. The response integrated humanitarian efforts with early recovery activities to restore the capacity of vulnerable communities and local institutions to recover from impacts of El Niño-induced drought, prevent further deterioration and shorten the need for humanitarian assistance. The Early Recovery sector coordinated by UNDP was pivotal in finalizing the recovery plan in support to the Government to identify the key activities to be implemented in areas affected by Cyclone Idai.

This revision of the Flash Appeal ensured that early recovery activities are mainstreamed into sectorial response therefore the Early Recovery is not featuring as a stand alone sector.

LOGISTICS

The flooding caused by Cyclone Idai damaged a large part of the infrastructure in the affected area, including warehousing as well as roads and bridges, resulting in logistics challenges particularly in the most-affected districts of Chimanimani and Chipinge. The Logistic cluster was activated to provide immediate support to reach most of the affected areas through one Mi8 helicopter service which was coordinated with other temporary air cargo assets provided by the national military and private sector. In addition common storage facilities were provided including coordination of road transport among humanitarian partners.

The cluster was deactivated as the emergency response transitioned to the recovery phase.

Contacts

Early recovery
Anne Madzara:
anne.madzara@undp.org

Logistics
Jens Nylund:
Jens.nylund@wfp.org
Zimbabwe hosts a total of more than 20,000 refugees and asylum-seekers. This population includes 14,050 refugees who reside in Tongogara camp located in the Manicaland province, eastern Zimbabwe, and 927 refugees who are urban-based, mainly concentrated in Harare. In addition, 6,546 Mozambican asylum-seekers have been profiled, but not yet biometrically registered and are living among Zimbabwean host communities in Manicaland province. The total number of refugees and asylum-seekers is expected to rise to up to 25,000 people in 2019, as displacement from the Democratic Republic of Congo (DRC) will probably continue in 2019.

The refugee response strategy focuses on the provision of protection and assistance to all refugees and asylum-seekers, both in and outside camp settings, including in urban areas. The protection environment will be enhanced through the engagement of refugee and host communities, organizations providing multi-sectoral assistance, and the host government.

The refugee protection strategy prioritizes access to safety; reception, registration, status determination and documentation; advocacy for maintaining the humanitarian and civilian character of asylum; peaceful coexistence of refugee and host communities; strengthening of resilience and coping mechanisms for the extremely vulnerable; access to justice; and addressing the specific needs of children, women at risk and survivors of gender-based violence (GBV). Support to the development of the national asylum system remains essential. Specific protection services, such as GBV response and child protection, will be tailored to the needs of each at-risk group or individual. This will primarily be achieved through participatory assessments, surveys and verification exercises to identify vulnerable refugees and their needs. The needs of persons with disabilities and older people will be mainstreamed throughout the response.

Food assistance will be carried out by the provision of in-kind food distributions as well as cash distribution. Livelihoods remain a vehicle to de facto local integration. More specifically, in 2019 the operation will optimize the livelihoods Graduation Approach to target the current population of the most vulnerable refugees, particularly persons with disabilities and single-headed households with the aim of enhancing self-sustenance.

The WASH Sector will target on the construction of sanitary facilities, as well as additional boreholes and water reticulation systems. The education system will be enhanced by the construction of additional classroom blocks needed as a result of increased pupil enrolment due to influx of asylum-seekers. Core relief items will be targeted towards refugees and asylum-seekers who are living in the Tongogara Refugee Camp.

Given the protracted nature of the refugee and asylum-seekers situation in Zimbabwe, the sector will also work to ensure that this group is included in the national development plan. This could also mitigate the dire impacts of a decreasing funding trend at the same time that the influx of new people is on the rise.

WASH and Shelter remains the critical areas that requires continuous support and investment in the camp. Though there is marked progression in water supply, sanitation and hygiene, more work is still required for the sectors to reach expected service standards.

**Priority actions:**

- Cash distribution.
- Construction of toilets.
- Procurement of soap and sanitary wear.

**Contacts**

Pride Chifodya  
chifodya@unhcr.org

Rudo Mefema  
mufema@unhcr.org

Blessing Chaumba  
chaumba@unhcr.org
ANNEXES
A coherent Early Recovery Plan was developed through UNDP coordination to support government efforts. The plan equips partners/stakeholders to make evidence-based decisions on early recovery/recovery and sustainable long-term development. It emphasizes a shift from saving lives to restoring livelihoods; effectively preventing the recurrence of crisis situation; harnessing conditions for future development; building national capacities; empowering all members of the affected communities; determining and addressing the root causes and vulnerabilities including developing measures for anticipating future hazards, their prevention, preparedness, response and recovery.

The Plan presents by sectors time critical action-oriented interventions for addressing the transitional early recovery needs of the affected population over a 12 month period. Special focus was put on the recovery needs and potential risks affecting the most vulnerable social groups such as women, children, youth, people living with disability and people living with HIV.

The Plan has the following sectors: Food Security and Livelihoods; Physical Infrastructure; Housing & settlement; Water, Sanitation and Hygiene (WASH); Health & Nutrition; Protection & Psychosocial; Disaster Risk Management (DRM) and Climate Change; Environmental Protection. Gender is integrated throughout all the sectors to ensure gender responsive interventions. Other cross-cutting issues are integrated within all sectors and are also highlighted separately for additional visibility.

The Early Recovery Plan recognizes that:

- Recovery and development requires community-level engagement and cooperation
- Because natural disasters are partly attributable to human behavior, disaster risk management requires behavior change.

The Plan proposes that each intervention be complemented by communication activities, intended to foster cooperation and – where relevant – positive behavior change.

Total requirement for the plan is US$79,652,135. The UN has mobilised 23% of the required US$25 million for both cyclone and drought which has been deployed to support restoration of livelihoods; emergency employment; enterprise recovery and community infrastructure sectors. Funding by the World Bank (US$75 million) and African Development Bank (US$27.85 million) will enhance early recovery response for Cyclone Idai.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Key activities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihoods</td>
<td>Provision of agricultural inputs including seeds, fertilizers and tools, livestock restocking; Rehabilitation and creation of community assets to support livelihoods and promote community-level resilience to flooding and other natural hazards; Implementing afforestation &amp; agroforestry programs including sustainable land and natural resource management, ecosystem rehabilitation, and Climate Smart Agriculture (CSA)</td>
<td>10,000,000</td>
</tr>
<tr>
<td>Physical Infrastructure</td>
<td>Risk informed long term planning of infrastructure needs with possible durable alternatives; Slope and roads stabilization works prior to the next rainy season; Application of ‘building back better’ principles in rehabilitation and reconstruction will better resist and reduce the impacts of future shocks and stresses; Developing and implementing construction guidelines for resilient community infrastructure; Design and implementation of community-led programs for the rehabilitation of key productive community infrastructure, including low-skills employment schemes, that are gender responsive and empower women</td>
<td>9,620,000</td>
</tr>
<tr>
<td>Housing and Settlements</td>
<td>Mapping and delineation of high risk and No build zones/areas; enforcement of regulations, standards and building codes; Use of BBB approach in the design and development of innovative and out-of-the-box solutions to housing rehabilitation; Design of resilient (re)construction techniques and the selection of resistant construction materials; training of masons and artisans (or, unemployed youths) on disaster resilient and cost-effective construction technologies using local resources; Incorporating women’s and girls’ specific concerns in the design and reconstruction processes</td>
<td>4,604,000</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td>Cost</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| Water Sanitation and Hygiene                  | • Resilient WASH infrastructure rehabilitation and construction  
• Construction of gender segregated emergency latrines, showers, laundry and waste management  
• Provision of adequate sanitation, hygiene promotion and sanitation with a particular focus on the hygiene needs of women                                                                 | 29,632,292 |
| Health and Nutrition                          | • Integration of Minimum Initial Service Package (MISP) into the national health emergency preparedness and response system as part of DRR programme (strengthening coordination for MISP implementation, development of guidelines and SOPs, capacity building, logistic management etc.)  
• Strengthen the surveillance system and response for early and timely detection of epidemic prone diseases in the cyclone affected areas including management of MAM and SAM  | 11,345,576 |
| Education                                     | • Resilient, reconstruction, repair of education facilities as well as application of DRR in education                                                                                                           | 5,909,267 |
| Protection and Psychosocial                   | • Capacity building to strengthen support to GBV prevention and response including PSEA in emergency situation                                                                                               | 3,933,800 |
| Disaster Risk Management and Climate Change   | • DRR considerations and disaster preparedness tools will be mainstreamed throughout the implementation of recovery projects, in order to increase community resilience and people’s ability to face and cope with the occurrence of future disasters  
• Community-based DRM, hazard mapping; contingency plans, strengthening Early Warning System (both systems & standard operating procedures); DRR awareness raising in disaster prone communities  
• Establishment of risk-informed and gender responsive community safe havens & provision of basic equipment | 3,500,000 |
| Environmental Protection                      | • Recovery projects should not cause, result or accelerate environmental damage or impacts                                                                                                                                 | 3,500,000 |
| **TOTAL**                                     |                                                                                                                                                                                                           | 79,682,135 |
## PRIORITY ACTIVITIES

<table>
<thead>
<tr>
<th>Sector</th>
<th>Summary of priority activities by Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Agriculture (cereal procurement, inputs and irrigation)</td>
<td>Grain importation (USD 282 mil), Wheat (USD 80 mil), Irrigation schemes rehabilitation (USD 8.6 mil), Extension officers requirements (USD 2.8 mil), Provision of Agricultural Support inputs (USD 5.7 mil), Dip tank construction and rehabilitation (USD 350 K), Livestock restocking (USD 473 K), Provision of agricultural inputs (USD 1 mil), Establishment of Nutritional gardens (USD 40 K), Soil and water conservation works (USD 6.4 mil), Meteorological Services equipment country wide (USD 26.5 mil)</td>
</tr>
<tr>
<td>2 Education</td>
<td>School feeding, Health and Hygiene, Support the provision of school meals in highly food insecure districts and domains. 2) Building resilience and sustainability through strategic value chain linkages between small scale farmers as well as smallholder irrigation schemes to be supported to grow pulses, nuts, tubers, fruits and vegetables for purchase by schools. 3) Addressing WASH gaps in schools in the most drought-prone areas to ensure clean water supply, adequate ablution facilities as well as proper school kitchens and food storage facilities. 4) Supporting e-orts to promote Food Safety Standards and the development of simplified IEC materials in this regard. 5) Support the campaign to keep both male and female learners in school and - supporting schools with the highest school fees payment arrears to remain viable. 6) Preposition teaching and learning materials and disability assistive devices and adaptations to reduce the burden of education costs to parents, as families will probably prioritise food over other basic needs</td>
</tr>
</tbody>
</table>
| 3 Environment | • Technical support [environmental assessments for slope stability, settlement suitability, soil stability] (USD 500 k)  
• Re-orientation of livelihoods [establishing consolidated solar powered and climate smart gardens gender-sensitive and climate proofed on higher ground, beneficiary training and climate change awareness programme] (USD 2.8 mil)  
• Forest and orchard rehabilitation [reforestation of degraded lands, tree care community training, fruit tree seedlings supply for community orchards, communities training for fruit tree production] (USD 1.6 mil)  
• Water and hydrology [establish catchment conservation works such as silt traps, soil stabilization, gully rehabilitation, catchment stabilization] (USD 1.6 mil)  
• Forestry research stations [debris clearance, land preparation, raising nursery stock and replanting] (USD 594k)  
• Infrastructure [debris clearance, road rehabilitation, soil and slope stabilization along the roads, establish conservation works such as gabions, culverts and contour ridges] (USD 500k)  
• Fire management [monitoring and enforcing establishment of fireguards, supply of firefighting equipment for communities/farmers and training of community fire fighters] (USD 68k)  
• Estate signage [erection of new signage and development of new tourist maps] (USD 40k)  
• Wildlife response [restocking of park with wild animals, setting up artificial water supplies] (USD 150k)  
• Tourist facilities [reconstruction and rehabilitation of public and private tourist infrastructure such as eden lodge, heaven lodge] (USD 300k) |
| 4 Health | • Strengthening IDSR training in the 21 district with severity ranking of 4 and above. 2) Training and support to the Rapid Response teams at provincial and district levels. 3) Strengthening water quality monitoring. 4) Capacity building on case management of priority disease conditions. 5) Strengthening laboratory capacity through training on detection of priority diseases. 6) Procurement of laboratory equipment and laboratory reagents. 7) Supporting laboratory sample transportation for improved detection. (USD 10 mil)  
• Implementation of IHR 2005 through capacitating the Port Health Authority. 2) Provision of cholera kits to Hotspots. 3) Provision of communicable disease medical supplies. 4) Logistics support for transportation of medical supplies and medicines. (USD 20 mil) |
| 5 Nutrition | Early identification and treatment of children with SAM and MAM Targeted Supplementary Feeding in children 6-59 months and Pregnant and lactating women in Food insecure districts. Micronutrient supplementation (VAS, IFAS, MNPs) to children 6-59 months and pregnant and lactating women. 2) Procurement and prepositioning of nutrition commodities for response. Capacitation of health workers at community and health facility level on IMAM, micronutrient supplementation and IYCF counselling in emergency, strengthen the coordination and monitoring of the response. (USD 12.9 mil) |
| 6 Human Resources | Ensuring man power is ready available for government intervention |
| 7 Infrastructure (cyclone districts) | • Road rehabilitation  
• Isolated roadworks  
• Bridge rehabilitation  
• Bridge approach construction  
• River training  
• Road regravelling. (ZWL 365.5 mil) |
| 8 Logistics, Search and Recovery | • Transport [there is urgent need to more food to the affected communities in the 1957 wards in our 8 rural provinces. This calls for a lot of mobility by the Government fleet].  
• Due to the magnitude of the drought, hiring of the vehicles is also an alternative solution.  
• The reburial of those whose bodies were buried in Mozambique needs to be concluded as a way of putting closure to the issue |
<table>
<thead>
<tr>
<th>Annex</th>
<th>Industry, SMES/Livelihood</th>
<th>• Community livelihoods [Livestock restocking, Livestock maintenance (Grass cutting and processing into hey), Nutrition Gardens, Bakeries, Handicrafts, Fruits and vegetable processing and value addition, Soap and candle making, Cooking oil pressing, Beekeeping, Sewing, Fisheries, Skills and entrepreneurial training] (USD 6 mil) • Rehabilitation of community infrastructure including in resettlement areas, Community resilience, Cash for Work (USD 5 mil) • Gender analysis of cyclone impact, Dignity kits, Care for disabled and elderly (coping mechanism), Training of duty bearers on prevention of sexual abuse, Production of pamphlets and referral path for GBV, Psycho socio support. (USD 500K) • Structures, Restocking, Provide soft/easy loans to re-establish supermarkets. (USD 10 mil) • Emergency employment opportunities, Cash for Work (CFW), Re-establishment of market chains and access to commodities. (USD 60 mil) • Reforestation of timber plantations, Stabilize steep slopes in timber plantations, buildings and road infrastructure, water reticulation systems, farms damaged, damages to irrigation infrastructure, buildings, machinery. (USD 14.5 mil) • Capitalization and establishment of SACCOs. (USD 5.3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Relief, Psychosocial &amp; support. Food Deficit Programme, Harmonised cash transfers, Sustainable Livelihoods</td>
<td>• Harmonized cash transfers [retargeting of beneficiary household, verification, transferring cash, entitlements to beneficiaries, change of payment modality from Cash In Transit to Electronic payments, review of the current rates of cash transfers] (-ZWL$39 472 644.00 using the current rate: -ZWL$5 000 000.00 administration). • Food deficit [registration of beneficiaries, verification, Food distribution, Monitoring] (Grain purchase 77,081.8mt of grain by ZWL$2,100/MT ($161,871,780) per month Administration, Handling fee, transport, empty bags ZW$9,943,352.20 per month).</td>
</tr>
<tr>
<td>11</td>
<td>Shelter (Cyclone displaced)</td>
<td>Establishment of emergency camps (minimum of 12 camps in the disaster epi-centre areas). 2) Provision of tents - 1 tent per family for 2,331 for displaced families.</td>
</tr>
<tr>
<td>12</td>
<td>Spatial planning</td>
<td>• Inspection and analysis of the heavily affected areas (original and proposed localities in 7 districts) Tacheometric surveys. • Base mapping. • Stakeholder consultation, meetings and workshops. • Production of draft layout plan and testing. • Finalisation of explanatory reports. • Layout plan, appraisal, approval and distribution. (USD 500K)</td>
</tr>
<tr>
<td>13</td>
<td>Security</td>
<td>Security support to government operation</td>
</tr>
<tr>
<td>14</td>
<td>WASH</td>
<td>• Rehabilitation / upgrading of existing water sources. • Borehole drilling. • Monitoring of water availability and quality. • Distribution of Non-Food Items (NFIs). • Hygiene Education. • Emergency water trucking. • Provision of mobile toilets. (USD 34 mil)</td>
</tr>
<tr>
<td>15</td>
<td>Disaster Risk Management</td>
<td>• Cyclone Idai Search and Recovery [Strengthen forensic humanitarian action capacity; use of forensic scientific expertise and knowledge to ensure dignified burial and correct identification of recovered remains for return to relatives; with support of DNA testing] (USD 217K) • Risk Assessments [Conduct comprehensive hydro-meteorological, geological and environmental risk analysis to inform preparedness planning, Conduct a study to establish the manifestation of Cyclone Idai induced flooding of Nyahode River and the related landslides]. (USD 250K) • Strengthening Early Warning system [Procurement and installation of critical hydrological gauging stations, Procurement of meteorological monitoring equipment, Radar network, forecasting tools, tools, automatic and digital instruments]. (USD 15.8 mil) • Preparedness Planning [Conduct preliminary work on national and sub-national emergency operation centres, Procurement of Specialised rescue equipment (Water, Land, and Air Rescue, Procurement of off-road 10 x 4x4 vehicles, Warehousing and related logistics, Construction of multipurpose evacuation centres in disaster prone areas, Contingency Planning and related simulation exercises, Contingency Planning and related simulation exercises, Pre packed forensic disaster response kits at 10 provinces, procurement of Rapid Portable DNA testing machine, and first responder training to initiates humanitarian forensic action before or as forensic experts arrive. Targeting uniformed forces and health staff]. (USD 23 mil) • Education and awareness for preparedness and prevention [Production of materials, Dissemination programs (Training, Electronic and print media, SMS, Field Visit)]. (USD 200K) • Strengthening Disaster Risk governance to manage disaster risks [Advocate advocacy for the DRM Bill, Provide technical and financial support to the Department of Civil Protection (DCP) in order to enhance national DRM coordination mechanism at national and sub-national levels to support the delivery of recovery and resilience building interventions by sectors on Cyclone Idai and El Nino induced drought, Support local government structures in disaster prone areas to take active planning/strategic measure to reduce the risk of disasters]. (USD 5.3 mil)</td>
</tr>
<tr>
<td>16</td>
<td>Gender</td>
<td>• Carry out a comprehensive analysis of the gendered impact of cyclone Idai ad gender analysis of response and recovery interventions to inform subsequent interventions. (USD 146K) • Procurement of 3,000 dignity kits for women and girls comprising [Disposable sanitary pads, Reusable sanitary pads, Ladies pants, A wrapper, Bath soaps, Laundry soap, Toothpaste and toothbrush, A comb, Solar lamp/torch, Petroleum jelly]. (USD 300K) • Training of duty bearers on prevention of sexual exploitation and abuse in emergencies and offering psycho-social support [80 participants from the 2 Districts]. (USD 24K) • Printing of pamphlets on GBV and the GBV Referral pathway. (USD 30K)</td>
</tr>
</tbody>
</table>
## Sector Summary

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of people in need</th>
<th>Number of people to be targeted by Government</th>
<th>Total budget requirements</th>
<th>Estimated Government allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture (cereal procurement, inputs and irrigation)</td>
<td>7,731,180</td>
<td>1,541,636 households</td>
<td>406,538,704</td>
<td>210,000,000</td>
</tr>
<tr>
<td>Education</td>
<td>595,639</td>
<td>595,639</td>
<td>21,262,594</td>
<td>4,389,068</td>
</tr>
<tr>
<td>Environment</td>
<td>970,000</td>
<td>750,000</td>
<td>8,452,000</td>
<td>3,500,000</td>
</tr>
<tr>
<td>Health</td>
<td>4,112,758</td>
<td>1,371,158</td>
<td>30,000,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>162,891</td>
<td>118,637</td>
<td>12,913,210</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Human Resources</td>
<td>10 provinces</td>
<td>10 provinces</td>
<td>400,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Infrastructure (cyclone districts)</td>
<td>7 districts</td>
<td>7 districts</td>
<td>40,606,200</td>
<td>33,673,598</td>
</tr>
<tr>
<td>Industry, SMES/Livelihood</td>
<td>11,520,000 (including 6 SME + 1,735 wards)</td>
<td>4,000,000 (including 2 SME + 500 wards)</td>
<td>101,300,000</td>
<td>5,320,000</td>
</tr>
<tr>
<td>Logistics, Search and Recovery</td>
<td>6,500,000</td>
<td>6,500,000</td>
<td>5,000,000</td>
<td>3,500,000</td>
</tr>
<tr>
<td>Shelter (Cyclone displaced) Additional tents, Permanent Housing structure(800HH), Social amenities and ancillary services</td>
<td>94,933</td>
<td>94,933</td>
<td>8,162,800</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Spatial planning</td>
<td>90,000</td>
<td>63421</td>
<td>500,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Security</td>
<td>.</td>
<td>.</td>
<td>100,000</td>
<td>50,000</td>
</tr>
<tr>
<td>WASH</td>
<td>1,904,855</td>
<td>1,904,855</td>
<td>34,060,318</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Disaster Risk Management</td>
<td>.</td>
<td>.</td>
<td>28,172,020</td>
<td>3,442,020</td>
</tr>
<tr>
<td>Gender</td>
<td>2,440 internally displaced</td>
<td>2,440</td>
<td>500,000</td>
<td>100,000</td>
</tr>
</tbody>
</table>
## HUMANITARIAN APPEAL

### PROJECTS SUMMARY

#### AGRICULTURE

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terre Des Hommes Italia</td>
<td>68,000</td>
<td>850,000</td>
</tr>
<tr>
<td>World Vision South Korea</td>
<td>2,200</td>
<td>249,983</td>
</tr>
<tr>
<td>ADH</td>
<td>400</td>
<td>350,000</td>
</tr>
<tr>
<td>IRC</td>
<td>10,460</td>
<td>1,500,000</td>
</tr>
<tr>
<td>IRC</td>
<td>7,500</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Mercy Corps</td>
<td>50,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>CRS</td>
<td>7,000</td>
<td>1,844,103</td>
</tr>
<tr>
<td>ADRA</td>
<td>30,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Pratical Action</td>
<td>8,492</td>
<td>1,061,500</td>
</tr>
<tr>
<td>Pratical Action</td>
<td>2,000</td>
<td>800,000</td>
</tr>
<tr>
<td>HIG</td>
<td>25,000</td>
<td>5,000,000</td>
</tr>
<tr>
<td>CMB/JJA</td>
<td>9,750</td>
<td>1,166,638</td>
</tr>
<tr>
<td>IOM</td>
<td>60,000</td>
<td>1,600,000</td>
</tr>
<tr>
<td>FAO</td>
<td>400,000</td>
<td>20,000,000</td>
</tr>
<tr>
<td>OXFAM</td>
<td>20,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>OXFAM</td>
<td>20,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>PI</td>
<td>8,000</td>
<td>680,000</td>
</tr>
<tr>
<td>WVI</td>
<td>10,000</td>
<td>900,000</td>
</tr>
<tr>
<td>CARE</td>
<td>80,850</td>
<td>1,198,010</td>
</tr>
<tr>
<td>GOAL</td>
<td>22,500</td>
<td>495,000</td>
</tr>
<tr>
<td>CARE</td>
<td>34,044</td>
<td>864,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>46,759,234</strong></td>
</tr>
</tbody>
</table>

#### COORDIANTION (UN & NGOs)

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM</td>
<td>2,300,000</td>
<td>1,500,000</td>
</tr>
<tr>
<td>OCHA</td>
<td>3,700,000</td>
<td>500,000</td>
</tr>
<tr>
<td>IOM -CCCM</td>
<td>1,500</td>
<td>705,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>2,000,000</strong></td>
</tr>
</tbody>
</table>
## EDUCATION

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>JF Kapnek</td>
<td>6,000</td>
<td>100,000</td>
</tr>
<tr>
<td>UNICEF</td>
<td>120,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>SC</td>
<td>25,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td>PI</td>
<td>87,600</td>
<td>1,332,000</td>
</tr>
<tr>
<td>WVZ</td>
<td>84,000</td>
<td>626,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5,226,000</td>
<td></td>
</tr>
</tbody>
</table>

## FOOD SECURITY

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAH</td>
<td>5,000</td>
<td>500,000</td>
</tr>
<tr>
<td>HfG</td>
<td>120,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Terre des Homme</td>
<td>22,200</td>
<td>1,332,000</td>
</tr>
<tr>
<td>IRC</td>
<td>3,060</td>
<td>680,000</td>
</tr>
<tr>
<td>IRC</td>
<td>3,060</td>
<td>680,000</td>
</tr>
<tr>
<td>SC</td>
<td>15,000</td>
<td>202,500</td>
</tr>
<tr>
<td>CBM/JJA</td>
<td>4,000</td>
<td>571,686</td>
</tr>
<tr>
<td>WFP</td>
<td>2,000,000</td>
<td>173,000,000</td>
</tr>
<tr>
<td>OXFAM</td>
<td>200,000</td>
<td>15,600,000</td>
</tr>
<tr>
<td>PI</td>
<td>15,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>WVZ</td>
<td>28,000</td>
<td>2,200,200</td>
</tr>
<tr>
<td>CARE</td>
<td>17,700</td>
<td>1,763,533</td>
</tr>
<tr>
<td>CARE</td>
<td>27,501</td>
<td>2,678,862</td>
</tr>
<tr>
<td>CC</td>
<td>10,000</td>
<td>450,000</td>
</tr>
<tr>
<td>CC</td>
<td>15,000</td>
<td>400,000</td>
</tr>
<tr>
<td>GOAL</td>
<td>50,000</td>
<td>490,000</td>
</tr>
<tr>
<td>ADRA</td>
<td>55,000</td>
<td>2,700,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>210,248,781</td>
<td></td>
</tr>
</tbody>
</table>

## HEALTH

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>WVZ</td>
<td>237,115</td>
<td>1,200,000</td>
</tr>
<tr>
<td>UNICEF</td>
<td>1,371,158</td>
<td>2,730,000</td>
</tr>
<tr>
<td>Who</td>
<td>1,371,158</td>
<td>10,000,000</td>
</tr>
<tr>
<td>SC</td>
<td>592,128</td>
<td>1,300,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15,230,000</td>
<td></td>
</tr>
</tbody>
</table>
## NUTRITION

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>33,894</td>
<td>4,126,650</td>
</tr>
<tr>
<td>NAZ</td>
<td>6,683</td>
<td>880,965</td>
</tr>
<tr>
<td>WFP</td>
<td>73,572</td>
<td>2,400,000</td>
</tr>
<tr>
<td>WVZ</td>
<td>8,947</td>
<td>1,493,702</td>
</tr>
<tr>
<td>IMC-UK</td>
<td>64,005</td>
<td>1,000,000</td>
</tr>
<tr>
<td>OPHID</td>
<td>38,951</td>
<td>267,712</td>
</tr>
<tr>
<td>SC</td>
<td>23,100</td>
<td>1,800,000</td>
</tr>
<tr>
<td>GOAL</td>
<td>12,814</td>
<td>444,281</td>
</tr>
<tr>
<td>ADRA</td>
<td>60,000</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12,913,310</strong></td>
<td></td>
</tr>
</tbody>
</table>

## CHILD PROTECTION

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>10,000</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Child Protection Society (former unicef)</td>
<td>3,000</td>
<td>131,000</td>
</tr>
<tr>
<td>IOM</td>
<td>1,500</td>
<td>500,000</td>
</tr>
<tr>
<td>JF Kapnek</td>
<td>3,000</td>
<td>157,000</td>
</tr>
<tr>
<td>Childline</td>
<td>10,000</td>
<td>120,000</td>
</tr>
<tr>
<td>terres (TDH-italy)</td>
<td>10,500</td>
<td>180,000</td>
</tr>
<tr>
<td>World Ed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>REPSSI</td>
<td>15,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Africaid</td>
<td>18,000</td>
<td>153,800</td>
</tr>
<tr>
<td>PI</td>
<td>25,000</td>
<td>450,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,891,800</strong></td>
<td></td>
</tr>
</tbody>
</table>

## PROTECTION-GBV

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNFPA</td>
<td>87,231</td>
<td>581,603</td>
</tr>
<tr>
<td>IOM</td>
<td>40,751</td>
<td>500,000</td>
</tr>
<tr>
<td>IRC</td>
<td>8,900</td>
<td>68,530</td>
</tr>
<tr>
<td>UNWOMEN</td>
<td>19,838</td>
<td>266,399</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>1,416,532</strong></td>
</tr>
</tbody>
</table>
### SHELTER & NFIs

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>IOM</td>
<td>8000hh</td>
<td>4,800,000</td>
</tr>
<tr>
<td>CARE</td>
<td>2,000</td>
<td>1,200,000</td>
</tr>
<tr>
<td>CC</td>
<td>2000hh</td>
<td>1,200,000</td>
</tr>
<tr>
<td>CRS</td>
<td>5,000</td>
<td>600,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>7,800,000</td>
</tr>
</tbody>
</table>

### WASH

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>TARGET</th>
<th>REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRA</td>
<td>78,250</td>
<td>504,000</td>
</tr>
<tr>
<td>Africare</td>
<td>500,000</td>
<td>1,027,978</td>
</tr>
<tr>
<td>CARE</td>
<td>80,000</td>
<td>320,000</td>
</tr>
<tr>
<td>CC</td>
<td>150,000</td>
<td>350,000</td>
</tr>
<tr>
<td>FCTZ</td>
<td>40,164</td>
<td>239,154</td>
</tr>
<tr>
<td>GOAL</td>
<td>88,300</td>
<td>400,000</td>
</tr>
<tr>
<td>Mercy Corps</td>
<td>120,000</td>
<td>930,000</td>
</tr>
<tr>
<td>MMT</td>
<td>153,000</td>
<td>600,000</td>
</tr>
<tr>
<td>MORITI</td>
<td>18,000</td>
<td>223,400</td>
</tr>
<tr>
<td>Oxfam</td>
<td>110,000</td>
<td>801,314</td>
</tr>
<tr>
<td>SC</td>
<td>54,000</td>
<td>542,750</td>
</tr>
<tr>
<td>UNICEF</td>
<td>1,500,000</td>
<td>10,800,000</td>
</tr>
<tr>
<td>WHH</td>
<td>300,000</td>
<td>575,000</td>
</tr>
<tr>
<td>WVZ</td>
<td>467,500</td>
<td>5,948,047</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>23,261,643</td>
</tr>
</tbody>
</table>
LIST OF PARTNERS

ACT Alliance
Action Against Hunger (ACF)
Action Aid Zimbabwe
Adult Rape Clinic (ARC)
Adventist Development and relief Agency (ADRA)
Africa Ahead
Africaid
Africare
Aktion Deutschland Hilft (ADH)
AQZ
CARE International
Catholic Agency for Overseas Development
Catholic International development Charity (CAFOD)
Catholic Relief Service (CRS)
CBM International
Childline
Child Protection Society Zimbabwe
Christain Care (CC)
Civic Forum on Human Development and Emthonjeni Women Forum (EWF)
Cluster Agricultural Development Services (CADS)
Combined Harare Residents Association (CHRA)
DanChurchAid
Deutsche Welthungerhilfe e.V. (German Agro Action)
Epworth Development Residents Association (EDRA)
FACT Zimbabwe
Farm Orphan Support Trust (FOST)
Farmers’ Association of Community Self-Help Investment Groups (FACHIG)
Food and Agriculture Organization for United Nations (FAO)
Food and Nutrition Council (FNC)
Future of Hope Foundation (FoHF)
GOAL International
Harare Residence Trust (HRT)
Heifer International
Help from Germany (HfG)
Hope for a Child in Christ (HOCIC)
International Medical Corps -UK
International Organization for Migration (IOM)
International Rescue Committee (IRC)
JF Kapnek Trust
JJA
Justice for Children Trust
Katswe Sisterhood
LEAD
Leonard Cheshire
LGDA
LID
MDTC
Mercy Corps
Miro
MMT
MORITI
Musasa
Mvuramanzi Trust
NatPharm
NCU
Nutrition Action Zimbabwe (NAZ)
Office for Coordination of Humanitarians Affairs (OCHA)
Organisation of Rural Associations and Progress (ORAP)
Organization for Public Health Interventions & Development (OPHID)
OXFAM International
Plan International (PI)
Pratical Action
Regional Psychosocial Support Initiative (REPSSI)
Save the Children International (SCI)
SAYWHAT
Southern Alliance for Indigenous Resources (SAFIRE)
Terres de Hommes – Italy
UMCOR
UN Women
United Nations Children’s Fund (UNICEF)
United Nations High Commissioner for Refugees (UNHCR)
United Nations Population Fund (UNFPA)
 Welthungerhilfe (WHH)
World Education
World Food Programme (WFP)
World Health Organization (WHO)
World Vision International (WVI)
ZAPSO
ZICHIRE
Zimbabwe Red Cross Society (ZRCS)
DONATING THROUGH THE ZIMBABWE FLASH APPEAL

Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Zimbabwe, as identified in this Flash Appeal. For a full list of contacts and information on humanitarian activities included in this plan, as well as information on humanitarian activities throughout the country, please:

Contact the sector focal points identified in this appeal.

CONTRIBUTING THROUGH THE CENTRAL EMERGENCY FUND

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round.

www.unocha.org/cerf/donate

REGISTERING AND RECOGNIZING YOUR CONTRIBUTIONS

We thank you in advance for your generosity in responding to this urgent appeal. OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at http://fts.unocha.org