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Emergency Plan of Action (EPoA) Zimbabwe: Tropical Cyclone Idai

 International Federation
of Red Cross and Red Crescent Societies

DREF n°: MDRZW014 / PZW033	Glide n°: TC-2019-000025-ZWE
Date of issue: 05 April 2019 Operation start date: 04 April 2019	Expected timeframe: 5 months Expected end date: 04 September 2019
Category allocated to the of the disaster or crisis: Yellow	
IFRC Focal Point: Michael Charles, Head of Southern Africa CCST will be project manager and overall responsible for planning, implementation, monitoring, reporting and compliance.	National Society focal point: Karikoga Kutadzaushe, Operations Director, Zimbabwe Red Cross
DREF budget allocated: CHF 229,145	
Total number of people affected: 53,999 people (10,799 households)	Number of people to be assisted: 7,000 people (1,400 households)
Host National Society presence of volunteers: Zimbabwe Red Cross Society (ZRCS)	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Danish Red Cross, Finnish Red Cross, British Red Cross	
Other partner organizations actively involved in the operation: Department of Civil Protection (DCP), Mercy Corps, World vision and Save the Children.	

A. Situation analysis

Description of the disaster

While Zimbabwe was bracing for a big food insecurity emergency from an El-nino induced poor rainfall season, forecast was issued on 11 March 2019 of category 4 Tropical cyclone Idai developing off the Mozambican coast to affect most of Mozambique, Zimbabwe and Malawi. By the 14th March 2019 the cyclone had made landfall in Mozambique, devastating Beira and the Sofala provinces as it headed towards eastern Zimbabwe. On 15th March, the cyclone made landfall in the eastern highlands of Zimbabwe with heavy rains in excess of 300mm and wind speeds of 177k/h. This had a devastating impact in Chimanimani, Chipinge and Mutare districts, the most affected being Rusitu area in Chimanimani. By the morning of 15 March, 20 people were feared dead, some missing and several houses were destroyed. The heavy precipitation and winds continued to pound the district and extended towards Nyanga, Mutare, Buhera districts of Manicaland Province. As of



ZRCS response team members constructing emergency shelter for a family affected by Tropical Cyclone Idai in Masvingo Province ©ZRCS

27 March, 172 fatalities had been confirmed, 4,884 people displaced and 327 missing. According to preliminary reports, at least 53,999 people are believed to have been affected.

Extensive damage to roads infrastructure has totally inhibited road access to most affected people, thus the extent of the need remains uncertain. Preliminary rescue and response efforts are underway being coordinated through the Department of Civil Protection. ZRCS has since deployed NFIs and response personnel to the affected areas. However, the extent of the need has overwhelmed the NS response stocks, thus flagging support from Red Cross Movement as well as launching a domestic appeal for assistance. The Meteorological Service has indicated that while the cyclone seems to be dissipating, heavy rains are expected to continue pounding the affected areas in the eastern parts of the of the country.

The extent of the devastation prompted the government to declare a State of Disaster on the 17th of March 2018, appealing for support for the response. Based on the preliminary report of a joint assessment by the Department of Civil protection (DCP), the Red Cross and other agencies, the most affected area is Chimanimani district particularly in areas such as Chimanimani Urban, Charleshood Farm, St Charles Lwanga Secondary School Machongwe, Vhimba Kopa Growth Point. Rivers bursting such as Haroni, Rusitu and Nyahode River have caused extensive damage to bridges, roads and completely inundated whole settlements, making it difficult for a thorough assessment to be done in the district. Landslides, including rock landslides, have occurred given the hilly and mountainous outlay of the area. Power has been disrupted along with water and sanitation facilities either damaged or flooded. The situation is dire, with an urgent need to provide tents, food and blankets for the affected people.

Summary of Affected populations and infrastructure as at 24.03.18

Province	District	Areas	Shelter damaged	Number of deaths	Number of Injuries	Missing	Displaced	Affected Population	Infrastructure Damaged
Mash East	Chikomba		50	0	0	0	0	2000	5 Bridges
	Mudzi								3 School roofs
	Mutoko								
	UMP								
Manicaland	Chipinge	Rural areas (ward 32),	234	6	2	2	600	21000	1 bridge
		Urban Ward 8							road networks
	Chimanimani	Chimanimani Urban	200	129	138	185	3085	29000	8 Bridges
		Rural ward 23							power networks
	Buhera	Marowanyati, Northern Wards		1	2		529	100	
	Mutare Urban		59	0	0	0	0	180	
Mutare Rural		189	4	2		63	1000		
Masvingo	Bikita	Bikita(Ward 10, 11,30, 23, 6, 8, 17,16, 22,2,4, 5.)	100	2	2		0	405	1 bridge
		Gutu (ward 1)							
	Zaka	Zaka (ward 13, 15, 18, 33, 34)	15					100	
	Masvingo	Masvingo (13, 14)						61	
Totals			847	142	146	187	4277	53999	

Summary of the current response

Overview of Host National Society.

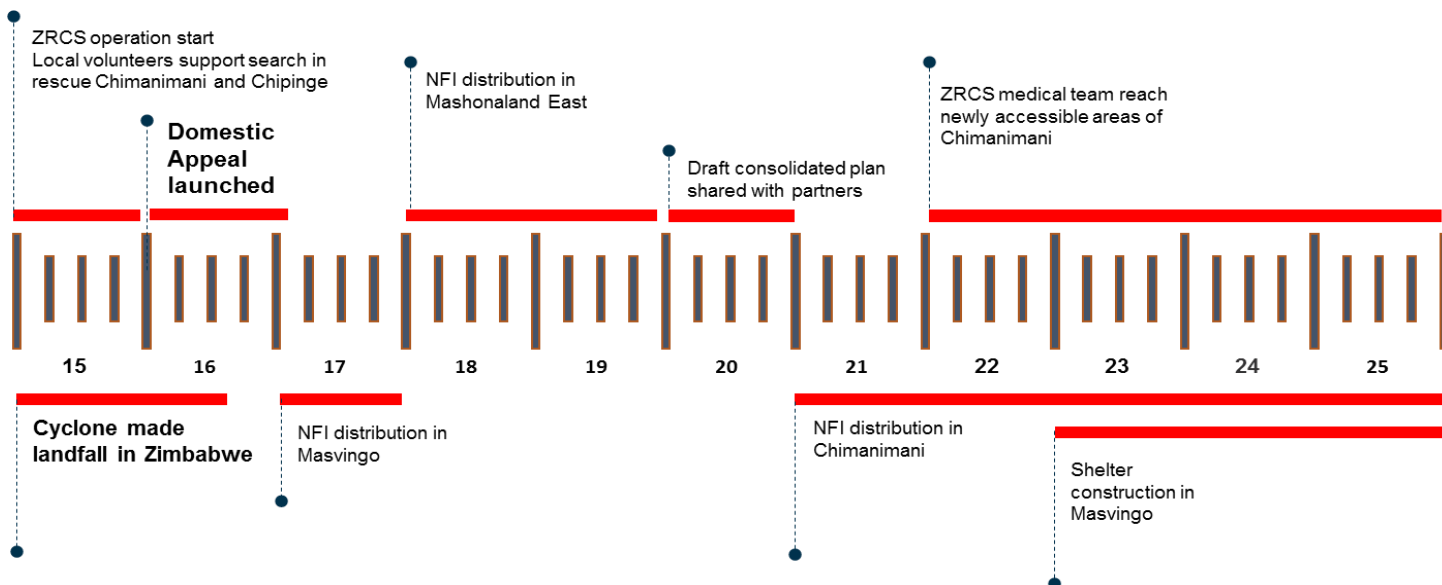
Zimbabwe Red Cross Society has eight (8) provincial offices and a network of more than 20,000 volunteers countrywide. ZRCS has previous experience in implementing DREFs and emergency relief programs throughout the country, with support from various donor partners and Partner National Societies (PNS). In the past five months, ZRCS has implemented a Cholera response, partly supported by DREF and is currently implementing a drought relief programme supported by the Danish RC, Finnish RC and British RC in Kariba and Siakobvu while partnering with WFP in Muzarabani in a lean season food assistance programme. The Projects with British RC, Finnish RC, Danish RC are using cash as a modality. This experience coupled with numerous other multi-sectoral response operation is critical in delivering quality programming to the affected population. The NS has become a key partner for the National Civil Protection and will use the public good will and humanitarian space to ensure assistance reaches the affected population in time. The National Society already has existing capacities such as several RDRT, FACT and NDRT trained staff in WASH, Shelter, PSS, who will greatly enhance the efficacy of the planned response.

ZRCS has presence in all the affected districts but more strongly in Chipinge, where a resilience programme is currently running with support from the British RC. The network of trained volunteers is available to support the response to various needs such as First Aid, Shelter and Hygiene Promotion. In most inaccessible areas the volunteers have been reported to be leading the local rescue efforts as well as issuing Early Warning information to their communities.

At National level, the NS has since deployed 15 staff members to the affected areas to undertake detailed needs assessment, concurrently with distributions of NFIs for shelter, WASH, clothing and blankets. A medical team from the ZRCS clinic was also deployed to provide much needed emergency medical relief to the affected given the damage and interruption of medical facilities and services. This team has, to date, effectively delivered these services in Chimanimani, stabilising patients before being airlifted to referral hospitals. The NS has managed to maintain presence and visibility in all the three affected provinces whereas most of the relief agencies attention has been focused on Chimanimani even with obvious accessibility challenges. Shelter construction has been done in Masvingo along with NFI distributions reaching 50 households. This process is ongoing. This initial response has been enabled by the British RC, the Finnish RC and ZRCS's own resources. Joint assessments with the department of Civil Protection have been conducted in Mutare and Chipinge enabling preliminary information on the type and extent of needs on the ground to be available. Significant contributions have been received from many local companies and individuals after domestic appeals from the NS. Presently, 9.2 metric tonnes of food items have been received and conveyed to the affected population potentially reaching 200 people. This also included numerous donations of clothing and bedding articles which have also been received and are being sorted and transported to the affected areas.

There is an existing project partnership with WFP to provide food assistance in cyclone affected areas. As part of a joint two-phase project 100,000 people will be targeted with food in Chimanimani. The first phase aims to provide immediate assistance of high nutritious food for 2-3 weeks, which has already begun and is on-going. Phase 2 aims to provide three months support, with the details of the second phase still being developed.

This DREF is anticipated to support the replenishment of already used funds for the initial assessments, and replenishments of NFIs including, shelter kits, buckets, bars of soap, water guard already used. The ZRCS is also participating in coordination meetings at national, provincial and district level and will continue to collaborate with the DCP and the inter-agency assessment team on continuing assessments. This DREF will further enable ZRCS to expand its response operations once all the assessments are completed for areas currently inaccessible. Such assessments will give a clearer picture of the immediate and intermediate needs to which the NS must focus on.



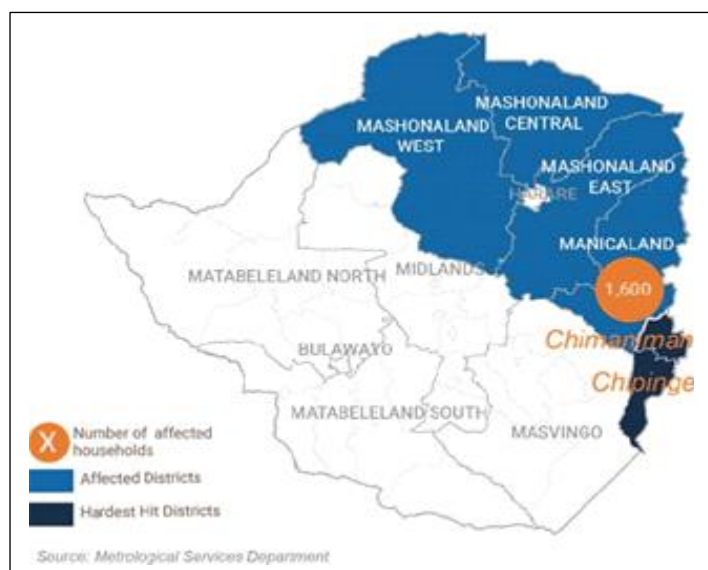
Overview of Red Cross Red Crescent Movement in country

The IFRC Southern Africa Cluster Office will continue to provide technical support to ZRCS during the whole period of the operation's implementation. Coordination exists in the Emergency Steering Committee structure which is convened for joint coordination of the operation, monitoring, sharing of updates on the progress made, challenges with the RC Movement partners. Overview of Movement contributions are summarised below:

- > **British Red Cross** – supported the initial response through making available in-kind items worth USD 54,000 and a small financial contribution to support mobilization of the stock (USD 5,600). BRC are also bi-laterally supporting a long-term resilience programme where some of the target locations are in the cyclone-affected Chipinge and Masvingo districts. Some 4,000 HHs (20,000 people) are being supported at present, rising to 5,000 HHs/ (25,000 people) by the end of 2019.

- > **Finnish Red Cross** – supported the initial response with \$5,000 covering start up deployment costs for response teams and volunteers.
- > **ICRC** - The ICRC, together with ZRCS, has launched a Restoring Family Links website <https://familylinks.icrc.org/cyclone-idai> , to assist families separated by the cyclone to reconnect or register their loved ones as missing. ICRC has deployed additional staff to help register missing people and reconnect separated family members. Medicines and medical supplies that arrived on Saturday 23 March 2019 have, with ZRCS, been officially handed over to the Ministry of Health and are being transported to support health facilities in eastern Zimbabwe covering several thousand cases and trauma surgical supplies for more severe cases. The medical donation also includes 1,000 body bags.
- > **Kizilay (Turkish Red Crescent)** - The NS have indicated their interest in bi-laterally supporting ZRCS and have sent two delegates. The specifics of that support are being finalised. Package will likely include tents -- figures yet to be provided.
- > **UAE Red Crescent** – ZRCS is hosting a delegation who are planning to conduct their own assessments to inform their support to ZRCS. The NS have provided 600 food parcels (each for one family for one month and 500 family tents, with additional cargo with food parcels to be delivered.
- > **South Africa, Botswana and Zambia RCs** have also launched domestic appeals to support people affected in Zimbabwe.
- > **Domestic in-kind:** ZRCS launched an appeal on the 16th of March. The response from the public has been very generous, with 85 tons of in-kind support from across the country which needs to be sorted, transported and distributed. On-going distribution of the sorted items will be focused on Manicaland province (approx. 40% of goods), Mashonaland east (30%) and Masvingo (30%). Important to note that there is an estimated gap of USD 42,000 in support costs to allow for the distribution of all ZRCS items.

Zimbabwe RC are refining their detailed plan covering the immediate and intermediate needs for the affected population. From this plan, the partners will elaborate their further interest and nature of support.



Map of Zimbabwe, highlighting affected areas © OCHA

platforms and SMS. The Government has reportedly dispatched medical supplies to Mutare but access is hampering re-supply to district clinics.

The Humanitarian Country Team is the coordination platform for partner institutions (UN agencies, WFP, INGO's, NGOs) and is mandated to build common strategies related to humanitarian response and policy issues. This forum is well established and is chaired by UNDP. In Chimanimani, the worst affected district the cluster system is functional and has been expanded to ten clusters or committees for the response. ZRCS has been included as co-lead to 3 committees - Food, PSS, Shelter and WASH. Only a few partners have come forward supporting the Government response efforts. The most notable partners are Mercy Corps, World vision and Save the Children. However, their response plans have still not been clearly elaborated. Below table summarises all agencies (national and international) involved in the response. There is good information sharing through the various coordination meetings, which allows ZRCS to ensure there is no duplication or overlap, despite the high number of agencies involved.

Overview of non-RCRC actors in country

The Department of Civil protection with its subnational and district structures continues to be the Central Coordination Structure of the government. Their response coordination meetings are occurring daily at district and provincial level as well as every two days at National Level. The NS takes part in all these coordination meetings fora. As a member of the Civil Protection Committee, the ZRCS participates in the interagency assessment and response actions in all the affected area. A sub-national flood command centre has been set up to facilitate real-time coordination of the response and Civil Protection Committees are conducting rapid needs assessments in the affected areas. The military is supporting search and rescue operations as well as evacuation of at-risk communities. However, access and logistics are challenging due to the prevailing weather conditions. Mass flood awareness campaigns are ongoing through various media

Table summarizing response by partners and areas of intervention

Agency	Sector	Location
WHO	Health, WASH	Chimanimani & Chipinge
WFP	Food	Manicaland
UNICEF	WASH	Chimanimani & Chipinge
UNFPA	Health	Chimanimani & Chipinge
MSF	Health	Muchadziya
IRC	WASH	Manicaland
Operation Orphan	Psychosocial support	Chimanimani & Chipinge
Plan International	WASH & Food	Chimanimani & Chipinge
GOAL	WASH, Shelter	Chimanimani & Chipinge
CARE International	Food	Chimanimani & Chipinge
Mercy Corps	Nutrition & WASH	Chimanimani & Chipinge
International Medical Corps	WASH	Chimanimani & Chipinge
Miracle Missions	Logistics	Chimanimani & Chipinge
World Vision	Food, Shelter	Chimanimani & Chipinge
OCHA	Coordination	Chimanimani & Chipinge
Nat Pharm	Distribution of supplies	Chimanimani & Chipinge
PSMI	Transport & Health	Chimanimani & Chipinge
Zimbabwe National Army	Logistics & Transport	Chimanimani & Chipinge
Welthungerhilfe	WASH	Chimanimani & Chipinge
Oxfam	WASH	Chimanimani & Chipinge
ZiMA	Staff	National & Manicaland
IOM	Shelter	Chimanimani
PDI & IIDF	Construction of shelter	Chimanimani & Chipinge
CSU	Psychosocial Support	Chimanimani & Chipinge
CCCM	Shelter	Chimanimani

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

ZRCS is participating in the interagency assessments set up in areas such as Chipinge and Chimanimani and undertaking independent assessments in other locations, which have identified broad areas of need for affected populations. These needs will however continue to be more defined once the current rescue and assessments efforts in the inaccessible areas are completed. Access to most communities remains difficult with some completely under water while damaged infrastructure has rendered some places completely unreachable. Zimbabwe National Army is trying to clear roads and establish emergency crossing points for relief vehicles. As of 28 March, many areas of Chimanimani are still in accessible, with ZRCS and government together and other agencies relying on air drops in these inaccessible areas.

Preliminary information from the Chimanimani interagency assessments, in accessible areas, indicate destruction of houses, ravaged by landslides, collapsed due to moisture or inundated by flooding waters. After being submerged with the continuous rainfall, the likelihood is high that returning families will not find a suitable shelter and will need to work to repair and rebuild their homes. Some will need to start afresh and resettle, as their homes were flattened by landslides and debris. The highly traumatic manifestation of the disaster points to high levels of stress and risk of post traumatic-stress disorders, anxieties and depressions, hence the need for counselling. Children and those who lost family members being the priority. WASH and health infrastructure is reportedly inundated, contaminated or destroyed. As such, there is an increased risk of malaria, cholera and other diarrheal diseases, and there is concern regarding the potential for a communicable disease outbreak. Cut off areas have run out of medical supplies while injuries were sustained by many during the disaster impact. High numbers of people reported missing signals concern for reunification of family links. The following are some of the preliminary lifesaving needs for most of the affected population identified through these assessments and also outlined in the Government domestic appeal and request for international assistance;

- Need for safe water, sanitation and health and hygiene promotion including distribution of NFIs
- Inadequate access to latrines
- Inadequate access to safe shelter
- Loss of essentials basics HHs items, blankets, clothes, utensils
- Lack of food
- Stress and psychosocial needs
- Villages houses and crops damaged or destroyed
- Some areas are inaccessible due to the floods
- Need for family reunification
- Search and Rescue including evacuation of marooned people.
- First aid and access to health services

Targeting

The overall target for this DREF operation is 1,400 households (7,000 people) in the affected areas of Chipinge, Masvingo and Mashonaland East, with WASH, emergency shelter, PSS, RFL and First Aid and distribution of essential NFIs as below;

- **600 most affected households currently displaced** will be assisted with immediate shelter material i.e. 4 tarpaulins per family, 1 shelter tool kit, kitchen sets (1 per household), buckets (2 per household), kitchen set (1 per household), soap (3 bars per household), blankets (2 per household), mosquito nets (2 per household).
- **The 600 most affected households** will also receive sensitisation on safer shelter construction practices to build back better. They will also receive hygiene promotion and health messaging to prevent water borne and mosquito vector illnesses.
- **800 households**, whose houses were less affected plus the 600 with most affected households, will receive hygiene promotion and health messaging to prevent water borne and mosquito vector illnesses. However, given that the various community mobilisation technics will potentially benefit wider community. The plan estimates reach to over 2,000 more secondary beneficiaries, based on population of the area.
- First aid services will be provided to all the injured during the process of evacuation and rescue
- PSS will also be provided, prioritising the 600 most affected families including the bereaved, children and those with missing relatives.
- The National Society will also carry out further detailed assessment to establish the intermittent and recovery needs of the affected population. The continuous assessment may inform the change or adjustments of the plan.

The selection criteria will be developed in consultation with affected communities. It will then be communicated to all the affected population to ensure a transparent process. ZRCS will conduct a verification of the beneficiaries selected to control that the criteria are respected. ZRCS staff and volunteers will also collect feedback and complaints of beneficiaries during the selection and through the course of the operation. Feedback will be shared and analysed at HQ in order to refine the selection process and criteria if necessary.

Scenario planning

The worst affected areas such as Rusita and Chimanimani has seen the highest numbers of displaced and are currently being hosted by other families or in schools and also at Chimanimani hotel which opened its doors for temporary shelter of affected persons. The likelihood of a camp being set up for temporary sheltering of the displaced remains very high. If this happens, camp management will become a requirement and the risk of communicable diseases becomes pronounced especially if rains are to continue unabated. The anticipated food insecurity crisis will exacerbate the vulnerability of the affected population as most lost their livelihoods sources. If the weather conditions and the accessibility challenges continue to impede search and rescue efforts including delivery of relief, the conditions of the affected will further deteriorate requiring extensive resources.

Best Case	Worst Case
Access is restored, rain stops; flooded areas decrease; IDPs are able go back to their villages and build back their homes; no waterborne disease outbreak recorded as a result of good coordination among stakeholders and authorities on hygiene promotion and shelter support.	Rain continues throughout the DREF operation with an expansion of the flooded area; access remains a challenge during whole timeframe of the operation; the number of affected people and IDPs increase; IDPs have to stay for an extended period in the camps; waterborne disease outbreak in the evacuation centres and affected areas.
ZRCS response: The implementation of this DREF Operation is finalized, in coordination with National Authorities and other stakeholders. ZRCS mobilizes more financial resources among Movement partners to increase the coverage of the operation.	ZRCS response: Revision of the current DREF operation through an Operations update to widen the scope of intervention, with possible change of strategy, increased budget, timeframe and HR deployed.

Risk assessment

The updates from DCP and interagency teams working on restoring access, which is challenging, due to the extent of damage, was expected to be completed by 21st of March 2019. However, as of the 31 March partial access has been restored in Ngangu area of Chimanimani while in Risutu and Coper are still work in progress.

Forecast indicates that the cyclone is dissipating so, air rescue operations have started. However, if rains continue, and weather conditions further deteriorates accessibility of the affected population will be impeded, delivery of commodities to the affected households will be hampered and jeopardize project implementation and further worsen the predicament of affected population. Safety of the response teams remains worrying in various places and sites remain unstable and can harm and injure teams. Volunteer and staff insurance will therefore be integrated in the plan. Caution and safer access principles will be observed at all times.

Generally, security conditions in Zimbabwe are stable and no security concerns are expected to hamper the implementation of the activities of this project. Nonetheless, all IFRC staff involved in the operations should have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security). Efforts will be made for all ZRCS staff to also complete the courses.

B. Operational strategy

Overall Operational objective:

This DREF operation aims at providing immediate relief assistance to 1,400 households (7,000 people) in WASH, Shelter, PSS, First Aid and restoration of family links who have been most affected by the flooding in Chimanimani, Chipinge, Buhhera and Masvingo. The DREF will also ensure that ZRCS is able to finalize a detailed assessment that will inform the course of the operation and allow for the plan of action to be revised if necessary.

Although it received numerous in-kind support, the NS however lacks resources to finance the operational costs, most importantly those related to the deployment of volunteers, response teams and transportation and distribution of the in-kind support. This is the most urgent gap in the overall floods operation and support in this area from the DREF will enable the NS to deliver the in-kind assistance. The plan also contains many software activities such as PSS, hygiene promotion, safer shelter sensitisation which have very minimum in-kind requirements but are resource intensive on personnel costs. Fuel costs to facilitate the movement of goods and personnel are considerable in this plan. This high cost is linked to the distances covered to access the three affected provinces as well as blocks of interventions which required regular supervision.

The in-kind support received has been from UAE Red Crescent, Turkish Red Crescent, British Red Cross and the public. For the publicly donated in-kind support, ZRCS volunteers have been carefully sorting using strict criteria. For example, any clothing with political slogans or associated with political parties is discarded, as are any items (toiletries and food) that do not have an expiry date, and items considered not at the quality to maintain the dignity of beneficiaries.

Operational plan and strategy

This EPoA will focus on affected areas in Chimanimani and Chipinge district in Manicaland Province and Gutu, Zaka and Bikita districts in Masvingo province.

For this operation, ZRCS will deploy a total of 60 volunteers (35 Volunteers in Chimanimani, 10 in Chipinge, five (5) in Zaka, five (5) Gutu and five (5) in Bikita) who will ensure implementation of shelter and WASH, First aid, PSS, CEA and monitoring activities. Volunteers will be supported with the deployment of the NDRT team to each province. Each team is composed of 15 staff members with expertise on WASH, Health, Shelter, First aid, PSS and CEA. Additional Programme and Field Officer will be recruited to support for three months. The ZRCS Disaster Management Coordinator based at HQ will have overall leadership and responsibility of the operation, supported by DM staff.

The focus will be on the following proposed activities:

1. Areas common to all sectors (assessments, monitoring and lessons learnt)

a. Effective response preparedness and NS surge capacity mechanism is maintained

- Deployment of ZRCS NDRT to complement Provincial Disaster Response Team in assessments coordination and response
- Procurement of visibility material and protective clothing for 60 volunteers and 20 staff members this includes:
 - 160 T-shirts (2/volunteer)
 - 160 Hats (2/volunteer)
 - 80 safety shoes
 - 80 rain coats

b. High-quality assessments and evaluation that informs advocacy, resource mobilization and programming.

- CEA Engagement Meetings
- Community Satisfaction Survey
- Lessons Learnt workshop
- Recruitment of Field Officer and Programme Officer for three months to work 100% on the DREF operation.

2. Health and Care

a. Communities are provided by NS with services to identify and reduce Health Risk.

- Replenishment of 60 First Aid Kits
- Orientation of 60 volunteers on PSS
- Provision of PSS and First Aid services
- Replenishment of medical sundries used by the medical team
- Distribution of 1,200 mosquito nets received from British RC to 600 hh (x2 per hh)

3. Water Sanitation and Hygiene Promotion. Target: 1,400 HH

a. Daily access to safe water which meets SPHERE and WHO standards in terms of quantity and quality is provided to targeted population. Target 600 most affected HH.

- Procurement of 600 Handwashing buckets with taps (x1 per hh)
- Procurement of 1,200 Household water buckets with lids (x2 per hh)
- Procurement of 1,800 water guard bottles for replenishment (x3 per hh)

b. Adequate sanitation which meets SPHERE standards in terms of quantity and quality is provided to target population. Target 600 most affected HH.

- Procurement of 1,800 soap bars (x3 per hh)
- Procurement of 600 Sanitation Kits (x1 per hh)
- Procurement of 600 San plats (x1 per hh) to be built at temporary camps and at household level.
- Transportation of WASH NFIs
- Volunteer assisting and supporting construction of temporary latrines
- Procurement of 2,000 Hygiene Materials for 2,000 women and girls (x2 packs per person).

c. NS promotes positive behaviour in personal and community hygiene among targeted communities.

- Hygiene Promotion community mobilisation through volunteers
- Procurement of IEC Material and CEA
- Training of Volunteers in Hygiene Promotion

4. Shelter and settlement solutions.

a. Short-term shelter and settlement assistance is provided to affected households

- Participatory beneficiary identification and selection
- Procurement of 40 rolls plastic sheeting (x 20metres per hh). Plastic sheeting will be used for floors and emergency latrines at HH level. Tarpaulins will be used, but these have been provided by British RC as in-kind support.
- Procurement of 400 toolkits for replenishment of IFRC regional stocks- targeting 400 extremely vulnerable hh
- Procurement of 3,000 planks of timber (x5 per hh)
- Transportation of Shelter materials, including tarpaulins provided by other partners

b. Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households

- Community sensitization on safer emergency shelter construction
- Training of 60 shelter construction volunteers to support and sensitise communities to build safer emergency structures. This will include a CEA orientation.

Support services

PMER: The ZRCS PMER department will support the DREF operation by providing technical inputs and support to the DM department on planning, continuous monitoring, assessment results and information management. They will also support the development and implementation of the post distribution monitoring and beneficiaries survey as well as facilitate the lessons learnt workshop. The NS will engage additional Programme Officer to coordinate the DREF with support from the Operations Director, Finance Director and HR and Admin Director. At field level one Field Officer has been engaged to implement the planned activities.

Communications: The communications department will take lead in the collation and documentation of the response, ensure the media coverage and visibility of the operation through press article during the implementation, photos and video documentary (Information related to the operation will also be disseminated through ZRCS Facebook page, Twitter and webpage. Video documentary showcasing ZRCS response (focus on “build back better”) – to raise ZRCS profile at local and international level to enhance resource mobilization efforts in the future.

Protection, Gender and Inclusion (PGI): Like CEA, PGI will be streamlined throughout the operation, as it will be integrated in specific questions during the multi-sectors needs assessment to get information about gender and age specific vulnerabilities and protection risks. Also, sex and age disaggregated data will be collected and analysed to inform activity design. The operation will work on integrating PGI minimum standards in the shelter and Wash activities, as well as map and disseminate referral pathways for child protection and SGBV services.

Community engagement and accountability (CEA): Community engagement in the response will be ensured through sharing clear information about response activities, selection criteria and distribution processes with communities. Communities will be given opportunities to participate in the response through community meetings and ongoing surveys and assessments. Feedback and complaints will also be collected through community volunteers, community meetings, focus group discussions and suggestion boxes and responses provided through community meetings. The IFRC’s feedback starter kit with feedback database will be used to record and analyse all feedback received. This feedback will be used to guide and improve the response. To ensure this happens, training will be provided to community volunteers on good communication skills and complaints handling. A community satisfaction survey will be conducted at the end of the operation, as it would not be realistic for volunteers, already engaged in distributions, to carry out this activity during implementation.

Logistics and supply chain:

National Society Logistics services will provide inputs on procedures for the procurement of items/materials, their delivery on the field, their storage and make arrangements for distributions. Due to the need to increase capacity in this department, the NS will hire additional two persons.

Procurement: Local and international procurement will be carried out in accordance with the NS and IFRC standard procurement procedures. NFIs to be procured internationally (through IFRC RLU): Shelter kits, tarpaulins. Other NFIs will be procured locally, kitchen sets, Mosquito nets, blankets and buckets, soap bars, buckets, sanitation kits, water guard bottles.

Current procurement (local and international) plans will include the sourcing of shelter, NFI and WASH related items from the NS and British RC where possible and using the DREF funds to replenish. Items not available at the warehouse will be directly procured.

Warehousing: ZRCS warehouse at HQ and branch level will be used to stock the NFI before distribution.

Fleet: Local rental of trucks will be required to send relief items to the area of operation and last mile routing will be done using ZRCS vehicle.

B. Detailed Operational Plan



Shelter

People targeted: 3,000 people (600 households)

Male: 1,300

Female: 1,700

Requirements (CHF): 46,880

Needs analysis: The devastating impact of the cyclone has left over 4,884 families displaced or without adequate shelter and essential needs. The operation prioritises provision of shelter to enhance dignity and the family unit. Immediate shelter seeks to ensure sensitivity to local culture, minimize gender- based violence (GBV) and attain conjugal rights by enabling parents to sleep on their own as well as separate sleeping space for male and female children/counterparts within family units. Given the insetting cold season the NS intends to prevent potential health risks from the exposure to the elements. The affected are also in urgent need of basic household items such as blankets, both in the temporary places of displacement and some that are staying with host families. They will also require tools and materials to repair or rebuild their damaged homes as well as technical support for volunteers on how to use the materials and how to reduce risks from future seasonal flooding.

Population to be assisted: ZRCS will assist 600 families with shelter NFIs tarpaulins (BRC in-kind donation), shelter kits, kitchen sets, blankets, and mattresses to replace what they lost., shelter construction support and sensitisation awareness campaign on building safe emergency shelter.

Programme standards/ benchmarks: The activities will seek to meet Sphere standards. In areas with less dense vegetation the project will provide timber to prevent exacerbation deforestation. The affected community will be consulted through community meetings where they will be informed about the selection process and will have an opportunity to give input on issues such as temporary shelter construction challenges and opportunities.

P&B Output Code	Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen	<ul style="list-style-type: none"> • # of volunteers trained in emergency shelter construction (Target: 30 Volunteers) • # of households reached with safe and adequate shelter and settlement (Target: 600 HH) • # of people reached with shelter NFIs (Target: 3,000 people) 																								
		Activities planned Week						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
A0511	Participatory beneficiary identification and selection																									
A0511	Procurement, transportation and distribution shelter kits, kitchen set, mosquito nets, blankets, sleeping mats and mattresses.																									

Programme standards/benchmarks: Activities will seek to meet Sphere standards

P&B Output Code	WASH Outcome2: Immediate reduction in risk of waterborne and water related diseases in targeted communities	# of people reached with provision of safe water (Target: 600 HH)																			
	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards	<ul style="list-style-type: none"> # households provided with buckets (Target: 1,200 HH) % of people targeted acknowledging usefulness of WASH-related items distributed (Target: at least 50%) 																			
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A0411	Procurement and provision of 600 hand washing buckets with taps (x1 per HH.)	█	█	█	█																
A0411	Procurement and provision of 1200 households' buckets with lids (x2 per household)	█	█	█	█																
A0411	Procurement and provision of 1,800 Water Guard/Chlorine (x5 per HH)	█	█	█	█																
A0411	Train population of targeted communities(SPECIFY: on safe water storage, on safe use of water treatment products)	█	█	█	█																
A0411	Monitor treatment and storage of water through household surveys and household water quality tests.	█	█	█	█																
	WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population	<ul style="list-style-type: none"> # of emergency latrines built (Target: 600 latrines) # of women and girls reached with hygiene materials (Target: 2000 people) 																			
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A0412	Procurement and distribution of 600 san plats (x1 per HH)	█	█	█	█	█															
A0412	Procurement and distribution of 600 sanitation kits (x1 per household)	█	█	█	█	█															
A0412	Procurement and distribution of 1800 bars/tablets of toilet soap (x3 per household)	█	█	█	█	█															
A0412	Supporting construction of temporary latrines	█	█	█	█	█	█	█													
A0412	Transportation of NFIs	█	█	█	█	█															

AP412	Procurement and provision of hygiene kits for 2,000 women and girls																					
WASH Output 2.2: NS promote positive behavioural change in personal and community hygiene among targeted communities		<ul style="list-style-type: none"> • # of people reached by hygiene promotion activities (Target: 7,000 persons) • # of volunteers trained in hygiene promotion activities (Target: 60 volunteers) • # of IEC materials procured (Target: 3,500) 																				
		Activities planned		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
A0413	Hygiene promotion activities (one per month)																					
A0413	Continue providing hygiene and sanitation promotion and support in surveillance of flooding-related diseases at evacuation Centre and in the affected communities.																					
A0413	Continue needs assessment: define hygiene issues and assess capacity to address the problem																					
A0413	Conduct training for 60 RC volunteers on carrying out water, sanitation and hygiene activities, as well as monitoring and evaluation																					
A0413	Procurement and distribution of IEC material (a total number of 3,500 fliers will be printed)																					



Health

People targeted: 3,000 people (600 households)

Male: 1,300

Female: 1,700

Requirements (CHF): 23,220

Needs analysis: The inundation of most areas resulted in a many water bodies which are suitable breeding places for mosquitoes. Some of the areas affected are malaria endemic. People need protective nets to prevent the risk of a malaria outbreak. Most of the affected experienced traumatic events and the risk of psychological problems such as stress, Post-Traumatic Stress Disorder which can affect the recovery and adjustment of affected person. The risk is much higher is more-so in children. Many people sustained illness and injuries from debris, and flooding, all these require emergency clinical service at a time when most health service delivery systems had collapsed. The

Red Cross thus deployed a team of medical professionals to provide these emergencies. The medical sundries used in this operations where advanced from the ZRCS clinic and will be replenished through this plan.

Population to be assisted: 600 most affected households families who experienced extensive shelter loss will be provided with mosquito nets to protect them from mosquito bites. Two (2) mosquito nets will be provided to cognisant of an average family culturally appropriate sleeping arrangements.

Programme standards/benchmarks: Sphere standards will inform this achievement of this sector.

P&B Output Code	Outcome 4: Vulnerable people’s health and dignity are improved through increased access to appropriate health services.	<ul style="list-style-type: none"> • # of people who receive first aid services from RC staff and volunteers (Target: 200) • # of people who receive mosquito nets from RC (Target: 600 hh) • # of people who receive PSS services from RC • # of volunteers orientated on RFL from RC (Target: 10 volunteers) 																			
		Output 4.1.1 Communities are provided by NS with services to identify and reduce health risks																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
A0311	Distribution of 1,200 mosquito nets (2 per household)	■	■																		
A0311	Provision of First Aid services where needed	■	■	■	■	■	■	■	■	■	■										
A0311	Replenishment of medical sundries	■	■	■	■	■	■	■	■	■	■										
A0311	Provision of PSS services where needed		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
A0311	Provision of RFL services where needed		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
A0311	Orientation of Volunteers on PSS and RFL	■																			

Strategies for Implementation
Requirements (CHF): 83,324

	Outcome S2.1: Effective and coordinated international disaster response is ensured	Overall ratio of people receiving emergency support versus affected people (Target: at least 12.96% : 87.04% or at least 7,000 people out of 53,999 people)
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Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained		<ul style="list-style-type: none"> • # of NDRT deployed (Target 20) • # of visibility material and protective clothing procured 																							
		Activities Planned week						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A0211	Deployment of 20 ZRCS NDRT to complement PDRT in assessments coordination and response																								
A0211	Procurement of visibility material and protective clothing for 60 volunteers and 20 staff members.																								
Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.		<ul style="list-style-type: none"> • # of Lessons learned workshops conducted (Target 1) • # of assessment reports produced (Target: 3) • # of monitoring visits conducted (Target: 3) • # of CEA meetings conducted (Target: 3) • # of survey conducted (Target: 1) 																							
		Activities Planned week						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A0221	Conduct Community Engagement and Accountability meetings (Dissemination of information about the response among the affected population and collect their feedback and complaints).																								
A0221	Beneficiary Satisfaction/Exit Survey																								
A0221	Conduct a Lessons Learned Workshop to review the implementation and a report will be produced for future learning.																								
A0221	Continued assessments and monitoring will also be an integral part of the operation and will be used to ensure that the operation is in line with the evolving situation on the ground.																								

D.
E. Budget

The overall amount requested for this operation is CHF 229,145 as detailed in budget below.

DREF OPERATION

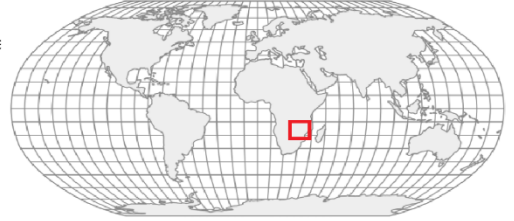
MDRMW014: Zimbabwe - Tropical Cyclone IDAI

Date: 4 April 2019

Budget Group	DREF Grant Budget
Shelter - Relief	29,000
Clothing & Textiles	5,600
Water, Sanitation & Hygiene	44,900
Medical & First Aid	16,620
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	96,120
Distribution & Monitoring	2,000
Transport & Vehicle Costs	18,720
Total LOGISTICS, TRANSPORT AND STORAGE	20,720
National Society Staff	16,380
Volunteers	33,770
Total PERSONNEL	50,150
Workshops & Training	20,050
Total WORKSHOP & TRAINING	20,050
Travel	6,000
Information & Public Relations	12,320
Office Costs	5,250
Communications	3,000
Financial Charges	1,550
Total GENERAL EXPENDITURES	28,120
Programme and Services Support Recovery	13,985
Total INDIRECT COSTS	13,985
TOTAL BUDGET	229,145



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

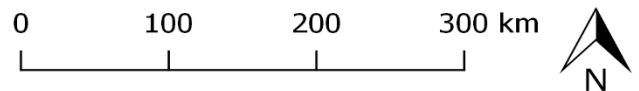


Zimbabwe: Tropical Cyclone Idai DREF

1 April 2019 ● TC-2019-000025-ZWE



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross And Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: GADM, IFRC.



Contact

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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For IFRC Resource Mobilization and Pledges support:

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For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit : RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Africa Regional Office:** Fiona Gatere, PMER Coordinator, email: Fiona.gatere@ifrc.org, phone: +254 780 771 139

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and peace.