

SOUTHERN AFRICA – TROPICAL CYCLONE IDAI

FACT SHEET #9, FISCAL YEAR (FY) 2019

APRIL 25, 2019

NUMBERS AT A GLANCE

603

Official Confirmed Deaths
in Mozambique
GRM – April 2019

344

Number of Deaths in
Zimbabwe
Media – April 2019

**1.85
million**

Estimated Number of
People in Need of
Assistance in Mozambique
UN – March 2019

73,000

Estimated Number of
People in
Accommodation Centers
in Mozambique
OCHA – April 2019

239,700

Estimated Houses
Damaged or Destroyed in
Mozambique
OCHA – April 2019

**1.77
million**

Estimated Acres of Crops
Damaged or Destroyed in
Mozambique
OCHA – April 2019

HIGHLIGHTS

- GRM finalizes plans for the returns, relocation, and resettlement of displaced populations in all Tropical Cyclone Idai-affected districts of Mozambique.
- USAID announces more than \$6.8 million in additional funding for the Tropical Cyclone Idai response.
- Health actors report more than 6,600 cholera cases; daily number of new cholera cases continues to decline.

HUMANITARIAN FUNDING

FOR THE SOUTHERN AFRICA CYCLONE & FLOODS RESPONSE IN FY 2019

USAID/OFDA ¹	\$21,493,254
USAID/FFP ²	\$38,658,852
DoD ³	\$5,995,078
\$66,147,184	

KEY DEVELOPMENTS

- The Government of the Republic of Mozambique (GRM) reported that the official count for Tropical Cyclone Idai and flooding-related deaths in Mozambique remained at 603 people as of April 22. In addition, nearly 73,000 people were sheltering in an estimated 65 accommodation centers across the country's Manica, Sofala, Tete, and Zambézia provinces due to the cyclone as of April 22, the GRM reports. The UN Office for the Coordination of Humanitarian Affairs (OCHA) noted that the increase in the number of displaced people during the past week was likely due to individuals in Sofala relocating from unofficial collective sites to GRM-recognized accommodation centers.
- Humanitarian agencies continue to monitor and respond to health challenges—including the spread of vector-borne and waterborne diseases—in cyclone-affected areas in Mozambique. Health actors had reported more than 6,600 cholera cases and eight cholera-related deaths, in Mozambique as of April 22, and approximately 14,900 malaria cases in Sofala's Beira city, and Buzi, Dondo, and Nhamatanda districts as of April 23. In response, relief actors have distributed approximately 116,600 mosquito nets and are conducting disinfection activities in health centers and schools across affected areas.
- Local authorities in Zimbabwe estimate that the cyclone displaced approximately 60,000 people in the four worst-affected districts. Relief actors have provided emergency food assistance to approximately 200,000 people in affected areas since the beginning of the emergency. Relief actors are also prioritizing the distribution of blankets and shelter supplies to address needs related to the recent cold and wet weather in cyclone-affected areas.
- On April 18, the Government of Malawi (GoM) and other stakeholders held a meeting to discuss a timeline for internally displaced person returns. The GoM had established approximately 60 internally displaced person (IDP) camps in Chikwawa and Nsanje districts as of mid-April for the estimated 87,000 individuals displaced by the flooding.

¹ USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA)

² USAID's Office of Food for Peace (USAID/FFP)

³ U.S. Department of Defense

MOZAMBIQUE

Humanitarian Response and Gaps

- As of April 21, the GRM reported more than 6,600 cholera cases in Beira, Buzi, Dondo, and Nhamantada. Healthcare providers treated the vast majority of the individuals with outpatient services, indicating that most cases were mild or moderate. Health and water, sanitation, and hygiene (WASH) actors continue to implement programs in affected areas to stem the spread of cholera, noting that the daily number of new cases has continued to decline since April 17.
- Health agencies had recorded approximately 14,900 malaria cases, including an estimated 6,100 cases in Nhamatanda, as of April 23. In response, relief actors have distributed approximately 116,600 mosquito nets and are conducting disinfection activities in health centers and schools across affected areas.
- The GRM finalized plans for the returns, relocation, and resettlement of displaced populations in cyclone-affected districts in late April. According to OCHA, the GRM has identified three of six total accommodation centers in Beira to be deactivated in the coming days. Households in these centers will be permanently resettled to surrounding areas or provided with shelter materials and tool kits to return to and repair their homes. The GRM also established a working group to monitor population resettlement and relocation and the deactivation of additional accommodation sites in Beira. Additionally, the GRM plans to facilitate the relocation of all displaced households sheltering in centers in Sofala's Buzi and Chibabava districts, while households in Dondo and Nhamatanda will be either be relocated or provided with shelter supplies and tool kits to rebuild their homes.
- The Shelter Cluster recently completed a response strategy to support the safe, dignified, and voluntary return of displaced populations in Mozambique. The strategy outlines plans to distribute shelter assistance to affected populations based on housing type and amount of damage for reconstruction and repairs, as well as prioritizing tool-kit provision and voucher systems in urban and peri-urban areas, given that rural households will likely have more access to local materials. Separately, the Cluster noted that some affected households are engaging in self-recovery by returning to areas of origin and rebuilding.

USG Response and Assessments

- USAID recently provided more than \$6.8 million to CARE, MENTOR Initiative, and the UN World Health Organization (WHO) to support the provision of humanitarian assistance to populations affected by Tropical Cyclone Idai. With the funding, CARE plans to provide multi-sector assistance to 100,000 individuals for four months, MENTOR Initiative plans to provide health and WASH programming for more than 800,000 beneficiaries for four months through support to the GRM Ministry of Health to implement the Emergency Vector Control Strategy, and WHO plans to support health care facilities and reduce morbidity and mortality from epidemic prone diseases in six affected provinces through health programming targeting more than 1.8 million beneficiaries for three months.
- On April 18, the USAID Disaster Assistance Response Team (DART) visited Sofala's Beira city and Njira town to assess the humanitarian situation and monitor USAID-funded programs in the affected areas. In Beira, the DART visited the Escola Mataduro accommodation center, where USAID partner the International Organization for Migration (IOM) distributed plastic sheeting and other emergency relief supplies to cyclone-affected populations. In Njira, the DART monitored the distribution of USAID-provided plastic sheeting via IOM's common pipeline by non-governmental organization Samaritan's Purse, which had distributed the commodities to 600 households in the area over a two-day period prior to the visit. The DART noted that some households in Njira had already utilized the plastic sheeting to construct temporary shelters while repairing homes, cover roofing on existing homes, or directly integrate the materials into reconstructed homes.
- On April 17, DART members traveled to Beira and Buzi to monitor relief partner programming. DART staff reported that heavy rains on April 15 triggered flooding in a displacement camp in Buzi's Guara-Guara town where humanitarian actors were planning to relocate approximately 250 households sheltering in Beira. The GRM, in collaboration with relief organizations, delayed the relocation to April 20-21, after the flooding had receded.

ZIMBABWE

Current Situation

- On April 23, the Government of Zimbabwe (GoZ) Ministry of Health and Child Care and relief actors concluded the first round of an oral cholera vaccination campaign, which targeted nearly 488,000 people in Chimanimani and Chipinge districts, Manicaland Province, the UN reports. The GoZ and relief actors plan to conduct a second round of cholera vaccinations in early May. Health actors had not confirmed any cholera cases in Chimanimani, Chipinge, or other cyclone-affected districts of Zimbabwe as of April 26; however, the cyclone caused flooding that damaged WASH infrastructure, increasing the risk of transmission of waterborne disease—including cholera—among local populations.
 - Local authorities estimate that the cyclone displaced approximately 60,000 people in the four worst-affected districts—Manicaland’s Buhera, Chimanimani, Chipinge, and Mutare districts. Up to 96 percent of the IDPs are currently residing with host communities. The UN reports that the remaining 2,400 IDPs are housed in more than 20 camp-like sites, the majority of which are in Chimanimani.
 - Due to recent cold and wet weather in affected areas of Zimbabwe, relief actors are prioritizing the distribution of blankets and shelter supplies, according to the UN. WHO reports a 10 percent increase in acute respiratory infections from early to mid-April, which may indicate exposure to adverse weather is contributing to deteriorating health conditions. Relief actors operating in Chimanimani also report that poor weather has hampered the delivery of medical supplies to affected areas of the district.
 - Relief actors have provided emergency food assistance to approximately 200,000 people in affected areas since the beginning of the emergency, according to the UN. This figure includes more than 7,500 people assisted through a blanket supplementary feeding program instituted in the worst-affected wards of the two districts. A joint needs verification assessment conducted by relief actors and GoZ representatives identified nearly 192,000 food-insecure people in Chimanimani and Chipinge.
 - The UN estimates that approximately 15,000 women and girls in affected areas of Zimbabwe are at risk of gender-based violence (GBV). Relief actors operating in Zimbabwe are providing psychosocial support and GBV sensitization and have trained 30 facilitators in Chimanimani on GBV surveillance tools. Additionally, relief actors have documented more than 170 unaccompanied and separated children in affected areas, of whom nearly 20 children have since been reunified with caregivers and family members; the remaining children have been placed in kinship care arrangements or alternative residential settings.
 - As of April 17, nearly 70,500 people in Chimanimani and Chipinge have regained access to safe drinking water through water trucking services, temporary repairs to water systems, and the provision of water treatment tablets, according to the UN. Repairs to the municipal water systems in Chimanimani and Chipinge towns and the sewer system in Chimanimani district’s Ngangu town were ongoing as of April 17. The UN also reports that more than 5,000 household latrines in affected areas of Manicaland have been damaged or destroyed. Authorities in all affected districts are currently conducting ward-level WASH assessments to determine specific rehabilitation needs.
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MALAWI

Current Situation

- Between March 25 and April 14, health actors reported five confirmed cases of cholera in Southern Region’s Nsanje, Mchinji, and Mwanza districts, with at least two cases having recently traveled to neighboring areas of Mozambique, the UN Children’s Fund (UNICEF) reports. Health actors operating in Malawi have established cholera treatment centers in Nsanje and Mwanza and positioned cholera treatment supplies in other at-risk districts.
- On April 18, the GoM Department of Disaster Management Affairs, the Malawi Red Cross, and district councils held a meeting in Southern Region’s Blantyre city to discuss a timeline for IDP returns. The GoM noted that weather conditions have improved and that the country has made progress in responding to the effects of the cyclone. However, many IDPs report that damaged or destroyed houses are the primary reason preventing returns to areas of origin, IOM reports. As of April 11, flooding had displaced nearly 87,000 people, according to the GoM.
- The GoM had established approximately 60 IDP camps in Chikwawa and Nsanje as of mid-April. While the majority of assessed camps in Chikwawa and Nsanje have at least one source of safe drinking water, several camps lack access to

sanitation facilities, according to a mid-April needs assessment of 14 sites conducted by the U.S. Centers for Disease Control and Prevention and the GoM Ministry of Health. Additionally, the assessment found an ongoing need for relief commodities such as hygiene items and water treatment products.

CONTEXT

- Tropical Cyclone Idai made landfall over Mozambique's city of Beira on March 15, producing torrential rains and strong winds and severely affecting Manica, Sofala, Tete, and Zambézia. The cyclone also caused significant flooding, damage and destruction of property and infrastructure, and resulted in numerous deaths in southern Malawi's Chichawa, Nsanje, Phalombe, and Zomba districts and Zimbabwe's Manicaland Province. The same weather system had previously brought heavy rains that caused significant flooding in Malawi and Mozambique in early March, before gaining strength in the Mozambique Channel and evolving into a tropical cyclone.
- On March 10, U.S. Ambassador to Malawi Virginia E. Palmer declared a disaster due to the effects of floods in Malawi. In response USAID/OFDA provided an initial \$200,000 to CARE and Catholic Relief Services. On March 15, U.S. Ambassador to Mozambique Dennis W. Hearne declared a disaster due to the effects of floods in Mozambique. Ambassador Hearne declared a second disaster on March 19 due to the impact of Tropical Cyclone Idai in Mozambique. In response, USAID/OFDA provided \$200,000 to CARE to procure emergency relief commodities and support shelter and WASH interventions. USAID/OFDA also provided \$200,000 to World Vision to respond to immediate WASH and shelter needs. On March 18, U.S. Ambassador to Zimbabwe Brian A. Nichols declared a disaster due to the impact of Tropical Cyclone Idai. In response USAID/OFDA provided an initial \$100,000 to GOAL to procure emergency relief commodities and support shelter and water, sanitation, and hygiene interventions.
- On March 20, USAID deployed a DART to lead the USG response to Tropical Cyclone Idai in Mozambique. USAID also activated a Washington, D.C.-based and Response Management Team (RMT) to support the DART. The DART and RMT are responding to the situation in coordination with other USG counterparts, GRM representatives, and humanitarian partners.

USG HUMANITARIAN FUNDING FOR THE TROPICAL CYCLONE AND FLOODS RESPONSE IN FY 2019¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
MOZAMBIQUE			
USAID/OFDA²			
CARE	Health, Nutrition, Protection, Shelter and Settlements, WASH	Niassa, Sofala, Tete, Zambézia	\$5,200,000
International Federation of Red Cross and Red Crescent Societies (IFRC)	Health	Manica, Sofala, Zambézia	\$500,000
IOM	Health, Humanitarian Coordination and Information Management, Protection, Shelter and Settlements, WASH	Manica, Sofala, Tete, Zambézia	\$2,800,000
MENTOR Initiative	Health, WASH	Sofala	\$812,561
World Food Program (WFP)	Logistics Support	Niassa, Tete, Zambézia	\$1,000,000
WHO	Health	Affected Areas	\$1,003,021
World Vision	Shelter and Settlements, WASH	Inhambane, Manica, Sofala	\$5,133,588
	Airlifted Relief Commodities	Sofala	\$4,069,093
	Program Support		\$124,991
TOTAL USAID/OFDA FUNDING FOR THE MOZAMBIQUE RESPONSE			\$20,643,254
USAID/FFP³			
WFP	U.S. In-Kind Food Aid, Food Vouchers, Local and Regional Food Procurement	Manica, Sofala, Tete, Zambézia	\$33,160,362
TOTAL USAID/FFP FUNDING FOR THE MOZAMBIQUE RESPONSE			\$33,160,362
DoD			
	Logistics Support	Affected Areas	\$5,995,078
TOTAL DoD FUNDING FOR THE MOZAMBIQUE RESPONSE			\$5,995,078
TOTAL USG FUNDING FOR THE MOZAMBIQUE RESPONSE			\$59,798,694
ZIMBABWE			
USAID/OFDA			
GOAL	Shelter and Settlement, WASH	Affected Areas	\$100,000
TOTAL USAID/OFDA FUNDING FOR THE ZIMBABWE RESPONSE			\$100,000
USAID/FFP			
WFP	U.S. In-Kind Food Aid	Affected Areas	\$2,498,490
TOTAL USAID/FFP FUNDING FOR THE ZIMBABWE RESPONSE			\$2,498,490
TOTAL USG FUNDING FOR THE ZIMBABWE RESPONSE			\$2,598,490
MALAWI			
USAID/OFDA			
Catholic Relief Services (CRS)	Shelter and Settlement, WASH	Affected Areas	\$470,000
CARE	Shelter and Settlement, WASH	Affected Areas	\$280,000
TOTAL USAID/OFDA FUNDING FOR THE MALAWI RESPONSE			\$750,000
USAID/FFP			
WFP	Cash Transfers for Food	Affected Areas	\$3,000,000
TOTAL USAID/FFP FUNDING FOR THE MALAWI RESPONSE			\$3,000,000
TOTAL USG FUNDING FOR THE MALAWI RESPONSE			\$3,750,000
TOTAL USG HUMANITARIAN FUNDING FOR TROPICAL CYCLONE AND FLOODS RESPONSE			\$66,147,184

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of April 25.

² USAID/OFDA funding represents planned, actual, and committed amounts as of April 25.

³ Estimated value of food assistance and transportation costs at time of procurement; subject to change.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: www.cidi.org or +1.202.661.7710.
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int.

USAID/OFDA bulletins appear on the USAID website at
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/where-we-work>