ZHRC REPORT ON THE FIRST MONITORING VISIT TO CHIMANIMANI AND CHIPINGE IN THE AFTERMATH OF CYCLONE IDAI, 25-29 MARCH 2019

1. Introduction

The Zimbabwe Human Rights Commission (ZHRC) carried out a human rights situation monitoring exercise in Chimanimani and Chipinge districts in Manicaland Province in the aftermath of Cyclone Idai. The Cyclone occurred from the 15th of March 2019 and, in Zimbabwe, it mostly impacted Manicaland’s Chimanimani and Chipinge districts where lives were lost, public infrastructure, houses, household properties and livestock were also destroyed. The monitoring visit was in line with the ZHRC’s functions elaborated in Section 243 (1) of the Constitution of Zimbabwe to; monitor, assess and ensure the observance of human rights and freedoms.

Thus, the main purpose of the mission was to have a first-hand assessment and appreciation of effects of the cyclone on the affected families and communities. Further, the Commission’s monitoring visit assessed the relief and recovery response mechanism by Government and its partners using human rights principles and guidelines.

2. Methodology

The ZHRC human rights monitoring and assessment visit was guided and informed by national, regional and international legal frameworks and standards that guarantee and facilitate protection and promotion of human rights including in situations of disasters and emergencies. The founding values of the Constitution of Zimbabwe, in Section 3 (1) (c), (e) and (f), state that Zimbabwe is founded on the respect for fundamental human rights and freedoms; the recognition of the inherent dignity and worth of each human being; and recognition of the equality of all human beings. Under the Bill of
Rights, the Constitution guarantees every Zimbabwean the right to life (Section 48), right to education (Section 75), right to health care (Section 76), right to food and water (Section 77), children’s rights (S. 81), rights of the elderly (Section 82), rights of persons with disabilities (Section 83) as well as environmental rights (Section 73). Zimbabwe is also a signatory to the United Nations Framework Convention on Climate Change (UNFCCC) - (among many others), which in its Article 3 obligates States to take precautionary measures in order to anticipate, prevent or minimize the causes of climate change and mitigate its adverse effects.

In addition, the UN Guidelines on Internal Displacement provide that, the primary duty and responsibility to provide protection and assistance lies with the State. People affected by natural disasters have the right to request and receive such protection and assistance from their Governments. The effects of climate change induced disasters such as cyclones directly and indirectly threaten the full and effective enjoyment of human rights, including the rights to life, water and sanitation, food, health, education, housing, and rights associated with livelihood and culture; with migration and resettlement; and with personal security.

During the monitoring exercise, the ZHRC interacted with Government officials such as the Minister of State for Manicaland Province Honourable Ellen Gwaradzimba and her team of government officials at provincial and district levels that include Manicaland Provincial Administrator, Chimanimani and Chipinge District Administrators. The team also interacted with Social Welfare Officers and the Zimbabwe National Army (ZNA) Search and Rescue Team. The Commission also engaged with the Member of Parliament for Chimanimani East, Honourable Joshua Sacco, Chimanimani Town Council Chief Executive Officer and the Deputy Council Chairperson. The ZHRC also interviewed representatives of non – State actors working on the ground such as Non-Governmental Organisations, Community Based Organisations, private companies and individuals assisting victims; ruling and opposition party officials and members from the affected districts. Further, ZHRC interacted with the
families and communities in the affected areas, taking note of their challenges and needs. These interactions informed the findings of the monitoring mission.

The ZHRC noted that access to Chimanimani, which was the hardest hit district, remained a major challenge at the time of the monitoring visit. Most of the road infrastructure, in particular bridges, in the affected areas was extensively damaged. Access to communities such as those at Kopa and Rusitu remained difficult because of the damaged infrastructure. However, the Commission team managed to access areas such as Chipinge Urban, Silverstream, Skyline, Machongwe and Ngangu. The findings and recommendations of this first visit report are therefore informed and limited to the above mentioned areas monitored by the ZHRC. The ZHRC is scheduled to make a series of monitoring and assessment visits to all the affected provinces, districts and communities and produce reports for use by the Government of Zimbabwe and its partners in dealing with the human rights issues emerging out of the disaster situation. This will continue until the situation in the affected areas is restored to normalcy.

Whilst the above access challenges were encountered by the monitoring team, the ZHRC applauds the commendable efforts by Government and its partners to restore electricity supply, reconstruct damaged roads and bridges, and repair communication infrastructure.

3. **Findings**

The ZHRC made the following findings from the monitoring mission;

3.1. The right to life which is provided for in Section 48 of the Constitution was affected by the cyclone. The DA for Chimanimani highlighted that about 169 people had been confirmed dead and 328 were missing in the district as of the 28th of March 2019. The highest number of deaths were recorded in Ngangu and Kopa. While the search and rescue teams were still on the ground, hope had been lost of ever finding survivors from the long list of missing persons.

3.2. Landslides and floods resulted in the destruction of infrastructure and houses. Some families were left without suitable shelter or no shelter at all. The affected people were living at centres such as church buildings,
school buildings and at makeshift facilities\(^1\) such as those at Chimanimani hotel. The victims need substantial short term to long-term shelter support to rebuild their homes.

3.3. Most water sources were contaminated due to the floods and sewerage systems were destroyed as confirmed by the CEO for Chimanimani Council thereby impacting on the right to health. There were high chances of people being exposed to cholera and other water borne diarrheal diseases. In trying to ensure the right to safe and potable water (Section 77 of the Constitution), ZHRC witnessed on-site water treatment being done by Global-Medic Organisation.

3.4. Some Health Care facilities in Chimanimani district and Chipinge District were, at the time of the visit, difficult to access as a result of damaged infrastructure. Temporary and mobile health facilities had been established by the Government of Zimbabwe and its partners to ensure access to the much needed healthcare services and to save lives. One such clinic was stationed at Skyline in Chimanimani. These are commendable interventions by the authorities in this disaster situation. All the same more needed to be done as some families and communities lived at some long distances to the newly established mobile health clinics and any other health facilities.

3.5. Food insecurity in Chimanimani and Chipinge districts was worsened by the cyclone. Crops and some food stocks were destroyed. Food supplies to some affected areas such as Kopa and Rusitu had been hampered due to inaccessibility. However, the Ministry of Public Service, Labour and Social Welfare was leading the process of food distribution in the two districts and food aid was being ferried by helicopters to areas that were not accessible by road. ZHRC also witnessed a number of private sector organisations coming in with support that included food items.

3.6. The supply chain was being managed effectively and efficiently from the provincial level to the district main distribution centre at Silverstream. The Government officials and in particular the Department of Social Services are commended for putting in place mechanisms that ensure smooth flow of processes involving the movement of aid, at these levels.

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\(^1\) They were being temporarily accommodated in the Hotel Conference Room.
3.7. However, the supply chain into the affected communities was problematic as it lacked clear accountability mechanisms. There was lack of clarity and coordination in the aid distribution process. For example, at Ngangu Secondary School and Machonjwe Shopping Centre distribution points, ZHRC observed that there were different registration and distribution procedures that were being used. As a result there were different versions of distribution lists for the same location. This had the effect of opening up the process to manipulation by some local leaders including politicians, and other influential individuals, resulting in the intended beneficiaries losing out along partisan, nepotistic and other affiliation grounds.

3.8. The distribution lists were not informed by a proper needs assessment of the situation for affected families. Therefore more needy cases were treated the same way with those that were in a better situation. In fact some of the hardest hit families were grieving and in shock and could hardly assert their demands for assistance. This contradicted the official position with regards to the prioritisation hierarchy of beneficiaries where the worst affected were supposed to be given first priority.

3.9. To rescue the situation, coordination meetings chaired by the Department of Civil protection were being conducted in the two Districts. Continuous efforts were being made by government and non-state actors to distribute aid including food, tents, blankets, clothes, toiletries, mosquito nets, medicines and sanitary ware. Such coordination, everything else being equal, should have been cascaded to the community level distribution points.

3.10. Some schools in the affected districts were directed by government to close before the school term ends. This was necessitated by the direct effects of the disaster on pupils, teachers and the school infrastructure. Whilst there is a setback on learning by the affected children, the decision is commendable to allow adequate attention to the more urgent needs of the learners, teachers, and their families. The learning time lost was going to be compensated through earlier opening of the affected schools in the next term or any other measures taken by the education authorities.

3.11. In terms of shelter the affected families were staying in public facilities like churches, schools, and makeshift facilities at Chimanimani Hotel as already
noted above. Whilst this is an acceptable temporary measure, the arrangement must be for the shortest possible period. This is because the arrangement violates the right to family life, privacy, human dignity, and exposes vulnerable members such as women, boys and girls to possible abuse.

3.12. Victims of the Cyclone and also government officials who were on the ground were traumatized and they are in need of psycho-social support. In fact some of the government officials on duty were directly or indirectly affected by the disaster and, added to this, the onerous tasks of relief and recovery work had evidently taken its toll on these officials. The Social Welfare staff and other organisations offering psycho-social support were clearly overwhelmed and failing to cope with the large number of affected people.

4. Recommendations

4.1. Civil Protection Unit

4.1.1. To improve coordination of aid distribution at community level so that the intended beneficiaries are assisted and eliminate double-dipping cases.

4.1.2. To come up with substantial short term (immediate) as well as long-term shelter support to rebuild houses for victims and reconstruct destroyed infrastructure as part of the relief and recovery interventions.

4.1.3. To expedite the process of opening up access points such as bridges to reach out to victims of the cyclone who are marooned in some affected communities.

4.1.4. To formulate an effective disaster risk reduction, disaster preparedness and disaster management plan that would help minimise loss of life, suffering and costly response interventions.

4.1.5. To arrange for rest and recuperation for members of staff on the ground who have been working long hours under difficult circumstances and are now clearly fatigued. It is recommended that they be allowed to take regular breaks. This should apply to all levels including the provincial teams, district teams and any other affected staff members.
4.2. **Ministry of Local Government, Public Works and National Housing**

4.2.1. To ensure, in collaboration with the Ministry of Finance and Economic Development that a special grant is urgently availed to the Chipinge and Chimanimani Towns and Rural District Councils. This will assist the affected Local Authorities to rehabilitate damaged infrastructure such as roads, schools, sewerage and water reticulation.

4.2.2. As a lesson learnt from Cyclone Idai, the Ministry should ensure effective rural and urban planning, especially for human settlements. In particular, there should be prohibition of construction of houses along water courses, valleys, and other flood prone areas which must be strictly enforced. This will prevent the drastic effects of floods and landslides such as those witnessed in areas such as Ngangu in Chimanimani district.

4.3. **Ministry of Public Service, Labour and Social Welfare**

4.3.1. To increase its efforts in offering psychosocial support, in partnership with relevant organisations to alleviate suffering of the victims through direct service provision of psychosocial support and establishment of psychosocial mobile support teams.

4.3.2. To formulate a clear and transparent aid distribution mechanism that is not open to manipulation by politicians, especially at local community level. This will ensure that aid reaches its intended beneficiaries and also avoid double-dipping.

4.4. **Ministry of Health and Child Care**

4.4.1. To ensure, in collaboration with organisations such as the World Health Organisation and UNICEF, that more support for health services is provided in Chimanimani and Chipinge including, medical supplies, fuel and medical staff. Priority should be given to areas that are currently difficult to access such as Kopa and Rusitu.

4.4.2. Vulnerable persons such as those with long term chronic illnesses, should be given priority attention.
5. **ZHRC Monitoring Visit in Pictures**

ZHRC observing distribution of assistance at Ngangu Secondary School

A house destroyed by floods and stones in ZBS Ngangu location;
A damaged road in Chimanimani

Community members waiting to receive aid at Skyline Distribution Point.

Mvumvumvu Bridge (Wengezi) in Chimanimani swept away by Cyclone floods
Affected people housed at the Roman Catholic Church in Ngangu.