



Cyclone Idai Response in Zimbabwe Key Points





KEY POINTS

01

Government initiated its own surge response following Cyclone Idai

02

IMAM service were part of the health system in theory, but in practice did not always operate routinely (low prevalence) and RUTF was not available when the cyclone hit.

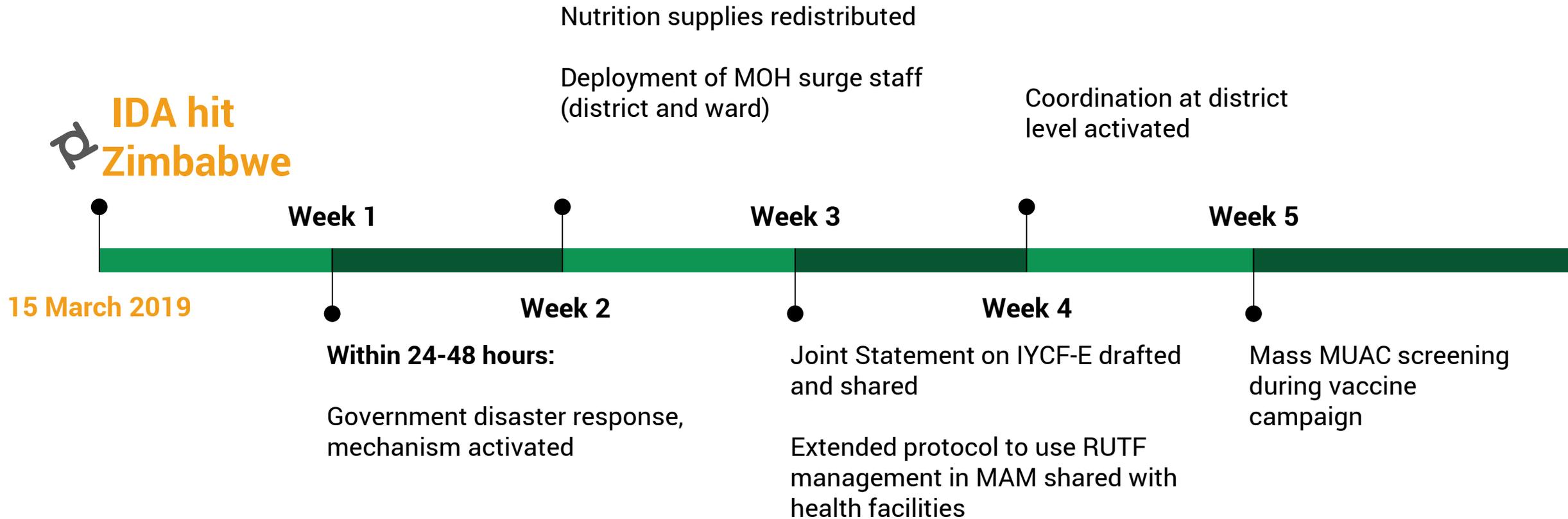
03

The government mobilised provincial, district and ward level nutritionist from other locations and deployed them to support the response

04

The government funded allowances for those staff from its own budget for them to be deployed outside their base location

Response was fully government led the response using existing disaster management and coordination capability



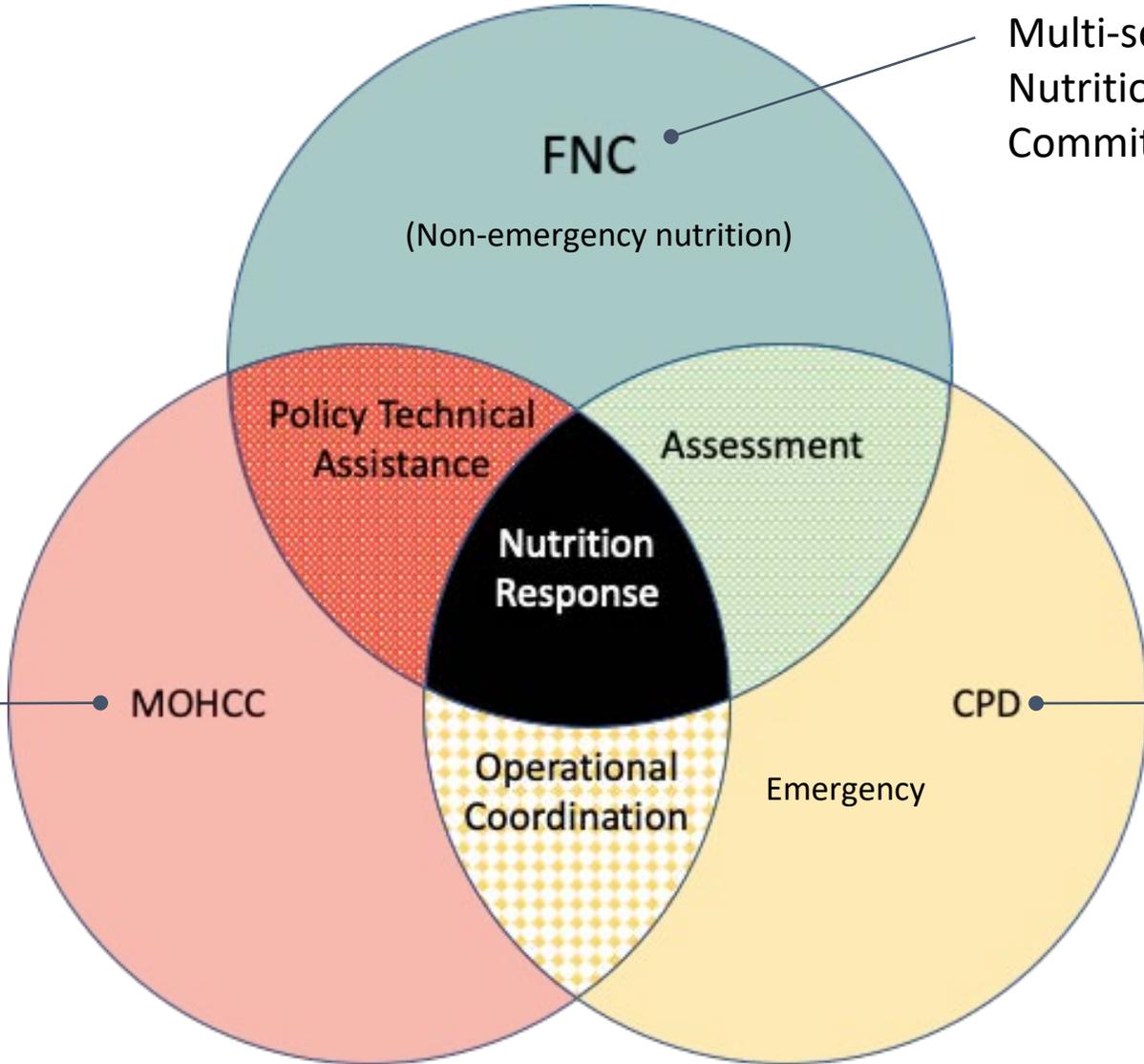


STRONG GOVERNMENT STRUCTURE

Presence of **decentralised government** with **strong decision making power** able to coordinate all sectors and direct heads of departments

Nutrition is integrated within the MOHCC and emergency response unit

Ministry of Health and Child Care



Multi-sectoral Food and Nutrition Security Committees

Civil Protection Unit

MOHCC

CPD

FNC
(Non-emergency nutrition)

Policy Technical Assistance

Assessment

Nutrition Response

Operational Coordination

Emergency

Quick decision making

Case study: Implementation of an adapted protocol (SAM & MAM)

Agreed by week 3 despite not being in the National Guidelines

Rationale



1. MAM cases would not significantly impact the RUTF supplies
1. WFP was not planning TSFP in these locations
1. Health workers were already familiar with the use of RUSF for MAM treatment

Decisions



1. UNICEF **worked directly** with the provincial nutritionist
2. **Short discussions / approval** process by government.
3. The directive was **shared** by the provincial nutritionist to district nutritionist and health facilities.
4. UNICEF developed a **quick guidance** on the use of RUTF for MAM in the absence of RUSF.

Overall response was quick, but

WHAT ABOUT
QUALITY OF
SERVICE
DELIVERY



Presence of breastmilk substitutes (BMS)



Rapid surge, but roles and responsibility of surge staff could be better defined.



Ward Nutrition
Coordinators

District Nutritionist

Village Health Workers

Provincial Nutritionist

Require
training to
conduct CMAM



Nutrition often not prioritized in the health system
CMAM wasn't really functional until the crisis

KEY CHALLENGES

EMIRATES RED CRESCENT



BMS distribution continued despite the joint statement

national and district stores

Government BOTSWANA

SA RELIGIOUS ORGANISATIONS



Thank you!