



International Organization for Migration (IOM)  
The UN Migration Agency

ZIMBABWE

RETURN ASSESSMENT, REINTEGRATION AND RECOVERY SURVEY

AUGUST — SEPTEMBER 2020



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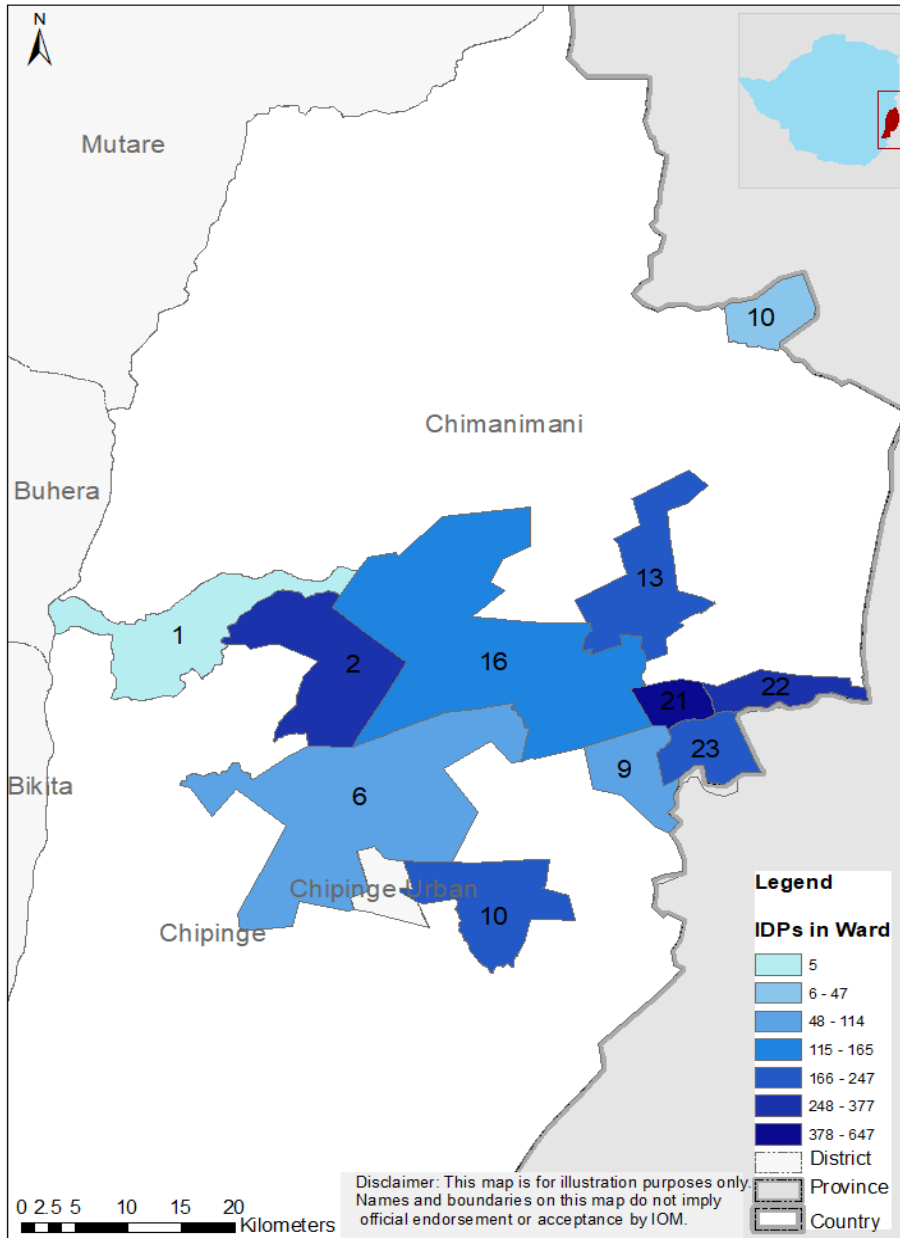
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After the impact of Cyclone Idai in Zimbabwe in March 2019, IOM has been continuously monitoring the affected population through its Displacement Tracking Matrix (DTM) tools. From 26 August -17 September 2020, IOM DTM Team conducted a Return Assessment, Reintegration and Recovery survey (Multi Sectoral Village Assessment) in 79 villages across Chimanimani and Chipinge Districts of Manicaland province. The following section of this report provides an analysis of the current situation of IDPs in the affected village.



The main objective of the survey is to better understand the living conditions of the population in order to support recovery and reintegration efforts.

**COVERAGE**

**1** PROVINCE

**2** DISTRICTS

**80**

Targeted villages

**79**

Assessed villages

**KEY FINDINGS**



**13,791**

IDPs



**2,439**

IDP Households

Key informants interviewed cited the following as the most urgent needs for the IDPs in their respective villages



Food

**43%**



Shelter

**20%**



Drinking Water

**17%**

The assessments were done physically at village level targeting the 80 villages with the highest number of IDPs in Chimanimani and Chipinge according to the Baseline Survey carried out in December 2019. Enumerators and key informants collected the required data. The selected key informants included village heads, councillors, chiefs, headmen, village health workers, community child care workers, village secretaries and representatives of other civil groups. Local leadership and authorities were engaged throughout the whole process to ensure ownership and cooperation.

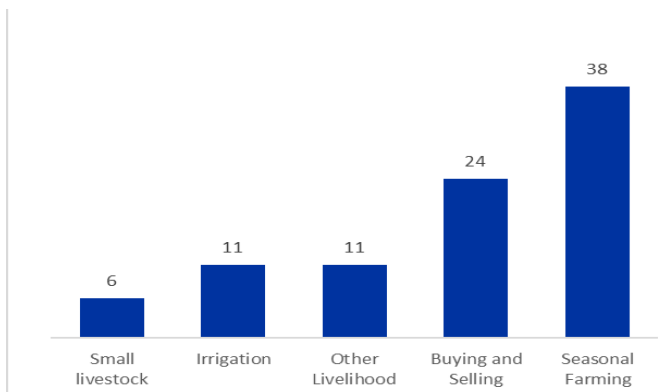


Proportion of the affected population who are able to restart their livelihoods:

- 59% of the villages reported that a few members (<25%) of the affected population were able to restart their livelihoods.
- 18% reported that most (>85%) of the members have that ability
- 4% reported that none of the affected population were able to restart their livelihoods.

**Number of villages per livelihood activity.**

A majority of the villages (38) indicated that seasonal farming was the livelihood activity of the majority of the IDPs (>85%) and 6 indicated that small livestock rearing was the livelihood activity of the majority (>85%) of the IDPs



Other livelihood activities—artisanal mining, piece works, casual work and orchard farming.

**AGRICULTURE**

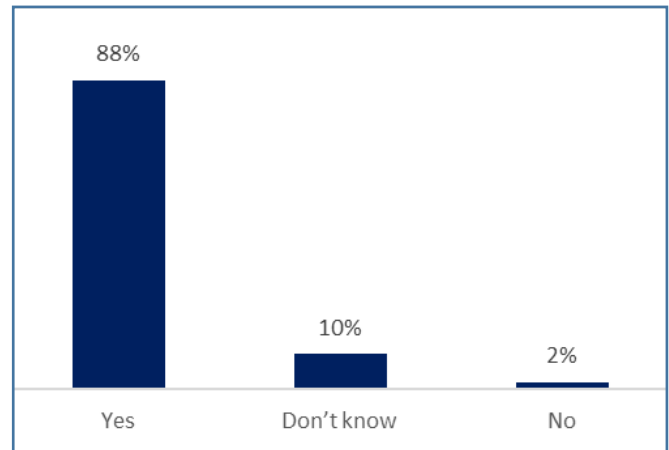
Six percent of the total IDP households have access to agricultural inputs. The table below shows the proportion of IDP households who are unable to access the different types of agricultural inputs.

Inaccessible Input	Percentage of Households
Maize seed	91%
Small Seed	79%
Stock feeds	76%
Fertilizers	97%
Herbicides and Insecticides	81%
Livestock vaccines	15%
Other types of inputs	1%

Out of the 48 villages assessed, 44% have agricultural markets available.

**RETURN INTENTIONS**

Proportion of the return intentions of the affected IDPs in the 48 villages



It was indicated that 88% of IDPS reported that they intend to return home, as soon as possible.

The most important reasons why most IDPs intended to return home are:

- to rebuild home (92%)
- family reunification (81%)
- need to restart livelihood (90%)
- improving conditions in village (80%)
- insufficient assistance (57%)
- dispute with host community (45%)

Other reasons included proximity to work premises (39%) and house renovations (34%).

Less than 1% of the IDPs that are unable to return home intend to remain where they are settled at the moment

## PRIORITY NEEDS

According to the survey, the top **three** priority needs in the district as indicated by the number of villages are:



**Food - 43%**

Problems with food

- expensive prices
- distance to the food market
- quantity of food available



**Shelter - 20%**

Problems with shelter

- Expensive prices
- Housing inadequate
- Poor quality houses
- Unequal access to shelter



**Drinking water - 17%**

Problems with drinking water

- Water shortages
- Distance to water source

**NFI**

## NON FOOD ITEMS

Non-Food Items (NFIs) that are not accessible:

- Soap detergent—**81%**
- Closed containers for storing water – **73%**
- Sleeping items —**65%**
- Mosquito nets—**60%**
- Hygiene products—**56%**
- Cooking items—**50%**
- Shoes and clothes—**31%**

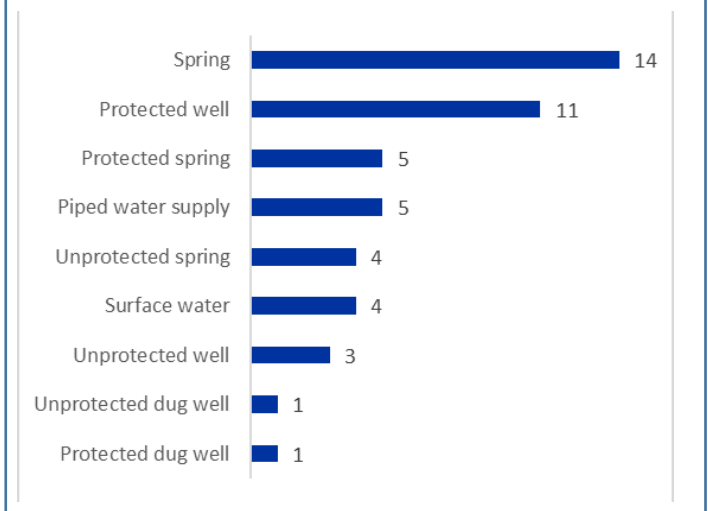
Reasons why NFIs are not accessible

- items are sold, and there is access to the market, but items are too expensive/people do not have money (**88%**)
- no market or access to the market (**6%**)
- Items are bad quality (**4%**)
- there is access to the market, but these items are not available (**2%**)



## WATER, SANITATION AND HYGIENE

**Distribution of main water sources for drinking in the 48 villages**



### Distribution of HH with enough water to cook, bath, do laundry and for personal hygiene

- 52% of villages indicated that half of their households had enough water to cook, bath, do laundry and for personal hygiene
- 1% of the villages indicated that no one had enough water for these activities.

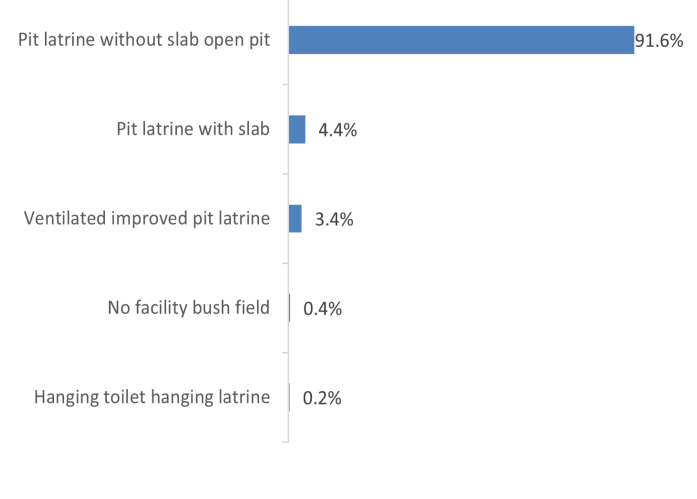
**Proportion of HH with enough water to drink**

- 20 (**41%**) of the 48 villages indicated that less than 25% of households had enough water to drink.
- 14 (**29%**) of the 48 villages indicated that 50% of HHs had enough water to drink
- 4 (**9%**) of the 48 villages indicated that all HHs had enough water to drink
- 9 (**19%**) of the 48 villages indicated that more than 85% of HHs had enough water to drink
- 1 (**2%**) of the 48 villages indicated that no households had enough water to drink

**Proportion of IDPs living in areas with visible open defecation**

- About 59% of the 48 villages indicated that a few IDPs (less than 25% of the IDP population) live in areas with visible open defecation
- 33% of the villages indicated that no IDPs live in areas with visible defecation
- 7% of the villages indicated that half of the IDP population live in areas with visible open defecation
- 1% of the villages indicated that more than 85% of IDPs live in areas with visible open defecation.

**Common sanitation facilities**



**FOOD AND NUTRITION**

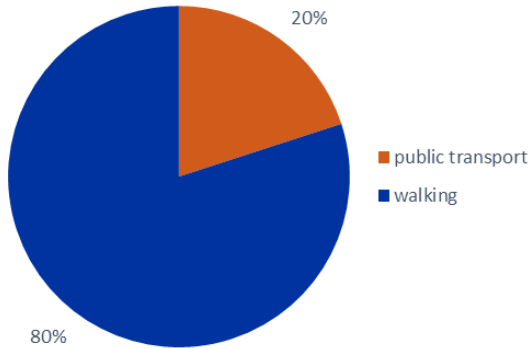
**Proportion of HH that ate fewer than two meals a day in the past week**

- About 48% of the 48 villages indicated that more than 85% of their HHs have less than two meals a day
- 27% of the villages indicated that half of the HHs had less than 2 meals a day
- 19% of the villages indicated that less than 25% of HHs had less than 2 meals a day
- 6% indicated that no HHs were having less than 2 meals a day

**Proportion of IDPs living in areas with visible dumped garbage**

- 90% of the 48 villages indicated that there were no IDPs living in areas with visible dumped garbage
- 10% of the villages indicated that less than 25% of the IDPs are living in areas with visible dumped garbage.

Mode of transportation used by HH to access food market



Reasons why IDPs are unable to buy from the market

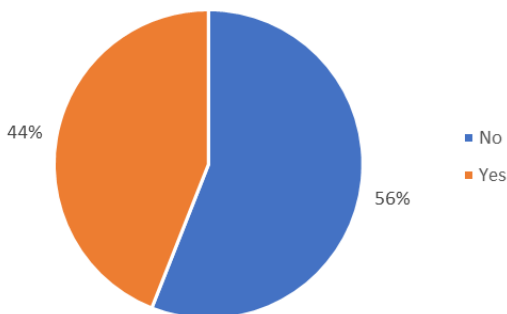
- Insufficient funds **(85%)**
- Items are not usually available **(85%)**
- No nearby markets **(81%)**
- Unreachable markets **(79%)**
- Other reasons **(62%)**
- Items are bad **(1%)**

Other reasons why IDPs are unable to buy from the market included

- Unavailability of transport to ferry goods from the market to the homesteads **(0.8%)**
- Unavailability of good roads for use by vehicles that transport goods **(0.2%)**

Proportion of HH that are able to buy what they need at the market

- About 56% of the 48 villages indicated that a more than 85% of their HHs are unable to buy what they need at the market
- About 44% of the 48 villages indicate that more than 85% of their HHs are able to buy what they need at the market.



## HEALTH

The survey indicated that 59% of the households have no access to healthcare.

Healthcare services that are mostly accessible in the 48 villages assessed are:

- minor ailments treatment (**100%**)
- family planning (**96%**)
- maternal and child health care (**94%**)
- treatment and management of chronic diseases (**67%**)
- emergency services (**38%**).

**Six percent** of the total number of villages have emergency transport available .

The analysis indicated that **23%** of villages highlighted that there were no reasons preventing people from accessing healthcare, but some of the reasons for failing to access healthcare include:

- cost/money (**50%**)
- lack of medicines (**44%**)
- unreachable healthcare services (**23%**)
- partial availability (**19%**)

Women in **96%** of the villages gave birth at a health facility and the other **4%** had a home birth. The reasons for home births were long distance to medical facility and high costs.

Pregnant women in **98%** of the villages visited a healthcare professional during their pregnancy .

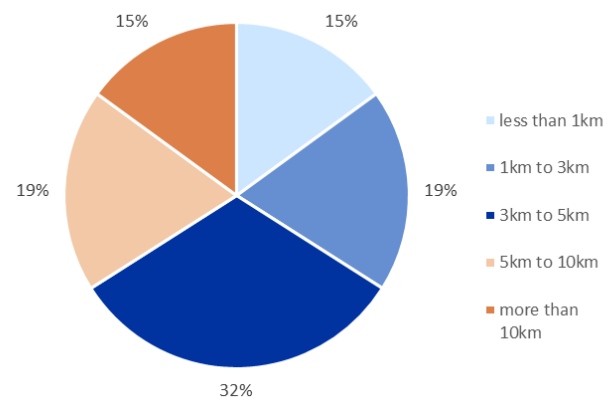
Only **one** village highlighted cost as one of the reasons preventing people from accessing healthcare services, while **25** villages reported that nothing prevented them from accessing health care services and **one** village reported the unavailability of medicines at the health care centre as one of the reasons preventing them from accessing healthcare services.

All villages recorded that there are female healthcare workers available at the health facilities.

All the **27** assessed villages reported that women give birth at health facilities and that most women see health professionals during pregnancy.

### Distance to healthcare facility

- About 32% of the 48 villages indicated that the distance to their nearest healthcare facility is between 3km to 5km.
- 15% indicated that a distance of more than 10km was what they had to travel to their nearest healthcare facility



## EDUCATION

Education challenges for children in the 3—5 years age group

1. lack of money to pay for school fees (**90%**)
2. bad terrain ,distance or transport constraint (**85%**)
3. lack of learning materials (**29%**)

Education challenges for children in the 6—12 years age group

1. lack of money to pay for school fees (**90%**)
2. bad terrain ,distance or transport constraint (**67%**)
3. lack of documentation (**25%**)

Education challenges for children in the 13—17 years age group

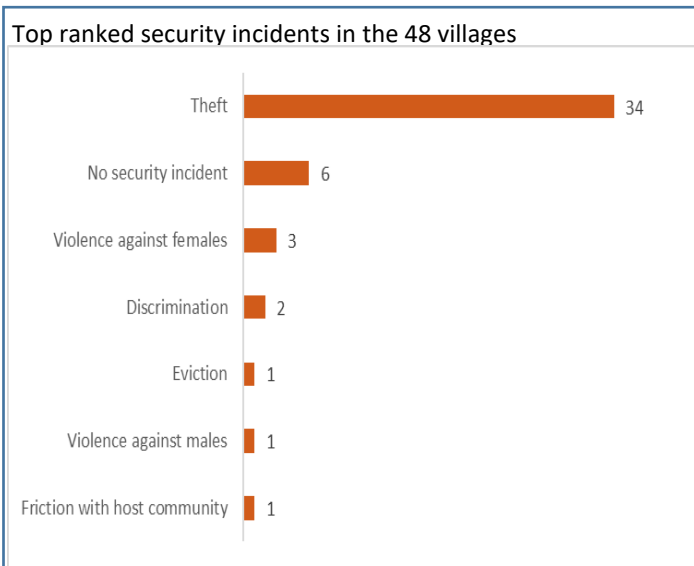
1. lack of money to pay for school fees (**96%**)
2. bad terrain ,distance or transport constraint (**58%**)
3. families have other priorities (**27%**)



## PROTECTION

### Proportion of communal places with adequate lighting

- 54% of the 48 villages indicated that less than 25% of their HHs had adequate lighting
- 44% of the 48 villages indicated that none of their HHs had adequate lighting
- 2% of the villages indicated that 50% of their HHs had adequate lighting



Of the 48 villages assessed, **73%** have security provision mechanisms that ensure safety of IDPs in the villages.

Of the 48 villages assessed, **92%** have child protection committees

There are community childcare workers in 85% of the villages, 29 of whom are male and 61 of whom are female.

Security incidents in the 48 villages are mostly reported to

- local leadership (**81%**)
- police (**17%**)
- community childcare workers (**2%**)

## CONDITION OF INFRASTRUCTURE

The table below shows the condition of various types of infrastructure in the **48** assessed villages.


Type	Mostly Damaged	Mostly Not Damaged	Unspecified
Electricity	6	17	25
Water	15	29	4
Sewerage conditions	6	2	40
Telecoms	8	18	22
Roads	21	26	1
Bridges	21	25	2
Schools	8	34	6
Youth Centre	0	7	41
Medical	6	33	9
Police	8	3	37
Fire Station	0	0	48
Places of worship	8	39	1
Markets	4	29	15
Recreation	1	19	28
Arable Land	26	19	3
Grazing Land	13	22	13

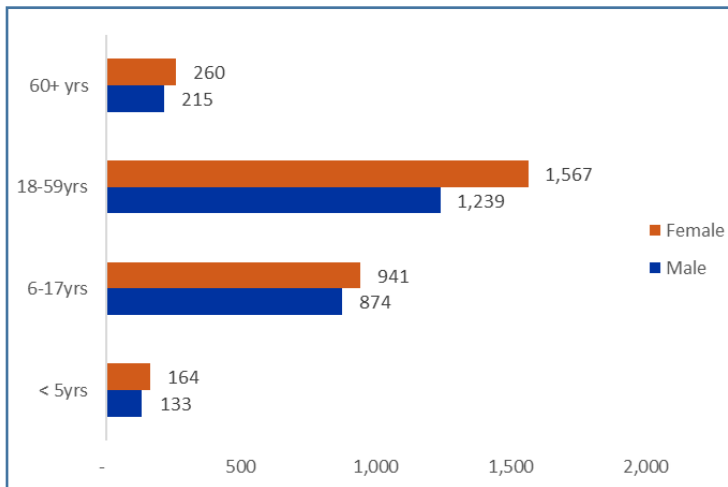
Rubbles cleaning, clearing the areas from Cyclone residue and rebuilding houses:


- **90%** of the total number of villages are cleaning on their own
- **40%** are receiving support from the local authority
- **31%** of the assessed villages are receiving support from the humanitarian community
- rubble is not being cleaned in **2%** of the villages

The Return Assessment, Reintegration and Recovery survey was conducted from 26 August to 17 September 2020. A total of **5,413** Internally Displaced Persons (IDPs) were recorded from **4** administrative wards covering **31** villages in the district.

## IDP DEMOGRAPHICS

 **5,413** IDPs were recorded in the **31** villages assessed. The IDP population comprised of **55** per cent female and **45** per cent male with the majority being from the 18 – 59 years age group as shown below.

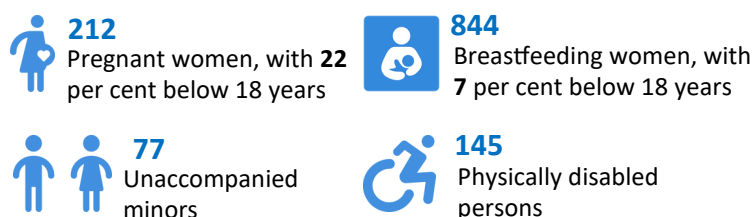


 **768** IDP households were recorded during the assessment period with an average household size of **7** members.

Out of the assessed **31** villages, **7** villages reported having a total **336** IDP households who came from other villages in the same district.

## VULNERABILITIES

The village assessment also gathered information on the people with special needs within the district.



The following vulnerable groups were also identified from the **31** assessed villages:

**612** Orphans **515** Separated minors  
**282** Mentally Disabled Persons **28** Child headed Households

## DISPLACEMENT HISTORY

**Seven** villages have IDPs staying with host families. In **26** villages, IDPs are staying in other housing types. The other housing types/ shelter arrangement include original homesteads and temporary shelter.

## SHELTER GAPS AND LIVELIHOODS

- **23%** of the IDP houses were completely destroyed by the cyclone
- **77%** reported that their houses were partially damaged
- less than **1%** still have their house in good condition

The main issues with the partially damaged houses were reported as

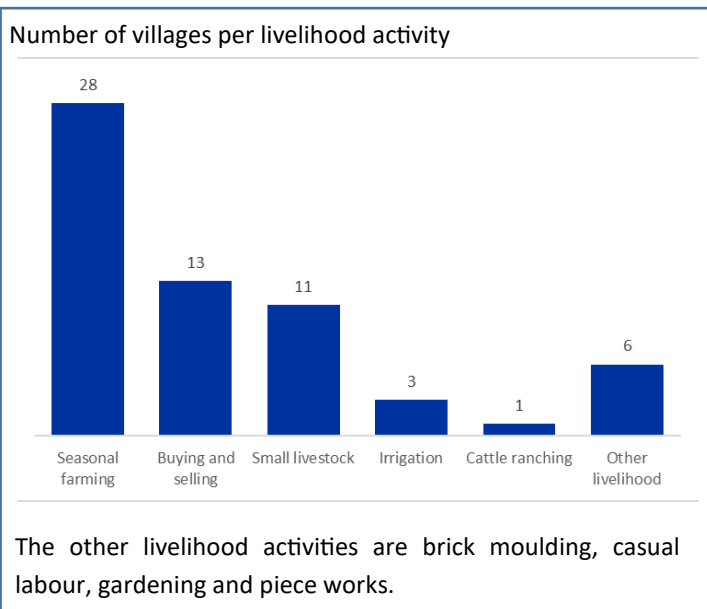
- collapsed/damaged walls (**63%**)
- general structural risk (**34%**)
- collapsed/damaged roof (**3%**)

### Proportion of IDPs in need of shelter assistance in the 31 villages

- 10 of the 31 villages reported that more than 85% of IDPs needed shelter assistance
- 10 of the 31 villages reported that all IDPs needed shelter assistance
- 6 of the 31 villages reported that less than 25% of IDPs needed shelter assistance
- 3 of the 31 villages indicated that none of the IDPs needed shelter assistance
- 2 of the 31 villages indicated that about half of IDPs needed shelter assistance

**Proportion of the affected population who are able to restart their livelihoods**

- 13 (**42%**) of the 31 villages indicated that a majority (>85%) of their affected population were able to restart their livelihoods
- 10 (**32%**) of the 31 villages indicated that less than 25% of their affected population were able to restart their livelihoods
- 7 (**23%**) of the 31 villages indicated that 50% of their affected population were able to restart their livelihoods
- 1 (**3%**) of the 31 villages indicated that all of their affected population were able to restart their livelihoods



**AGRICULTURE**

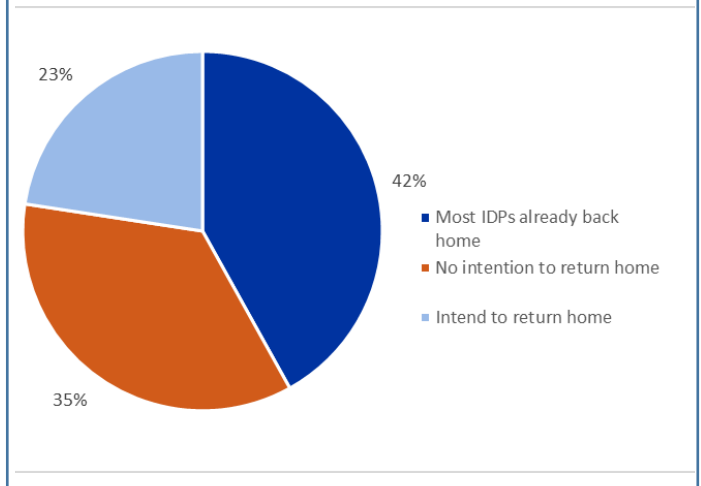
**Twenty-three percent** of the IDP households have access to agricultural inputs.

Inaccessible Input	Percentage of Households
Maize seed	38%
Small Seed	13%
Stock feeds	16%
Fertilizers	27%
Herbicides and Insecticides	58%
Livestock vaccines	9%
Other types of inputs	2%

Out of the **31** villages assessed, **68%** indicated the availability of agricultural markets.

**RETURN INTENTIONS**

Proportion of the return intentions of the affected IDPs in the **31** villages.



**All** the IDPs that indicated that they intend to return home, intend to return as soon as possible.

The most important reasons why most IDPs intended to return home are;

- to rebuild home (**54%**)
- family reunification (**15%**)
- need to restart livelihood (**4%**)
- insufficient assistance (**4%**)
- improving conditions in village (**4%**).

The IDPs that do not intend to return to their original homes indicated the following reasons:

- lack of shelter housing (**9%**)
- lack of materials to reconstruct house (**8%**)
- lack of access to land (**6%**)
- lack of access to livelihood opportunities (**2%**)
- lack of access to food (**2%**)
- lack of access to health services (**2%**)
- lack of access to water sources (**2%**)

## PRIORITY NEEDS

According to the survey, the top **three** priority needs in the district as indicated by the number of villages are:



**Food - 74%**

Problems with food

- expensive prices
- distance to the food market
- quantity of food available



**Drinking water - 32%**

Problems with drinking water

- quantity of water available
- quality of water
- unequal access
- distance to water source



**Shelter - 23%**

Problems with shelter

- expensive prices
- inadequate quantity
- poor quality houses

## NFI NON FOOD ITEMS

Non-Food Items (NFIs) that are not accessible:

- Hygiene products—**52%**
- Closed containers for storing water – **48%**
- Sleeping items—**29%**
- Cooking items—**29%**
- Soap detergent—**29%**
- Mosquito nets—**23%**
- Shoes and clothes—**19%**

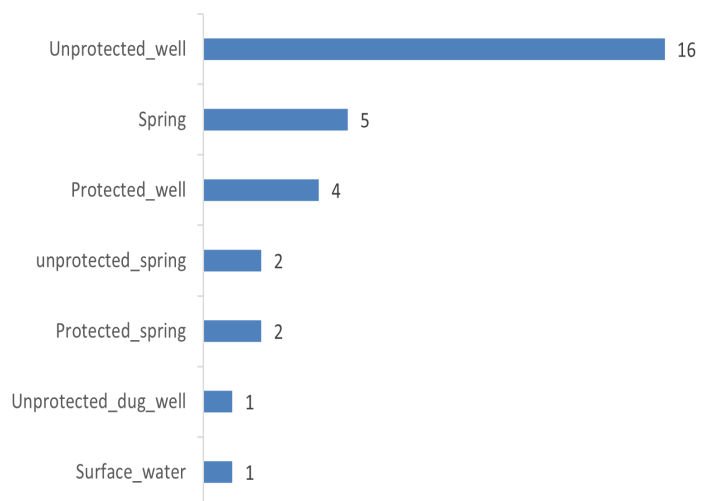
Reasons Non-Food Items are not accessible:

- items are sold, and there is access to the market, but items are too expensive/people do not have money (**74%**)
- no market or access to the market (**23%**)
- there is access to the market, but these items are not available (**3%**)



## WATER, SANITATION AND HYGIENE

Proportion of main water sources for drinking for the **31** villages



### Proportion of HHs access to water for cooking, laundry and personal hygiene

- **15 (48%)** of the 31 villages indicated that less than 25% of HHs have access to water for cooking, laundry and personal hygiene
- **7 (23%)** of the 31 villages indicated that more than 85% of HHs have access to water for cooking, laundry and personal hygiene
- **6 (19%)** of the 31 villages indicated that half of HHs have access to water for cooking, laundry and personal hygiene
- **3 (10%)** of the 31 villages indicated that all HHs have access to water for cooking, laundry and personal hygiene

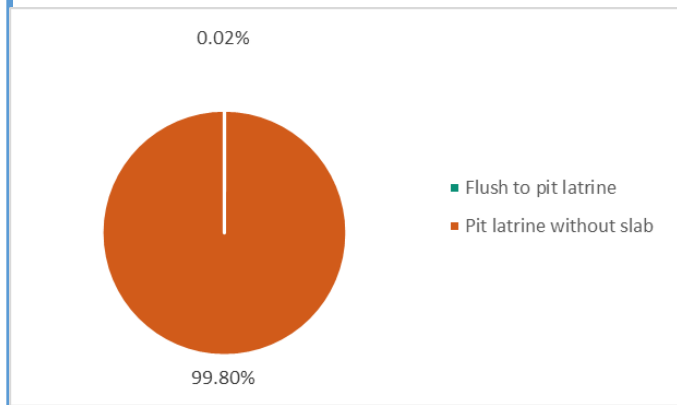
**Proportion of HH with enough water to drink**

- 14 (**45%**) of the 31 villages indicated that less than 25% of households had enough water to drink.
- 6 (**19%**) of the 31 villages indicated that 50% of HHs had enough water to drink
- 6 (**19%**) of the 31 villages indicated that all HHs had enough water to drink
- 9 (**19%**) of the 31 villages indicated that more than 85% of HHs had enough water to drink
- 1 (**2%**) of the 48 villages indicated that all HHs had enough water to drink

**Proportion of IDPs living in areas with visible open defecation**

- 24 (**79%**) of the 31 villages indicated that less than 25% of the IDP population live in areas with visible open defecation
- 5 (**15%**) of the 31 villages indicated that no IDPs live in areas with visible defecation
- 1 (**3%**) of the 31 villages indicated that half of the IDP population live in areas with visible open defecation
- 1 (**3%**) of the 31 of the villages indicated that more than 85% of IDPs live in areas with visible open defecation.

Common sanitation facilities in the district



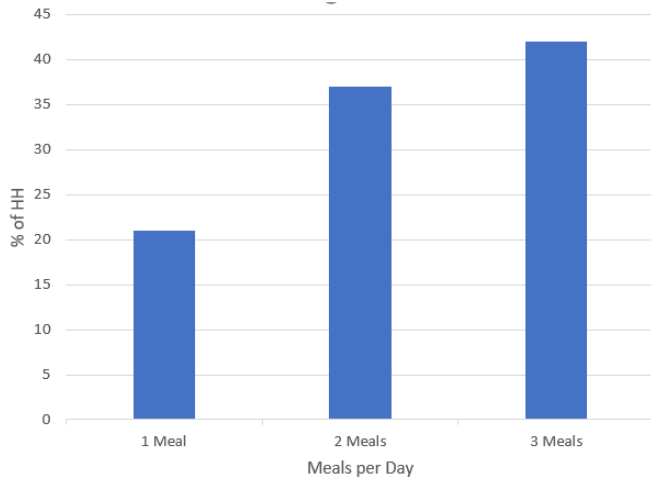
**Proportion of IDPs living in areas with visible dumped garbage**

- 22 (**71%**) of the 31 villages indicated that there were no IDPs living in areas with visible dumped garbage
- 5 (**16%**) of the 31 villages indicated that 50% of IDPs were living in areas with visible dumped garbage
- 2 (**7%**) of the 31 villages indicated that less than 25% of IDPs were living in areas with visible dumped garbage
- 1 (**3%**) of the 31 villages indicated that more than 85% of IDPs were living in areas with visible dumped garbage
- 1 (**3%**) of the 31 villages indicated that all of the IDPs were living in areas with visible dumped garbage

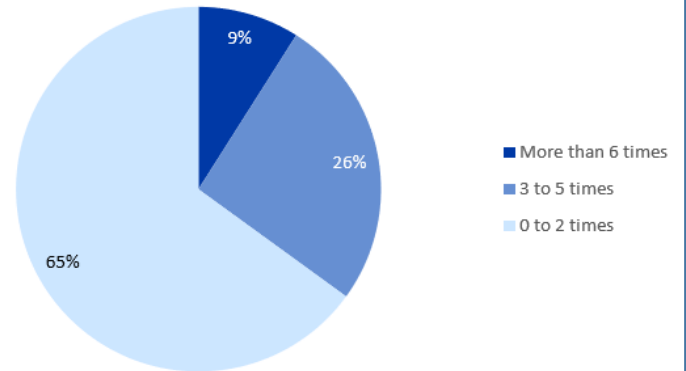


## FOOD AND NUTRITION

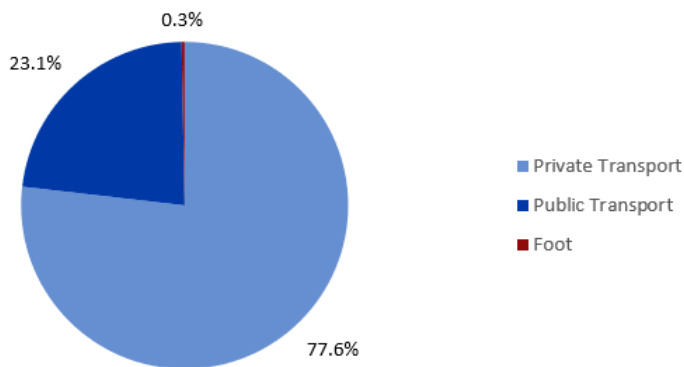
Proportion of HH on number of meals per day



Proportion of IDPs that are able to buy fruits and vegetables at the market per week



Mode of transportation used by HH to access food market

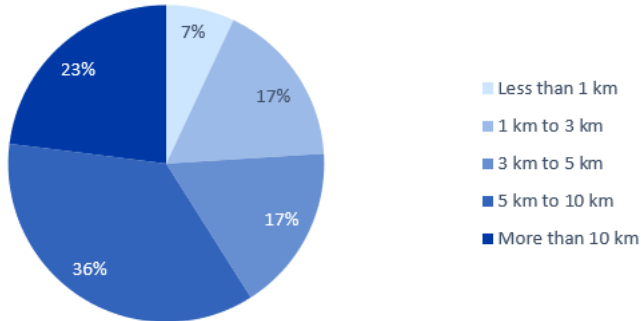


Reasons why IDPs are unable to buy from the market:

- limited funds (**58%**)
- unable to reach market (**23%**)
- no nearby markets (**26%**)
- items usually unavailable (**19%**)
- rotten or stale items being sold (**16%**)

## HEALTH

Distance from village/settlement to nearest health facility



**Fifty-eight** per cent of the total number of IDPs in the district has access to healthcare.

Healthcare services that are mostly accessible in the **31** villages assessed are:

- family planning (**80%**)
- maternal and child health care (**77%**)
- treatment and management of chronic diseases (**49%**)
- minor ailments treatment (**46%**)
- emergency services (**14%**)
- malaria testing and growth monitoring (**2%**)

There is no clinic or hospital facility as reported by **1** village.

**14%** of the villages have emergency transport available .

**11%** of the villages highlighted that nothing prevented people from accessing healthcare.

Reasons for failing to access healthcare;

- lack of medicines (**23%**)
- unreachable healthcare services (**31%**)
- cost/money (**46%**)
- partial availability (**6%**)

Female healthcare workers are available in **97%** of the villages and are partially available in the remaining **3%**.

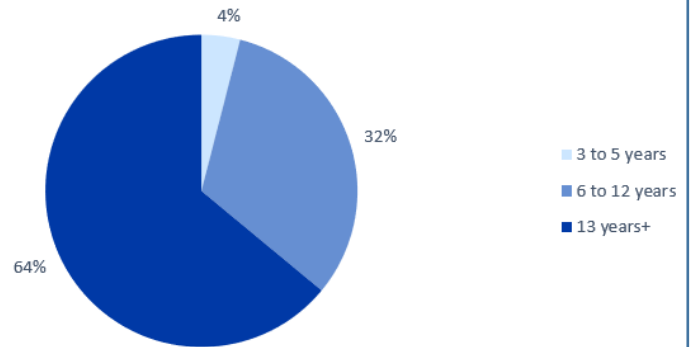
Village health care workers are available in **all** the **31** villages in the district.

Pregnant women in **94%** of the village assessed reported that they are visiting a healthcare professional during their pregnancy .

An environmental technician conducted tests and field investigations to obtain soil samples and other data on **81%** of the villages

## EDUCATION

Proportion of children attending school by age-group



Education challenges for children in the 3—5 years age group as indicated by the villages:

- bad terrain, distance or transport constraint (**100%**)
- lack of money to pay for school fees (**94%**)
- lack of learning materials (**39%**)

Education challenges for children in the 6—12 years age group as indicated by the villages

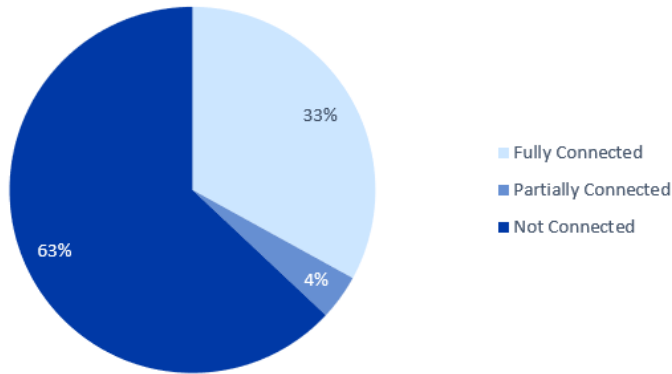
- lack of funds to pay for school fees (**100%**)
- bad terrain, distance or transport constraint (**71%**)
- lack of documentation (**29%**)

Education challenges for children in the 13—17 years age group as indicated by villages

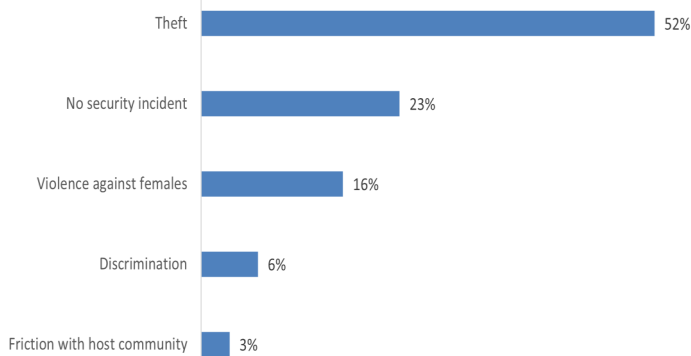
- lack of funds to pay for school fees (**100%**)
- bad terrain, distance or transport constraint (**65%**)
- families have other priorities (**32%**)

## PROTECTION

Proportion of communal places with adequate lighting



Proportion of most common security incidents



**Eighty-one** per cent of the villages have security provision mechanisms that ensure safety of IDPs in the villages.

**Seventy-seven** per cent of the villages have child protection committees.

**Eighty-seven** per cent of the villages have community child care workers (**19** male and **51** female).

Security incidents are mostly reported to

- police (**42%**)
- local leadership (**39%**)
- community child care workers (**7%**)
- other government authorities (**3%**)

**Three** villages do not report security incidents.

## CONDITION OF INFRASTRUCTURE

The table below shows the condition of various types of infrastructure in the **31** assessed villages.

Type	Mostly Damaged	Not Damaged
Electricity	2	4
Water	18	7
Sewerage conditions	2	1
Telecoms	5	10
Roads	22	7
Bridges	17	5
Schools	7	18
Youth Centre	1	2
Medical	3	11
Police	2	0
Fire Station	0	1
Places of worship	5	16
Markets	2	11
Recreation	2	0
Arable Land	19	11
Grazing Land	12	14

On cleaning of rubbles, clearing surrounding areas from cyclone residue and rebuilding houses, **97%** of the villages reported that they are cleaning on their own, **61%** are receiving support from the local authority, **29%** are receiving support from the humanitarian community, **13%** are receiving support from the army and there is no rubble cleaning being done in **13%** of the villages.



## **ADDRESS**

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