HIGHLIGHTS

- UNICEF and partners reached 7,443 children and adolescents affected by floods with child protection services.
- Since the onset of the cyclone a total of 172,907 out of a target of 216,000 people have been reached with critical WASH-related, HIV, Nutrition, Education and Child protection information.
- UNICEF and Partners provided safe water to 90,853 people.
- UNICEF Distributed education supplies to 58 schools in Chimanimani and Chipinge before the start of the second term.
- With UNICEF support, 1,796 children and adolescents living with HIV/AIDS, have been traced to ensure they have continued access to treatment.
- UNICEF has requested US$10.9 million to meet the urgent humanitarian needs of children and women affected by the floods, of this 30 per cent has been funded.

UNICEF’s Response with Partners for Cyclone Idai Response

<table>
<thead>
<tr>
<th>UNICEF Targets for the Cyclone Idai Response*</th>
<th>Cluster/ Sector</th>
<th>UNICEF response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong>: # of children aged 6-59 months in humanitarian situations who are vaccinated against measles</td>
<td>Targets</td>
<td>Results</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Nutrition</strong>: # Number of children aged 6-59 months with SAM who are admitted for treatment</td>
<td>1,302</td>
<td>109</td>
</tr>
<tr>
<td><strong>WASH</strong>: # people provided with a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene</td>
<td>270,000</td>
<td>144,037</td>
</tr>
<tr>
<td><strong>Child Protection</strong>: # of children receiving psychosocial and/or critical protection services</td>
<td>80,000</td>
<td>8,130</td>
</tr>
<tr>
<td><strong>Education</strong>: # of school aged children in humanitarian situations accessing formal or non-formal basic education</td>
<td>91,000</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong>: # of pregnant and breastfeeding women, children and adolescents living with HIV that continue to receive PMTC and treatment**</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>C4D</strong>: # of people provided with critical WASH-related, HIV, Nutrition, Education, Child protection information</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*The target for SAM treatment has been revised downwards after being broken down further. The previously reported target of 4,339 for the Cluster target is broken down as (1,302 for SAM and 3,037 for MAM). The UNICEF target is broken down as 3,905 (1,172 for SAM and 2,733 for MAM). The detailed breakdown is shown in Annex-A.
Situation Overview and Humanitarian Needs

The risk of diarrhoea diseases remain high in the districts affected by the cyclone due to the interruption in the water and hygiene infrastructure, weekly epidemiological reports (2nd week of May 2019) for Chimanimani district shows that there are more diarrhoea cases being reported from health facilities in 2019 than the previous 2 years. UNICEF and WHO continue to support the Ministry of Health and Child Care (MoHCC) in enhancing their capacity for disease surveillance interventions.

The cyclone Idai disaster is expected to exacerbate the current drought emergency already affecting 136,000 children under 5 (27,000 expected SAM cases for 2019) in Zimbabwe. The risk of disease outbreak (cholera, malaria, diarrhea etc), inadequate infant and young child feeding practices, and inadequate hygiene and sanitation, destroyed livelihood, destruction of infrastructure and of the macroeconomic context is expected to further worsen the nutrition status of the Idai most affected districts. Currently there is an on-going Zimbabwe vulnerability assessment (ZIMVAC) which is expected to inform the current drought risk across the country including the Cyclone Idai affected districts and the assessment report is expected by end of May 2019.

Despite interruption of learning during the first term where most of the infrastructures were damaged, all schools managed to open for the second term in the 2 most flood affected districts of Chipinge and Chimanimani. UNICEF WASH and Education teams have supported the schools with WASH facilities and teaching and learning materials. Some of the schools have been provided with temporary WASH facilities especially the latrine as constructions of permanent ones are underway. School tents have been provided in some schools as temporary learning spaces. There is need for the upgrade of the temporary structures to more permanent ones within the new future to ensure continued improvement learning environment for the children.

Leadership and Coordination

UNICEF Zimbabwe has implemented an interactive unified dashboard (https://idai-zimbabwe.onalabs.org/) for the cyclone response. The dashboard provides up-to-date Cyclone humanitarian results achieved from various data sources including government and other partners, in a single web-based portal. In addition to the current WASH, Nutrition and Child Protection information available UNICEF is working with OCHA, other UN Agencies, partners and government to include all sectors on the platform.

The Emergency WASH response activities at the national level are being supported by UNICEF which co-chairs the Emergency Strategic Advisory Group (ESAG) with the National Coordinating Unit (NCU) from the Government of Zimbabwe. Weekly E-SAG meetings have served as a platform to share progress updates from the field and discuss key implementation challenges. A WASH Cluster Coordinator and an Information Management Officer deployed by UNICEF have helped improve data management and reporting at the cluster level through 4W matrix management.
At the provincial and district levels, UNICEF is closely collaborating with government and NGO partners to coordinate day-to-day implementation of response activities.

UNICEF is supporting the Nutrition Cluster in the coordination mechanisms at national, provincial and district levels, all chaired by a representative of the Ministry of Health and Child Care (MoHCC). UNICEF has supported the deployment of a Nutrition Cluster Coordinator based in Manicaland province (Mutare) who is supporting coordination across Provincial and district levels. Weekly coordination meetings are held across all levels with active participation by nine partners. The coordination efforts have resulted in improved reporting of nutrition activities, identification of gaps (geographically and programmatically) and improved integration of activities with other clusters/sectors. The nutrition cluster has drafted a comprehensive response plan that includes capacity building of the MoHCC in emergency preparedness and training in maximizing engagement of the cluster approach to MoHCC and partners.

UNICEF has deployed a Child Protection in Emergency Consultant stationed in the most flood affected district (Chimanimani) to provide overall child protection coordination support and guidance to partners in the cyclone affected areas. The consultant is supported by a National Child Protection Sub Cluster Coordinator who is currently focusing on the development of key coordination tools including the mapping of Child Protection partners and their intervention in affected districts.

MoHCC continue to chair daily health sector coordination meetings at the Emergency Operations Centre (EOC) in Harare with support from WHO, UNICEF and other partners. Health cluster coordination meetings are being held at the field level and chaired by the District Medical Officers. UNICEF and WHO are supporting MoHCC in Manicaland Province to develop a Health Sector Recovery Plan for Cyclone affected districts of Chimanimani and Chipinge with the focus on the Health Systems Strengthening approach to bridge early recovery and development gaps.

UNICEF education team is working closely with other sectors especially WASH to address some of the challenges that were identified during the joint rapid education need assessment mainly the rehabilitation of water and sanitation infrastructural works at the schools. There has been a joint coordination meeting between, UNICEF and education partners with Ministry of Primary and Secondary Education, Ministry of Health and Child Care, and Ministry of Local Government, Public Works and National Housing to address some of the education related gaps related to standardizing school WASH infrastructure designs and improved multi-sectoral coordination between the WASH and Education sectors.

Response Strategy
UNICEF Zimbabwe is responding in the flood affected areas by focusing on the key sectors of Health and Nutrition, WASH, HIV/AIDS, Education and Child Protection. The strategic areas of focus for strengthening the response are:

- **Improved coordination in line with the cluster approach:** UNICEF’s response is premised on improved coordination and information management with a focus on strategic and operational gaps analysis, planning, joint assessments and resource mobilization efforts. UNICEF is strengthening system-wide response efforts through the provision of clear leadership and accountability in the WASH, Education, Nutrition clusters and the Child Protection area of responsibility.

- **Expanding UNICEF’s field presence and humanitarian capacity with an equity approach:** In order to reach the most hard-to-reach areas, provide technical, operational support and undertake programmatic monitoring, UNICEF is continuing and enhancing the deployment of dedicated inter-sectoral teams to support the government agencies, as the primary providers of services and NGOs to accelerate the outreach of the interventions in a timely and sustainable way.

- **Promoting innovation:** In order to provide a timely response, UNICEF is using real-time and near real-time technological platforms and approaches for assessment, data collection, monitoring, and information sharing and reporting. The U-report platform is being used to raise awareness on the impacts of flooding, as well as to monitor the current interventions. In addition, UNICEF Zimbabwe has finalized the design of a multi-sectoral online assessment, monitoring and reporting tool, using the Onalabs platform, the platform has been presented to the HCT who endorsed it and currently being rolled out for use by the different
clusters. UNICEF is also supporting an online 4W matrix in the WASH cluster (who is doing, what, where and when), plans are underway to roll out this tool for other clusters.

- **Link humanitarian and development programming.** To improve recovery and strengthen resilient development, UNICEF is prioritizing interventions that reduce vulnerability and build resilience, beyond addressing humanitarian needs, by using development programme windows throughout the recovery phase of the response. This ensures development programmes support recovery and rehabilitation interventions. Integrated programming approaches are being promoted to improve efficiency and effectiveness of the response among other key benefits.

## Summary of Programme Response

### Health

The Health sector response to cyclone Idai in Chimanimani and Chipinge Districts is still ongoing with support from UNICEF with activities now focused on the early recovery phase. UNICEF continues to provide technical and financial support to the MoHCC in various health interventions targeted to women and children. MoHCC with support from UNICEF conducted an integrated training of 145 health workers (Chipinge 90 and Chimanimani 55 in preparation for the Nutrition and Multi-antigen\(^1\) catch up campaign that started on the 13\(^{th}\) of May and is scheduled to end on the 22\(^{nd}\) of May 2019. The campaign is targeting 74,002 children (20,773 in Chimanimani and 53,229 in Chipinge) aged 6 to 55 months for Measles Rubella and 38,500 girls aged 10 – 14 years for HPV.

UNICEF continues to support the cyclone effected districts with Vaccines and Essential drugs and as of 15 May 2019 all health facilities had no stock outs. An analysis of surveillance data for Expanded Programme for Immunization (EPI) week 19 (7\(^{th}\)-11\(^{th}\) May), reported a high number of diarrhoea cases in Chimanimani district as compared to the same period last year. The increase is attributed to low access to clean water in the flood affected areas. Efforts are being made to address water access issues to compliment case management. (see graph below)

![Chimanimani Weekly Reported Diarrhoea Cases (2017 -2019)](image)

Adapted from the Cyclone Sitrep no 17

### Nutrition

The screening for acute malnutrition is steadily being integrated across other sectors’ activities and routinely at the health facilities with 1,440 children under five screened out of a target of 42,300. This number is expected to increase during on-going catch up campaign. During the reporting period (3-12 May), the screening identified 11 SAM and 19 MAM children bringing the total number of cases admitted in the Outpatient Therapeutic Programme

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\(^1\) Measles and Rubella (MR) targeting all children aged 6 - 59 months; PCV, Penta, IPV, bOPV and Rota for U1; HPV for 10 – 14 years; Vitamin A; MUAC screening; TT for WCBA and Replacement of CHC
UNICEF Zimba Report: 17 May 2019

(OTP) to 109 SAM and 190 MAM cases. A total of 30 children have exited the OTP with 21 (70%) cured and 9 defaulting. The performance of the OTP programme is within the SPHERE nutrition standards. The performance will further be improved through training, mentorship and more engagement with the Village Health Workers (VHWS) to reduce the defaulting rates.

Promotion of appropriate infant and young child feeding (IYCF) and care practices is ongoing with support from nutrition partners ADRA, GOAL, Save the Children, NAZ and World Vision. A total of 15,873 mothers and primary caregivers of children under two years have been reached with IYCF counselling, representing 62% of the target. The IYCF-E messages are provided during routine health services provision by Mothers’ Care Groups and by VHWS conducting health promotion at the community level. The micronutrients supplementation of Vitamin A has reached 8,749 (out of the 47,200 target) children under five and Multi-micronutrients powders (MNPs) has reached 14,008 (25% of the target). The Vitamin A supplementation and MNPs are integrated into the EPI catch-up campaigns and is expected to significantly improve coverage. UNICEF jointly with provincial nutritionists are conducting regular joint support supervision and monitoring with 6 facilities reached in Chimanimani during the reporting period. The objective of the joint supervision is to mentor and conduct on-the-job training in the treatment of acute malnutrition.

UNICEF jointly with World Vision, Save the Children, GOAL and ADRA oriented 165 health workers in Chimanimani and Chipinge in nutrition integrated programming and reporting. In addition, a total of 771 Village health workers from Chimanimani and Chipinge were trained at health facility level in active screening and reporting using the Rapid-pro SMS system. The weekly reporting rate now stands at 48% and is expected to further improve in the coming weeks. UNICEF will continue to focus in the strengthening the integration of treatment of acute malnutrition in routine health services, capacity building in Integrated Management of Malnutrition (IMAM) and support in cluster coordination.

Water, Sanitation and Hygiene (WASH)

UNICEF has restored access to safe drinking water for 90,853 people out of the targeted 180,000 through point-of-use water treatment chemicals and water supply interventions (e.g., rehabilitation of piped water schemes and boreholes), provided key health and hygiene messages to 66,567 people out of targeted 216,000, and distributed 11,569 hygiene kits comprised of soap, jerri-cans, buckets, water treatment tablets and IEC materials in cyclone-affected districts. For the past few weeks, some of the internally displaced people (IDPs) who were staying at schools as temporary shelters, successfully moved in to IDP camp sites with basic WASH infrastructure in Chimanimani. Temporary latrines were provided in these schools that enabled them to reopen on 7 May as planned. During the reporting week UNICEF and partners distributed 72 hygiene kits at IDP camps and provided hygiene education to over 300 people to reduce risk of waterborne diseases including cholera and typhoid. To ensure that proper hygiene practices are maintained in IDP camps, 191 community health volunteers were trained for hygiene promotion and monitoring activities.

As the humanitarian response transitions to the recovery phase, UNICEF will continue to repair and rehabilitate piped water systems, boreholes, and springs in Manicaland Province and Masvingo Province to provide long-term access to safe water. UNICEF partners have now completed piped water and sewer rehabilitation works with more systems currently being worked on. UNICEF is also closely working with Ministry of Education, Ministry of Local Government, Public Works and National Housing, and Ministry of Health and Child Care to construct standardized long-term sanitation facilities at schools.

Child Protection

UNICEF and its child protection partners have increased capacity to respond to the need of floods affected children through expansion of interventions in districts with limited Child Protection coverage such as Chipinge and Buhera. UNICEF Child Protection team conducted a field visit in Chipinge and Buhera to assess child protection partner’ implementation capacity, coverage of intervention and gaps and provided support and guidance to child protection
UNICEF Zimbabwe Report: 17 May 2019

stakeholders for the upcoming Child Protection needs assessment including mainstreaming of child protection within other sectors.

- To date, Psychosocial activities have benefited a total of 6,308 (3,008 boys, 3,300 girls) in 4 Child friendly spaces in Ngangu, Rusitu, Koppa (Chimanimani) and Tongogara refugee Camp in Chipinge. During the reporting period, a total of 157 children (61 males, 96 females) were reached with psychosocial support services through individual and group therapy as well as play therapy. To improve quality on services in the Child Friendly spaces, Save the Children supported by Red Cross conducted training for 16 (8 male and 8 female) community care workers on First Aid in Chipinge and Chimanimani.

- A total of 521 (285 boys and 236 girls) unaccompanied and separated children have been identified and documented. During the reporting period, UNICEF partners Child line and World Educational International identified 16 (9 males, 7 females) new cases of separated and accompanied children while follow up visits were conducted for 50 children (29 males, 21 females) including 3 children (1 male and 2 females) in alternative care. 8 children are temporarily placed at the Methodist church in Koppa while contacts are underway in the community to find voluntary foster families for them.

- As part of early recovery interventions, a total of 15,545 individuals (4,281 boys, 5,586 girls, 1,626 men and 3,962 women) in Chimanimani (Kwirire, Mutsvangwa and Nyamatanda camp) and Chipinge have been sensitized on child safeguarding, CPiE including GBV and Child monitoring.

- Child Protection Society & Childline conducted positive parenting sessions for 3,505 parents and care givers (1,253 male and 2,252 female) caregivers at Nyamatanda camp, Ngangu suburb in Chimanimani District and Chipinge District on safe parenting skills during emergencies including child rights, trauma management, communication with children, importance of children staying within the family or with nearest relatives as well as potential risks that children face in the aftermath of a disaster.

- 313 children living with disability (167 male and 152 female) have been identified and provided psychosocial and medical support including casting severely injured children or at risk of permanent disability. A total of 846 OVC (433 boys, 414 girls) have been documented and provided with alternative care arrangements.

Education

With the opening of the second term, a total of 37,426 children out of the targeted 60,000 were accessing formal or non-formal basic education during the reporting period. This number is expected to increase as the term progresses. 58 out of the 62 targeted schools in Chimanimani and Chipinge received education supplies which included (a) 2,753 text books; (b) 2 school tents (for selected schools); (c) 7 ECD kits for all targeted primary schools; (d) 8 School-in-a-box kits for all targeted schools; (e) 1 recreational kit for every school; and (f) 10 buckets for each targeted school. These supplies have enabled the affected schools to start the new term with an adequate supply of learning materials.

The Rapid Joint Education Needs Assessment (RJENA) report was finalized just before the schools opened for the second term on the 7th of May and disseminated widely to inform all stakeholders on the sector priority needs. This has led to better targeting and improved the choice of future interventions. The report was the outcome of the collaboration of all key Education Cluster partners, and therefore forged a collective understanding of the issues affecting learners and teachers as well as their communities.

HIV/AIDS

A rapid assessment of HIV services was conducted in the two severely affected districts to determine the impact of Cyclone Idai on HIV services, assess the effect on demand and availabilities of commodities and services. Most of the facilities reported no change in demand for ART medicines, condoms and treatment of OIs possibly because client ART resupplies are for 3 months and most clients still had their medicines. Clients who had lost their medicines were able to access the medicine at any clinic/temporary clinics without the need for documentation.
HIV testing services, prophylaxis for children and treatment for pregnant and breastfeeding women was available to prevent transmission to infants.

Demand for food was high among people living with HIV as the effects of the cyclone had exacerbated the effects of the preceding drought. Demand for psycho-social support was high across most of the facilities considering the number of lives and property lost in this cyclone.

The National AIDS Council with support from UNICEF will train support groups, peer educators and networks of people living with HIV to provide information on HIV services in the response, strengthen identification of needs, and linkage to social support services for their peers in the community. To date 6,590 children and adolescents have tracked and confirmed to be continuing treatment in the 7 affected districts. The data of pregnant and breastfeeding women who continue HIV services is still being collated. During screening by the teams on the ground 18 and 94 children and adolescents have been found to have common mental conditions and had injuries, respectively, arising from Cyclone Idai in 2 severely affected districts.

Communication for Development (C4D)

Since the onset of the cyclone a total of 172,907 out of a target of 216,000 people have been reached with critical WASH-related, HIV, Nutrition, Education, Child protection information. UNICEF spearheaded planning for the social mobilization and advocacy for the vaccine catch up campaign. A total of 35 Ministry of Primary and Secondary Education (MoPSE) and Ministry of Health and Child Care (MoHCC) managers from Chimanimani and Chipinge districts were included in resource mapping and planning. A total of 110 District Civil Protection Committees members (50 in Chimanimani and 60 in Chipinge), and district heads, traditional chiefs and partners were sensitized on the importance of the vaccination catch-up campaign. Follow up sensitizations reached 160 health workers at rural health centers who included nurses, environmental health technicians and nutrition ward coordinators. About 302 school health masters were sensitized on vaccine catchup campaign using school platforms for community engagement. In addition, 9 religious leaders in Biriwiri were engaged to enlist support for mobilization of under 5-year children in vaccination sites.

Chimanimani health promotion teams trained over 30 village health workers and community members in participatory health and hygiene education. A total of 201 children were reached with key information in life skills and citizenship education and 105 caregivers were reached with key messages on positive parenting in Chimanimani and Chipinge districts. In addition, 44 roadshows were put in place to target 72 wards with aim to provide key messages to mobilize caregivers of under 5-year children for Vitamin A and measles rubella (MR) and encourage guardians to support HPV Vaccinations for girls 10-14 years.

Media and External Communication

During the reporting period, the visibility plan focused on the re-opening of schools in Cyclone affected districts, with the UNICEF Country Office website and social media platforms featuring stories and video on the Distribution of school supplies, rehabilitation of WASH facilities in schools, and the provision of Psychosocial support for returning students. Link:

Several stories were also featured in the main newspapers Link: https://www.herald.co.zw/rebuilding-education-in-the-post-cyclone-idai-era/ https://www.sundaymail.co.zw/all-schools-open-this-week

A Press release on the Japanese Government’s contribution to PSEA and MHM in Chipinge and Chimanimani Districts was shared to our media list and several houses picked the story. Link: https://www.newsday.co.zw/2019/05/japan-contributes-towards-prevention-of-sexual-abuse-in-cyclone-affected-areas-of-zimbabwe/

An Opinion piece was penned by the Representative calling on stakeholders to prioritise the needs of children with disabilities in an emergency setting, including Cyclone Idai Link: https://www.herald.co.zw/deafening-silence-on-disability-cyclone-idai/
Supply and Logistics
During the reporting period, UNICEF dispatched scholastic materials which included textbooks worth $214,896.15 to 58 primary schools and WASH supplies worth $50,216.67 comprising mainly of IEC materials, Borehole Spares/parts, Black plastic Sheeting & Water Purification tablets.

Funding
UNICEF is requesting US$18.4 million to meet the increasing humanitarian needs in the country. Of this amount, UNICEF requires US$10.9 million for the response to the floods associated with Cyclone Idai. To date funding has been received from DFID, ECHO, UNICEF Global Thematic, Sweden, Japan, the German National committee, the Australian National committee and from the CERF. The Country Office also received a loan of USD 1 million EPF (Emergency Programme Fund) funding from HQ to support with the immediate response. The CO has submitted proposals to the Governments of China and Germany, and to ECHO for funding towards the Cyclone Idai response. Discussions are ongoing with the following donors: AFDB, DFID (CPF II), ECW). There are ongoing discussions with the UNICEF National committees of Italy, Switzerland, Netherlands, Ireland the US Fund, Japan and Spain. On engagement with the private sector, UNICEF is seeking to facilitate establishing Public Private Partnerships (PPPs) with the various communities, schools, health facilities and Local authorities with a view to promote sustainable solutions and long-lasting partnerships. UNICEF is in discussions with Econet and Simbisa brands to identify possible areas of collaboration. Grundfos has offered to provide WASH sector specific support for communities devastated by Cyclone Idai.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2019 Requirements*</th>
<th>Funds Received</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>USD</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,890,000</td>
<td>1,183,076</td>
<td>1,706,924</td>
</tr>
<tr>
<td>Health</td>
<td>1,870,000</td>
<td>1,188,633</td>
<td>681,367</td>
</tr>
<tr>
<td>WASH</td>
<td>5,100,000</td>
<td>4,392,417</td>
<td>707,583</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,100,000</td>
<td>1,005,012</td>
<td>2,094,988</td>
</tr>
<tr>
<td>Education</td>
<td>2,000,000</td>
<td>113,000</td>
<td>1,887,000</td>
</tr>
<tr>
<td>HIV &amp; AIDS</td>
<td>550,000</td>
<td>299,374</td>
<td>250,626</td>
</tr>
<tr>
<td>Cash-based transfer</td>
<td>2,890,000</td>
<td>0</td>
<td>2,890,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,400,000</strong></td>
<td><strong>8,181,512</strong></td>
<td><strong>10,218,488</strong></td>
</tr>
</tbody>
</table>

*Of the total HAC requirement, the breakdown of needs for the cyclone response are as follows: WASH $3.1 million, Education $2.3 million, Social Protection $1.8 million, Child Protection $1.5 million, Nutrition 740,000, HIV/AIDS $300,000.

Next SitRep: 17 May 2019
UNICEF Zimbabwe Twitter: [https://twitter.com/unicefzimbabwe](https://twitter.com/unicefzimbabwe)

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### ANNEX A
**SUMMARY PROGRAMME RESULTS AND TARGETS FOR THE CYCLONE RESPONSE**

<table>
<thead>
<tr>
<th>Clusters/ Sectors</th>
<th>Targets</th>
<th>Results</th>
<th>UNICEF</th>
<th>Results</th>
<th>Results Achieved (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># Number of children aged 6-59 months with SAM who are admitted for treatment</td>
<td>1,302</td>
<td>109</td>
<td>1,172</td>
<td>109</td>
<td>9</td>
</tr>
<tr>
<td># Number of children aged 6-59 months with MAM who are admitted for treatment</td>
<td>3,037</td>
<td>190</td>
<td>2,733</td>
<td>190</td>
<td>7</td>
</tr>
<tr>
<td># of children aged 6 to 59 months receiving vitamin A supplementation</td>
<td>59,000</td>
<td>8,749</td>
<td>47,200</td>
<td>8,749</td>
<td>19</td>
</tr>
<tr>
<td><strong>EDUCATION(*)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of school aged children in humanitarian situations accessing formal or non-formal basic education</td>
<td>91,000</td>
<td>Not available</td>
<td>60,000</td>
<td>37,426</td>
<td>62</td>
</tr>
<tr>
<td># of schools in targeted areas who receive NFIs</td>
<td>139</td>
<td>62</td>
<td>58</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH (</strong>)**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6-59 months in humanitarian situations who are vaccinated against measles</td>
<td>15,000</td>
<td>Not available</td>
<td>216,000</td>
<td>172,907</td>
<td>80</td>
</tr>
<tr>
<td>Number of people in humanitarian situations reached with key life-saving and behavior change messages on public health risks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people in affected areas provided with access to safe water and personal hygiene</td>
<td>270,000</td>
<td>144,037</td>
<td>180,000</td>
<td>90,853</td>
<td>51</td>
</tr>
<tr>
<td># of people provided with critical WASH-related information to prevent waterborne diseases</td>
<td>270,000</td>
<td>94,895</td>
<td>216,000</td>
<td>66,567</td>
<td>31</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of pregnant and breastfeeding women, children and adolescents living with HIV that continue to receive PMTC and treatment</td>
<td>7,000</td>
<td>6,590</td>
<td>49</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of vulnerable boys, girls and adolescents in humanitarian situations provided with critical child protection services</td>
<td>80,000</td>
<td>8,130</td>
<td>40,000</td>
<td>7,443</td>
<td>19</td>
</tr>
<tr>
<td># of unaccompanied and separated children affected by humanitarian situations accessing appropriate care and child protection services</td>
<td>3,000</td>
<td>521</td>
<td>1,500</td>
<td>521</td>
<td>35</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION (</strong>*))**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households affected by floods supported with expanded social cash transfers</td>
<td>10,500</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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*The Cluster result (number of school aged children in humanitarian situations accessing formal or non-formal basic education) will be updated in the next sitrep. UNICEF target was increased from 43000 to 60000 due to increased funding to the sector to cover more affected schools.

**The measles rubella campaign in the affected districts started on 13th and will run until the 22nd, data will be available after the exercise.

***Funding not yet available to support the expanded social cash transfers in the Cyclone Idai affected areas.