**Highlights**

- Currently, there are 77,003 people displaced and hosted in 66 accommodation/transit centres in Sofala, Manica, Zambezia and Tete;
- UNICEF continues to support the functioning of numerous water systems in affected areas providing safe drinking water to 776,603 people, 82 per cent of the cluster total target.
- UNICEF supports the operational deployment of mobile brigades which enabled more than 8,000 live-saving consultations to children under-five.
- UNICEF will be supporting the MoH with Child Health Week in May, targeting more than 800,000 children under-five in the 21 most affected districts with measles/polio vaccine, vitamin A, and deworming.
- Since the start of the emergency, UNICEF supported WASH cluster partners to distribute over 100,000 bottles of CERTEZA (household water treatment product) to 100,000 households;
- UNICEF and cluster members have reached a total of 15,778 children aged 6-15 and 1,000 children aged 3-5 years through provision of Temporary Learning Centers (TLC), Child Friendly Spaces (CFS).

**1.85 million**
People in need by the cyclone/floods defined by HRP 2019

**1 million**
Children in need by the cyclone/floods

**500,000**
Children targeted through humanitarian interventions by UNICEF

**965,000**
People targeted through humanitarian interventions by UNICEF

**6,385**
Cholera cases reported in Sofala Province

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**UNICEF’s Response with Partners**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Cluster</th>
<th>Target</th>
<th>UNICEF</th>
<th>UNICEF</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>target</td>
<td>Result</td>
<td>achieved</td>
<td>target</td>
<td>Result</td>
</tr>
<tr>
<td>People provided with access to safe water (7.5-15L per person per day)</td>
<td>1,435,000</td>
<td>938,024</td>
<td>65%</td>
<td>965,000</td>
<td>776,603</td>
</tr>
<tr>
<td>Health</td>
<td></td>
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</tr>
<tr>
<td>Children under-fifteen years vaccinated</td>
<td></td>
<td></td>
<td></td>
<td>500,000</td>
<td>330,888</td>
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<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years screened for acute malnutrition</td>
<td>328,000</td>
<td>11,628</td>
<td>3.5%</td>
<td>328,000</td>
<td>11,628</td>
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<td>Education</td>
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<td></td>
</tr>
<tr>
<td>Children aged 6-15 years old in humanitarian situations accessing education</td>
<td>500,000</td>
<td>13,252</td>
<td>2.6%</td>
<td>380,000</td>
<td>7,090</td>
</tr>
<tr>
<td>Child Protection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children receiving psychosocial support through Safe Spaces</td>
<td></td>
<td></td>
<td></td>
<td>20,000</td>
<td>8,688</td>
</tr>
<tr>
<td>Communications for Development</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number of people reached with key lifesaving and behavior change messages on health, nutrition and safe and appropriate sanitation and hygiene practices.</td>
<td></td>
<td></td>
<td></td>
<td>700,000</td>
<td>622,000</td>
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</table>
Situation Overview & Humanitarian Needs

It has been a month since the landfall of Cyclone Idai and at least seven districts of Sofala province namely, Beira, Dondo, Buzi, Nhamatanda, Chibabava, Muanza and Mafambisse continue facing total (such as Buzi, Muanza and Chibabava districts) or partial access restrictions to electricity. The electricity company (EDM) expects to re-establish completely the system within 30 – 60 days depending on the level of damage in affected districts. The significant progress made by EDM this week was the reestablishment of electricity at the waste water treatment system in Beira and at the intake of the water supply system in Dondo.

As of 18 April 2019, there were a total of 6,385 cholera cases recorded in Beira, Dondo, Buzi and Nhamatanda and a death toll of 8. Most of the cases have been reported in Beira (4,524), followed by Dondo (1,013), Nhamatanda (726) and Buzi (122). From 27 March to 18 April a cumulative number of 12,917 Malaria cases were recorded in Beira, Dondo, Nhamatanda and Buzi districts. Most of the of the cases (41.2% - 5,319) were registered in Nhamatanda district. Although the total cumulative cases of Cholera are higher than the one reported last week, the overall trend of the daily cases is reducing (eg: from 17 April to 18 April there was a reduction from 127 to 63 cases) in all affected districts. One week after the completion of cholera vaccination campaign in Sofala province, the health authorities are expanding the vaccination to other risk areas within the province, namely, Munza, Cheringoma, Nhamatanda and Buzi districts. As of 17 April 2019, 27,026 people out of 57,906 were vaccinated in those districts representing 46.7 per cent of the target.

As of 20 April 2019, there were 26 accommodation centres hosting 45,362 people in the districts of Dondo, Buzi, Nhamatanda, Chibabava and Beira of Sofala province. According to INGC, as of 20 April 2019, there are in total 66 transit/accommodation centers with 77,003 people in the provinces of Zambézia (3), Manica (32), Sofala (26) and Tete (5).

The Government continues with the delineation of land plots to be assigned to the displaced population currently hosted in accommodation centers. To date, a total of 2,394 plots were delineated in Sofala, of which 1,129 were already assigned to the displaced population in Nhamatanda, Buzi and Caia districts. According to the Provincial Authorities, in Sofala province, there is a need to resettle about 10,974 families and 650 families were already resettled in Caia and Nhamatanda districts.

This week, in Sofala province (Beira and Buzi) at least four transit/accommodation centers were closed and about 3,137 people were transferred to new sites. On 20 April 2019, the Government started the transfer of 92 families from Buzi and hosted in IFAPA accommodation center to their area of origin (Buzi district). As an effort of putting in place minimum conditions for the returnees in Guara-Guara accommodation center (Buzi district), UNICEF supported the water company (FIPAG) to provide safe drinking water (water tanks and pump) to about 900 families (4,500 people). In addition, UNICEF also provided 200 slabs and tarpaulins to build latrines in accommodation centers.

The Government, jointly with the UN System, the European Union and the World Bank, have launched a post disaster needs assessment (PDNA) to evaluate impact, damages and losses across key sectors and to inform a national post disaster recovery strategy. UNICEF is co-leading in the education, WASH and social protection sectoral components of the PDNA, working with the Government and partners to quantify damages and loses, as well as required inputs for early recovery and reconstruction. The process in expected to be completed in May 2019, with the PDNA assessment highlighting financial requirements for the national recovery framework.

Humanitarian leadership and coordination

The National Institute for the Management of Disasters (INGC in Portuguese) continues to provide overall leadership and coordination of all humanitarian interventions in the country. The central level INGC started to reduce its presence (in terms of staff) in sofala province and in the coming week will deactivate the National Emergency operation center in Beira. In addition, the Government informed that in a week’s time the workspace at the airport in Beira will be closed, and that only reduced air operations will remain. The overall coordination meetings led by the Government will be held in Maputo, covering the situation analysis of the response in Manica, Sofala, Zambezia and Tete provinces.

The provincial Government of Sofala is convening daily multisectoral coordination meetings with the participation of partners, during which each sector informs about its response and existing gaps. The meeting is chaired by the provincial Governor and is focusing mainly on the response interventions in Sofala province. UNICEF participates in these meetings representing the sectors under its leadership. In Maputo, the Inter-Cluster Coordination Group (ICCG) is active, supporting the HCT leadership. Clusters are operational with UNICEF leading the Nutrition, WASH and Education cluster and actively participating in Health and Protection clusters. An inter-agency cholera task force brings together the Heath, WASH and community engagement stakeholders.

UNICEF staff were deployed to the field to support cluster coordination and operationalise UNICEF’s response in the affected areas. UNICEF has cluster coordinators for WASH, Nutrition and education in Maputo and Beira, and for WASH in Chimoio and Quelimane. UNICEF is using its close relationship with central and local Government to strengthen the link of the cluster system to the Government of Mozambique’s leadership, especially in Beira. UNICEF activated the Child Protection sub-cluster in Beira and at the national level. In Beira it is co-chaired by UNHCR and at the national level an NGO co-chair will be identified by next week. With UNICEF’s support, a disability sub-cluster has been activated.

UNICEF is supporting Government agencies, as primary providers of services and duty bearers, as well as NGOs to support the response to the affected target groups set out above. UNICEF also sustainably supports the strengthening of outreach in hard-to-reach areas including through securing and allocating adequate funding, supplies, logistics and technical supervision. In an effort to strengthen the government’s capacity around information sharing, UNICEF supports INGC in developing an information management platform to encourage collaboration of data sharing amongst humanitarian partners, government, stakeholders and civil society. (https://cycloneidai.onalabs.org/)

Humanitarian Strategy
One of UNICEF's key priorities is to prevent and treat cholera in collaboration with WHO, MSF and the Government by supporting interventions in WASH, Health, Nutrition, Education and Protection in the affected areas, namely Tete, Manica, Zambezia and Sofala provinces. Interventions are coordinated with and complementary to the efforts of the Government and of the Humanitarian Country Team (HCT). Another key priority is to support the affected people when returning to their areas of origin or of resettlement. In this regard, UNICEF has defined its package of interventions to support the returnees.

UNICEF has established its field presence around three hubs in the most affected provinces to ensure operational efficiency and a timely response: Beira in Sofala province, Chimoio for Manica province and Quelimane for Zambezia province. UNICEF has also enhanced its capacity to provide operational support, undertake higher frequency monitoring and quality assurance for both governmental agencies and partners, especially for outreach interventions in hard-to-reach areas.

UNICEF is actively engaging government and NGOs partners in promoting an environment free of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH). A joint UN toll free call centre will be established shortly by WFP and supported by UNICEF, UNFPA and other UN agencies to enable effective referral for potential victims. The UNICEF Gender Specialist is deployed to Beira to lead the process of operationalizing the PSEA system. Additionally, the child protection team will conduct a quick mapping of existing services.

Summary Analysis of Programme Response

WASH

UNICEF continues to work closely with the MoH-led cholera taskforce in the implementation of the WASH cholera response strategy. More than 1,000 community mobilizers are deployed for social mobilization around hygiene and sanitation promotion in Beira, Buzi, Nhamatanda and Dondo. Through UNICEF’s support, WASH cluster partners have distributed over 100,000 bottles of CERTEZA (household water treatment product) to a similar number of families since the start of the emergency; 21,000 of these as part of the cholera response in Beira city. UNICEF coordinates the targeting on a daily basis in response to MoH epidemiological data and WASH Cluster partners have been allocated specific city neighborhoods to provide rapid response as needed to the cholera evolution. Such coordination has been instrumental in deploying rapid WASH response in cholera hotspots areas in Beira, with 97 per cent of households in the most affected neighborhood reached with household water treatment products, contributing to the steepest reduction of cholera cases. In addition, water quality monitoring (residual chlorine) is undertaken at all distribution points in camps and shelters and throughout the FIPAG municipal water system, in partnership with CRA, the Government’s regulatory body.

UNICEF continues to support the functioning of numerous water systems through equipment, fuel and water treatment chemicals, including in Beira (covering also Dondo), Nhamatanda, Sussundenga, Mocuba, Gurue and Alto Molocue. During this reporting period, UNICEF successfully advocated with the Government’s electricity utility to prioritize the restoration of the electricity grid to the various pumping stations of the Beira water network. As of 18 April, seven fuel-intensive generators have been turned off, as the Beira water system is now fully back on the electricity grid. UNICEF also worked closely with the electricity utility to repair the lines connecting the Beira city sanitation treatment plant, enabling the plant to resume its operation for the first time since the beginning of the emergency. This is a significant improvement as the sludge from the camps and the CTCs had nowhere to be safely disposed of.

Despite the progress made, sanitation remains a challenge. The WASH cluster developed technical guidelines detailing various options to overcome the challenges faced during the construction of temporary latrines in high water table areas. In addition, UNICEF supported the distribution of over 6,270 hygiene kits to affected families, mainly in accommodation centers and relocation areas.

UNICEF is developing a strategy for the potential rollout of a market-based intervention to meet critical household hygiene and sanitation needs through a voucher program, jointly with WFP, which would allow people in affected areas, with functional markets, to access key food and WASH NFI items from local retailers. The program would include a key hygiene promotion component. Pending funding commitments, the program could help between 20,000 to 200,000 disaster affected individuals to meet life-saving needs; while significantly reducing associated delivery costs that would be required for more logistically heavy in-kind distributions of assistance.

UNICEF continues to co-lead the WASH cluster jointly with the Government in the three most affected provinces (Sofala, Manica and Zambezia). The Beira cluster, the largest cluster with over 60 partners, has started the district level coordination in Nhamatanda and Buzi districts as well as three Technical Working Groups covering sanitation, hygiene kits, and recovery planning.

Health

Following the Oral Cholera Vaccination (OCV) campaign that concluded last week and reached 99 per cent of the target population, a marked reduction in new cholera cases was recorded, with just 63 cases reported on 18 April compared to a peak of over 400 cases/day just 10 days earlier. On-going reports of acute watery diarrhea are being investigated; UNICEF and partners are working closely with health, WASH and communication partners to accelerate efforts to contain infectious disease, particularly cholera and guard against outbreaks of measles, malaria and pneumonia. The next campaign organized by the MoH with UNICEF support is the Child Health Week in May, targeting more than 800,000 children under-five in the 21 most affected districts with measles/polio vaccine, vitamin A, and deworming. The campaign will ensure access to maternal and child health services during the campaign. In addition, to coincide with World Malaria Day (25 April), the MoH and partners will launch an Indoor Residual Spraying (IRS) campaign to complement the distribution of insecticide treated bed-nets and reduce the risk of malaria.

Aligned with the integrated national health and nutrition response plan, UNICEF is working closely with the MoH to ensure mobile/outreach services to accommodation centers and highly affected communities. This is part of a wider health service delivery
scale-up for access to a basic package of primary and secondary health care services, including treatment of common childhood illnesses, routine prevention and promotion services (e.g. EPI, ANC) as well as referral for delivery and newborn care in partnership with international medical teams. UNICEF supports the operational deployment of mobile brigades and medical kits for curative and preventive services, providing -to date- over 8,000 live-saving consultations to children under-five.

As families return to their location of origin, mobile health teams will need to accompany this process to maintain access to health services. To implement the campaign, basic cold chain capacity will need to be reestablished to ensure vaccine potency and provide a platform for the restoration of regular immunization services in damaged health facilities.

**Nutrition**

The nutritional needs of infants, young children, as well as pregnant and lactating women (PLW), are a priority for the Nutrition cluster partners, including the promotion and support of breastfeeding and optimal complementary feeding. UNICEF is supporting the active screening of children in affected areas to identify and treat severe and moderate acute malnutrition (SAM and MAM).

To date, UNICEF and partners have screened over 11,628 children under five for acute malnutrition. Vitamin A capsules and deworming medicine have been mobilized in preparation for the upcoming Child Health Week targeting over 800,000 children under-five. The campaign will provide an opportunity to screen the nutritional status of these children and refer cases of acute malnutrition for treatment. UNICEF has provided therapeutic nutrition products including 785 sachets of therapeutic milk (F75 and F100 for SAM), 1,340 cartons of ready-to-use-therapeutic food (RUTF), and 4,578 cartons of BP-5 biscuits for PLW with HIV to complement 4.2 MT of ready-to-use-supplementary food (RUSF) and 5.8 MT of Supercereal Plus for PLW with moderate malnutrition supplied by WFP.

Challenges in the Nutrition sector however remain; notably, the limited funding to support the needed response, as well as the poor information on the numbers of children screened and treated for acute malnutrition (the progress against the target number of children screened is thus likely to be underreported). To address these challenges, the standardized MoH forms were finalized and distributed to all partners this week, and UNICEF provided technical support to provincial health directorates on data management. Active case finding through the upcoming Child Health Week and subsequent mobile brigades will contribute significantly to the cluster’s ability to find and treat cases of acute malnutrition.

Furthermore, UNICEF supported the MoH to develop their “Nutrition Response Strategy” and present it to partners. Finally, significant progress was also made on the response tracking (4Ws) and mapping of nutrition partners (government, UN and NGOs) activities in affected areas.

**Education**

UNICEF and education partners, in close collaboration with the Ministry of Education and Human Development (MINEDH in Portuguese), continue providing support for the most vulnerable children. To date, UNICEF and cluster partners have reached a total of 13,252 children aged 6-15 and 1,000 children aged 3-5 years through the provision of Temporary Learning Centers (TLC), Child Friendly Spaces (CFS) and materials in collaboration with the Child Protection sector.

UNICEF is progressing with the distribution of education supplies in close collaboration with the provincial and district education authorities in Sofala. Over 7,090 students have been so far reached with educational materials such as learner’s kits, school’s kits, recreation kits and chalkboards in the districts of Beira, Buzi, Dondo and Nhamatanda. As the government proceeds to the early recovery stage and IDPs’ return to their area of origin, efforts will continue to be made to ensure that supplies are available, and children have access to learning opportunities through the provision of TLC and CFS. Moreover, in response to the government’s request for psycho-social support to children and teachers, UNICEF is working in collaboration with UNICEF Child Protection section and assesses the possibility of integrating psychosocial support into ongoing extracurricular activities in primary schools and teacher training programmes.

With regards to cluster coordination, UNICEF is playing a major role as co-cluster lead with Save the Children in Maputo, Chimoio, Beira and Zambézia. In these locations, UNICEF and Save the Children support MINEDH in organizing regular cluster meetings with the active participation of 36 partners. In order to accelerate implementation and improve data collection, UNICEF facilitated a training of partners -including the government- on the use of the 5W, the tool in use for information on the current and planned support by partners in affected provinces. The education cluster continues to have regular meetings under the leadership of the provincial education authority.

**Child Protection**

With support from UNICEF, a disability sub-cluster has been set-up and disability organizations will be invited to participate in each cluster to ensure inclusion. The mapping of affected persons living with disabilities (PwD) has started by local organizations and preliminary results are indicating that out of the assessed 1532 PwD, 389 are children in need of food, shelter and assistive devices.

UNICEF is coordinating the child protection response closely with the government and all protection partners in Sofala, Manica and Zambezia provinces and together with UNHCR provides oversight to ensuring quality and timeliness of the response.

UNICEF supports the development of a contextualized minimum response package and has supported the capacity strengthening of 15 government social workers and 15 civil society organizations staff; which has contributed to a more targeted and standardized response.
As of 18 April 2019, a total of 8,688 children in Beira, Buzi, Dondo, and Nhamatanda have benefited from psychosocial support in community-based child-friendly spaces and secure spaces and an additional 20 people (2 children and 18 adults) were reached through individual psychosocial support. UNICEF and the Child Protection actors have also supported the reinforcement of community-based child protection committees, which so far have reached a total of 594 children, providing community-based support. In addition, 122 family members and local leaders were also capacitated to respond to the immediate psychosocial needs of children.

Registration of unaccompanied and separated children (UASC) is ongoing, with a total of 30 trained volunteers deployed to the target location to conduct community awareness and support the identification and registration process. Data is now being cleaned and analyzed, while UNICEF and its partners ensure that identified children benefit from psychosocial support, alternative care, home visit, and life skill activities. Some of them were referred to specialized services such as health and education with links to government social services.

UNICEF is working with Child Protection actors and the district Directorate for gender, children and social affairs to operationalize the existing government referral pathway, making sure necessary links are made with ONGs/CCPCs/CBPs at the grassroots level. This will support the identification of vulnerable children and those in need of protection services, and ultimately strengthen the continuum of care.

### Communication for Development

Between 15 – 19 April, in Sofala province, through UNICEF and partners’ support, over 1,100 social mobilizers reached approximately 32,000 families in Beira, 1,400 families in Dondo, and 1,200 families in Nhamatanda (totaling about 173,000 people), promoting practices on preventive WASH-related behaviors and malaria. Multimedia mobile units led by the Institute of Social Communication (ICS) engaged approximately 28,000 people from 7 – 17 April in accommodation centers and communities in Beira, Dondo, Nhamatanda and Inhamizada districts, through public announcements, community cinema broadcasts followed by community discussions on cholera prevention, good hygiene practices and use of mosquito nets to prevent malaria. Radio Mozambique continued broadcasting two programmes per week in 3 local languages and 37 radio spots per day on cholera prevention and promotion of health-seeking behaviors.

UNICEF trained 95 social mobilizers from NGO partners, including FHI360, World Vision and AMACO. The dispatching of social mobilizers to specific location targets based on cholera EPI data is ongoing in Buzi, and a more systematic monitoring system of activities is being set-up and reviewed with the government and partners.

In Manica province, IEC and social mobilization in emergencies training materials were delivered to the provincial health promotion department (DPS) and partner organizations and used to support the training of 13 agencies and NGOs on WASH promotion as well as on PSEA in emergency situations. The ICS multimedia mobile unit reached approximately 1,000 people based in accommodation centers and affected districts. The mapping of partners’ community engagement interventions needs to be further strengthened to ensure they reach the most affected remote populations.

Partnerships were finalized with the Mozambican Red Cross and the inter-faith organization, PIRCOM; trainings will be conducted next week with activists and volunteers to engage with affected population in accommodation centers and communities across a range of health, nutrition, education, child protection, social protection behavioral priorities, and will include components related to disability and gender.

To improve UNICEF’s commitment to AAP and PSEA, as part of the inter-agency wide effort on Community Feedback Mechanism, an assessment is on-going to determine how best to harmonize a toll-free call center, a network of complaints boxes (already in use) and community-based complaints mechanism linked to on-going work on GBV, child protection and the children’s help line as well as U-Report.

### Supply and Logistics

The majority of first-wave supply plan has been completed and supplies have been distributed. The second wave supply plan is being finalized with focus on local and regional sourcing and sea shipments for offshore supplies, when possible. A surge Supply Specialist is on board to support the implementation of local and regional procurement of goods and services.

The main logistics hub in Beira is fully operational with the support of a surge logistics team comprising of a logistics coordinator, a logistics officer and 2 warehouse assistants. Two warehouse locations are managed in Beira with total storage capacity of more than 1000 m2 to meet the storage needs based on the supply plan.

Agreements have been established with local logistics partners in Beira to support in-country logistics and transport needs. Most of the delivery points are now accessible by road. Delivery points not accessible by road are being served through the Logistics Cluster.

A secondary logistics base is established in Chimoio (Manica province) with the support of one Logistics Officer. Warehousing will be provided via the Logistics Cluster in Chimoio, with a total capacity of 1000 m2.

Emergency supplies are subject to an expedited custom clearance process. UNICEF MCO will be in charge for the exemptions, and the clearance will be carried out by the contracted clearing agent both in Maputo and Beira.

UNICEF utilizes its own land transport LTAs for movement of supplies and for distribution. The services of the Logistics Cluster have been minimized and limited to hard-to-reach areas.
Funding

In response to Cyclone Idai, UNICEF is appealing for US$102.6 million to meet both humanitarian and recovery needs. The UN Flash Appeal for IDAI response with the funding requirement of US$281.7 million covers the first three months of the response supporting 1.72 million people, of which UNICEF’s portion is US$30 million.

As of 21 April 2019, UNICEF received US$ 12.9 million (17 per cent funded), thanks to the generous support from CERF (WASH, Health, Nutrition, Protection, Education), DFID, Sweden and several National Committees, including the German National Committee. UNICEF also released US$9 million from its internal funds, and continues to engage other public and private sector partners.

<table>
<thead>
<tr>
<th>UNICEF Mozambique Humanitarian Action for Children (HAC) initial estimated Requirements for IDAI cyclone response</th>
<th>Funds available current year (US$)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal Sector</td>
<td>Requirements (US$)</td>
<td>Funds received</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>$30,000,000</td>
<td>4,684,728</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$6,000,000</td>
<td>210,940</td>
</tr>
<tr>
<td>Health</td>
<td>$11,000,000</td>
<td>2,728,857</td>
</tr>
<tr>
<td>Child protection</td>
<td>$4,000,000</td>
<td>1,069,004</td>
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<td>Education</td>
<td>$20,000,000</td>
<td>2,435,945</td>
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<td>Communications For Development</td>
<td>$1,600,000</td>
<td>646,975</td>
</tr>
<tr>
<td>Logistics and Operations</td>
<td>15,000,000</td>
<td>1,130,952</td>
</tr>
<tr>
<td>Resilience and Recovery</td>
<td>15,000,000</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$102,600,000</strong></td>
<td><strong>12,907,401</strong></td>
</tr>
</tbody>
</table>

Next SitRep: 28 April 2019


UNICEF Mozambique: [http://www.youtube.com/UnicefMozambique](http://www.youtube.com/UnicefMozambique)

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## ANNEX I: UNICEF targets for Cyclone Idai response

<table>
<thead>
<tr>
<th>Cluster/sector</th>
<th>Cluster Target</th>
<th>Cluster Results**</th>
<th>Change since last report ▲▼</th>
<th>UNICEF Target</th>
<th>UNICEF Results</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People provided with access to safe water (7.5-15L per person per day)</td>
<td>1,435,000</td>
<td>938,024</td>
<td>▲30,765</td>
<td>965,000</td>
<td>776,603</td>
<td>▲4,747</td>
</tr>
<tr>
<td>People benefiting from sanitation, hygiene promotion activities, including point-of-use water treatment safe practices</td>
<td>435,000</td>
<td>482,097</td>
<td>▲155,472</td>
<td>267,500</td>
<td>256,600</td>
<td>▲6,600</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6-15 years vaccinated (OCV/Measles)</td>
<td></td>
<td>500,000</td>
<td>330,888</td>
<td>▲321</td>
<td></td>
<td></td>
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<tr>
<td>Children under-five receiving a consultation</td>
<td></td>
<td>229,500</td>
<td>8,848</td>
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</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under five years of age screened for acute malnutrition</td>
<td>328,000</td>
<td>11,628</td>
<td>▲1,086</td>
<td>328,000</td>
<td>11,628</td>
<td>▲1,086</td>
</tr>
<tr>
<td>Pregnant and lactating women reached with IYCF services</td>
<td>100,000</td>
<td>59,581</td>
<td>▲59,113</td>
<td>100,000</td>
<td>33,544</td>
<td>▲33,076</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6-15 years old in humanitarian situations accessing education</td>
<td>500,000</td>
<td>13,252</td>
<td>▲9,892</td>
<td>380,000</td>
<td>7,090</td>
<td>▲3,730</td>
</tr>
<tr>
<td>Children aged 3-5 years old in humanitarian situations accessing play-based learning</td>
<td>100,000</td>
<td>1,000</td>
<td>No change</td>
<td>76,000</td>
<td>1,000</td>
<td>No change</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children receiving psychosocial support through Safe Spaces</td>
<td></td>
<td>20,000</td>
<td>8,688</td>
<td>▲3,851</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separated and unaccompanied children are identified and are in family-based care or an alternative care</td>
<td></td>
<td>400</td>
<td>12</td>
<td>No change</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communications for Development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with key lifesaving and behavior change messages on health, nutrition and safe and appropriate sanitation and hygiene practices</td>
<td></td>
<td>700,000</td>
<td>622,000</td>
<td>▲173,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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1 1-14 yrs are estimated to 41.2% of the population. This proportion was to calculate the oral cholera vaccination achieved.

2 More children identified; report on verification is on-going and will be reported on next week.

3 Include 430,000 people reached through one-time OVC campaign through social mobilization on hygiene and sanitation promotion in preparation for the cholera vaccination campaign on 3-4 April in Beira, Buzi, Nhamatanda and Dondo.

4 Reached through family social mobilizer and multimedia mobile unit with integrated package with key lifesaving and behavior change messages