The International Coordination Group (ICG) has approved 975,646 doses of the oral cholera vaccine (OCV) to be administered in two rounds by mid-April 2019.

UNICEF and partners reached 2,956 children and adolescents with child protection services.

With UNICEF support, 5,128 children and adolescents living with HIV/AIDS, have been traced to ensure they have continued access to treatment.

UN agencies and non-governmental organizations launched a revised Humanitarian Flash Appeal in response to Cyclone Idai for US$60 million, in addition to the US$234 million required for the drought response.

UNICEF has requested US$10.9 million to meet the urgent humanitarian needs of children and women affected by the floods: 70 per cent remains unfunded.

**UNICEF’s Response with Partners**

<table>
<thead>
<tr>
<th>UNICEF Targets for the Cyclone Idai Response</th>
<th>Cluster Targets</th>
<th>Cluster Results</th>
<th>Targets Achieved</th>
<th>UNICEF Targets</th>
<th>UNICEF Results</th>
<th>Targets Achieved</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></td>
<td></td>
<td></td>
<td>100,000</td>
<td>Not available</td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition:</strong> # of children 6 to 59 months with SAM admitted to community-based treatment programmes</td>
<td></td>
<td></td>
<td></td>
<td>3,905</td>
<td>110</td>
<td>3%</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></td>
<td></td>
<td></td>
<td>180,000</td>
<td>17,000</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Child Protection:</strong> # of children receiving psychosocial and/or critical protection services</td>
<td></td>
<td></td>
<td></td>
<td>40,000</td>
<td>2,956</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Education:</strong> # of school aged children in humanitarian situations accessing formal or non-formal basic education</td>
<td></td>
<td></td>
<td></td>
<td>43,000</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>HIV/Aids:</strong> # 40,000 community members in affected districts are reached with information on HIV prevention, care and treatment.</td>
<td></td>
<td></td>
<td></td>
<td>20,000</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

270,000 People affected by Cyclone Idai/Floods

129,600 Children affected by Cyclone Idai/Floods

344 Deaths reported
(Source: DCP-April 2019)

257 People missing
(Source: DCP-April 2019)

UNICEF HAC Appeal
US$18.4 million
of which
US$10.9 million is for the cyclone response
Situation Overview

An estimated 270,000 people, including 129,600 children, affected by flooding remain in need of critical, lifesaving support to enable them to recover from the impact of the floods caused by Cyclone Idai in all affected districts. As of 07 April, 334 people had been reported dead and over 257 people were reported missing due to the cyclone. An estimated one in ten people living in the affected provinces are living with HIV. During floods and droughts, vulnerability increases both for treatment attrition and increased transmission. The ICG has approved an emergency preventive oral cholera vaccination campaign. A total of 975,646 doses will be provided targeting 487,825 people from the age of one and above. UN agencies and non-governmental organizations launched a revised Humanitarian Flash Appeal in response to Cyclone Idai, requesting an additional US$60 million. This brings the total amount required by humanitarian partners to US$294 million, to complement national response efforts to drought, economic challenges and Cyclone Idai in Zimbabwe. There has been an improvement in road access to the most affected communities. During the reporting week road access to Kopa growth point which was one of the most affected areas was established. Social workers who were deployed in the area reported that over 238 children lost one or both caregivers in the areas which has a total child population of approximately 3,000 children.

Leadership and Coordination

The Department of Civil Protection continues to lead national and sub-national coordination of the flood response through the National, Provincial and District Civil Protection committees. Following a recommendation by the UN Resident Coordinator, and in consultation with the Inter Agency Standing Committee (IASC), the UN Under-Secretary-General for Humanitarian Affairs & Emergency Relief Coordinator activated the eight clusters presented below:

- Education – UNICEF/Save the Children
- Food Security – FAO/WFP
- Health – WHO
- Nutrition - UNICEF
- Protection – UNHCR/UNFPA/UNICEF [Child Protection]
- Shelter/NFI/CCCM – IOM/IFRC [ongoing in country discussions for Zimbabwe Red Cross Society to co-lead]
- WASH - UNICEF
- Logistics – WFP

During the reporting week, a development partners’ meeting was held, attended by the Government, United Nations, donors and non-governmental organizations, which focused on a presentation of the revised flash appeal requesting an additional US$60 million to respond to the effects of flooding.

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.
Using an equity approach to programming: UNICEF’s response is ensuring that existing and pre-existing vulnerabilities are analysed to inform targeting at local levels, and to prioritise engagement with Government. In addition, the UNICEF response is targeting the most flood-affected districts and hard-to-reach areas.

Expanding UNICEF’s field presence and humanitarian capacity: 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 is finalizing the design of a multi-sectoral online assessment, monitoring and reporting tool, using the Onelabs platform. 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. In order to improve recovery and strengthen resilient development, UNICEF is prioritizing interventions that reduce vulnerability and build resilience, beyond addressing humanitarian needs, by using development programmes with crisis response windows in the initial 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
All health centers in the flood-affected districts have been supplied enough medicines to last the next three months. Health sector assessments identified 12 health facilities with infrastructure damage following the floods (7 in Chimanimani and 5 in Chipinge). The trend of diarrhoeal diseases in Chimanimani district is similar to the same period in 2017 and 2018. The ICG has approved 975,646 doses of OCV to be administered in two rounds by mid-April, to provide protection to populations in the cyclone-affected areas, as well as throughout the two districts of Chipinge and Chimanimani. The vaccination sub-committee, comprising of the Ministry of Health and Child Care (MoHCC), UNICEF, WHO and World Vision are finalizing the micro-plans. There are also plans to integrate oral cholera vaccination with the measles rubella vaccination for children aged six months to five years, as well as other antigens and health services. The MoHCC Health Promotion department, with support from UNICEF, has trained 62 village health workers (VHWs) on key messages including epidemic-prone diseases, measles rubella, cholera, and adolescent sexual reproductive health (ARSH). A total of 55,000 people have been reached with key life-saving and behavior change messages on public health risks.

Nutrition
During the reporting week, a total of 726 children aged six to 59 months were screened for acute malnutrition, mainly through health facilities and amongst displaced populations. Of these children, 31 were identified to have severe acute malnutrition and were admitted for treatment. Chipinge and Chimanimani districts were supplied with enough life-saving nutrition commodities, to cover immediate needs and to treat an additional 146 children with severe acute malnutrition.
malnutrition. Some 338 new mothers and primary caregivers were reached with infant and young child counselling and hygiene messages. The messages aim to protect and promote breastfeeding and empower breastfeeding women not to accept unsolicited breastmilk substitutes, which would put their babies at risk of illness and mortality. Use of multiple-micronutrient supplements was extended to all children under the age of five, to prevent micronutrient deficiencies. Starting next week, UNICEF and its partner GOAL plan to carry out mass screening of acute malnutrition and distribution of micronutrients as part of food assistance programmes in 70 per cent of the wards in Chipinge.

**Water, Sanitation and Hygiene (WASH)**
Over 55,000 people have been reached with key health and hygiene messages on proper handwashing with soap at critical times, safe water transportation and storage as well as safe food handling and preparation since the beginning of the cyclone/floods response. An additional 1,000 households in Ngangu township and Kopa (Rusitu valley), which were most affected by Cyclone Idai, received hygiene kits comprising of water treatment tablets, soap, rigid jerrycans, buckets and IEC materials. A total of 12 boreholes were repaired in Chipinge town, benefiting more than 4,000 people with safe water. UNICEF partners continued to support holding centres with basic sanitation and waste management infrastructure. Some 67 temporary latrines and bathrooms with hand-washing facilities were constructed for displaced families reaching over 1,600 people. UNICEF conducted detailed WASH assessments in Chipinge and Chimanimani urban areas, revealing that more work is required on the water supply and waste-water network infrastructure to restore full functionality for water and waste-water services.

**Child Protection**
To date, 32 social workers have been deployed with UNICEF assistance to respond to the protection needs of vulnerable children and affected caregivers including young mothers. The deployed social workers have supported 2,956 children (including 152 children with a disability) with psychosocial support (group and individual), bereavement counselling, and Identification, Documentation, Tracing and Reunification (IDTR) services to separated and unaccompanied children in Chimanimani. In addition, 2,800 children and over 1,200 caregivers have been sensitized on Protection from Sexual Exploitation and Abuse (PSEA) and protection and parenting support. Three child friendly spaces have been opened in Ngangu and Kopa. UNICEF has supported the reproduction of forms for Identification, Documentation, Tracing and Reunification (IDTR) along with IEC materials for the prevention of PSEA. In addition to a national-level partner discussion on addressing PSEA on 27 March, UNICEF, through Civil Society Organizations (CSOs), social workers, supported community dialogues with adolescent girls and young women on the risk of sexual exploitation, which were woven into dialogues on sexual reproductive health or menstrual hygiene management. Small group discussions were held with younger children on recognizing abuse and exploitation. UNICEF plans to conduct local dialogues in Chimanimani for service providers, camp coordinators and military personnel, incorporating professional psychological debriefings and assistance to service referral. The Ministry of Public Service, Labour and Social Welfare (MoPLSW), the Regional Psychosocial Support Initiative (REPPSI), Child Line, World Education, JF Kapnek, Africaid, Child Protection Society and Plan International are supporting ongoing child protection interventions in response to the floods.

**Education**
The education sector is currently conducting detailed technical assessments in six districts (Chimanimani, Chipinge, Buhera, Mutare, Zaka and Bikita) using a harmonized rapid assessment tool. The assessment findings will be used to inform planned and ongoing response interventions. UNICEF also engaged the Ministry of Primary and Secondary Education (MoPSE) on the rehabilitation of damaged infrastructure in schools and it was agreed that MoPSE will work on the bill of quantities to quantify needs, and UNICEF will use its procurement systems to obtain the materials and transport them to the affected schools. UNICEF will continue to co-lead the Cluster coordination with Save the Children and support the information management function through the deployment of a dedicated information manager.

**HIV/AIDS**
The HIV response continues to focus on ensuring continuity of treatment for pregnant and breastfeeding women, children, and adolescents living with HIV. UNICEF, in partnership with the Ministry of Health and Child Care and local
NGO, Africaid, have located 5,128 of the 7,200 children and adolescents on HIV treatment in the affected areas. The ongoing assessment of children and adolescents living with HIV includes verifying whether they have their medicines and medical records, and can access health facilities. Currently, 27 adolescents whose medicines were washed away, were resupplied with antiretroviral drugs. If necessary, affected children are linked to social services for shelter, supplementary food and support care. With UNICEF support, two Africaid social workers continue to work in the two most-affected districts whilst four more are being recruited to expand coverage in the affected areas. UNICEF will start prevention information and services orientation for those at risk of infection through the National AIDS Council (NAC) in the next week. Antiretroviral medicines, including for post-exposure prophylaxis, are included in the primary care medicines being distributed by UNICEF to health facilities. The HIV team is coordinating with other sectors and UN agencies to integrate HIV-prevention and linkage to treatment in all protection, immunization and nutrition interventions.

Communication for Development (C4D)

During the distribution of food, non-food items and long-lasting insecticide treated nets, UNICEF supported the MoHCC in Manicaland to reach 2,254 people with vital information on health-seeking behaviours related to WASH and the prevention of diarrheal diseases, HIV, nutrition, education and child protection. UNICEF implementing partner Welthungerhilfe (WHH), currently engaged in door-to-door hygiene promotion, has reached 2,400 households in Chipinge and Chimanimani since 27 March 2019. Thirty-four caregivers were reached in Charter, Nyahode and Ngorima villages with key messages on positive parenting and with psychosocial and/or essential child protection services. Sixty-two volunteers and behaviour change facilitators from various villages in Chimanimani were trained to support and enhance community engagement activities for multisectoral social and behaviour change communication interventions, addressing negative social norms. Sixty girls and 55 boys were reached with recreation interventions and provided with critical life skills information and citizenship education. Village health workers and volunteers in Chimanimani and Chipinge have started mobilization activities for the measles, rubella and oral cholera vaccine campaigns scheduled to begin on 15 April.

In the nine-affected districts, 12,719 U-Reporters (54 per cent male; 46 per cent female) were polled over the weekend 30-31 March on services and supplies received as part of UNICEF’s accountability to affected populations (AAP). A total of 49 per cent of respondents indicated that they were affected by the cyclone, while 40 per cent indicated they were taking chronic medication and 61 per cent of them had lost their supplies in the flood. A total of 37 per cent of respondents indicated that their nearest health centre was affected: https://zimbabwe.ureport.in/poll/3339/ The affected U-Reporters will be polled again with follow-up questions to drill down on their specific needs and inform UNICEF’s provision of support. Since the poll, the number of U-Reporters in affected areas has increased and 18,000 are now receiving free-to-user SMS hygiene and sanitation messages.

Media and External Communication

UNICEF Zimbabwe issued a press release on 03 April acknowledging an EU contribution of €250,000 for the provision of vital WASH supplies to vulnerable children and families in flood-affected districts. It was shared with local media and on the country office website and social media platforms https://uni.cf/2TVwETf Zimbabwe national media - NewsDay and The Standard - publicized UNICEF-supported interventions including psychosocial support for children: https://bit.ly/21hDhe; https://www.thestandard.co.zw/2019/03/31/cyclone-idai-chimanimani-childrens-encounter-death-destruction/

On digital platforms, audiences engaged most with a post featuring the distribution of UNICEF non-food items by implementing partner, Goal Zimbabwe, with funding from UKaid from the UK Government: twitter (11,280 impressions, 439 engagements); Facebook (5,097 reached, 171 engagements) https://bit.ly/2laiX0y_ The joint statement by the MoHCC, WHO, UNICEF and Save the Children promoting breastfeeding, was shared on all digital platforms on 2 April.

With increasing access to the most-affected areas, more multi-media assets will be gathered in the coming week documenting response and recovery efforts.
UNICEF Zimbabwe Report: 7 April 2019

Supply and Logistics

UNICEF is procuring additional Education, WASH and Child Protection stock to respond to over 50,000 people. During the reporting week, there was improved access to Chimanimani with the opening of the road from Wengezi and Skyline. This improved road deliveries as seven-tonne trucks can now use the road to deliver core relief items. Cold chain capacity assessments are ongoing to facilitate the oral cholera vaccination campaign in the affected areas.

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. During the reporting week, UNICEF Zimbabwe with support from UNICEF HQ received SEK 5 million contribution to the Cyclone Idai response from Sweden, the funding is contributing towards emergency, recovery and resilience interventions. Further, the Country Office was allocated US$427,555 from the Regional Humanitarian Thematic Funds portfolio. Resource mobilization discussions are ongoing with USAID OFDA/FFP, CERF, DFID, Education Cannot Wait (ECW) and the Governments of China, Japan and Germany. The office is also engaging with several UNICEF National Committees including the US Fund, Netherlands, Ireland, Japan, Spain and Australia. Further, the office is in discussions with the private sector mobile giant, ECONET Mobile Wireless Zimbabwe. ECONET and UNICEF Zimbabwe are seeking to establish a synergistic collaborative partnership towards addressing specific needs under the sectors of Education, WASH and Child Protection.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2019 Requirements*</th>
<th>Funds Received</th>
<th>%</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>2,890,000</td>
<td>580,584</td>
<td>80%</td>
<td>2,309,416</td>
</tr>
<tr>
<td>Health</td>
<td>1,870,000</td>
<td>1,802,000</td>
<td>4%</td>
<td>68,000</td>
</tr>
<tr>
<td>WASH</td>
<td>5,100,000</td>
<td>3,185,704</td>
<td>38%</td>
<td>1,914,296</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,100,000</td>
<td>306,650</td>
<td>90%</td>
<td>2,793,350</td>
</tr>
<tr>
<td>Education</td>
<td>2,000,000</td>
<td></td>
<td>100%</td>
<td>2,000,000</td>
</tr>
<tr>
<td>HIV &amp; AIDS</td>
<td>550,000</td>
<td>108,000</td>
<td>80%</td>
<td>442,000</td>
</tr>
<tr>
<td>Cash-based transfer</td>
<td>2,890,000</td>
<td></td>
<td>100%</td>
<td>2,890,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,400,000</strong></td>
<td><strong>5,982,938</strong></td>
<td><strong>70%</strong></td>
<td><strong>12,417,062</strong></td>
</tr>
</tbody>
</table>

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

Next SitRep: 14 April 2019

UNICEF Zimbabwe Twitter: [https://twitter.com/unicefzimbabwe](https://twitter.com/unicefzimbabwe)

Who to contact for further information:

Laylee Moshiri
Representative
Zimbabwe
Tel: +263 24 703941-2
Mob: +263 772 124 252
Email: lmoshiri@unicef.org

Amina Mohamed
Deputy Representative
Zimbabwe
Tel: +263 24 703941-2
Mob: +263 772 444 836
Email: amohamed@unicef.org

Denise Shepherd Johnson
Chief of Communication
Zimbabwe
Tel: +263 24 703941-2
Mob: +263 772 124 268
Email: dshepherdjohnson@unicef.org

---

1 This funding is not an emergency grant and therefore not included in the funding table.
**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>Targets</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION (*)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 6 to 59 months with SAM admitted to community-based treatment programmes</td>
<td>4,339</td>
<td>615</td>
<td>3,500</td>
<td>110</td>
</tr>
<tr>
<td># of children aged 6 to 59 months receiving vitamin A supplementation</td>
<td>59,000</td>
<td>Not available</td>
<td>47,200</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>EDUCATION(</strong>)</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>90,000</td>
<td>Not available</td>
<td>43,000</td>
<td>Not available</td>
</tr>
<tr>
<td># of schools in targeted areas who receive NFIs</td>
<td>90,000</td>
<td>Not available</td>
<td>35,500</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>HEALTH (</strong>*)</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></td>
<td></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>100,000</td>
<td>55,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></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>43,000</td>
<td>180,000</td>
<td>17,000</td>
</tr>
<tr>
<td># of people provided with critical WASH-related information to prevent waterborne diseases</td>
<td>270,000</td>
<td>75,000</td>
<td>216,000</td>
<td>55,000</td>
</tr>
<tr>
<td>**HIV/AIDS (****)</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 centers</td>
<td>14,000</td>
<td>5,128</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of community members in affected districts are reached with information on HIV prevention, care and treatment</td>
<td>20,000</td>
<td>Not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></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>2,956</td>
<td>40,000</td>
<td>2,956</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>53</td>
<td>1,500</td>
<td>53</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></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></td>
<td></td>
</tr>
</tbody>
</table>

* The figures for vitamin A supplementation will be reported in future, active screening is being intensified in all the affected districts
** The measles rubella campaign in the affected districts is planned from the 15th of April 2019
*** The Education sector results will be updated when schools are re-opened, as most activities are planned for the second term
**** The number of people reached through social mobilization activities on HIV prevention, care and treatment will be reported in the next siturep
***** No new cases of UASC registered for this week, update will be available in the next siturep