SITUATION IN NUMBERS

Highlights

- Flooding caused by Cyclone Idai has left more than 270,000 people in need. At least 139 schools and health facilities have been damaged mostly in Chimanimani and Chipinge.
- Due to the impact of drought, nearly 5.3 million people in Zimbabwe are estimated to be in urgent need of humanitarian assistance and protection during the 2018/2019 lean season (October – April) and beyond. This includes 2.9 million people who are severely food insecure (IPC phase 3 or 4).
- UNICEF supported the oral cholera vaccine (OCV) campaign to cyclone affected areas in mid-April, reaching 468,458 people (99 per cent of target).
- During the reporting period, UNICEF and partners reached 15,548 children and adolescents with child protection services in drought and flood affected areas.
- With UNICEF support, 5,155 children and adolescents living with HIV/AIDS, in flood affected areas have been traced to ensure they have continued access to treatment.
- UNICEF is appealing for US$18.4 million to meet the urgent humanitarian needs of children and women affected by multiple hazards (52 percent remains unfunded).

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>UNICEF Targets for the Cyclone Idai Response*</th>
<th>Cluster/ Sector</th>
<th>% Achieved</th>
<th>UNICEF</th>
<th>% Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Targets</td>
<td>Results</td>
<td></td>
<td>Targets</td>
</tr>
<tr>
<td>Health: # of children aged 6-59 months in humanitarian situations who are vaccinated against measles</td>
<td>N/A</td>
<td>100,000</td>
<td>90.6</td>
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<tr>
<td>Nutrition: Number of children aged 6-59 months with SAM who are admitted for treatment</td>
<td>27,000</td>
<td>4,289</td>
<td>15.9</td>
<td></td>
</tr>
<tr>
<td>WASH: # of people provided with critical WASH-related information to prevent waterborne diseases</td>
<td>663,000</td>
<td>400,000</td>
<td>60.3</td>
<td></td>
</tr>
<tr>
<td>Child Protection: # of children receiving psychosocial and/or critical protection services</td>
<td>80,000</td>
<td>15,548</td>
<td>19.4</td>
<td></td>
</tr>
<tr>
<td>Education (**) : # of school aged children in humanitarian situations accessing formal or non-formal basic education</td>
<td>429,000</td>
<td>225,000</td>
<td>available/A</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS (****) : # of pregnant and breastfeeding women, children and adolescents living with HIV that continue to receive PMTCT and treatment</td>
<td>N/A</td>
<td>28,700</td>
<td>5,155</td>
<td>18.0</td>
</tr>
<tr>
<td>Social Protection: # of households affected by floods supported with expanded social cash transfers</td>
<td>N/A</td>
<td>10500</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

5.3 Million
People affected by Drought

270,000
People affected by Cyclone Idai/Floods

344
Deaths due to floods reported
(Source: DCP-April 2019)

UNICEF HAC Appeal
US$18.4 million
of which
US$10.9 million
is for the cyclone response*
UNICEF Zimbabwe Quarter 1: Multi-hazard report (April 2019)

Situation Overview

Due to the impact of drought, nearly 5.3 million people in Zimbabwe are estimated to be in urgent need of humanitarian assistance and protection during the 2018/2019 lean season (October – April) and beyond. This includes nearly 3.8 million people in rural areas, including 2.9 million who are severely food insecure (IPC phase 3 or 4) and a further 900,000 people who are currently receiving humanitarian assistance, without which they would be in IPC phase 3 or above. In addition, 1.5 million people in urban areas, including major towns and secondary cities, are estimated to be facing severe food insecurity, while people in multiple locations across the country are faced with acute shortages of essential medicines. With the ongoing macro-economic crisis, there is a high likelihood that the situation will continue to deteriorate. In addition, an estimated 270,000 people, including 129,600 children, affected by flooding remain in need of lifesaving support to enable them to recover from the impact of the floods caused by Cyclone Idai in all affected districts. As of 14 April, 334 people had been reported dead and over 257 people were reported missing due to the cyclone.

Leadership and Coordination

The Department of Civil Protection continues to lead the national and sub-national coordination of the flood response through the national, provincial and district Civil Protection Committees. UNICEF continues to support coordination in the WASH, Education, Nutrition clusters and Child Protection areas of responsibility.

Since January, the Zimbabwe WASH Emergency Strategic Advisory Group (ESAG) has met 11 times with UNICEF co-chairing with the Government. With the onset of the Cyclone Idai response the WASH Cluster was formally initiated, and has been merged with ESAG. In the immediate onset of the cyclone response, biweekly meetings were held, these have now been reduced to weekly meetings. Typically, around 20 organizations attend, and the cluster is boosted by an Information Management Officer seconded by the Global WASH Cluster. UNICEF supported WASH Cluster coordinators are supporting coordination at national, provincial (Mutare) and district (Chimanimani) levels. Coordination outputs have included 4W1 mapping, partners mapping, financial tracking sheets, consolidated damage assessment reports, inter-cluster support and weekly OCHA and UNICEF Sit Reps. The Nutrition Cluster was activated following the Cyclone Idai floods. Weekly cluster meetings have been conducted at national, provincial and district level to prioritize response activities, assess gaps and assess who is doing what and where.

Under the Education Cluster, it was agreed that Save the Children (SC) serve as Cluster Lead with UNICEF as co-lead. All cluster members work closely with MoPSE, and this arrangement has ensured a more coordinated response. So far, the partners have conducted needs assessments in 44 schools using a harmonized data collection tools and are currently capturing the data. Some cluster members have also started distributing NFIs to some schools. To enhance cross-sectoral linkages in its response, the education section collaborates with WASH (for the implementation of WASH in schools) and child protection (for the provision of psychosocial support to learners).

Response Strategy

UNICEF Zimbabwe is responding in the drought and 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, Nutrition, and Child protection clusters and co-lead Education with Save the Children.

- **Using an equity approach to programming:** UNICEF’s response is ensuring that existing and pre-existing vulnerabilities especially around disability, gender and age are analysed to inform targeting at local levels, and

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1 Who’s doing What, Where and When mapping.
to prioritise engagement with Government. In addition, the UNICEF response is targeting the most drought, cholera affected, 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 and operational support and undertake programmatic monitoring, UNICEF is 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.** 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 is to ensure that development programmes support recovery and rehabilitation interventions. Integrated programming approaches are also being promoted to improve efficiency and effectiveness of the response among other key benefits.

### Summary of Programme Response

#### Health

UNICEF provided financial and technical support for the revision of the national cholera guidelines. UNICEF also supported the application processes, procurement, shipment and distribution of the oral cholera vaccines when a decision was made to use OCV as a response strategy in Harare. The second round of the campaign was conducted in March 2019 and reached 1,051,629 people bringing the total number of people vaccinated to 2,349,519 (91 per cent of target); 1,297,890 people were reached in the first round in October 2018. Due to solid preventive measures put in place by UNICEF, MoHCC, no new cholera cases have been reported in Harare since 26 December 2018.

UNICEF has supported the roll out of the OCV campaign to cyclone affected areas which was conducted on 16 - 23 April 2019. Progress OCV coverages disaggregated by age and gender indicates the overall coverage for the two districts (Chipinge and Chimanimani) was 468,458 (99 per cent) out of the planned target of 473,732, among this 61,012 (13 per cent) are children under five years, final result is still to be provided.

As at 8th April 2019, a total of 5, 226 patients had received care at the health facilities in Chimanimani and Chipinge districts affected by the Cyclone Idai and of these 1,032 are children under the age of five. Through the support from the Health Development Fund, UNICEF provided three months’ supply of essential medicines and commodities for management of cyclone victims through the Zimbabwe Assisted Pull System (ZAPS) for all the health facilities in the affected districts. Airlifting of medicines and commodities was done for facilities which are not reachable by road.

To strengthen the community surveillance system, UNICEF through the Health Promotion department has so far trained 62 Village Health Workers (VHWs) on key public health messaging including epidemic prone diseases, measles rubella, cholera, point of use water treatment and adolescent sexual reproductive health (ARSH). To date, a cumulative total of 9, 923 people has been reached with public health messages.

#### Nutrition

In the first quarter, UNICEF focused on supporting the Government in updating the food and nutrition security situation in the country. In January 2019, the ZIMVAC rapid lean season assessment estimated that 51 per cent of the rural population (4.5 million people), and 40.6 per cent of those residing in urban areas (three million people) would be food insecure during the peak hunger period and in need of support. The 2018/19 season quality has been
described as generally poor, characterized by late rains which were poorly distributed and the Rapid Crop and Livestock assessment estimates that there was a seven per cent reduction in area under maize in the 2018/19 season compared to the 2017/18 planting season. The initial phase of the UNICEF Nutrition response to the drought emergency has started in four districts Harare (including high density urban centers in Epworth and Chitungwiza), Bulawayo, Mutare and Hurungwe identified as highly food insecure by the ZIMVAC 2019 rapid lean season assessment with high severe acute malnutrition (SAM) admissions. Eleven SMART Surveys (including Hurungwe and Epworth) were conducted in February to assess the nutrition situation and results still show suppressed GAM rates of below five per cent across most of the districts and the situation requires close monitoring as contributing factors like disease and care are performing poorly. In March 2019, Chimanimani and Chipinge were added to the emergency portfolio after the devastating cyclone that resulted in death, injury, displacement, loss of crops and livelihoods as well as destruction of infrastructure.

In both the drought and cyclone emergencies, MoHC and partners has defined a package of interventions to include treatment of severe acute malnutrition as well as moderate acute malnutrition. In an effort to save lives in cyclone affected districts, an extended protocol to treat moderate acute malnutrition (MAM) with RUTF has been approved, to ensure that treatment is initiated early, and screening is being conducted on a weekly basis. To date 1,853 (937 Boys; 916 Girls) have been screened for acute malnutrition of a possible 47,000 affected and 10,200 were screened of a possible 16,983 children in drought affected districts. In all 6 districts this has resulted in the admission of 758 children for SAM treatment from January 2019 to date in line with the expected seasonal admission trend. Against a set outcome to discharge 75 per cent of these as cured, 68 per cent have been reported as cured and the program has built in quality assurance mechanisms to improve this, including an agreement with the Pediatric Association for clinical mentorship.

UNICEF is supporting the capacity building of 180 health workers based at health facilities in outpatient therapeutic programmes (OTP) in the management of malnutrition, as well as maintaining an uninterrupted supply chain of commodities and supplies for the treatment of SAM, the training is currently on going at the facilities. Furthermore, an additional 1,800 village health workers (VHWs) are in the process of been trained in active case finding and referral as well as Infant and Young child feeding in emergencies.

In Chimanimani and Chipinge alone, 2,045 caregivers of children under five years have received IYCF counselling care and support. A joint statement on Infant and Young Child Feeding in Emergencies was issued by the Permanent Secretary of the Ministry of Health and Child Care with the aim of promoting and protecting breastfeeding through the control of the distribution of unsolicited breastmilk substitutes.

The micronutrient program as a key pillar for the prevention of micronutrient deficiencies has been incorporated in the response. In cyclone affected districts, micronutrient powders (MNPs), which are distributed to children to children 6-23 months in the regular programme, have been extended to cover children from 6-59 months. Distribution is being conducted concurrently with NFIs and food, and so far, 551 children have received micronutrient , while 204 have had Vitamin A. In the drought response, Vitamin A has reached 57,471 (28,543 boys; 28,928 girls) from January 2019 to date.

**Water, Sanitation and Hygiene (WASH)**

Since January 2019, over 500,000 people have been reached with key health and hygiene messages in cholera affected areas through different communication channels, including door to door and media campaigns and 6,000 families vulnerable to cholera received hygiene kits. At least 400,000 people also gained access to safe water through water trucking (private companies), borehole repairs and distribution of household water treatment chemicals by partners in the affected areas. Furthermore, over 281,000 people benefited from handwashing facilities provided with running water and soap at bus stations, markets and churches since the cholera outbreak. Eight Rapid Response Teams (RRTs) comprising of City of Harare Environmental Health team and NGO partners were activated by UNICEF in Harare to respond to cholera.

In response to Cyclone Idai and subsequent flooding, UNICEF and partners conducted rapid assessments and confirmed that: 1) at least 170 water points require immediate rehabilitation in Manicaland Province; 2) over 5,000 household latrines have been damaged; and 3) 250 sanitation facilities at schools need to be repaired. As of 15 April,
over 70,000 people have gained access to safe water and personal hygiene through the rehabilitation of water sources and hygiene kit distribution, while 75,000 people have received key health and hygiene messages to prevent waterborne diseases. Reinforced health and hygiene education continues to be vital to minimize the risk of WASH-related disease outbreaks.

Although provision of life-saving WASH interventions in cyclone-affected communities has been the primary focus, UNICEF has also mobilized financial resources in preparation for drought response. Initial work has begun with water point mapping through the Rural WASH Information Management System (RWIMS).

Child Protection

During the period January and April 2019, Child Protection sector has been responding to both natural and man-made emergencies on an ongoing basis. UNICEF Child Protection continued to support partners in cholera response with a main thrust in integrating the emergence response in regular programming and increasing children, family, community and community child protection resilience. A refresher training for 335 child protection actors including community childcare workers in Harare was conducted drawing lessons from what worked well during the cholera emergency response for documentation and identifying gaps as well as inappropriateness of some processes in similar disease outbreak that will require system review. Following the January 2019 mass protests in which children got arrested and imprisoned, UNICEF ensured that legal assistance was provided to children. Meanwhile, widespread drought has contributed to the food insecurity increasing the vulnerability of women and children to the risk of sexual exploitation and abuse. In the midst of addressing these emergencies, Child Protection responded with the delivery of protection services following Cyclone Idai in Manicaland province.

Following the social unrest over spiked fuel prices and general hardship Zimbabweans face. UNICEF in partnership with its partner Justice for Children Trust (JCT) provided legal assistance to a total of 89 children ranging in age between 9 to 18 years. The situation was further complicated as lawyers designated to handle children’s cases had limited access to detention centres and remand institutions.

Child Protection cholera response have scaled down as the hazard has been contained and no new cases of family separation were witnessed in 2019. From the hardest hit areas of Glenview, Budiriro, Mbare Chitungwiza and Epworth 15,548 (7,151 girls and 8,397 boys) children were reached with PSS and critical child protection services. However, follow up of children reunified with relatives continued to assess their integration in the new families and communities. Child Protection interventions on sensitization on prevention of child protection incidences and available services have continued using recreational activities in schools and community halls as well as using oral cholera vaccination platforms to sensitize children and caregivers and a total of 36,138 children were reached.

As part of Cyclone Idai response, UNICEF, through partners, deployed a total of 34 social workers to respond to the protection needs of affected children and caregivers including young mothers. UNICEF has supported, the Ministry of Public Service, Labour and Social Welfare (MoPLSW), the Regional Psychosocial Support Initiative (REPPSI), Childline, World Education, JF Kapnek, Africaid, Child Protection Society and Plan International to provide ongoing child protection interventions.

- A total of three Child Friendly Spaces have been established in Ngangu (Chimanimani Secondary School and Chimanimani Primary School) and Kopa (Rusitu), have reached a total of 4,865 children (2354 male and 2,511 female), the children further benefitted from psychosocial support first aid, counselling and trauma counselling services from Childline and REPPSI.
- A total of 171 (91 male, 80 female) unaccompanied and separated children have been documented. Out of the 171 identified children, a total of 143 children (75 male and 68 females) were placed in kinship care arrangement, of which 18 children (10 male, 8 female) have been reunified with caregivers and family members. Whereas 10 children (6 male and 4 female) are now in alternative residential settings.
- A total of 179 children (103 male and 74 female) with disability were identified and supported, as well as 33 severely injured who are at risk of permanent disability were referred for special rehabilitation at the local clinics.
- A total of 9,628 people were reached with awareness messages on CPIE, VAC, PSEA and GBV. From this, a total of 5,848 were children (2,751 male and 3,097 female) and a total of 3,780 were adults (953 male and 2,827 female).
From the 3,780 adults a total of 2,169 adults (873 male and 1,296 female) were also reached with positive parenting education.

- A total of 168 Children (59 male and 109 female) living with HIV/AIDS were identified and supported by Africaid, seven children lost their medication and they were linked to the local clinics in order to access their medication. One case of sexual violence was reported of a 14 years girl in Chimanimani and referred to DSW and Childline for appropriate CP support services.
- UNICEF PSEA focal person organized PSEA awareness orientation for social workers, members of the Civil Protection Unit, five Child Protection Committees (Roman Catholic Church, Golf Club, Chimanimani Hotel, Chimanimani Primary and Secondary School. A total of 29 people (10 male and 19 female) benefited from the PSEA awareness.

While progress has been noted in providing child protection services to children, adolescents and caregivers/parents, there are gaps that need to be addressed. UNICEF plans to conduct local dialogues in Chimanimani for service providers, camp coordinators and military personnel on PSEA, incorporated in professional psychological debriefings. Given the number of missing persons UNICEF will further support closure rituals at community level before mass relocations start.

### Education

Education’s immediate response strategy to Cyclone Idai is to minimize disruption of learning and ensure that children are in safe learning spaces. Recognizing the importance of Government’s leadership role, UNICEF has engaged the Ministry of Primary and Secondary Education (MoPSE) on the response to the floods disaster. Available data confirms that, as of 10 April, 143 schools in the 9 districts of Chimanimani, Chipinge, Mutare, Buhera, Mutasa, Bikita, Zaka, Gutu and Chiredzi were affected by the cyclone, with schools from the first 3 districts suffering the most devastating impacts.

More accurate data on the nature and extent of damage to schools and its impacts on learners and teachers was collected through rapid assessments conducted by teams comprising staff from cluster members and the Ministry of Primary and Secondary Education (MoPSE) at sixty one schools. The needs assessment by UNICEF’s education team in collaboration with MoPSE was conducted in April 2019 and preliminary findings indicates that:

- Most schools in the affected areas were invariably affected by Cyclone Idai; either directly (death, disappearance and injury of teachers and learners) or indirectly (loss of friends and relatives). As a result, teachers and learners require psychosocial support (with a strong counselling component).
- From the education perspective, the impacts of Cyclone Idai on the sector will last for many years. While short term solutions are needed, there is a need to think of long-term interventions to address these impacts and to avert or mediate the impacts of similar disasters.
- Apart from the visible damage to infrastructure, some of the buildings are feared as structurally unsafe. There is a need for a more detailed assessment of the safety of the structures before they can be considered safe for children. In affected schools, safe temporary learning spaces will need to be provided.
- Communities demonstrated a very high level of resilience. They are ready to start rebuilding, but they lack basic construction materials to effect the repairs. With a little injection of resources, they can rebuild their lives once again.
- Most water sources were affected in one way or the other, hence school WASH interventions should be prioritised. However, there is need to take note of the interventions that Government is already implementing as well as the reconstruction plans it has at the moment.

Analysis of the data collected during the rapid assessment is underway and the report will be prepared by the cluster.

To address the trauma, fear and anxiety that children in the affected schools have been subjected to, UNICEF supported MoPSE in the finalization of psychosocial materials for use by teachers and learners. The affected schools closed in late March and this gives UNICEF the opportunity to deliver the supplies to schools ahead of the new school
The effect of Cyclone Idai on people living with HIV and people at risk of HIV can be severe. The HIV response is focused on ensuring continuity of treatment for pregnant and breastfeeding women, children and adolescents living with HIV, and access to prevention information and services for those at risk of infection. As an urgent first step, peer adolescents supported by UNICEF in partnership with the National AIDS Council (NAC) and the local NGO Africaid, have been locating 7,200 children and adolescents on treatment. To date, they have reached 5,155 of these children and adolescents, ensuring they have their medicines, their medical records and accessibility to health facilities. With UNICEF support, teams of social workers, psychologists and mental health nurses have been seconded to the two most affected districts. These teams are locating the remaining children and adolescents and returning them into care, with a focus on the unreached areas and ensuring they are linked to services such as food, shelter and birth registration.

Messaging has been included in the village health worker curriculum to reinforce existing practices among community-based health workers during the cyclone response outbreak ensuring that good adherence counselling and support is provided for people on HIV treatment including pregnant women, children and their caregivers.

UNICEF, through the NAC, is mobilizing networks of existing community HIV structures (young people network, behavioural change facilitators, people living with HIV networks - CARGs) to promote information dissemination on prevention, care and treatment of HIV/AIDS in the cyclone affected areas.

Anti-retroviral medicines, including for post exposure prophylaxis, have been included in the primary care medicines, which are being distributed by UNICEF to health facilities. The HIV team is also coordinating with other sectors and UN agencies to integrate HIV prevention and linkage to treatment in protection, and nutrition interventions.

Communication for Development (C4D)

A Knowledge-Attitudes-Practices-Belief (KAPB) communication for development rapid assessment report was disseminated to social and behaviour change implementing partners in flood-affected communities for knowledge-sharing and evidence-based community engagement interventions. Community and religious leaders (213 females; 112 males) were reached with key nutrition and hygiene key messages. An awareness campaign to prevent epidemic-prone diseases and promote key WASH services is ongoing, with 239 village health workers (VHWs) trained.

In advance of the OCV campaign 15 - 23 April 2019, Chimanimani and Chipinge districts stepped up OCV social mobilization with 500 VHWs in each district. MoHCC, UNICEF, WHO and other partners are currently microplanning for the OCV campaign. UNICEF is providing technical assistance for the training of frontline and community workers to support awareness-raising and mobilization for the campaign. During the weekly distribution of non-food items, 7,273 people (4623 females; 2650 males) were reached with messages relating to OCV, vaccine catch-up, WASH, HIV, nutrition, education, and child protection.

Fliers (360) and posters (90) were distributed for malaria prevention and hygiene promotion. A total of 214 illustrated flip charts on cholera prevention (144 in Shona; 60 in English) were deployed for use by community health workers in Chimanimani and Chipinge. Community recreation activities reached 425 children (200 boys; 225 girls).

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/2I1hDhe; https://www.thestandard.co.zw/2019/03/31/cyclone-idai-chimanimani-childrens-encounter-death-destruction/
UNICEF Zimbabwe Quarter 1: Multi-hazard report (April 2019)

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/2IaiX0y. The joint statement by the MoHCC, WHO, UNICEF and Save the Children promoting breastfeeding, was shared on all digital platforms on 2 April.

Communications staff deployed to affected areas, producing multi-media assets that will be shared on country office digital platforms and with global UNICEF communication teams.

Supply and Logistics

UNICEF is procuring additional Education, Health, Nutrition, WASH and Child Protection stocks to respond to the drought and flood response programmes. UNICEF procured additional Education sector materials that include, among others, additional 150 classroom tents, 200 ECD kits, 250 recreational kits, 700 school-in-a-box kits and 30,000 backpacks for learners. As part of its broader response to disasters, UNICEF has in stock 40 tents and 28 school-in-a-box kits, and these will complement the 102 school-in-carton kits that are part of MoPSE’s pre-positioned stock in meeting the needs of affected schools. Prior to the cyclone response UNICEF had prepositioned WASH Hygiene kits which included soap, water treatment tablets, IEC materials, 20 Liter rigid jerri-cans and buckets in at risk Provinces.

Funding

UNICEF is requesting US$18.4 million to meet the increasing humanitarian needs in the country, out of which US$10.9 million is needed for the Cyclone Idai. UNICEF has continued to work with various development partners to address the multi-hazards facing the country. To date, UNICEF has received US$ 8.7 million towards addressing emergency, recovery and resilience interventions, out of these, US$ 3.8 million is for the cyclone Idai response, thanks to generous support from DFID, ECHO, UNICEF Global Thematic funding, Sweden and CERF.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2019 Requirements*</th>
<th>Funds Available</th>
<th>Funding Gap</th>
<th>Funding Gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>2,890,000</td>
<td>1,183,076</td>
<td>1,706,924</td>
<td>59%</td>
</tr>
<tr>
<td>Health</td>
<td>1,870,000</td>
<td>2,030,288</td>
<td>(160,288)</td>
<td>-9%</td>
</tr>
<tr>
<td>WASH</td>
<td>5,100,000</td>
<td>4,274,817</td>
<td>825,183</td>
<td>16%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,100,000</td>
<td>972,612</td>
<td>2,127,388</td>
<td>69%</td>
</tr>
<tr>
<td>Education</td>
<td>2,000,000</td>
<td>2,000,000</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>HIV &amp; AIDS</td>
<td>550,000</td>
<td>299,374</td>
<td>250,626</td>
<td>46%</td>
</tr>
<tr>
<td>Cash-based transfer</td>
<td>2,890,000</td>
<td>2,890,000</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>18,400,000</td>
<td>8,760,168</td>
<td>9,639,832</td>
<td>52%</td>
</tr>
</tbody>
</table>

*Of the total HAC requirement, the breakdown of needs for Cyclone response are as follows: WASH $3.1 million, Education $2.3 million, Social Protection $1.8 million, Child Protection $1.5 million, Nutrition $400,000, HIV/AIDS $300,000.

UNICEF Zimbabwe Facebook: https://www.facebook.com/www.harareunicef.co.zw/
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### Annex 1

**SUMMARY PROGRAMME RESULTS AND TARGETS FOR MULTIPLE HAZARDS (Drought, Floods and Cholera outbreaks)**

<table>
<thead>
<tr>
<th>Clusters/ Sectors</th>
<th>UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Targets</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6-59 months with SAM who are admitted for treatment</td>
<td>27,000</td>
</tr>
<tr>
<td># of children aged 6 to 59 months receiving vitamin A supplementation</td>
<td>136,000</td>
</tr>
<tr>
<td><strong>EDUCATION(</strong>)</td>
<td></td>
</tr>
<tr>
<td># of school aged children in humanitarian situations accessing formal or non-formal basic education</td>
<td>429,000</td>
</tr>
<tr>
<td># of schools in targeted areas who receive NFIs</td>
<td>139</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td># of children aged 6-59 months in humanitarian situations who are vaccinated against measles</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></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
</tr>
<tr>
<td># of people in affected areas provided with access to safe water and personal hygiene</td>
<td>663,000</td>
</tr>
<tr>
<td># of people provided with critical WASH-related information to prevent waterborne diseases</td>
<td>663,000</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
</tr>
<tr>
<td># of pregnant and breastfeeding women, children and adolescents living with HIV that continue to receive PMTCT and treatment</td>
<td></td>
</tr>
<tr>
<td># of community members in affected districts are reached with information on HIV prevention, care and treatment</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></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>
</tr>
<tr>
<td># of unaccompanied and separated children affected by humanitarian situations accessing appropriate care and child protection services</td>
<td>3,000</td>
</tr>
<tr>
<td><strong>SOCIAL PROTECTION</strong></td>
<td></td>
</tr>
<tr>
<td># of households affected by floods supported with expanded social cash transfers</td>
<td></td>
</tr>
</tbody>
</table>

* The Education sector results will be updated when schools are re-opened, as most activities are planned for the second term.

* Budget and targets slightly adjusted based on additional information received on needs and sector planning, as compared to the sitrep last week. Humanitarian Action for Children (HAC) appeal has been revised from US$7 million to US$18.4 million, to meet the increasing humanitarian needs, due to the cyclone. The cyclone response is 10.9 million.

** The Education sector results will be updated when schools are re-opened, as most activities are planned for the second term.

*** The orientation of community on HIV and AIDS will start in the next week. The initial focus of the response was on finding People living with HIV (PLHIV).

** WASH targets are for Cyclone and Drought while results include cholera response since January 2019.