HIGHLIGHTS

- According to the July 2019 Zimbabwe Vulnerability Assessment report, nearly 5.5 million people, including 2.6 million children, in rural Zimbabwe are projected to need urgent humanitarian assistance during the peak hunger period January – March 2020. This is an increase from the 4.5 million people in need reported in January 2019.
- To date, UNICEF has reached over 70,666 learners through the distribution of 135,354 textbooks, 120 classroom tents, 156 early childhood development (ECD) kits and 284 school-in-a-box kits in cyclone affected areas (Chimanimani and Chipinge Districts).
- UNICEF provided over 860,000 people with access to safe drinking water, and 1,270,704 people were reached with critical WASH-related information and hygiene promotion activities in cyclone affected and at-risk areas.
- UNICEF is appealing for US$18.4 million to meet the urgent humanitarian needs of children and women affected by multiple hazards, of which 10.9 million is for the cyclone response.

UNICEF’s Response with Partners

| UNICEF Targets for the Cyclone Idai Response* | UNICEF: |
|---|---|---|
| | Targets | Results | Results Achieved (%) |
| Health: # of children aged 6-59 months in humanitarian situations who are vaccinated against measles | 73,640 | 61,162 | 83 |
| Nutrition (*): # Number of children aged 6-59 months with SAM who are admitted for treatment | 27,000 | 7,888 | 29 |
| WASH: # people in affected areas provided with access to safe water and personal hygiene | 325,000 | 856,061 | 263 |
| Child Protection: # of children receiving psychosocial and/or critical protection services | 80,000 | 49,238 | 62 |
| Education (**): # of school aged children in humanitarian situations accessing formal or non-formal basic education | 225,000 | 70,666 | 31 |
| HIV/Aids (**): # of pregnant and breastfeeding women, children and adolescents living with HIV that continue to receive PMTC and treatment* | 28,700 | 9,547 | 33 |

UNICEF HAC Appeal

US$18.4 million
of which
US$10.9 million
is for the cyclone response*

Funding Status 2019

Funds received current year: $8.5 m
Funding gap: $9.9 m
Due to the impact of drought, nearly 5.5 million people in rural Zimbabwe are estimated to be in urgent need of humanitarian assistance and protection during the 2019/2020 peak hunger period, which runs from January to March 2020; a 20 percent increase from the 4.5 million people reported in January 2109. This includes nearly 2.6 million children. Three provinces [Matabeleland North (68%), Masvingo (64%) and Midlands (63%)] have been projected to have the highest levels of food insecure households during the peak hunger period. Eleven districts are projected to have more than 70 per cent of their households having inadequate means to meet their food needs without resorting to severe livelihoods and consumption coping strategies.

The food insecurity situation will be further compounded by the ongoing macro-economic crisis. The ZimVAC results also highlighted that the national prevalence of Global Acute Malnutrition (GAM) was 3.6 per cent, with boys more affected than girls due to poor child care practices. In addition, eight districts out of a total of 60 districts reported GAM levels which are over 5 per cent. The national prevalence of Severe Acute Malnutrition (SAM) was 1.4 per cent with 13 districts recording SAM levels above 2 per cent. In addition, an estimated 270,000 people, including 129,600 children, affected by the flooding from the cyclone remain in need of critical, lifesaving nutrition support to enable them to recover from the impact of the floods.

As of 30 June, 339 people had been reported dead and over 349 people were reported missing due to the cyclone. The IOM supported Displacement Tracking Mechanism (DTM) assessment at the village level highlighted that almost 51,000 people have been displaced due to the flooding. A total of 97.5 per cent of these displaced persons were still living in host communities and 2.5 per cent were residing in camp sites and collective centers at the end of June. The relocation plan for those in collective centers and those in high risk areas is still being finalized whilst resource mobilization efforts are being prioritized. The risk of water-borne and vector borne diseases remains high in the most flood affected districts. During the reporting period, the country reported 5,634 typhoid cases of which 165 have been confirmed and 12 deaths (a case fatality rate of 0.21%).

In addition, the country is facing an economic downturn characterized by hyperinflation, which was 175 per cent in June 2019 up from 97.85 per cent in May. The hyperinflation has caused an increase in the price of basic commodities, as well as the general cost of living. The country also faces frequent load shedding exercises (scheduled power cuts) to prevent the complete collapse of the power grid, which also impacts negatively on safe water supplies.

Leadership and Coordination

UNICEF is leading the coordination of the WASH and Nutrition Clusters, co-leading the Education Cluster with Save the Children and leading the Child Protection area of responsibility which is under the Protection Cluster. The Department of Civil Protection with support from UNDP conducted a review of the flood response and a validation exercise of the early recovery plan for the cyclone response. UNICEF led clusters participated in the review and validation exercise of the cyclone response and developed cluster level early recovery plans. Through UNICEF support, the nutrition sector continued to collaborate with the Ministry of Health and Child Care (MoHCC) and the National Nutrition Technical Working Group in coordinating the nutrition emergency response. Weekly and monthly cluster meetings were held at national, provincial and district levels to prioritize response activities, assess gaps and assess geographical coverage. The coordination efforts have resulted in improved reporting of nutrition indicators, identification of gaps (geographically and programmaticallly), improved integration of activities with other Clusters/Sectors, improved and well-coordinated capacity building interventions and enhanced supervision. As the WASH Cluster lead, UNICEF

1 Zimbabwe Vulnerability Assessment Committee report, July 2019
2 Zimbabwe Vulnerability Assessment Committee-Lean season monitoring report-January,2019
3 Binga-2.8%, Inzisa-3.3%, Kariba-2%, Kwekwe-2.6%, Makoni-5%, Masvingo-3.3%, Mutare-3.4%, Muzarabani-2.6%, Nkayi-2.1%, Nyanga-2.4%, Seke-3.8%, Shamva-2% and Zaka-3.1%.
4 Zimstat-June 2019
continued to collaborate with the Government of Zimbabwe to coordinate emergency WASH response activities and recovery efforts. The WASH Emergency Strategic Advisory Group (E-SAG), a national-level emergency response coordination body, recently invited government and non-governmental partners for a lessons learned exercise focusing on the 2018/2019 cholera outbreak and the Cyclone Idai response. The review meeting highlighted the need for having standardized rapid assessment tools, improving information and knowledge management support, developing a national cholera elimination roadmap, and strengthening coordination structures from sub-national to national levels. During the reporting period, UNICEF Zimbabwe continued to implement an interactive unified dashboard (https://idai-zimbabwe.onalabs.org/) for the cyclone response. The dashboard provides up-to-date cyclone related humanitarian results from various data sources including government and other partners, in a single web-based portal.

The Child Protection Sub-Cluster coordination has significantly improved at central and field levels. The Ministry of Public Service, Labour and Social Welfare has reviewed and endorsed reporting tools jointly developed by the sub-cluster partners and are being used by all partners.

**Response Strategy**

UNICEF Zimbabwe is responding in 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 gap analysis, planning, joint assessments and resource mobilization efforts. UNICEF is strengthening system-wide response efforts through the provision of clear leadership and accountability in the WASH, Education, Nutrition Clusters and the Child Protection area of responsibility.

- **Expanding UNICEF’s field presence and humanitarian capacity with an equity approach:** In order to reach the most hard-to-reach areas, provide technical, operational support and undertake programmatic monitoring, UNICEF is continuing and enhancing the deployment of dedicated inter-sectoral teams to support 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:** As part of its humanitarian 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 impact of flooding, as well as to monitor current interventions. In addition, UNICEF Zimbabwe is using a multi-sectoral online assessment, monitoring and reporting tool using the Onalabs platform, which was presented to, and endorsed by the Humanitarian Country Team (HCT). The platform is currently being rolled out for use by the different Clusters. UNICEF is also supporting an online 4W matrix in the WASH Cluster (who is doing what, where and when). Plans are underway to roll out this tool for other Clusters.

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

**Summary of Programme Response**

**Health**

UNICEF continues to provide technical support to the Ministry of Health and Child Care (MoHCC) in cyclone response within Manicaland Province, drought response activities within fifteen districts throughout the country and cholera prevention, case management and surveillance strengthening in all hot spots within the country. The interruption in the water and hygiene infrastructure caused by the cyclone in Manicaland posed a risk for diarrheal diseases in the two affected districts (Chipinge and Chimanimani). UNICEF provided support within the affected districts through procurement and prepositioning of acute watery diarrhea kits for case management and strengthening surveillance at
facility and community levels. To date, a total of 480 community health workers have been trained, with the trainings ongoing. To prevent the heightened risk of cholera in the affected districts, the MoHCC with support from UNICEF and WHO supported the submission of an application to the International Coordination Group (ICG) for cholera vaccination. To this end, The ICG approved 975,646 doses of Oral Cholera Vaccine (OCV) that were administered in two rounds of vaccination and provided protection to populations in the most cyclone affected areas. UNICEF supported the logistical component which included vaccine procurement, social mobilisation and demand creation support, the development of the OCV Round 1 and 2 micro plans, training of trainers and vaccinators as well as supporting supervisory visits during the two rounds of cholera vaccination campaigns. During the first round of vaccination, a total of 482,373 people (101.8 per cent) of the target were vaccinated in the two districts out of the planned target of 473,732 people. A total of 400,526 people (87.3 per cent) of the target received the second dose of the oral cholera vaccine in two flood affected districts of Chimanimani and Chipinge in May 2019 as shown in table 1 below.

Table 1: OCV Coverage in Chipinge and Chimaninani Districts, April-June 2019

<table>
<thead>
<tr>
<th>OCV Round</th>
<th>Target population</th>
<th>Male</th>
<th>1-4yrs</th>
<th>5-14yrs</th>
<th>15 yr+</th>
<th>Female</th>
<th>1-4yrs</th>
<th>5-14yrs</th>
<th>15 yr+</th>
<th>Individuals vaccinated</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCV 1</td>
<td>473,632</td>
<td>31,908</td>
<td>85,454</td>
<td>96,764</td>
<td>32,117</td>
<td>85,057</td>
<td>151,073</td>
<td>482,373</td>
<td>101.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCV 2</td>
<td>458,764</td>
<td>25,913</td>
<td>81,215</td>
<td>64,293</td>
<td>28,851</td>
<td>85,144</td>
<td>115,110</td>
<td>400,526</td>
<td>87.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition to the OCV Campaign, UNICEF procured 100,500 doses of Measles Rubella (MR) vaccines and injection devices as well as supported a 10-day integrated nutrition and immunisation campaign to catch up on essential health services meant for all children in the two affected districts. The integrated campaign was coordinated between MoHCC and Ministry of Primary and Secondary Education (MoPSE) to include vaccination against Human Papillomavirus Vaccine (HPV) for all girls aged 10-14 years old. This integrated catch up campaign targeted approximately 73,680 children under five years and reached 61,162 (83 per cent). Also, this catch up campaign targeted approximately 43,901 girls aged 10 – 14 years for HPV in both Chipinge and Chimanimani districts and reached 31,553 (71.8 per cent).

UNICEF and WHO supported MOHCC Manicaland Province to develop a Health Sector Recovery Plan for the cyclone affected districts of Chimanimani and Chipinge with the focus on a health systems strengthening to bridge early recovery and development. With technical and financial support from UNICEF and other partners, health sector interventions are now focused on early recovery interventions. Identified weaknesses in the health response programme are being addressed through routine programming, that is, strengthening the cold chain, effective vaccine monitoring by health workers, community-based surveillance, social and behaviour change communication, and treatment of diarrhoeal diseases through community health care workers.

Nutrition

The nutrition cluster continued to support the MoHCC with nutrition programming at community and health facility level in the cyclone as well as the six drought affected districts. The response comprised of (i) early identification of children with acute malnutrition using mid-upper arm circumference (MUAC) (ii) treatment of severe and moderate acute malnutrition (SAM and MAM) using Ready to Use Therapeutic Food (RUTF); (iii) prevention of acute malnutrition through appropriate Infant and Young Child Feeding in Emergencies (Icry) support, messaging to caregivers and mothers as well as (iv) micronutrient supplementation with Vitamin A and multiple micronutrient supplements for children aged 6-59 months. To date, screening has reached 50,851 (126% of set target of 40,500) children under the age of five years in the cyclone affected districts of Chimanimani and Chipinge (RapidPro Weekly Surveillance Reports). In the six drought response districts (Hurungwe, Mutare, Seke, Bulawayo, Chitungwiza and Harare City) a total of 44,028 children have been screened for malnutrition out of a target of 42,300 (90 per cent) as of 30 June 2019. Active screening was integrated into regular nutrition and health activities in the community and health facilities such as during routine visits to health facilities by caregivers, food distributions points and EPI vaccination campaigns (Measles Rubella and Oral Cholera Vaccination).
A total of 232 children with SAM (111 boys and 121 girls) and 545 children with MAM (262 boys and 283 girls) were identified during the reporting period. The malnourished children were admitted into the UNICEF supported Outpatient Therapeutic Programme (OTP) available in all health facilities. In the drought affected districts of Seke, Chitungwiza, Harare, Bulawayo, Mutare and Hurungwe a total of 1,467 children were identified with SAM (721 boys and 746 girls) resulting in a cure rate of 73.4 per cent (slightly below the SPHERE standard of greater than 75 per cent), while the death rate was 1.8 per cent (within the SPHERE standard). The nutrition response plans to improve the performance of the treatment outcomes for children with acute malnutrition through strengthened follow-up of defaulters by Village Health workers (VHWs); tailored mentorship for health workers on the treatment and improved reporting of acute malnutrition and strengthened supply management to avoid stock outs of essential nutrition commodities.

Promotion of appropriate infant and young child feeding (IYCF) and care practices as a preventive measure for acute malnutrition is ongoing with support from nutrition implementing partners (ADRA, GOAL, Save the Children, NAZ and World Vision) in the operational districts. Since the onset of the response a total of 64,715 pregnant and lactating mothers and caregivers of children under two years out of a target of 38,556 (168 per cent) have been reached with appropriate nutrition messages. The infant and young child feeding (IYCF) support and promotion is being conducted routinely in the health facilities by Ward Nutrition Coordinators (WNC), Village Health Workers at the community level through face-to-face counselling, Care Groups model and road shows to disseminate lifesaving and empowerment information to the general community.

A total of 44,289 children aged 6 to 59 months out of out of a target of 47,200 (94 per cent) were reached with vitamin A supplementation in the target districts. Vitamin A supplementation is integrated into EPI campaigns, routine EPI services and also distributed by VHWs during their routine activities at the community level. Multi-micronutrients powders (MNPs) were distributed to 51,292 of the targeted 47,200 (109 per cent) children aged 6 to 59 months in the emergency response districts. The distribution of MNPs is mostly done at the community level by VHWs to ensure easy access to all households with children under five. The good coverage of vitamin A supplementation and Micronutrient products (MNPs) has contributed to zero reports of micronutrient deficiencies among children under five in the affected areas. UNICEF has completed the roll-out of the Rapid-Pro SMS reporting for Chimanimani and Chipinge districts health facilities and their VHWs. The weekly reporting rate now ranges between 72-80 per cent and is expected to further improve in the coming weeks. The Rapid-Pro SMS tool is being rolled out in 11 drought response districts. UNICEF will continue to focus on strengthening the integration of treatment of acute malnutrition in routine health services; capacity building in the Integrated Management of Malnutrition (IMAM); support supervision and cluster coordination to meet the nutrition and information needs of affected communities.

### Water, Sanitation and Hygiene (WASH)

UNICEF provided access to safe drinking water to 856,061 people (target of 325,000) through water supply interventions (rehabilitation of piped water schemes and boreholes) and point of use water treatment. One of the effective interventions during the cholera outbreak was bucket chlorination; once people collected water from selected water collection points, trained volunteers immediately chlorinated it on site. At least 37 bucket chlorination points were activated, and over 3.53 million liters of water were treated. For both the cholera outbreak response and the cyclone response, UNICEF distributed point-of-use water treatment chemicals as part of WASH hygiene kits. A total of 36,652 hygiene kits were distributed to households in affected communities. Post-distribution monitoring is currently being conducted in cyclone-affected areas. A total of 1,270,704 people (254 per cent of the target of 500,000) received critical WASH-related information through hygiene promotion activities, such as dissemination of information, education, social and behaviour change communication initiatives at community and collective centres. To date 165,975 people have gained access to safe sanitation through emergency response activities; this figure will increase significantly during the recovery stage of cyclone response. Some of the key lessons learnt from cholera, cyclone, and drought response include the importance of distributing standardized hygiene kits, establishing user friendly information management systems, and coordinating emergency response with relevant ministries to WASH activities, such as Ministry of Health and Child Care, Ministry of Education, and Ministry of Local Government.
Child Protection

The Child Protection sector continues to be actively involved in the response to multiple hazards affecting women and children. From January to date, the sector reached 56,392 people with protection interventions. Of these, 2,560 children accessed Child Friendly Spaces (CFS) in districts affected by cholera in Harare, 5,009 children and 7,210 adolescent girls and young women were reached in four drought affected districts, while 26,480 children, adolescents, women and community actors were reached in cyclone affected districts.

During cholera response awareness sessions, critical child protection services continued to be delivered through mobile CFS in schools, as well as CFS established in the previous year in community halls, reaching 36,138 children. A total of 335 Community Child Care Workers (CCW’s) were trained on child protection in emergencies for cholera and mainstreaming of child protection in other sectors focusing on child protection risk assessment targeting health workers and hygiene promoters. Social workers were reached with refresher trainings on cholera sensitive child protection case management as they continued to manage 15,548 cases (7,151 girls and 8,397 boys) entered in the National Case Management System. Children continued to receive psychosocial support (PSS) and other critical child protection services in four most affected suburbs of Glenview, Budiriro, Mbare, Chitungwiza and Epworth. In 2019 residual activities in response to cholera continued. Child Friendly Spaces continued to attract children for activities such as safe learning and information sharing about cholera, play and recreational activities. A total of 2,560 new children (1,462 boys and 1,098 girls) accessed Child Friendly Spaces, and 127 separated children (70 boys and 57 girls) received follow up support after tracing and reunification support.

Following the mass protests in January caused by price increases, a rapid assessment was carried out in Harare, Gweru and Bulawayo aimed at understanding protection needs of children exposed to violence, arrests and detention. UNICEF in collaboration with the Justice for Children Trust and the Department of Social Welfare increased surveillance, advocated and provided support to 89 children aged between 9 to 17 years (five girls and 84 boys) to access legal support as well as facilitating their release to their caregivers whilst waiting for court dates, support with bail applications, application for appeal against sentence and review and scrutiny.

In partnership with Childline and REPSSI, UNICEF actively contributed to advocacy interventions through messages on child safeguarding and protection of children and women from violence, including sexual violence food insecurity related child protection violations in Rushinga, Binga, Epworth and Chitungwiza districts. The advocacy focused on sensitizing communities on social problems related to coping mechanisms that weaken the protective environment for child in their homes and communities such as brewing and selling illicit beer, sending children to conducting vending in beerhalls, using children to move illegal goods including illegal cross border movements that expose children to harm. Messages also contain information on how to access critical child protection services including psychosocial support. Cumulatively, a total of 7,210 adolescents and young women were reached accounting for 48 percent of the target of 15,000. Similarly, through the Child Friendly Spaces in targeted districts: 5,009 children (2,220 boys; 2,789 girls) benefitted from age appropriate child protection information and play, learning and recreational activities conducted in child friendly spaces including information sharing using materials that use language that is easy for children to comprehend. Through REPSSI, 236 community cadres were trained and mentored on mother to mother support groups and adolescent clubs reaching 2,201 adolescent girls and young mothers with information and psychosocial support activities (Individual and group therapy).

Child protection cyclone response interventions provided critical human resources through deployment of 34 qualified and experienced Social Workers to provide critical Child Protection services to children affected by the cyclone through psychosocial first aid, documentation, tracing and referrals to appropriate service providers. To date 682 (372 boys; 310 girls) unaccompanied and separated children (UASCs) have been identified and documented. A total of 606 children (324 boys; 282 girls) have been placed with extended families while 76 children (50 boys; 26 girls) are in alternative care arrangements until relatives are identified. Follow up activities have been conducted for 107 children (46 girls; 61 boys) to monitor how children are coping. The 4 established Child Friendly Spaces in Chimanimani and Chipinge continued to provide children with psychosocial first aid services, individual and group play therapy reaching a total of 8,129 children (3,901 boys and 4,228 girls). Two awareness sessions were held for parents, caregivers, teachers and religious leaders on protection of children from violence, abuse and exploitation. To date, a total of 26,480 individuals (7,974 boys, 9,631 girls, 3,021 men and 5,854 women) have been reached in Chimanimani and
Chipinge. The content of the delivered package includes: child safeguarding, Child Protection in Emergencies (CPiE), gender-based violence (GBV). The package also includes sensitization on monitoring child protection violations such as use of children to work for food, children encouraged or sponsored cross borders illegally, children engaged in transactional sex in their communities. The package also sensitized communities on putting in measures to prevent sexual exploitation and abuse (PSEA) such as communities having their own structures in the form of committees that help people to access humanitarian aid safely, putting in place help desks with gender and age representation to enable children, adolescents and women ask questions and lodge complaints. Positive parenting sessions were held for parents and caregivers at Nyamatanda and Arboretem camps, Machongwe, Ngangu and Chipinge communal areas focusing on safe parenting skills during emergencies including child rights, trauma management, communication with children, and potential risks that children face in the aftermath of a disaster. To date, 5,533 parents and care givers (1,935 males and 3,598 females) have been reached.

UNICEF jointly with UNFPA and UNHCR conducted a training of trainers (ToT) for humanitarian actors in Chimanimani and Chipinge districts on protection mainstreaming and prevention from sexual exploitation and abuse (PSEA) aimed at building the overall understanding of humanitarian actors in mainstreaming protection activities across sectors and sensitize people on the prevention from sexual exploitation and abuse during regular programming, emergency and early recovery phases. UNICEF contributed to the formation of taskforces to develop referral pathways and an Interagency Information Sharing Protocol. Child protection actors were trained, which strengthened the referral pathway and adherence to information sharing protocols at field level. The Child Protection Sector conducted a rapid assessment in Bikita, Gutu and Zaka aimed at understanding the scale of child protection needs and risks in the affected districts, priorities, challenges and gaps in the aftermath of cyclone Idai. The assessment noted that in all the three districts there were no child protection coordination structures and most community-based child protection mechanisms were not operational. UNICEF is strengthening child protection coordination and implementation mechanisms in these districts.

Education

To date UNICEF has distributed a total of 135,354 textbooks, 120 classroom tents, 156 early childhood development (ECD) kits, 284 school-in-a-box kits, 58 recreation kits, and 620 buckets to schools in Chimanimani and Chipinge Districts. These supplies enabled all the affected schools to open their doors to children on the 7 May 2019, which marked the beginning of the second school term. The supplies reached a total of 70,666 learners in both Chimanimani District (22,732 learners in 39 schools) and Chipinge District (47,934 learners in 63 schools). Of the 70,666 learners reached, 34,726 are girls while 35,940 are boys, with 322 of them are children living with disabilities. Field monitoring visits and data collection exercises undertaken confirmed that schools that had received the education supplies, were fully functional, and had registered a slight increase of 1.7 percent in enrolment. While immediate needs were largely met, some schools did not have the capacity to rehabilitate or replace damaged school infrastructure. Furthermore, schools and their communities have longer-term psychosocial support needs that are yet to be fully met. These are the issues that UNICEF is prioritizing as part of the early recovery phase.

HIV/AIDS

In an endeavor to minimize the negative impacts of cyclone Idai on people living with HIV, 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. Many HIV clients in seven cyclone affected districts, namely Chimanimani, Chipinge, Buhera, Bikita, Gutu, Masvingo and Zaka) were affected by the heavy rains, with 2 (Chimanimani and Chipinge) severely affected. The response continues to track and trace all children and adolescents living with HIV and ensure return into care with a focus on the 2 most affected districts. To date 3,068 out of an estimated 3,875 children and adolescents living with HIV have been tracked and are continuing with treatment. HIV testing services are available at all health centers including to pregnant and breastfeeding women; to date a total 2,152 women (418 in Chimanimani and Chipinge) are receiving ARVs for the prevention of mother to child transmission and for their own health in the 7 districts.

Ministry of Health and Child Care (MoHCC) and National AIDS Council (NAC) are coordinating the HIV response in the affected districts. In addition to tracking and ensuring the return of HIV clients into care, through UNICEF support a local NGO – AfriCaid, is providing/offering disclosure and psycho-social support, screening for disabilities, screening
for common mental conditions, providing medical assistance and ensuring they are linked to services such as food, shelter and birth registration. A total of 238 people living with HIV have been provided with medical assistance; at least 103 people identified with disabilities (new and pre-existing) have been referred for rehabilitation services; more than 490 children and adolescents identified with mental conditions such as depression, grief and loss, and post-traumatic stress disorder; were provided with psychosocial support. The National AIDS Council has been supported to disseminate information on prevention, care and treatment of HIV/AIDS through existing community HIV structures (young people network, behavioral change facilitators and people living with HIV networks). Prevention and identification of sexual exploitation and abuse has been incorporated into the messaging to promote protection of young girls and boys.

**Communication for Development (C4D)**

During the first half of the year, rapid assessments were undertaken to inform the development of a communication and advocacy plan for the promotion of integrated life-saving interventions. Multi-channel communication activities were used to target the hard-to-reach and at-risk communities. Interventions included the use of mass media and community outreach at food distribution sites, water points, religious gatherings and market places for maximum reach. In partnership with Ministry of Health and Childcare, Ministry of Primary and Secondary Education and the Ministry of Youth, Sport and Recreation, UNICEF reached over 237,000 children and caregivers with different life-saving interventions. Fifty-five apostolic religious leaders were engaged and consulted on how to mobilize their audience for improved health seeking-behaviours in rural communities of Chipinge and Chimanimani. This resulted in improved uptake of immunization services among the apostolic groups. Schools were also used as outreach sites during integrated immunization catch up campaigns.

As part of the outreach, 232 teachers were sensitized on various aspects of community engagement, PSEA, and accountability to affected populations. Road shows and the network of village health workers were utilized as platforms to support an integrated community-based campaign focusing on cholera prevention and control, community case management, HIV & AIDS, addressing educational needs of children, exclusive breastfeeding, e-IYCF and active screening for malnourished children during emergencies. Messages on provision of service access to people with disabilities, child protection and prevention of GBV were integrated into the campaign messages. Forty programme managers from 16 civil society organizations were trained on C4D in emergency response, recovery and resilience. Over 10,000 social and behaviour change communication and community mobilization materials on various topics were disseminated. Two implementing partners, Vuka Africa Performing Arts and Apostolic Women Empowerment Trust, were engaged to support the interpersonal communication with the community and different leaders using theatre for development, puppet theatre, and face to face community dialogues. A four-part ‘soap opera’ video mini-series “Muroyi Ndiani”, (translated to English – Who is the Witch?) developed by Vuka Africa, was used as part of social mobilization and community awareness activities: https://www.unicef.org/zimbabwe/water-sanitation-and-hygiene-wash/cholera-awareness-mini-series.

Social media via Facebook, U-Report, Twitter and the UNICEF website was used for both preventive interactive dialogue with target groups, as well as for promoting desired positive and recommended behaviours across WASH, education, nutrition, health, child protection, gender equality and children’s rights, and HIV and Aids.

**Media and External Communication**

UNICEF Zimbabwe continued to give visibility to national relief efforts for the cholera response and donor contributions. In February, UNICEF accompanied Swedish Ambassador, Sofia Calltorp and SIDA Head of Agency Mette Sunnegren to visit Swedish supported cholera response programmes in Glen View and Budiriro suburbs where they observed a rapid response team in the community, and Child Protection interventions at a community centre in Glen View. A video was also produced on the rapid response programme: https://www.youtube.com/watch?v=nfOlCYfN5SQ&t=47s

The Cyclone Idai emergency response was documented in daily social media posts, and several human interest stories and videos, some of which were amplified on the UNICEF global website.

Key donors, including UKaid, EU, Germany and Sweden were acknowledged in all human-interest stories and social media posts, which also highlighted visits by Ambassadors and members of the UNCT. During the visit of the UNICEF Representative, Laylee Moshiri, to child-friendly spaces in Chimanimani, she was interviewed by a local newspaper ‘The Manica Post’ and outlined UNICEF’s work in affected areas and support for the Oral Cholera Vaccine (OCV) campaign. A press release on the campaign was issued on 16 April, and received media coverage: [https://www.newsday.co.zw/2019/04/cholera-vaccinations-begins-in-chipine-chimanimani/](https://www.newsday.co.zw/2019/04/cholera-vaccinations-begins-in-chipine-chimanimani/)

The OCV campaign also reached a wide audience on social media platforms: [https://twitter.com/UNICEFZIMBABWE/status/1121035116204175361](https://twitter.com/UNICEFZIMBABWE/status/1121035116204175361)

An opinion editorial (OpEd) by the Representative in the ‘Herald’ newspaper entitled ‘Deafening silence on disability, Cyclone Idai’ on 8 May called on stakeholders to prioritise the needs of children with disabilities in emergencies, including Cyclone Idai: [https://www.herald.co.zw/deafening-silence-on-disability-cyclone-idai/](https://www.herald.co.zw/deafening-silence-on-disability-cyclone-idai/)

A UNICEF press release on the Japan Government’s contribution to PSEA and Menstrual Hygiene Management (MHM) in Chipinge and Chimanimani Districts was issued on 13 May and picked up by several local media: [https://www.newsday.co.zw/2019/05/japan-contributes-towards-prevention-of-sexual-abuse-in-cyclone-affected-areas-of-zimbabwe/](https://www.newsday.co.zw/2019/05/japan-contributes-towards-prevention-of-sexual-abuse-in-cyclone-affected-areas-of-zimbabwe/)

**Supply and Logistics**

An Emergency Supply Plan of US$5.3 million was developed of which 3.6 million has been implemented to date. During the reporting period, 755 metric tons of pre-positioned supplies were mobilized from the UNICEF warehouse, including teaching and learning materials worth US$411,693 to various schools, and WASH supplies worth US$427,739. Other critical health and WASH supplies were mobilized by partners through the Logistics Cluster at Harare and Mutare level and with assistance from Supply and Logistics staff deployed there for supply chain support. Surge staff from Mali supported the Supply section for a month.

**Funding**

UNICEF is requesting US$18.4 million to meet the increasing humanitarian needs in the country. Of this amount, UNICEF requires US$10.9 million for the response to the floods associated with Cyclone Idai. To date, funding has been received from DFID, ECHO, UNICEF Global Thematic, Sweden, Japan, the German Committee for UNICEF, UNICEF Australia and CERF. The Country Office also received a loan of US$1 million from the Emergency Programme Fund (EPF) from HQ, to support with the immediate response and re-programmed up to US$2 million of existing development grants to support the emergency. UNICEF is also engaging with the private sector and is seeking to facilitate the establishment of public private partnerships with various communities, schools, health facilities and local authorities to promote sustainable and long-lasting solutions.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2019 Requirements*</th>
<th>Funds Received</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>USD</td>
<td>USD</td>
<td>%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,890,000</td>
<td>1,183,076</td>
<td>1,706,924</td>
</tr>
<tr>
<td>Health</td>
<td>1,870,000</td>
<td>1,188,633</td>
<td>681,367</td>
</tr>
<tr>
<td>WASH</td>
<td>5,100,000</td>
<td>4,642,417</td>
<td>457,583</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,000,000</td>
<td>1,005,012</td>
<td>2,094,988</td>
</tr>
<tr>
<td>Education</td>
<td>3,100,000</td>
<td>113,000</td>
<td>1,887,000</td>
</tr>
<tr>
<td>HIV &amp; AIDS</td>
<td>550,000</td>
<td>402,374</td>
<td>147,626</td>
</tr>
<tr>
<td>Cash-based transfer</td>
<td>2,890,000</td>
<td>0</td>
<td>2,890,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,400,000</strong></td>
<td><strong>8,534,512</strong></td>
<td><strong>9,865,488</strong></td>
</tr>
</tbody>
</table>
UNICEF Zimbabwe Report: 30 June 2019
*Of the total HAC requirement, the breakdown of needs for the cyclone response are as follows: WASH $3.1 million, Education $2.3 million, Social Protection $1.8 million, Child Protection $1.5 million, Nutrition 740,000, HIV/AIDS $300,000.

Next SitRep: 12 August 2019

UNICEF Zimbabwe Facebook: https://www.facebook.com/www.harareunicef.co.zw/
UNICEF Zimbabwe Twitter: https://twitter.com/unicefzimbabwe

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### SUMMARY PROGRAMME RESULTS AND TARGETS FOR THE CYCLONE RESPONSE

<table>
<thead>
<tr>
<th>Clusters/ Sectors</th>
<th>NUTRITION</th>
<th>EDUCATION(*)</th>
<th>HEALTH(**)</th>
<th>WASH</th>
<th>HIV/AIDS</th>
<th>CHILD PROTECTION</th>
<th>SOCIAL PROTECTION (*)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Targets</strong></td>
<td><strong>Results</strong></td>
<td><strong>Targets</strong></td>
<td><strong>Results</strong></td>
<td><strong>Achieved (%)</strong></td>
<td><strong>Targets</strong></td>
<td><strong>Results</strong></td>
</tr>
<tr>
<td># Number of children aged 6-59 months with SAM who are admitted for treatment</td>
<td>27,000</td>
<td>7,888</td>
<td>27,000</td>
<td>7,888</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6 to 59 months receiving vitamin A supplementation</td>
<td>136,000</td>
<td>207,451</td>
<td>136,000</td>
<td>207,451</td>
<td>153</td>
<td></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>
<td>21</td>
<td>225,000</td>
<td>70,666</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of schools in targeted areas who receive NFIs</td>
<td>139</td>
<td>62</td>
<td>60</td>
<td>58</td>
<td>94</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6-59 months in humanitarian situations who are vaccinated against measles</td>
<td></td>
<td></td>
<td>73,640</td>
<td>61,162</td>
<td>83</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></td>
<td></td>
<td>216,000</td>
<td>257,074</td>
<td>119</td>
<td></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>
<td>952,570</td>
<td>325,000</td>
<td>856,061</td>
<td>263</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people provided with critical WASH-related information to prevent waterborne diseases</td>
<td>663,000</td>
<td>1,323,081</td>
<td>500,000</td>
<td>1,270,704</td>
<td>254</td>
<td></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>
<td></td>
<td>28,700</td>
<td>9,547</td>
<td>33</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>56,392</td>
<td>40,000</td>
<td>49,238</td>
<td>123</td>
<td></td>
<td></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>682</td>
<td>1,500</td>
<td>682</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households affected by floods supported with expanded social cash transfers</td>
<td>19,000</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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