



Zimbabwe

Humanitarian Situation Report



Cyclone Idai Situation Report #5: 3 May 2019

- UNICEF supported the oral cholera vaccine (OCV) campaign in the flood affected districts. The campaign reached 482,373 people (101.8% of target).
- UNICEF and partners reached 6,374 flood affected children and adolescents with child protection services.
- With UNICEF support, 5,254 children and adolescents living with HIV/AIDS, have been traced to ensure they have continued access to treatment.
- UNICEF provided safe water to over 70,089 people and key health and hygiene messages to 45,332 people.
- UNICEF conducted a preliminary disability related assessment in Chimanimani, the findings revealed a high number of disability related cases associated with the cyclone. UNICEF is advocating for a disability inclusive response among all actors, and is developing a partnership agreement to help address the needs of children with special needs.
- **UNICEF has requested US\$10.9 million to meet the urgent humanitarian needs of children and women affected by the floods: 50 per cent remains unfunded.**

UNICEF's Response with Partners

SITUATION IN NUMBERS

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*

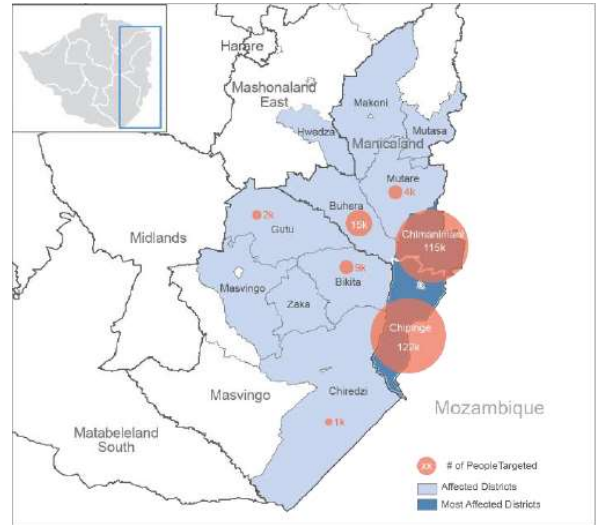
UNICEF Targets for the Cyclone Idai Response*	Cluster/ Sector			UNICEF Targets	Results	Results Achieved (%)
	Targets	Results	Targets Achieved (%)			
Health: # of children aged 6-59 months in humanitarian situations who are vaccinated against measles	N/A	N/A	N/A	100,000	Not available	0
Nutrition (*): # Number of children aged 6-59 months with SAM who are admitted for treatment	4,339	91	2	3,905	91	2
WASH: # people provided with a sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	270,000	87,657	32	180,000	70,089	39
Child Protection: # of children receiving psychosocial and/or critical protection services	80,000	6,374	8	40,000	6,374	16
Education (**): # of school aged children in humanitarian situations accessing formal or non-formal basic education	91,000	0		60,000	0	0
HIV/Aids: # of pregnant and breastfeeding women, children and adolescents living with HIV that continue to receive PMTC and treatment"	N/A	N/A	N/A	14,000	5,254	38
C4D: # of people provided with critical WASH-related, HIV, Nutrition, Education, Child protection information to prevent diarrheal diseases-Multisectoral.	N/A	N/A	N/A	216,000	162,278	75

*The data for SAM is only from the two districts of Chipinge and Chimanimani only, processes are under way to collect data from all floods affected districts

** The number of children accessing formal / non-formal basic education will be reported in the next sitrep following the opening of the second school term.

Situation Overview and Needs

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. The risk of diarrhoea diseases remains high in the districts affected by the cyclone due to the interruption in the water and hygiene infrastructure. An analysis from DHIS2 data, showed a consistent increase in diarrhoea cases in 8 health facilities in Chimanimani from week 11 to Week 17, UNICEF WASH and Health sectors have increased surveillance and hygiene promotion interventions in at-risk communities. UNICEF, in partnership with the Ministry of Health and Child Care and local NGO, Africaid, have located 5,254 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. The humanitarian response to cyclone-affected districts in the eastern part of the country is increasing as all wards are now accessible by road, although some only by 4X4 vehicles. There is an ongoing dialogue on permanent relocation of some of the most flood affected communities, however, the relocation plan has not yet been finalized and shared with development partners.



Leadership and Coordination

UNICEF also continues to support the coordination efforts at national level with a dedicated WASH cluster coordinator and an Information Management Officer; at provincial level with a WASH Cluster coordination support office, and at Mutare and Chimanimani district level where UNICEF supports WASH coordination with over 13 WASH actors and the mapping of progress and gaps by ward. Technical support to damage assessments is provided through a dedicated WASH damage assessment engineer based in Chipinge. All WASH assessments have been uploaded to the WASH Cluster assessment register.

UNICEF is supporting the Nutrition Cluster in the coordination mechanisms at national, provincial and district levels, all chaired by a representative of MoHCC. UNICEF has supported the deployment of a dedicated Nutrition Cluster Coordinator based in Manicaland province (Mutare) who is supporting coordination across National, Provincial and district levels. Weekly coordination meetings are held across all levels with active participation by nine partners. The coordination efforts have resulted in improved reporting of nutrition activities, identification of gaps (geographically and programmatically) and improved integration of activities with other clusters/sectors.

The Education Cluster coordination mechanism has been strengthened at the national level to ensure a more robust emergency response. At a sub-national level, the Ministry of Primary and Secondary Education (MoPSE) is increasingly taking on its leadership role. The MoPSE is working closely with the Ministry of Local Government, Public Works and National Housing and local communities in the rehabilitation of school class rooms and sanitation infrastructure. At the last cluster meeting chaired by MoPSE, concrete proposals were made to strengthen provincial and district level coordination mechanisms with a focus on areas where gaps were observed.

UNICEF has deployed a Child Protection in Emergency Consultant stationed in Chimanimani to provide overall child protection coordination support and guidance to partners in the cyclone affected areas. The consultant is supported by a Child Protection Sub Cluster Coordinator on surge currently focusing on the development of key coordination tools including the mapping of Child Protection partners and their intervention in affected districts. The mapping of CP capacity and development of capacity building plan as well as CP response and monitoring tools. UNICEF has established a temporary field base in Chimanimani and is taking a lead in inter-sectoral coordination issues with the Government, Private sector and NGO partners advocating for a child focused humanitarian response.

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 has finalized the design of a multi-sectoral online assessment, monitoring and reporting tool, using the Onelabs platform, the platform has been presented to the HCT who endorsed it and current being rolled out for use by the different clusters. UNICEF is also supporting an online '4W matrix' for 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 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

UNICEF continues to provide technical and financial support to the MOHCC in responding to Cyclone Idai. To date, a total of 15,748 patients including children under five years (10,258 female and 5,490 males) have received care at the health facilities in the two districts in Manicaland Province, including in the 11 temporary health facilities. These health facilities are providing basic health services, using maternal, newborn and child medicines and commodities supported through the Health Development Fund, which is led by the MOHCC and managed by UNICEF. The essential medicines team continues to support the Provincial Pharmacy Department in rationalizing these medicines and commodities.

The interruption in the water and hygiene infrastructure caused by the cyclone in Manicaland poses a risk for diarrheal diseases in the affected districts. UNICEF is providing technical support within the affected districts through procurement and prepositioning of acute watery diarrhea kits for case management and stepping up surveillance at facility and community levels. UNICEF is supporting health workers in all the facilities in the most affected districts to capacitate the community health workers to conduct community-based surveillance on childhood illnesses and referrals.

To prevent the heightened risk of cholera in the affected districts, the MOHCC and partners, including UNICEF, conducted the OCV campaign in Chimanimani and Chipinge Districts from 16-26 April. UNICEF provided technical support in the development of Chipinge and Chimanimani OCV micro-plans for the smooth implementation and coordination of the campaign, as well as in the review of the OCV training package for health workers. Additionally,

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UNICEF facilitated the training of 40 trainers (district and provincial managers) and the training of 76 vaccinators in Chipinge and Chimanimani districts from 13-14 April. A total of 482,373 people were vaccinated in the two districts out of the planned target of 473,732 people (101.8%). Chipinge had a coverage of 349,734 (104.8%) and in Chimanimani 132,639 people were covered (94.8%). Among these, 61,012 were children under five years.

In addition to the OCV Campaign, UNICEF is in the process of procuring 100,500 bundled doses of Measles Rubella (MR) vaccines and injection devices to support a multi-antigen catch up immunisation campaign planned for the two districts in the second week of May. This campaign will be rolled out in an integrated manner, to include active malnutrition screening, Vitamin A supplementation to children under five years and health education and promotion to the caregivers. Similarly, processes are under way to support the replacement of child health cards in the two districts. The UNICEF health team continues to provide support monitoring and supervisory visits, coordination support as well as support to health assessments of facilities in efforts to develop the early recovery phase to the MOHCC.

The MOHCC Health Promotion Department with support from UNICEF conducted social mobilisation in Chipinge and Chimanimani districts and has so far reached 162,278 people with key messages on cholera vaccination, health and hygiene education particularly on cholera and food hygiene, nutrition and WASH.



Nutrition

The scale-up of nutrition interventions is steadily reaching more of the affected population. Over 19,000 children (6-59 months) out of a target of 54,000 have been screened for acute malnutrition mainly through the health facilities and food/non-food items (NFI) distributions in the community since the start of the response. The screening has identified 91 SAM and 156 MAM cases in the two districts of Chimanimani and Chipinge. These cases were admitted for treatment in the UNICEF supported Outpatient Therapeutic Care Programmes (OTP) based in the health facilities. Treatment is ongoing in all affected districts as routine service integrated in the health centres, with a plan to expand to Buhera and other emergency districts.

A total of 77 health facilities in both Chimanimani and Chipinge have received life-saving nutrition supplies, with emergency stocks placed in the provincial central stores. The supplies distributed are sufficient to cover the immediate needs and monitoring is ongoing to ensure no stock-outs.

A total of 13,719 mothers and primary caregivers of children under two years have been reached with Infant and Young Child (IYCF) counselling that included messages on immunization, hygiene and sanitation. The IYCF messages have been delivered at health facilities, through community-based care groups and road shows.

Micronutrient supplementation is ongoing and 1,345 children received Vitamin A and 824 received multi micronutrient powders (MNPs) during the reporting period. The total cumulative reached with Vitamin A and MNPs is 8,000 and 4371 respectively. This represent a 120 per cent increase compared to the previous reporting period and was largely due to increased integration of nutrition activities with other sectors including immunization. The target is to reach 54,000 children under five. Plans have been completed to strengthen the reporting of nutrition activities and screening through orientation of 135 health workers and training of 800 volunteer health workers in active screening.

The Nutrition Cluster will focus on the prevention of acute malnutrition activities, such as IYCF and strengthening the integration of treatment of acute malnutrition in the routine health services as part of the early recovery strategy.



Water, Sanitation and Hygiene (WASH)

Under WASH, UNICEF has been active at national, provincial (Manicaland, Masvingo) and district (Chimanimani, Chipinge) levels with major focus on technical assessments which has shown additional challenges from the cyclone response on top of existing weaknesses. UNICEF is working on the rehabilitation of sewer and water supply systems based on the assessment findings. Over 70,000 people (out of a target of 180,000) have gained access to clean water for drinking and hygiene purposes through borehole repairs and water disinfection tablets, and 45,332 people (out of a target of 216,000) received key health and hygiene messages, such as handwashing with soap, treating drinking water, safe water storage, and safe food preparation and handling. At least 7,500 hygiene kits have been distributed in cyclone-affected communities, benefiting about 37,500 people. A complete hygiene kit consists of a three-month

supply of water treatment materials, two kilograms of soap, a 20-liters jerrycan, a 20-liter bucket with tap and lid, and Information, Education and Communication (IEC) materials.

UNICEF and implementing partners will continue distributing complete hygiene kits in collaboration with WASH cluster/sector partners to promote safe water and hygiene practices. Over 6,000 people have also gained access to adequate sanitation, and 142 temporary sanitation facilities have been constructed to support displaced families and individuals. WASH incorporates priorities for the recovery phase from the onset in terms of restoring long term water supply and sanitation systems via borehole rehabilitation, sewer and water networks and institutional WASH service provision.

Child Protection

As part of the child protection response, UNICEF through its implementing partners continued providing critical child protection services to the affected children and caregivers in Chimanimani and Chipinge Districts. To achieve its mission as lead of the Child Protection Sub Cluster in humanitarian interventions, UNICEF deployed a Child Protection in Emergencies Consultant to Chimanimani to support the Ministry of Public Service, Labour and Social Welfare (MoPLSW) in the coordination of the child protection sub sector response.

A total of 5,052 children (2,445 male and 2,607 female) were reached through the four child friendly spaces established in Chimanimani Secondary School and Chimanimani Primary School in Ngangu, Rusitu in Koppa and Chipinge as well as through community outreach activities. In addition, they were also provided trauma counselling services from UNICEF partners - Childline and Regional Psychosocial Support Initiative (REPSSI). A total of 380 unaccompanied and separated children (UASCs) children (202 boys and 178 girls) were identified, documented and reunified with their extended families, while 26 children (16 boys and 10 girls) were placed in alternative care arrangements, including voluntary foster care families.

Public awareness activities have been intensified including through contribution of trained community groups on child protection in emergencies (CPiE), violence against children, protection from sexual exploitation and abuse (PSEA) and gender-based violence (GBV) reaching a total of 11,362 people, including 1,134 people (375 males and 759 females) reached in the last two weeks.

In an effort to address specific protection cases, child protection actors identified and provided appropriate services to a total of 227 children with disabilities (114 male and 113 female) including those with severe injuries or at risk of permanent disability, while 507 orphans and vulnerable children (261 boys and 246 girls) were identified in affected districts and provided with support including documentation and alternative care arrangements. JF Kapnek Trust also conducted awareness sessions on disability to about 30 people attending Red Cross NFI distributions in ward 14 of Chimanimani.

Furthermore, members of 14 Child Protection Committees in Chimanimani (8) and Chipinge (6) participated in sessions on self-care, psycho-social support, child safeguarding and CPiE to help them better understand and address child protection risks for cyclone affected children. Through UNICEF support, REPSI has trained 135 teachers from 33 schools in psychological first aid (PFA). As part of the early recover framework, UNICEF child protection interventions are also focusing on strengthening the community-based child protection structure through training of social workers, case management officer and cadres from Ward Child Protection Committees (WCPC).

Education

The draft report on the joint needs assessment that was conducted provides more informed guidance on the choice of interventions. While the provision of WASH facilities to 20 schools whose latrines collapsed is now the most urgent priority, coordination gaps have been observed between the Ministry of Education (in charge of schools), Ministry of Public Works (who construct WASH facilities in schools) and Ministry of Health and Child Care (who monitor sanitation and health standards in schools). As a result, the pace of the rehabilitation and construction works is slow, and it is unlikely that all rehabilitation and construction works will be completed before the schools re-open on 7 May 2019. Construction works have not met the national standards and to mitigate this, UNICEF's Education and WASH sections

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are therefore working closely with Ministries of Education and Public Works to ensure better coordination for the timely completion of works that meet national technical standards. UNICEF is working on a plan for the provision of temporary WASH facilities in some of the schools.

UNICEF has completed the packaging of teaching and learning materials (textbooks, school-in-a-box, ECD and recreational kits as well as buckets and tents) and dispatches to targeted schools in Chimanimani, Chipinge and Mutasa are ongoing. During the past week, a UNICEF team undertook a field visit to Chimanimani and Chipinge where, together with the district school inspectors (DSIs) for the respective districts, they worked out and agreed upon the logistics related to the delivery of supplies to targeted schools, with a focus on those schools that were difficult to access. Given the severity of damage to school infrastructure and the trauma on teachers and learners, the recovery of the education sector will require a longer time horizon.

UNICEF is supporting early recovery efforts through the provision of school improvement grants (emergency) to benefit 58 targeted schools. This grant is expected to help support minor repairs and rehabilitation to enable the schools to operate normally within the next two to three weeks. Meanwhile, UNICEF and MoPSE have developed a template and put in place logistical arrangements for monitoring patterns and trends in school enrolments, learner attendance and staffing as soon as the second term begins on 7 May 2019.

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 5,254 of the 7,200 children and adolescents on HIV treatment in the affected areas. These identified children and adolescent continue to receive their required treatment. 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. A further 35 children and adolescents were resupplied with antiretroviral drugs in their homes. If necessary, affected children are linked to social services for shelter, supplementary food and support care. With UNICEF support, two teams continue to work in the two most-affected districts locating children and adolescents living with HIV and tracing those that have not returned for medical care. The teams provide anti-retroviral medicines, counselling, and screening of common mental health conditions at home to those who are unable to access health facilities. HIV messaging on prevention information and services have been integrated into health, nutrition and WASH messaging.

Communication for Development (C4D)

A national level consultation with the Health Promotion Division of the Ministry of Health concluded that there is a need to update the existing health promotion policy, given the recent emergency and the universal health coverage strategy. The consultation also highlighted, in addition to the technical support provided to Chipinge and Chimanimani, the urgent need to provide emergency support in Masvingo around risk communication.

UNICEF developed an adaptive, multi-pronged and targeted communication and advocacy strategy for optimal impact and community participation in the area. During the OVC held in Manicaland Province, the C4D social diagnostics rapid assessment results recommended the use of robust psychosocial-based interpersonal communication, hence interactive roadshows. OCV roadshows conducted in Chimanimani¹ (15 villages) and Chipinge² (21 villages) used NFI and food distribution sites, religious sites and market places for maximum reach. Engagement and consultation with 35 religious leaders in rural communities of Chipinge and Chimanimani on the benefits of OCV resulted in the uptake of the vaccine. Data from MoHCC reported that 349,734 individuals (104.8%) in Chipinge and a total 133,176 (95.2%) in Chimanimani received of OCV coverage. Out of the total reported; 49% were children under 14 years of age.

Feedback from the roadshows informed the need for sessions on message recall. In addition to the road shows, 300 village health workers led an integrated community-based campaign on cholera prevention and control, integrated

¹ Chimanimani: Ngangu, Bumba, Ngangu, Nhedziwa, Chikukwa, Wengezi, Chalsewood, Chakohwa Machongwe, Biriri, Mhandarume, Mhakwe, Nyanyadzi, Tonhorai

² Chipinge: Gaza Clinic, Iraq, Tingamira Estate, St Calvin Maunganidze Shops, Chipangai, Jekenisheni Church, Campsite, Kondo, Tanganda, Chibuwe, Mutema, Rimbi, Maunganidze, Manzvire, Sakwinje Village Junction, Mabhiza, Chikore, Checheche, Tamandai, Vheneka, Musilizwe, Mahenye, Chako, Chisuma Muzite Bussiness Centre, Chinyamukwakwa, and Hakwata

community case management, HIV/AIDS in emergencies, educational needs of children, exclusive breastfeeding, IYCF and active screening for malnourished children during emergency. Messages on disability and GBV have also been included in the campaign messages. Communities were also reached with child protection messages focused on PSEA and on monitoring children’s psychosocial development.

Media and External Communication

UNICEF global website uploaded a story on child survivors of the Cyclone <https://www.unicef.org/stories/after-cyclone-idai-uncertain-futures-children-left-behind> , which were also shared on local social media platforms. Four videos were also uploaded onto our youtube page: <https://www.youtube.com/user/ZimbabweUnicef>. A press release on the Oral Cholera Vaccine was drafted and distributed, while UNICEF facilitated an article in the Newsday on the coverage <https://www.newsday.co.zw/2019/04/cholera-vaccinations-begins-in-chipine-chimanimani/> . UNICEF also covered the OCV using social media platforms resulting in wide audience engagement. <https://twitter.com/UNICEFZIMBABWE/status/1121035116204175361>.

A Visibility and Communications Plan has been drafted, which will guide all activities as the UNICEF country office transitions into the recovery phase of the humanitarian response.

Supply and Logistics

During the reporting period, UNICEF dispatched health sector uniforms to Manicaland valued at \$31,065, and WASH NFIs valued at \$63,417 through Goal and Deutsche Welthungerhilfe. Distribution of scholastic materials to schools including textbooks, education kits and buckets started on 6 May - more details will be provided in the next report.

Funding

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

Sector	2019 Requirements*	Funds Received	Funding Gap	
			%	USD
Nutrition	2,890,000	1,183,076	59%	1,706,924
Health	1,870,000	1,188,633	(64%)	(518,220)
WASH	5,100,000	4,392,417	14%	707,583
Child Protection	3,100,000	1,005,012	68%	2,094,988
Education	2,000,000	113,000	94%	1,887,000
HIV & AIDS	550,000	299,374	46%	250,626
Cash-based transfer	2,890,000	0	100%	2,890,000
Total	18,400,000	9,268,100	50%	9,131,900

*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.

UNICEF Zimbabwe Humanitarian Action for Children Appeal: www.unicef.org/appeals/zimbabwe

UNICEF Zimbabwe Facebook: <https://www.facebook.com/www.harareunicef.co.zw/>

UNICEF Zimbabwe Twitter: <https://twitter.com/unicefzimbabwe>

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ANNEX A - SUMMARY PROGRAMME RESULTS AND TARGETS FOR THE CYCLONE RESPONSE

	Clusters/ Sectors		UNICEF	
	Targets	Results	Targets	Results
NUTRITION (*)				
# Number of children aged 6-59 months with SAM who are admitted for treatment	4,339	91		91
# of children aged 6 to 59 months receiving vitamin A supplementation	59,000	Not available	47,200	8,000
EDUCATION(**)				
# of school aged children in humanitarian situations accessing formal or non-formal basic education	91,000	0	60,000	0
# of schools in targeted areas who receive NFIs	139	0	62	0
HEALTH (***)				
# of children aged 6-59 months in humanitarian situations who are vaccinated against measles			15,000	Not available
Number of people in humanitarian situations reached with key life- saving and behavior change messages on public health risks			216,000	162,278
WASH				
# of people in affected areas provided with access to safe water and personal hygiene	270,000	43,000	180,000	70,089
# of people provided with critical WASH-related information to prevent waterborne diseases	270,000	75,000	216,000	45,332
HIV/AIDS (****)				
# of pregnant and breastfeeding women, children and adolescents living with HIV that continue to receive PMTC and treatment			14,000	5,254
CHILD PROTECTION				
# of vulnerable boys, girls and adolescents in humanitarian situations provided with critical child protection services	80,000	6,374	40,000	6,374
# of unaccompanied and separated children affected by humanitarian situations accessing appropriate care and child protection services	3,000	380	1,500	380
SOCIAL PROTECTION				
# of households affected by floods supported with expanded social cash transfers			10,500	0
Communication for Development (C4D)				
C4D: # of people provided with critical WASH-related, HIV, Nutrition, Education, Child protection information to prevent diarrheal diseases-Multisectoral	N/A	N/A	216,000	162,278

- 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 for Mid-May during the 2nd round of OCV
- The Education sector results will be updated when schools are re-opened, as most activities are planned for the second term. While the delivery of supplies to schools is on-going, the date of the new term was shifted from 30 April to 7 May. As a result, the sector cannot substantively determine the number of children it has reached until the schools open for the second term.