



Reporting period: January to February 2024. © UNICEF Uganda/2024/Rutherford

Uganda Country Office

Humanitarian Situation Report No.1

January - February 2024

for every child

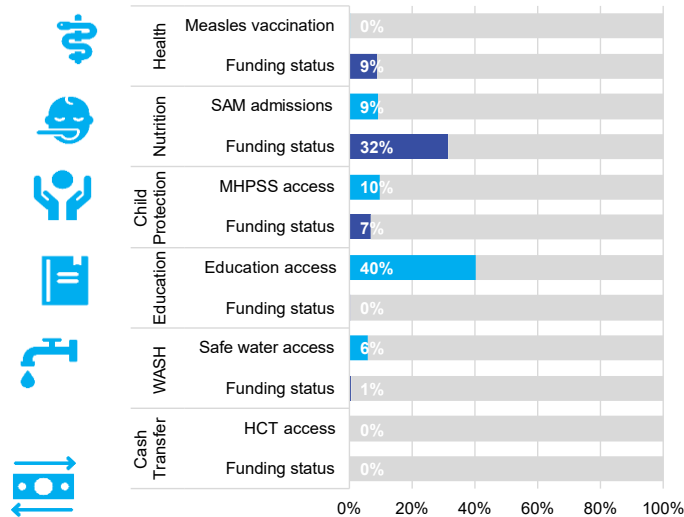
Situation in Numbers

- 1,600,000**
of children in need of humanitarian assistance (UNICEF HAC 2024)
- 2,400,000**
of people in need (UNICEF HAC 2024)
- 642,000**
of children to be reached with humanitarian assistance (UNICEF HAC 2024)
- 1,200,000**
of people to be reached with humanitarian assistance (UNICEF HAC 2024)

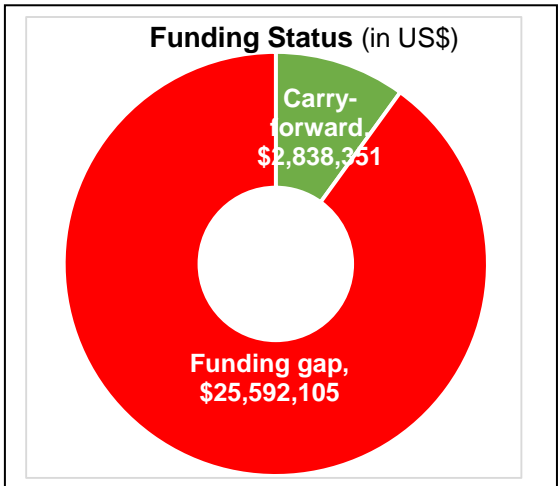
Highlights

- Uganda has received 24,747 new refugee arrivals during the reporting period, further exerting pressure on services for both refugees and host communities.
- In Karamoja sub region, households continue to face acute food insecurity crisis (IPC Phase 3) outcomes amid an early onset of the lean season in January.
- UNICEF supported treatment of 4,829 children with severe wasting during the reporting period.
- A total of 8,114 children, adolescents and caregivers benefited from community child protection case management support.
- Following confirmed cholera cases in Adjumani District, 3,600 refugees benefitted from critical WASH supplies distributed to Nyumanzi HC III and Adjumani Hospital, and to Nyumanzi Reception Centre supporting new arrivals.
- A total of 708 children were immunized against measles in response to a measles outbreak in Arua City.
- The UNICEF HAC appeal has a funding gap of 90 per cent.

UNICEF's response and funding status*



UNICEF Appeal 2024 US\$28.4 million



*UNICEF results are attributed to both ORE funding received, as well as reprogrammed funds, regular and other resources.

Funding overview and partnerships

In 2024, UNICEF is appealing for US\$28.7 million to sustain life-saving services for children and women affected by multiple hazards in Uganda. Despite the growing humanitarian needs of women and children, UNICEF's Humanitarian Action for Children (HAC) remains underfunded, with a gap of US\$25.6 million or 90 per cent against the total requirement of US\$28.7 million. UNICEF has not received new funding during the reporting period; the current response is therefore being supported by funds carried forward from 2023, to the tune of US\$2.8 million.

Carry-over funds from 2023 were generously contributed by the Government of Japan to mitigate climate change impacts in Karamoja sub-region; the UK Government (through the Foreign Commonwealth and Development Office), in response to the refugee influx in Uganda and the Government of Ireland to support early childhood nutrition response in Karamoja. Generous contributions were also received from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)– Central Emergency Response Fund (CERF) secretariat to support life-saving nutrition response to drought affected children in Karamoja, and the Global Humanitarian Thematic Fund to support Country Office emergency preparedness efforts through an internal allocation.

Situation overview and humanitarian needs

Food Insecurity in Karamoja Sub Region

As projected by the 2023 Food Security and Nutrition Assessment (FSNA) for the Karamoja sub region, the proportion of moderately or severely food-insecure populations has not decreased in 2024. The number of acutely food- insecure households has reduced slightly compared to the same period last year, due to reduction in staple food prices as a result of increased food supply from the Acholi sub-region, and cash interventions by the Parish Development Model (PDM) program and NGOs. Even then, households continue to face acute food insecurity crisis (IPC Phase 3) outcomes amid an early onset of the lean season in January, according to information from FEWSNET. This is in line with projections from the 2023 IPC Food Insecurity Analysis, which predicted IPC 4 (emergency) acute malnutrition for Kaabong and IPC 3 (crisis) acute malnutrition in 5 other districts¹ through to February 2024. Drought conditions in the Karamoja sub-region contributed to increased malnutrition and wasting in children and continue to drive increased occurrence of negative coping strategies, displacements, and family separation, exacerbating existing vulnerabilities and inequalities.

Hydrometeorological Hazards

According to the IOM-Uganda multi-hazard response/DRR platform, a total of 5,589 individuals, of which 43 per cent were children, have been affected by multi-hazards. A total of 2,210 people were displaced by floods, heavy storms and veld fires between January and February 2024, with floods reported in Bukedea, heavy storms in Lira, Kyotera, Kalangala and Mbale, and wildfires in Namisindwa and Obongi districts. Impacts included infrastructure damages, with 195 houses destroyed; 131 houses partially destroyed; 40 water facilities, four schools and three health facilities damaged. The El Nino rains continued into early 2024 although with minimal impact within the capacity of the districts to manage. Urgent needs identified include sanitation, non-food items, food assistance and livelihood support.

Public Health Emergencies

During this reporting period, the country reported several disease outbreaks including cholera, measles, anthrax, Crimean Congo Haemorrhagic Fever (CCHF), Rift Valley fever (RVF) and black water (**See table 1 below**). All these disease outbreaks were managed at district level, supervised by the Ministry of Health (MoH), and the Public Health Emergency Operation Centre (PHEoC) in Kampala, through the Regional Emergency Operations Centres (REoCs). The MoH National Task Force (NTF) remains a key coordination structure at national level for all public health emergencies, bringing together development partners, the UN, and NGOs. Strong coordination efforts around the various disease outbreaks, has ensured that the situation remains stable.

¹ Kotido, Moroto, Nabilatuk, Nakapiripirit, and Amudat

The IPC strategy is intended to put in place measures to detect and minimise transmission and fatalities among patients and health workers. In the meantime, the country remained on alert for a possible outbreak of monkey pox, following an outbreak in the Democratic Republic of the Congo.

Table 1: Disease Outbreaks Reported in Uganda between January and February 2024

Disease	Suspected Cases	Confirmed cases	Deaths	District
Anthrax	12	2	2	Ibanda
Rift Valley Fever		2	1	Nakaseke, Kyankwanzi
CCHF	13	5	4	Lyantonde, Kampala
Cholera	32	8	1	Adjumani and Mbale City
Measles	91	7	0	Arua, Hoima and Kasese
Black Water Fever	48		7	Bukomansimbi

Refugees

As of February 2024, Uganda is home to about 1.6 million refugees and asylum seekers, of which 57 per cent are children. Since January 2024, Uganda has received 24,747 new arrivals; of these, 17 per cent arrived from South Sudan, 17 per cent from the Democratic Republic of Congo, 41 per cent from Sudan and 25 per cent from other countries². Thirty-four (34) per cent of the Sudanese (8,532) arrivals have been received in the settlements, while 1,616 are part of the urban new arrivals that have sought asylum in Kampala, bringing to 10,148 the total new arrivals from Sudan. Sixty-nine (69) per cent of all new arrivals have been received through the designated border points and transit centres while 31 per cent are urban new arrivals in Kampala. Cumulatively, 7,757³ individuals have been received and screened as new asylum seekers in Kampala since January 2024, indicating a growing need to focus on the needs of the high refugee numbers in urban areas.

The Office of the Prime Minister took a decision to register all Sudanese refugees in the Kiryandongo Refugee Settlement following an influx of Sudanese refugees into Uganda in December 2023. A recent inter-agency rapid assessment shows that 6,786 refugees are settled at Kiryandongo reception centre. Kiryandongo has not been functional for several years and therefore was not prepared to receive the large number of new arrivals. Furthermore, an assessment led by the Education sector lead, Windle Trust reveals several challenges regarding provision of education of the newly arrived refugee children. These include urgent need for additional space (school tents), inadequate play materials at the installed Early Childhood Development (ECD) centre, insufficient WASH facilities for both boys and girls including lack of access to safe water, and language barrier as very few volunteer teachers can speak Arabic, the language predominantly spoken by the Sudanese refugees. Critical child protection needs⁴ have also been identified and sectoral working groups have prioritised this for response.

As a way to find sustainable solutions for refugees amidst existing funding challenges, the government of Uganda is engaging in a number of efforts, including high level political discussions on pledges made during the 2023 Global Refugee Forum.

Summary analysis of programme response

Health

During this reporting period, UNICEF provided follow-up technical support to seven regional referral hospitals (Moroto, Soroti, Mbale, Jinja, Masaka, Mubende and Hoima) that had earlier received support to strengthen their infection prevention and control (IPC) practices. All district hospitals and Health Centre IVs in the hospital catchment areas were also supported to strengthen IPC measures. Additionally, UNICEF supported training of 30 national level trainers⁵ on IPC by the South-Africa-based Infection Control African Network (ICAN) Institute. This core team of trainers will be critical in cascading IPC training to district and lower levels.

² UNHCR Refugee Influx Dashboard, February 2024

³ These are mainly from Eritrea 5,099 (66%), Sudan 1,616 (21%), Ethiopia 875 (11%), and 167 (2%) from other nationalities (Afghanistan, Burundi, India, Kenya, Nigeria, Pakistan, Rwanda, Somalia, Syria and Yemen) respectively.

⁴ Mental Health and Psychosocial Support (MHPSS), prevention of family separation, prevention of Sexual Exploitation and Abuse (PSEA) and the establishment and operationalization of accessible safe channels of reporting SEA cases, and Gender-Based Violence (GBV) prevention and response as well as GBV risk mitigation measures.

⁵ These trainers were selected from national referral hospitals, MoH and regional referral hospitals across the country.

In response to a measles outbreak in Arua City, UNICEF provided technical and logistical support to MoH, to conduct a reactive measles campaign, working in collaboration with partners including WHO and UNHCR reaching a total of 24,530 children⁶ (708 children under one year).

Following confirmation of cholera and measles cases in January 2024 in Adjumani, Arua and Mbale districts, UNICEF supported deployment of the the MoH rapid response team to Adjumani District, and participated in assessments in Adjumani, Arua and Mbale to determine the extent and risk of the outbreak. During this period UNICEF continued to support the MOH to plan for management of other public health events including yellow fever anthrax, measles, and cholera: UNICEF printed and distributed Information Education Communication (IEC) materials anthrax, measles, and cholera, in English and local languages including Luganda and Lumasaba and participated in drafting of the national measles outbreak response plan. Additionally, UNICEF participated in planning for phase two of yellow fever vaccination in 56 districts and in the WHO and MoH- led refugee and migrant health assessment in refugee hosting districts, to identify gaps in access to services.

Nutrition

During this reporting period, UNICEF continued to support initiatives to strengthen coordination, monitoring, and supervision of the nutrition emergency in Karamoja region. UNICEF supported⁷ treatment of 4,829 children with severe wasting in inpatient and outpatient therapeutic care centres and provided infant and young child feeding counselling to 128,298 pregnant women attending antenatal care. To systematically integrate nutrition supplies into the National Medical Stores (NMS) system, UNICEF supported auditing of the availability of ready-to-use therapeutic food (RUTF), F100 And F75 therapeutic milk, Vitamin A, deworming tablets, and micronutrient supplements across 127 health facilities within seven districts of Arua City, Koboko, Terrego, Madi-Okello, Yumbe, Obongi, and Adjumani in West Nile. Results from this audit will provide crucial data to enhance the management, availability, and utilization of nutrition supplies at these facilities.

With technical and financial support from UNICEF a total of 2,000 children were reached with nutrition screening, vitamin A supplementation, and deworming services through 20 integrated outreach sessions in Madi-Okello/Arua, Terrego, Koboko, Yumbe, Adjumani, Moyo, and Obongi districts. In refugee hosting districts up to 497 children and 26,825 pregnant women were reaching the recently concluded mass community screening. In Kaabong District of Karamoja, with UNICEF technical and financial support, 34,183 children were screened and 2,642 children (67.8 per cent) with acute malnutrition were identified and provided with treatment. Of the 615 children found with severe wasting, 74.6 per cent were enrolled into OTC, while 66.5 per cent of the 3,282 children with moderate wasting were provided with appropriate care.

UNICEF finalized and validated the 2023 Food Security and Nutrition Assessment (FSNA) report for refugees and host communities and the report was disseminated in December 2023. Additionally, UNICEF provided technical support for the 2024 Karamoja FSNA and Integrated Food Security Phase Classification (IPC) analyses which are scheduled for March and April 2024.

Child Protection

During this reporting period, UNICEF provided critical financial, technical, and material support to district local governments to strengthen child protection case management services, including provision of basic psychosocial support (PSS), and referrals for legal, medical and livelihood support. A total of 8,114 children, adolescents and caregivers were reached with community-based mental health and psychosocial support, while 43 unaccompanied and separated children were provided with alternative care and/or reunified.

To help support mobility of para social workers deployed in the district, UNICEF provided 1,260 bicycles to Yumbe district local government. The bicycles will enable the para social workers reach and link clients to child protection case management service points including the police, health centres, schools, and community development offices.

⁶ A total of 708 children under one year, 4,234 between 1- 5 years and 7,323 from 6 – 14 years

⁷ Through provision of technical assistance (TA) to the Ministry of Health (MoH), Regional Referral Hospitals (RRHs) and District Local Governments (DLGs) through, monthly Nutrition Technical Working Group and subgroups—Monitoring & Evaluation, IMAM/Nutrition in Emergencies and the Nutrition Supplies Integration Taskforce deliberations.

A total of 5,004 children (2,593 boys, 2,411 girls) benefited from case management support including provision of basic psychosocial support (PSS), and referrals for legal, medical and livelihood support in the districts of Isingiro, Kasese, Kikuube and Kyegegwa. Additionally, 1,078 caregivers (672 men, 406 women) benefitted from community-based PSS.

As part of efforts to strengthen their convening role for child protection UNICEF supported the four refugee-hosting districts (Isingiro, Kamwenge, Kikuube, and Kyegegwa) were supported to hold quarterly child wellbeing committee meetings both at district and subcounty levels. To strengthen refugee inclusion, foster alignment of refugee settlement structures to the national structures and increase refugee access to child protection (CP) services, a total of 637 para-social workers in Kyegegwa and Kikuube were trained using the national para-social worker manual. In addition, 232 para-social workers (134 male, 98 female) were trained and deployed to strengthen the CP system for prevention and response to violence against children (VAC). The trained para-social workers will also support efforts to build resilience and enhance the capacity of community individuals who were affected by Ebola Virus Disease (EVD) in the districts of Kassanda, Kyegegwa, and Mubende. Consequently, 27 children orphaned due to EVD outbreak received case management services, including alternative care. In Napak, 138 para social workers (87 male, 51 female) were trained, as a means to help strengthen the child protection structures in the district, while 60 adolescents (30 boys, 30 girls) were trained on life skills to empower them to navigate various challenges. In Nakapiripirit District, 27,088 community members (12,620 male, 14,468 female) were reached with messages on child protection, education, and nutrition.

Gender Based Violence (GBV) & Protection from Sexual Exploitation and Abuse (PSEA)

During this reporting period, 2,664 women, girls and boys accessed gender-based violence risk mitigation, prevention and/or response interventions while 6,937 people were reached with messages on available safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations.

UNICEF reached a total of 2,269 individuals on GBV risk mitigation and VAC/Harmful Practices (HP) prevention in Kikuube and Kyegegwa through community dialogues using the SBC approach. Additionally, 80 banners containing messaging on prevention of SEA and related reporting channels were distributed to all departments in Kikuube, Kyegegwa, and Kamwenge districts and their sub-counties.

To help raise awareness about PSEA among host and refugee communities, UNICEF supported integration of PSEA and GBV risk mitigation messages in parenting sessions and dialogues with adolescents in and out of school in the districts of Yumbe, Koboko, Madi Okello, Terrego, Kitgum and Obongi. The sessions were facilitated by the community development technical teams.

Water, sanitation, and hygiene (WASH)

During the reporting period, UNICEF provided critical WASH services to populations affected by disease outbreaks, reaching 64,000 people with sufficient quantity and quality of water for drinking and domestic needs and 3,600 people with critical WASH supplies. In January, UNICEF completed the work to install a solar-powered water system at Mutukula HCIII in Kyotera district to strengthen the health centre's capacity to respond to disease outbreaks, in the wake of the 2023 Marburg outbreak across the border in Tanzania. This project included drilling and motorization of a borehole, erection of a 20 Cubic Meter overhead reservoir, and installation of a solar panel and transmission and distribution lines. A pump house was also constructed to enhance security of the installation. This water system benefits approximately 1,500 people including patients and staff at the health facility and community members in the vicinity of the facility.

In Mbale, following the cholera outbreak, UNICEF supported the district to distribute supplies including water purification tablets (Aqua tabs) to 25,000 affected people from 5,000 vulnerable households to treat domestic water for safe drinking water for a period of three months.

Additionally, following confirmed cases of cholera in Adjumani District, critical WASH-IPC supplies were distributed to affected health care facilities and reception centres where confirmed and suspected cases were located. Critical WASH-IPC supplies were distributed to support Nyumanzi HC III and Adjumani hospital, as well as Nyumanzi reception centre, benefitting around 3,600 people. In addition, sufficient water purification tablets (Aqua tabs) to enable up to 7,500 households (37,500 people) treat their drinking water benefit up for three months, were distributed to vulnerable households.

Social Protection

Following the conclusion of the six-month humanitarian cash transfers (HCT) to beneficiaries in Lamwo District in 2023, UNICEF in partnership with OPM and the district embarked on sustaining the reported gains. Beneficiaries were supported to participate in the program's savings component, those that were not already part of community savings groups were encouraged to either join existing groups or establish new ones. This emphasis on individual agency ensured that participation was voluntary and tailored to the preferences of each beneficiary. As a result, 120 new groups were established while others were re-arranged to fit within the standard criteria. Each group received comprehensive training in financial literacy, assistance in drafting constitutions, and received essential savings kits. This multifaceted support framework ensured that beneficiaries are well-equipped to manage their finances effectively, fostering sustainable growth and resilience within their communities.

As part of a process of digitalising cash transfer information, all supported households were Geo-tagged, to enable precise tracking of beneficiary households for future interventions, especially in the event of emergencies or crises, such as natural disasters or disease outbreaks. Geo-tagging will enable rapid response and efficient allocation of resources, and, over time, the information captured will be used to assess the long-term impact of cash transfer programs on communities through follow up on the socio-economic indicators at household level.

Social behaviour change (SBC), accountability to affected populations (AAP), and localization.

UNICEF continued to support the MoH to air mass media messages on prevention and access to services during public health emergencies (PHEs), in English and 12 local languages on 30 radio stations during the reporting period. SBC/RCCE technical support, including dissemination of electronic radio spots, scripts for DJ mentions, talking points for public influencers, posters, and brochures, has been provided to districts that have confirmed disease outbreaks.

To promote key practices in nutrition, education, child protection, immunisation, and WASH, a total of 5,167 people were engaged in community dialogues. Furthermore, 6,129 people shared their concerns through established feedback mechanisms including the MoH Call Centre, Chatbot and U-Report.

Education

Between January and February 2024, UNICEF provided technical and financial support to ensure continuity of education in districts affected by multi-hazards. As a result, 55,432 children and adolescents accessed formal and non-formal education, including early learning and skills development programmes. In partnership with Finn Church Aid, UNICEF finalized the process of redesigning the new ECD kit for emergencies in nine districts, covering seven ECD centres in Abim, Kikuube, Kamwenge, Kyegegwa, Koboko, Madi Okello and Terrego. The ECD kit is now applicable to within specific contexts and allows for testing of play-based learning materials that promote social, emotional, cognitive, creative, and physical learning among children including those with various abilities within emergency and crisis contexts.

In February, the academic year 2024 opened successfully with no major disruption reported; and with 2023 Primary Leaving Examination (PLE) and Uganda Certificate of examination (UCE) results being released. Students in Karamoja sub region demonstrated improved performance in comparison to the national average pass rates. Overall, four out of nine districts of Karamoja i.e., Kotido, Nabilatuk, Napak and Moroto had a score of 80 percent while the national average is 78.6 per cent. UNICEF has supported the Ministry of Education and Sports (MoES) to draft an action plan to accelerate quality related interventions in under-performing districts e.g., Enrolment, Retention, Completion and Transition.

In Isingiro District, 12 adolescents (8 refugees and 4 nationals) participated in a district advocacy meeting where they showcased their UPSHIFT innovation to district stakeholders calling for support to help them expand their business ideas to better the lives of out of school adolescents and youths in the communities. UPSHIFT is a social innovation and Entrepreneurship skills development module used by UNICEF to equip youth with essential skills like problem-solving, creativity, collaboration, leadership, and communication. Also, 15 members (7 boys and 8 girls) of Child Rights Groups (young people engaged in children's rights advocacy related activities) from same district were trained on adolescent volunteer initiative. These initiatives comprise of adolescent driven/ led activities designed to tackle issues that affect adolescent/ young people in the community. The trained volunteers had one district level engagement calling for support to promote children's right and save fellow young people whose rights are being violated.

Humanitarian leadership, coordination, and strategy

UNICEF is providing life-saving humanitarian assistance to affected populations in Uganda, including children, adolescents, women and girls and people living with disabilities. UNICEF's intervention involves strengthening linkages between humanitarian and development efforts, mainstreaming protection from sexual exploitation and abuse (PSEA), integrating gender equality and gender-based violence (GBV) risk mitigation and fostering accountability to affected populations. UNICEF has aligned its humanitarian response in Uganda with the Comprehensive Refugee Response Framework, Grand Bargain commitments, National Disaster Risk Management Plan underscoring disaster risk management and capacity strengthening at the district level as stipulated in the Sendai Framework.

UNICEF's nutrition strategy provides a life-saving response and promotion of long-term resilience in regions affected by severe wasting, in line with humanitarian–development nexus approaches. The health strategy focuses on scaling up life-saving interventions among the populations at risk, using a primary health care lens. UNICEF is strengthening the humanitarian-development nexus by twinning life-saving WASH response with climate resilience actions and strengthening community management of WASH facilities for sustainability through training of community structures. In the context of child protection, UNICEF is supporting the government to train, equip and deploy community-based para-social workers for timely identification and referral of children with protection needs. UNICEF provides critical education supplies during emergencies, while strengthening the capacity of school systems for emergency preparedness and response. The UNICEF social protection response aims at bolstering household resilience to shocks while contributing to strengthening the national social protection system, including the social protection single registry.

UNICEF supports district and national coordination for platforms for emergency response. At the national level, UNICEF participates in the Humanitarian Country Team (HCT) -Light, the Humanitarian Interagency Coordination Group (HICG) and the interagency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force all led by the United Nations Resident Coordinator's Office. UNICEF also participates in the National Platform for Disaster Risk Reduction (DRR) chaired by the OPM. In addition, UNICEF is a member of the various national and sub-national inter-agency and inter-sectoral coordination committees under the Comprehensive Refugee Response Framework (CRRF). Furthermore, UNICEF actively participates in the Uganda National Task Force (NTF) on Disease Outbreaks and Response.

Human interest stories and external media

Stories: www.unicef.org/uganda/stories-field

UNICEF Uganda human interest stories:

<https://www.unicef.org/uganda/stories/rachels-strength-she-navigates-trials-motherhood-hope-and-support>

Next SitRep due: May 2024

UNICEF Uganda: www.unicef.org/uganda

Uganda Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/uganda>

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Annex A Funding Status*

Funding requirements 2024					
Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry-over)	US\$	%
Nutrition	6,791,402	0	2,155,072	4,636,330	64
Health and HIV/AIDS	4,587,173	0	411,571	4,175,602	91
Water, sanitation & hygiene	7,515,236	0	49,145	7,466,091	99
Child protection, GBViE and PSEA	3,118,907	0	212,702	2,906,205	93
Education	3,172,683	0	9,861	3,162,822	99
Social Protection	3,245,055	0	0	3,245,055	100
Total	28,430,456	0	2,838,351	25,592,105	90

* As defined in the 2024 Humanitarian Action for Children Appeal for 12 months

Annex B: Summary of programme results

Indicator disaggregation by Sectors	UNICEF and implementing partners' response		
	2024 target	2024 results	Progress (%)
Health			
# of children vaccinated against measles, supplemental dose	205,521	708	0.35%
# of children and women accessing primary healthcare in UNICEF-supported facilities*	954,955	0	0%
# of pregnant and lactating women living with HIV receiving antiretroviral therapy*	95,551	0	0%
Nutrition			
# of children 6-59 months with severe wasting admitted for treatment	46,560	4,244	9.3%
# of primary caregivers of children 0-23 months receiving infant and young child feeding counselling	432,779	128,298	30%
Child protection, GBViE and PSEA			
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	83,047	8,114	10%
# of women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions.	66,643	2,664	4%
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	74,846	6,937	9%
# of unaccompanied and separated children provided with alternative care and/or reunified	1,660	43	3%
Water, sanitation, and hygiene			
# of people accessing a sufficient quantity and quality of water for drinking and domestic needs	1,053,845	64,000	6%
# of people accessing appropriate sanitation services**	1,167,579	0	0%
# of people reached with critical WASH supplies	991,828	3,600	0.4%
Education			
# of children accessing formal or non-formal education, including early learning	109,486	48,076	43.9%
# of children and adolescents accessing skills development programmes	27,400	7,356	26.9%
Social protection			
# of households reached with UNICEF-funded humanitarian cash transfers	2,510	0	0%
Risk communication and social mobilization/ Community Engagement			
# of affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services*****	2,385,382	TDB	
# of people engaged in reflective dialogue through community platforms	126,356	5,167	4%

# of people sharing their concerns and asking questions through established feedback mechanisms	399,353	6,129	2%
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*Results expected to be reported in the next sitrep

**Ibid

***Ibid School term opened in February

****Social Protection is unfunded therefore no current interventions are on going

*****Results to be reported in the next sitrep