



Zimbabwe

Humanitarian Situation Report No. 1







Multi-hazard Situation Report #1 January 1 – February 29, 2024

Highlights

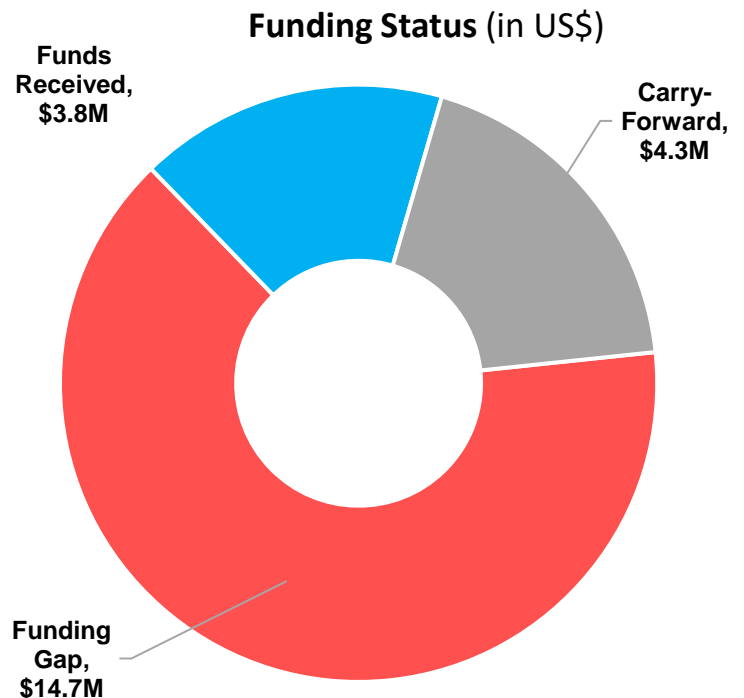
- A total of 1,839 children (954 girls and 885 boys) were treated for wasting in January and February 2024.
- A total of 363,906 people (99,099 males and 264,807 females) accessed essential primary health care services between January and February 2024.
- A total of 28,576 people including 13,145 children were provided with safe water for drinking and domestic purposes. Furthermore, 128,149 people including 58,949 children were supplied with hygiene kits which enabled them to practice safe hygiene.
- A total of 1,738 women and girls accessed gender-based violence risk mitigation, prevention or responses interventions in January and February 2024.
- A total of 201,507 children (101,895 girls and 99,612 boys) were supported by UNICEF through the provision of learning materials for continued access to formal and non-formal education including early learning between January and February 2024.
- UNICEF reached 246,291 people including 61,297 children with lifesaving messaging on hygiene promotion, including WASH practices for cholera prevention and cholera treatment through interpersonal and multimedia communication.

Situation in Numbers

-  **1,700,000** children in need of humanitarian assistance (HAC 2024)
-  **2,600,000** people in need (HAC 2024)
-  **2,000,000** People to be reached (HAC 2024)
-  **978,611** Children to be reached (HAC 2024)

UNICEF's Response and Funding

Nutrition	SAM Admission	10%
	Funding status	16%
Health	Access to health services	21%
	Funding status	44%
WASH	People with safe water	11%
	Funding status	59%
Child Protection	Child protection services	0%
	Funding status	9%
Education	Children in school	98%
	Funding status	26%
HIV/AIDS	PLWHIV receiving ART	63%
	Funding status	8%
SBC	Life saving messages	0%
	Funding status	44%

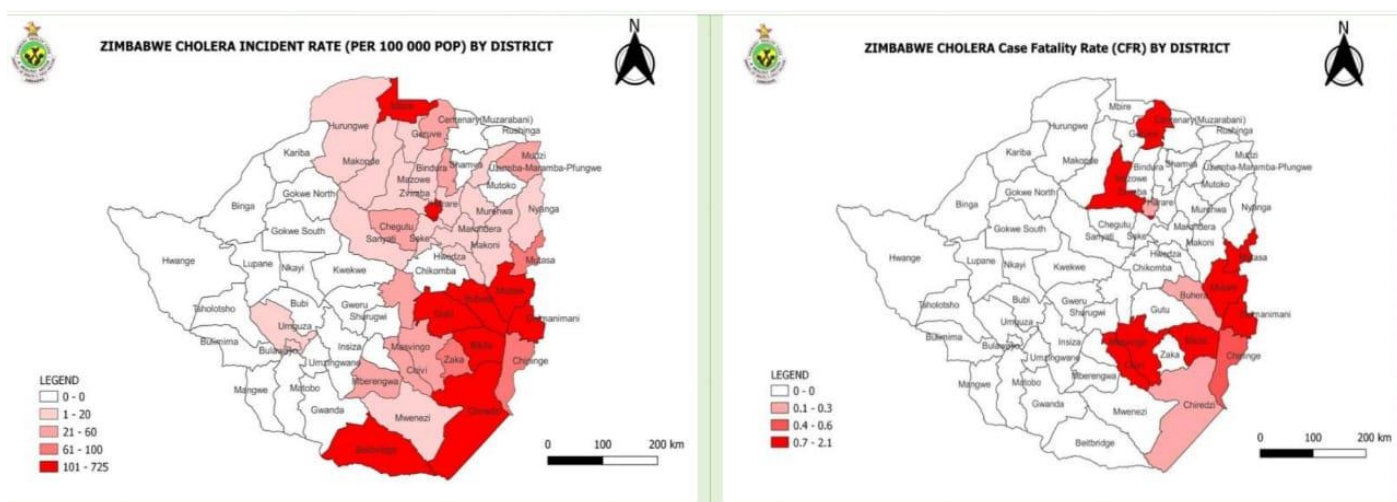


Funding Overview and Partnerships

UNICEF Zimbabwe is appealing for US\$22.7 million to meet the increased humanitarian needs in the country in 2024. This is due to the multiple hazards of El Niño induced drought, flash floods, protracted cholera outbreak, polio outbreak and economic crisis. The funding will enable UNICEF to provide critical humanitarian assistance to 2 million people including 978,611 children in the affected areas. UNICEF Zimbabwe has received a total of US\$8.1 million (36 per cent of the total funding requirement) from various donors that include ECHO, GAVI The Vaccine Alliance, Norway, USAID BHA, USAID (CDC), USA Permanent Mission, FCDO, European Commission, UN OCHA-Central Emergency Response Fund and UNICEF Global Humanitarian Thematic Funds.

Situation Overview & Humanitarian Needs

Zimbabwe's humanitarian context remains fragile and complex, chronically grappling with climate induced shocks including floods and drought, exacerbated by economic instability, and public health emergencies of cholera and polio. The protracted cholera outbreak started on 12 February 2023 in Chegutu town, Mashonaland West Province. As of 29 February 2024, 26,708 suspected cholera cases including 2,723 culture confirmed cholera cases, 71 confirmed cholera deaths, and 498 suspected cholera deaths had been reported in all 10 provinces of the country. The crude Case Fatality Rate (CFR) averaged 1.86 per cent against the <1 per cent WHO threshold.



Zimbabwe cholera incidence rates and case fatality rates, February 2024. Source, Ministry of Health and Childcare (MOHCC) Daily Cholera Situation Report

Determinants to the outbreak are linked to poor WASH infrastructure, regular sewer bursts, erratic water supply exacerbated by regular power cuts, shortage of bulk water treatment chemicals, sub-optimal solid waste management and unsafe hygiene practices. Compounding the situation is the rapid population growth in urban settings which has resulted in communities settling in areas which are not serviced with water and proper sewer systems. This has resulted in the at-risk communities looking for alternative water sources - shallow wells, river water, which are contaminated. Perennial sewer blockages in urban residential areas have also been noted and with the sprouting of illegal settlements that are under served, this has exacerbated open defecation, and or the use of septic tanks leading to ground water contamination. The unprecedented attrition of health frontline workers has also resulted in a shortage of staff to manage the outbreak. Insights from community social listening (CSL) underscore some of the behavioural and social drivers of cholera that include unsafe burial practices involving washing of the deceased body before burial, poor food handling and hygiene practices at large funeral or religious gatherings.

UNICEF, in partnership with the Government and implementing partners, reached 28,576 people (14,749 female; 13,827 male; and five people with disabilities (PWDs)) of the targeted 258,227 people with safe water for drinking and domestic purposes through bucket chlorination, water trucking and rehabilitation of water supply infrastructure in the cholera affected districts. Through targeted distributions of critical WASH supplies and cluster/case area targeted interventions (CATIs), UNICEF in partnership with the Government and partners supported cholera affected families, reaching a total of 128,149 people (67,856 female; 60,288 male; five PWDs) from the targeted 750,000 people with hygiene kits comprising of soap for handwashing, household water treatment chemicals, water storage containers and Information, Education & Communication (IEC) materials in response to the cholera outbreak. Additionally, of the targeted 1 million people, UNICEF reached 246,291 people including 61,297 children with lifesaving messaging on hygiene promotion, including WASH practices for cholera prevention and cholera treatment.

UNICEF in collaboration with the Ministry of Primary and Secondary Education (MoPSE) provided access to formal and non-formal education to 201,507 children (101 895 girls and 99,612 boys) of the 204,970 children targeted through provision of learning materials. Additionally, a total of 1,839 children (954 girls and 885 boys), were treated for wasting in January and February 2024.

Furthermore, between January and February 2024, a total of 1,738 women and girls accessed gender-based violence risk mitigation, prevention or responses interventions which was inclusive of specialized medical support services within the National Case Management Child Protection System.

Summary Analysis of Programme Response



Nutrition

Monthly nutrition sector coordination meetings have continued to be held, and these are co-led by the Ministry of Health and Child Care (MoHCC) and UNICEF. The emergency preparedness and response (EPR) plan was finalized and dissemination to provinces is planned for the next reporting cycle. The EPR plan will guide the national, provincial and district level for a well-coordinated response and preparedness to emergencies. UNICEF continues to work with the MoHCC and other implementing partners in ensuring integration of cholera response with nutrition interventions such as middle upper arm circumference (MUAC) screening of all children with cholera aged 6 to 59 months for wasting and promoting importance of breastfeeding among pregnant and lactating women at cholera treatment centres. Between January and February 2024, a total of 267 children were MUAC screened for wasting at hygiene kit distributions and at cholera treatment centres (CTCs) and four children were found to be severely wasted while 153 caregivers were reached with nutrition messages on importance of continuing breastfeeding during cholera. Furthermore, 1,839 children (954 girls and 885 boys) were admitted and treated of severe wasting. With regards to stock status of nutrition commodities, ready to use therapeutic feeds (RUTF) supplies were procured and are now centrally stored by the MoHCC. The supplies are sufficient to last until the end of September 2024.



Vitamin A supplementation (VAS) through health facilities and community platforms reached 185,790 children (94,986 girls and 90,804 boys) out of a target of 961,171 between January and February 2024. UNICEF has intensified support to MUAC screening for wasting among children aged 6 to 59 months in 29 El Niño affected emergency districts. Of these, 19 districts have a global acute malnutrition rate of five per cent and above while the other 10 districts were selected using the 2023 rural Zimbabwe Vulnerability Assessment Committee (ZIMVAC) results. During the reporting period, 360,926 children (188,582 girls and 172,344 boys) of the 848,093 children targeted were

MUAC screened for wasting in the community and 17,415 caregivers out of a target of 380,195 people received counselling on improving infant and young child feeding practices including through Care Groups during the reporting period. Data collection for 2024 Zimbabwe Livelihoods Assessment Committee (ZIMLAC) for urban areas was completed, and data analysis and report writing is currently underway with UNICEF providing technical and financial support.



Health

Between January and February 2024, UNICEF, in coordination with WHO, other UN agencies and MoHCC, continued to support emergency preparedness and response activities for polio and cholera. Support for the cholera response covered response pillars such as, coordination, case management, infection prevention and control as well as oral cholera vaccination. Meanwhile, polio response saw the introduction of the novel oral polio vaccine type two (nOPV2) through a supplementary immunization activity (SIAs).

During the reporting period, UNICEF procured and handed over an assortment of cholera case management commodities and equipment to MoHCC through the national pharmaceutical system. The commodities were officially handed over to the MoHCC on 25 January 2024. The following items were handed over:

Item	Quantity
Infusion giving set, sterile, s.u.	75,000
ORS fl.1Lx2+ Zinc 20mg 10tabs.kit/PAC	47,000
Infusion giving set, w/burette, ster, s.u.	8,000
Compound Sodium Lactate 1L bot/BOX-10	6,000
High Performance Tent - 72M2	26
Ciprofloxacin 250mg tabs PAC/1x10	4,000
Cannula IV short 22G, ster, disp, BOX-50	1,000
Cannula IV short 20G, ster, disp, BOX-50	1,000
Azithromycin 250mg tablets/PAC-6	1,000

With regards to the provision of the cholera case management commodities, UNICEF provided support to more than 100 cholera treatment centres (CTCs) and 120 oral rehydration points (ORPs). Additionally, UNICEF ensured that 11,944 people received cholera treatment services. A total of 649 (target: 1,500) facility-based health workers and 1,793 (target: 4,000) community-based health workers were trained in integrated cholera surveillance, infection prevention and control (IPC) and case management including the running of oral rehydration points (ORPs) contributing to a decline in the case fatality rate from 2.8 per cent in September 2023 to 2.2 per cent by the end of February 2024. As part of the response to cholera, UNICEF supported the oral cholera vaccination campaign targeting 2,303,249 people aged one and above in 160 wards within 24 high-risk districts in seven provinces. A total of 2,126,378 people (92 per cent of target) were vaccinated by the end of February.



Zimbabwe confirmed seven 'circulating' vaccine-derived poliovirus type two (cVDPV2) isolated from three environmental health sites in Harare in October 2023. In response to the polio outbreak, the first of the two rounds of supplementary immunization activities (SIAs) for nOPV2 were conducted in February 2024 targeting all children below the age of 10 in all provinces across the country. A cumulative national administrative coverage of 4.6 million (108 per cent) of targeted children was achieved.

Additionally, between January and February 2024, a total of 60,030 children (29,891 girls, 30,139 boys) of the 510,704 children targeted received the first dose of measles rubella vaccine against an annual target of 510,704 children. Furthermore, 363,906 people (99,099 males and 264,807 females) accessed essential primary health care against an annual target of 1,772,979 people.

HIV/AIDS

During the reporting period, 22,123 (target: 30,000) pregnant and lactating women and 17,210 (9,080 female) children living with HIV continued antiretroviral treatment in 15 districts. UNICEF continued to monitor access to health services by children, adolescents, pregnant and lactating women living with HIV in districts affected and at risk of cholera. UNICEF utilized the U-Report rebranding launch to sensitize 14 adolescents and young persons on the ongoing cholera outbreak. These were trained as U-Reporters and to act as social mobilizers in their communities. They were capacitated to disseminate information on hygiene and access to cholera treatment centres as well as social media content creation and sharing.

Water, Sanitation and Hygiene (WASH)

To ensure effectiveness and efficiency WASH and cholera response programming, UNICEF continued to co-chair in the coordination of the WASH sector during the period under review (January and February 2024). A two-day training was organized by UNICEF which capacitated 13 non-governmental Organizations (NGOs) on various WASH service delivery models such as Case Area Targeted intervention (CATIS) and other key response activities such as water quality

monitoring and ORPs management. UNICEF is also leading in the development of a WASH sector reporting and information management dashboard and have since conducted a training to orient WASH partners.

Between January and February 2024, UNICEF and its implementing partners reached 245,187 people (104,039 females and 141,148 males) of the 1 million people targeted with key cholera prevention messages through various inter-personal communication and demonstrations in six provinces namely Harare, Masvingo, Manicaland, Mashonaland West, Midlands, Matabeleland North and Mashonaland Central. Among the people reached with cholera prevention messages were 61,297 children from various schools through health clubs, school drama and at assembly. To support good hygiene practices, 128,149 people (67,856 females and 60,288 males) of the 750,000 people targeted in hotspot and affected areas including schools received critical hygiene kits distributed through various WASH service delivery models including blanket and CATIS/CLUSTI. The commodities are assisting in promoting proper handwashing with clean water and soap as well as improving access to safe water through point of use chlorination. Handwashing is key at schools as cholera cases have lately been reported at these institutions in both urban and rural areas. Post distribution monitoring of hygiene kits conducted in Harare Metropolitan, noted a significant (78 per cent) proportion of households having free residual chlorine (FRC) of recommended level of between 0.2-0.5mg/L. To improve access to safe water, 32 boreholes were rehabilitated with some having inline chlorinator repaired or installed. A total of 28,576 people (14,749 female; 13,827 males; 5 PWD) out of the 258,227 people targeted are benefiting safe water from the repaired boreholes and bucket chlorination points set-up in various areas in six provinces. Access to safe chlorinated water is key in blocking the transmission of cholera. UNICEF and partners also supported various Local authorities including Harare, Chitungwiza and the MoHCC in districts such as Nyanga and Makoni with various water quality monitoring consumables and material for bacteriological and FRC testing to better inform areas to target with household water quality treatment chemicals.



Education

During the reporting period, UNICEF and Save the Children, co-leading the Education Cluster, with the Ministry of Primary and Secondary Education (MoPSE) facilitated a crucial field visit in February to three cholera hotspot schools in Chitungwiza. This initiative, which is part of broader efforts across cholera-affected areas like Harare, Manicaland, and Masvingo, confirmed that in general students are well-informed about cholera prevention and response. The exercise emphasizes equipping schools with the necessary hygiene supplies to foster cholera prevention practices among learners and staff. Therefore, advocacy from UNICEF and cluster members within the WASH sector has been made, thereby promoting distributions of hygiene supplies in schools.



At the onset of the school year in January 2024, UNICEF Education and Social Behavioral Change (SBC) teams worked together to launch a cholera prevention back-to-school campaign. This initiative started off by sending Rapid-Pro messages to all 10,517 primary and secondary school heads on cholera prevention and response strategies and disaster risk management and resilience (DRMR) during the first days of school. It also included the creation and distribution of cholera prevention materials like posters, videos, and a jingle featuring Selmor Mtukudzi, a Zimbabwean musician. With Harare identified as a critical cholera hotspot, UNICEF and MoPSE conducted DRMR training for heads of schools for the 61 most marginalized schools in Harare. These sessions aimed to enhance their ability to develop DRMR plans tailored to their

schools in collaboration with the community and learners. Additionally, UNICEF provided 201,507 children (101,895 girls and 99,612 boys) of the 204,970 targeted children with access to formal and non-formal education through provision of teaching and learning materials.

In March and April 2024, as Zimbabwe is currently facing El Niño, the UNICEF Education section is planning to cooperate with MoPSE and cluster members to understand the current situation in schools, as well as scaling up its efforts in collaborating with other sectors such as Nutrition and WASH to mitigate the impact on schools and learners.



Child Protection

During the reporting period UNICEF in collaboration with Ministry of Public Service Labour and Social Welfare (MoPSSLW) engaged with child protection stakeholders to better understand the impact of public health outbreaks in communities. All the actors consulted confirmed that public health crises have a negative impact on child protection, particularly because the most vulnerable children have insufficient access to social protection. Emerging priority areas for child protection are child labour in commercial farming areas and timber extraction, artisanal mining, domestic work, and vending including movement of goods across borders such as in Beitbridge and Mutare towns.



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Another emerging child protection concern captured through the Child Protection sub-cluster is that in addition to the movement of children attempting to cross borders for better economic opportunities, the movement of unaccompanied children from rural areas to informal settlements on the outskirts of cities, and those who are homeless or working on the streets is spiking. UNICEF will expand partnerships to mitigate the increasing risk of children living and working on the streets in collaboration with the MoPSSLW to ensure complementarity and capacity building for community leaders. UNICEF is also encouraging the authorities to consider readjusting the role of Community Child Workers (CCWs) from identification and reporting to engaging

with families and assessing non-statutory cases to prevent risks such as child labour, school drop-out, and migration issues, working with local structures and leaders. UNICEF will also strengthen capacities of community level Child Protection Committees and CCWs to enable establishment of strong community level child protection surveillance systems.

During the reporting period, UNICEF through the Family Support Trust and Musasa reached 1,738 girls and women of the 60,000 targeted with quality child protection services and of these 70 women and girls were provided with shelter. Recognizing the risk of exclusion, UNICEF in partnership with Zimbabwe Parents of Handicapped Children Association supported the capacity-building of 120 members of support groups of parents of children with disabilities so that they can advocate for access to services from government institutions mandated in the departments of health, education and social services in four districts, namely Epworth, Harare central business district (CBD), Bulawayo CBD and Zvishavane. Beitbridge and Mutasa are preparing for similar training.

Social Behaviour Change (SBC), Community Engagement & Accountability

UNICEF remains a co-lead of the Risk Communication and Community Engagement (RCCE) pillar, providing technical leadership to the implementation of the cholera and polio outbreak responses particularly on social mobilization and community engagement.

During the reporting period, UNICEF provided technical support to the development of the Back-to-School Campaign and oral cholera vaccine (OCV) demand generation strategies and respective key messages. Through UNICEF support, 500 social mobilizers (religious leaders, school health coordinators and community volunteers) were capacitated to mobilize communities for vaccination. In addition, UNICEF printed and distributed materials with key messaging on OCV (10,000 posters, 20,000 community pamphlets and frequently asked questions (FAQs) guide for Community Health Workers). UNICEF also supported a radio campaign on OCV conducted through one national and three community radio stations and cumulatively, the OCV campaign reached 2 million people (out of the targeted 7.5 million) through multi-media channels.

In preparation for the roll-out of the OCV campaign, UNICEF in collaboration with the MoHCC teams and implementing partners conducted qualitative assessments to understand communities' knowledge, attitudes and perceptions of OCV in prioritized districts. The evidence generated informed updating of FAQs and targeting of social mobilization activities to address vaccine hesitancy and misinformation.

Between January and February 2024, 3,200 people including 800 children, (out of the targeted 2 million people) utilized established channels to share feedback on cholera response. Feedback sessions conducted with learners in Harare and Chitungwiza indicated that children feel safer in school, with regards to hygiene practices and community factors such as sewage flow, uncollected litter pose risk of disease transmission. Overall, community feedback highlighted need for advocacy with the Government and local authorities for the creation of an enabling environment for WASH behaviours.

OCV Campaign materials

The image displays two pieces of OCV campaign material. On the left is a poster titled "Oral Cholera Vaccination Frequently Asked Questions Guide for Community Health Workers". It features logos for the Health Resilience Fund, UNICEF, and other partners, along with a group of diverse community health workers. On the right is an informational poster titled "What is Oral Cholera Vaccine (OCV)?". It includes a small icon of a vaccine bottle and a photograph of a young man. The text on the right poster states: "Oral Cholera Vaccine is a vaccine that immediately protects people from getting sick with Cholera." It lists two key points: "It is given by mouth" and "Its protection lasts up to 6 months with a single dose". It also advises to "Contact the nearest health facility or health worker to know more about it!". Logos for UNICEF and the World Health Organization Zimbabwe are present.



In terms of the polio response, UNICEF supported MoHCC with 200,000 posters with varied key messages in local languages, 600,000 factsheets, 500,000 parents notice, 400 manuals, 7,500,000 household stickers, 10,000 aprons, 2,100,000 vaccination cards, 110,000 summary sheets, 220,000 tally sheets. In addition, UNICEF supported MoHCC with 10,000 sun hats, 10,000 pocket guides, 5,500 pocket guide, 2,000 megaphones, 500 polio identity cards for Independent

Monitors and Lot Quality Assurance Surveyors (LQAS) and 500 banners. This support aimed at building awareness on polio vaccination among the communities.

As part of the pre and intra campaign support for the polio outbreak, UNICEF supported the public announcements on radio and TV. A total of 13.9 million people were reached with polio messages through print, electronic and social media platforms. Furthermore, UNICEF established a system for an online social listening/ news alert specific to Zimbabwe to detect any rumours and misinformation for pre-bunking and debunking. Using the existing U-Report system, UNICEF rolled out a poll on knowledge, attitude, and practices (KAP) among caregivers to inform the SBC strategy design, activities, and implementation.

UNICEF supported the development of a set of social data collection tools (rumours and misinformation management, refusals tracking, and social mobilizers activities reporting), for system enhancement and quality polio outbreak response. According to the end process independent monitors data, 91 per cent of households were aware of the polio campaign.

Social Protection

UNICEF continued with the Emergency Social Cash Transfer (ESCT) Programme after moving into five new rural districts and one urban district. This followed the successful handover of 18,173 households including 73,103 children to Government in eight urban districts who had received six months of cash transfer support in 2023. Following successful preparatory work in 2023 including retargeting, a validation exercise was completed in Binga, Makoni and Rushinga districts during the reporting period. The validation exercise was aimed at removing ineligible households from the beneficiary list. A total of 28 households from Binga, Makoni and Rushinga districts were removed from the 833 sampled households. The total number of households enrolled for the ESCT programme is 19,491 in Karoi, Mangwe, Rushinga, Binga, Mudzi and Makoni districts. Cash disbursements for all six districts will commence in March 2024.

District	Households benefiting from ESCT	Household members	Number of Children
Hurungwe-Karoi	1,927	9,392	4,804
Mangwe	2,773	18,678	10,770
Rushinga	2,325	13,754	7,841
Binga	3,249	18,278	10,498
Mudzi	5,901	33,715	18,679
Makoni	3,316	21,969	13,331
Total	19,491	115,786	65,923

District breakdown of households and children benefitting from Emergency Social Cash Transfer program

Following successful preparatory work for the school feeding program including training of school feeding committees on procurement and food handling, the school feeding programme started in January and February 2024. A total of 121 schools were selected for the school feeding programme in Binga, Mangwe, Mudzi, Rushinga and Makoni districts. A total of 38,616 school children (19,553 girls, 19,063 boys) will benefit from the school feeding programme which will run until December 2024.

Human Interest Stories and External Media

Stories can be found on UNICEF's website and social media channels:

UNICEF Zimbabwe stories: <https://www.unicef.org/zimbabwe/stories>

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

UNICEF Zimbabwe Social Media: [Facebook](#), [Twitter](#), [LinkedIn](#)

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Summary of Programme Results

		UNICEF and IPs				
Sector	2024 target	Total results		Change since last report		Progress
		February		▲ ▼ ▬		
Nutrition						
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	18,375	Girls	954	1,839	▲	10%
		Boys	885			
		Total	1,839			
# of children aged 6-59 months screened for wasting	848,093	Girls	188,582	360,926	▲	43%
		Boys	172,344			
		Total	360,926			
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	380,195	Girls	-	128,153	▲	34%
		Boys	-			
		Total	128,153			
# of children aged 6-59 months receiving Vitamin A supplementation	961,171	Girls	94,986	185,790	▲	19%
		Boys	90,804			
		PLWD*	-			
		Total	185,790			
Health						
# of children aged 6 to 59 months vaccinated against measles	510,704	Female	29,891	60,030	▲	12%
		Male	30,139			
		Total	60,030			
# of children and women accessing primary health care in UNICEF-supported facilities	1,772,979	Female	264,807	363,906	▲	21%
		Male	99,099			
		Total	363,906			
WASH						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	258,227	Female	14,749	28,576	▲	11%
		Male	13,827			
		PLWD*	5			
		Total	28,576			
		Male	60,288			
		PLWD*	5			
		Total	128,149			
Child Protection						
# of children and caregivers accessing community-based mental health and psychosocial support	120,089	Female	-	-	▬	0%
		Male	-			
		PLWD	-			
		Total	-			
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions	60,000	Female	-	1,738	▲	3%
		Male	-			
		PLWD	-			
		Total	1,738			

UNICEF and IPs						
Sector	2024 target	Total results		Change since last report		Progress
		February		▲ ▼ ▬		
# of unaccompanied and separated children accessing family-based care or a suitable alternative	20,000	Female	-	-	▬	0%
		Male	-			
		PLWD	-			
		Total	-			
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	800,000	Female	-	-	▬	0%
		Male	-			
		PLWD	-			
		Total	-			
Education						
# of children accessing formal or non-formal education including early learning	204,970	Girls	101,895	201,507	▲	98%
		Boys	99,612			
		Total	201,507			
HIV/AIDS						
# of pregnant and lactating women living with HIV receiving antiretroviral therapy	30,000	Female	31,203	44,449	▲	>100%
		Male	13,246			
		Total	44,449			
Social Protection						
# of households reached with UNICEF funded multi-purpose humanitarian cash transfers	78,120		19,491	19,491	▲	25%
SBC						
# of people reached with messages on prevention and access to services	5,000,000	Female	618	1,104	▲	0%
		Male	485			
		No disaggregation	-			
		Total	1,104			
# of people with access to established accountability mechanisms	500,000	Female	-	3,200	▲	0%
		Male	-			
		No disaggregation	3,200			
		Total	3,200			

Annex B

Funding Status

Sector	Requirements for 2024	Funds Available			Funding Gap	
		Received Current Year	Carry Over	Total Available	\$	%
Nutrition	5,000,000	606,279	178,926	785,205	4,214,795	84%
Health	4,700,000	541,184	1,499,317	2,040,501	2,659,499	57%
WASH	6,065,000	2,256,608	1,320,691	3,577,299	2,487,701	41%
Child Protection	2,500,000	85,860	142,048	227,908	2,272,092	91%
Education	2,487,428	0	653,287	653,287	1,834,141	74%
HIV & AIDS	350,000	0	26,968	26,968	323,032	92%
Cross Sectoral (SBC, RCCE, AAP activities)	1,650,000	318,661	404,126	722,787	927,213	56%
Total	22,752,428	3,808,592	4,285,363	8,093,955	14,658,473	64%

**Funds for Humanitarian Emergency Social Protection support are captured under Other Regular Resources (ORR).*