Situation in Numbers

1.3 million children in need of humanitarian assistance (based on people in need)

2.5 million people in need (OCHA, August 2019)

99,500 people displaced in cyclone affected areas (IOM, February 2020)

Highlights

- Cholera outbreak was declared in two provinces in the northern region of the country namely in Cabo Delgado and Nampula total cumulative cases of 1,952 and death toll of 15;
- Mozambique has 29 confirmed cases of COVID-19 which 21 are from local transmission. All cases currently concentrated in Maputo city, Pemba and Palma district in Cabo Delgado;
- UNICEF continues providing WASH services and reached over 133,488 people in resettlement sites and communities affected by cyclones;
- UNICEF provided education supplies in five provinces affected by heavy rains benefiting 32,000 children and 452 teachers;
- A total of 149 staff from Government and NGOs have been equipped with knowledge and skills to prevent and respond to sexual exploitation and abuse (SEA) in their different capacities

UNICEF’s Response and Funding Status

Mozambique
Humanitarian
Situation Report No. 16
Reporting Period: January-March 2020

UNICEF’s Response and Funding Status

1.3 million children in need of humanitarian assistance (based on people in need)

2.5 million people in need (OCHA, August 2019)

99,500 people displaced in cyclone affected areas (IOM, February 2020)

UNICEF Appeal 2019
US$ 83 million

Funding Status (in US$)

Funding gap, $35M
Funds received in 2019, $49M

* Refer to the footnote on Annex A Results Table.
**Funding Overview and Partnerships**

In response to the cyclones IDAI and KENNETH, UNICEF appealed for US$ 83.6M to provide immediate life-saving services for women and children in Mozambique during the period of March 2019 – May 2020. UNICEF CO received US$ 48.9M which represents 58 per cent of the requirements and more than 50 per cent of this funding was channelled to WASH (38.5 per cent) and Health (23.4 per cent) sectors.

In 2020, the CO received US$ 389,000 for emergency response in Nutrition from Germany National Committee. In response to COVID-19, UNICEF developed a plan seeking US$ 13 million to support timely action of the Ministry of Health to contain the virus spread and prevent and address the secondary impact of the outbreak.

In 2019, the governments of Canada, China, Germany, Japan, Luxembourg, Norway, Sweden, the United Kingdom, the US (USAID) as well as the European Commission/ECHO and UNICEF National Committees of Andorra, Australia, Austria, Canada, Czech Republic, Denmark, France, Germany, Japan, Netherlands, Norway, Portugal, Spain, Switzerland, the United Kingdom and the United States generously contributed to the UNICEF Mozambique humanitarian response. Funds were also received from UNOCHA’s Consolidated Emergency Response Fund, UNICEF’s Global Thematic Humanitarian fund as well as UNICEF Botswana and UNICEF Philippines country offices. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. However, the 2019 HAC still has a funding gap of 42 per cent and without enough funding, over 200,000 people would not have access to safe water and adequate sanitation, and over 400,000 children would not be screened for acute malnutrition and receive vitamin A supplementation.

**Situation Overview & Humanitarian Needs**

Since the onset of the rain season in October 2019 till February 2020, about 166,362 people were affected by strong winds and heavy rains recorded in the country with a cumulative death toll of 57 distributed across five provinces, being Zamézia and Sofala the most affected provinces. Zambézia province recorded the highest number of deaths caused mainly by lightning. The heavy rains and strong winds destroyed completely about 5,575 houses, 1,220 classrooms affecting 14,961 students and displaces temporarily at least 27,749 people in Zambezia and Sofala provinces. According to IOM, about 99,509 people are still displaced, living in more the 70 resettlement sites and 89 per cent of them in temporary shelters in cyclone IDAI and KENNETH affected provinces.

Between February and March 2020, cholera outbreak was declared in two provinces in the northern region of the country namely in Cabo Delgado and Nampula. As of 8th April 2020, there was a total cumulative cases of 1,952 and death toll of 15, being Nampula the most affected province with total of 1,444 cases in 10 districts. However in Cabo Delgado, the outbreak occurred in three districts but the death toll was higher (12) compared to Nampula (3). By the time of this report, the number of cases have reduced significantly and UNICEF is providing support to health authorities with supplies, technical assistance and community mobilisation/awareness on disease prevention.

The security situation in Cabo Delgado province deteriorated significantly in the week of 25 March. Within a week the insurgents attacked headquarters of two districts namely Mocimboa Praia and Quissanga, of which the prime target were military forces. According to “Carta de Mocambique” the insurgents destroyed/burnt a number of Government assets and infrastructures (e.g: official house of district administrator, Mayor’s house, quarter, vehicles) as well as private sector property (three banks buildings). Many NGOs operating in these districts have withdrawn their staff due to volatile insecurity situation.

On 11 March 2020, World Health Organization (WHO) declared COVID-19 a pandemic. Similarly to other countries in the world, Mozambique is also affected by this pandemic. As of 15th April there were 29 cases of COVID-19 detected in the country, 21 of which were local transmissions, specifically in Maputo city, Pemba and Palma district in Cabo Delgado. The Government of Mozambique has been taking measures to prevent further spread of the virus in the country, including requiring that all individuals entering the country must stay in home quarantine for at least 14 days and are to be monitored by health professionals. In addition, the Government closed schools and universities for a period of 30 days starting on 23rd of March, entry points such as borders, ports, airports, cancelled issuing new and existing visas, and restricted people reunion.

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1 (local online newspaper -https://www.cartamz.com/index.php/politica/item/4759-mais-de-20-membros-das-fds-mortos-no-assalto-a-vila-de-mocimboa-da-praia)

2 https://covid19.ins.gov.mz/
Summary Analysis of Programme Response

Nutrition

As part of the nutrition priorities in the affected areas by cyclones Idai and Kenneth, UNICEF continues supporting the screening and treatment of severe acute malnutrition (SAM) in children under 5 years of age. This is done both at the health facilities, with the inpatient care of severe cases with complications and through outreach activities such as Integrated Mobile Brigades (IMB), that aims to provide primary health and nutrition care to hard-to-reach communities and resettlement sites. The IMB provide a standard package of activities, including screening and treatment for acute malnutrition, micronutrient supplementation, like Vitamin A supplementation, deworming, Infant and Young Child Feeding (IYCF) counselling to caregivers, vaccination to children, and consultations on common childhood illnesses.

In the period of January-March 2020, with UNICEF’s support a total of 111,300 children have been screened, and 831 cases of SAM have been identified and referred for treatment. A total of 38,746 caregivers received IYCF counselling messages in the communities, 67,731 children were supplemented with vitamin A, and 31,888 were dewormed.

UNICEF continues supporting different capacity building initiatives like inpatient management of SAM, ambulatory treatment, and PIN (community involvement). The preparation of the post-shock food security and nutrition assessments to be led by SETSAN, was kept on hold due to Covid19.

UNICEF is also seeking partnerships to respond to the current situation in Cabo Delgado, targeting Internally Displaced People (IDP) and host families in the districts affected by insecurity and high influx of IDPs. In the pipeline are two partnerships, AVSI (Ibo and Namuno) and Caritas (Mocimboa da Praia and Nangade) that will be multisectoral and include WASH and C4D components.

UNICEF has maintained its role as the Nutrition cluster co-lead at national level and at subnational level in Beira and Pemba. Regular nutrition emergency coordination meetings are held in Maputo, Beira and Pemba hosting 30 plus partners. The meetings are facilitated by Ministry of Health with UNICEF support as co-lead. As part of the cluster coordination function, UNICEF alongside Ministry of Health has been leading the response against Pellagra in Sofala and Manica and monitoring the nutrition situation in Cabo Delgado, that has been deteriorating, especially due to the lean season and influx IDPs related to intensified military operations in some districts of the province.

The total number of people diagnosed with pellagra to date is 3,976 in Sofala and Manica. UNICEF continues helping the monitoring of Nicotinamide usage, with currently all health facilities providing the recommended pellagra treatment.

Health

In Sofala, Manica and Cabo Delgado provinces, UNICEF continued to support DPS in implementing the health and nutrition activities, such as provision of trainings and carrying out Integrated Mobile Brigades (IMBs). During the period January-March 2020, 119 community health workers were provided with refresh training in Integrated Nutrition Package.

In the same period, the UNICEF support in promoting health, preventing and treating disease in the community enabled 245,318 children under five to have access to consultation (CCD in HF and MB), 18,511 children vaccinated with DTP3 and 2,183 pregnant women 15-49 living with HIV receiving ART.

During the current rain season, UNICEF has provided support to implement IMB for communities affected by heavy rains in Gorongosa and Maringue districts of Sofala province. Cholera outbreak was declared in Cabo Delgado province as result of heavy rains that plagued the region (isolating the northern districts) and the growing influx of the population due to insecurity resulting from military operations in the northern districts. So far, a total of 508 cases were reported, that has led to 12 deaths. Nampula province was also widely affected by cholera outbreak with cumulative cases of 1,478 in 11 districts with 3 deaths. As part of UNICEF effort in combating the disease, it was provided WASH and health supplies, logistic support for medical equipment and provided DSA to medical teams working at CTC level.

In addition to the UNICEF activities and support, multisectoral rapid Assessment underwent in Mocimboa da Praia, Ibo islands and Macomia districts of Cabo Delgado; UNICEF participates in coordination meetings with partners including the Health Cluster meetings, supervision visits, supply of medicines and various protective material, including logistical support for medical supplies and nutritional supplements; UNICEF played a leading role in C4D activities and in the provision of IEC material: radio spots, distribution of IEC materials for diarrhea/cholera prevention and coronavirus prevention (posters, pamphlets, etc.)

WASH

With the first confirmed cases of COVID-19 in Mozambique UNICEF is coordinating with the Ministry of Health (MISAU) and Risk Communications teams to disseminate messaging for prevention and identification for Coronavirus and
developing a strategy with WASH Cluster partners for support to MISAU in critical areas of WASH in health facilities, WASH in isolation wards, community messaging, WASH in vulnerable public spaces, and WASH in highly affected communities. UNICEF is coordinating with urban and small town water supply system operators to evaluate treatment chemical needs to ensure continuity of piped network water supply. In addition to the rapidly evolving COVID-19 planning UNICEF WASH has ongoing emergency response programs in Zambezia, Cabo Delgado, Nampula, Sofala, and Manica Provinces – responding to cholera outbreaks, flooding incidents, conflict displacement, and the recovery for Cyclones Kenneth and Idai.

Nampula Province experienced a rapid increase in cholera cases during this period. UNICEF is working with the water quality regulatory authorities, small town and urban water operators, and DPS to improve residual chlorine monitoring in affected areas that include the provincial capital. UNICEF provided 20,000 bottles of household water treatment chemicals for distribution and hygiene promotion messaging in highly affected towns and areas. UNICEF also provided additional granular chlorine to provincial public works offices for cleaning of wells and to supplement chlorination in piped networks.

UNICEF continues to provide WASH services through partners in 16 resettlement sites in Sofala Province for 8,100 households. To provide durable water supply infrastructure UNICEF completed construction of three solar powered water systems for resettlement areas and one affected community. 27 handpumps were rehabilitated and delivered by the government public works department (6 in Dondo and 21 in Nhamatanda). Reconstruction of collapsed latrines in Nhamatanda and Dondo is ongoing in resettlement areas. The WASH Cluster held extraordinary meetings after the January and February flooding in the province at the district and provincial level. This included coordinating distributions of hygiene supplies for 9,189 households in 19 accommodation centers, emergency water trucking, and emergency latrine construction.

In Manica Province, UNICEF constructed five new boreholes equipped with handpumps servicing 1,455 people in Gudza, Nhamississua, Muchamba and EPC de Sambanhe and trained the water committees in operation and maintenance. UNICEF upgraded three water points to solar operated water supply systems and constructed one new system with a new borehole to serve 5,533 people in Thussene Shoma, Nhanhemba 2, Muwawa and Bairro Unidade. Construction and yield testing is ongoing for four additional locations. Sanitation promotion and distribution of dome slabs for 500 families reached 2,696 people in Matarara and Mechisso.

In Cabo Delgado UNICEF provided water treatment products for the water supply systems in the districts of Mueda, Nangade, Muidumbe, Mocimboa da Praia and Palma benefiting 86,000 people connected to the systems in those districts after road and power disruptions to those areas in the aftermath of flooding. UNICEF supplied chlorine to the water provider to Pemba City (FIPAG) and DPS during the rainy season coupled with support to the overall efforts of wells cleaning and chlorination for prevention of cholera outbreaks in the city. Water tracking to the Nanjua resettlement site is ongoing benefiting some 735 people. UNICEF rehabilitated 39 water points in the districts of Ancuabe, Chiure, Mecufi and Metuge; and constructed 3 new water harvesting systems in the District of Ibo which is receiving an influx of IDPs and experiencing an outbreak of cholera benefiting some 12,600 people. Distribution of household water treatment chemicals in the districts of Mocimboa da Praia, Macomia, and Ibo was completed to mitigate the cholera outbreak in those districts. Sanitation promotion is ongoing in 30 communities out of which 18 are now reported open defecation free and resulted in the construction and use of 3,147 household latrines benefiting some 15,735 people in the districts of Ancuabe, Meluco, Metuge and Chiure. 30,000 people were reached with hygiene education programs in the districts of Ancuabe, Chiure, Mecufe, Metuge, Ibo and Mocimboa da Praia through community activists and animators with capacity building at community level through training of activists and distribution of posters to facilitate community interactions and discussions on the dissemination and barriers for diarrheal diseases is ongoing.

**Education**

UNICEF has provided Education in Emergencies (EiE) teaching and learning material in cyclone affected areas since March 2019 and is now supporting the recovery needs in the area of education and the rehabilitation of schools as well as medium-term interventions to improve access to quality education. Although one year has past since the cyclone the need for EiE material is still requested as the rainy season this year affected communities already depending on humanitarian support after the cyclone. Several of the cyclone-affected provinces were affected by heavy rains in December 2019, which continued up until end of February. UNICEF together with the respective provincial governments mobilised school tents, tarpaulin sheets and teaching and learning material to be distributed and set up in affected districts. Prior to the start of the school year (February 4th), UNICEF and government partners distributed education supplies in rain-affected districts in the provinces of Cabo Delgado, Nampula and Zambezia, reaching an estimated
12,000 children and 144 teachers. In the same time period UNICEF supported the provincial government in Manica and Tete in distributing teaching material and learner kits in under-served and un-served districts, benefitting 20,000 children and 308 teachers. UNICEF Education is currently finalising partner agreements in Manica and Sofala for rehabilitation of 155 classrooms, accompanied by the rehabilitation and reconstruction of 50 gender-sensitive and inclusive sanitation blocks. The rehabilitation of these classrooms will be accompanied by distribution of teaching and learning materials and training of teachers on inclusive education, gender and psychosocial support (PSS), and a capacity building on the use of the Basic Emergency School Plan.

The insecurity situation in Cabo Delgado remains volatile and the attacks by armed groups have spread within the affected districts causing families to relocate to neighbouring districts or urban centres. Hosting schools are now facing constrains in absorbing arriving students and arriving families are also facing difficulties in enrolling their children in school if they have been forced to move without their identification documents. UNICEF is working with the provincial government identifying the hosting schools to be able to support with temporary learning spaces (TLS), teaching and learning material and train teachers on provision of psychosocial support (PSS).

Child Protection
UNICEF and partners have continued responding to the needs of children and families affected by Idai and recent floods affecting Buzi and Nhamatanda districts in Sofala. The response has been focused on the continued provision of case management, psychosocial support and community awareness as well as capacity building of community-based protection capacity in affected areas. Together with implementing partners under PCA, UNICEF provided case management to 671 children and strengthened the capacity of 404 community-based child protection actors on detecting, assessing the severity of and responding to child protection cases, including identification and referral to protection services providers such as social workers and justice actors. In preparation of cluster deactivation in May 2020, UNICEF has been playing vital role in developing transition plan together with the government and Child Protection actors.

The Child Protection AoR in Cabo Delgado mainly focuses its attention on the provision of adequate child protection safeguarding measures in the armed conflict affected districts. Special focus is being given to the provision of MHPSS to children that have witnessed the attacks, especially those that witnessed the death of their parents. Activities have been suspended in Quissanga district due to the security situation. This suspension of activities has affected the provision of services to 316 children who were provided case management support and 1,594 who participated in activities in child friendly spaces. Coordination is being carried out alongside the GBV Sub-Cluster to strengthen the referral mechanism of GBV cases in the northern region of Cabo Delgado.

Social Protection and Cash-based Assistance
UNICEF also supported technically and financially the implementation of child-sensitive shock responsive social protection to cyclone Kenneth, working with INAS (the National Institute of Social Action) and government’s Post-Emergency Direct Social Support program (PASD-PE). The intervention aims at distributing reconstruction cash benefits for 6 months and graduating families into the Child Grant programme for an extra 18 months in Quissanga district. INAS enrolled 2,595 affected families with children 0 to 5 and/or pregnant women (amounting to an estimate of 12,975 people and 6,643 children 0-17 as indirect beneficiaries) in December 2019. Unfortunately, the first payment, scheduled for late January 2020, has been delayed due to the deterioration of insecurity (armed insurgency) in Quissanga. An assessment of the situation of enrolled families and their communities is currently ongoing to define steps forward. Through a WB-UNICEF agreement, a C4D component (consisting of key messaging on hygiene, nutrition, health seeking behaviour and PSEA) is being developed to complement all government cash transfers (a total of 105,000 families to be reached in 14 districts in Sofala and Manica). Following delays in the initiation of cash payments, C4D trainings are expected to start in mid-May 2020.

Prevention of Sexual Exploitation and Abuse (PSEA)
In Sofala and Manica, Protection from Sexual Exploitation and Abuse (PSEA) trainings were conducted for UNICEF staff, implementing partners, Sofala Provincial Directorate for Gender, Children and Social Affairs (DPGCAS) and Child Protection Sub-Cluster and GBV Sub-cluster partners during the reporting period. A total of 149 (60F, 89M) participants have been equipped with knowledge and skills to prevent and respond to sexual exploitation and abuse (SEA) in their different capacities.
As per the new UNICEF Procedure for Managing Risks of SEA for IPs (launched in February 2020), validation exercises have been conducted for CSOs that were assessed in Maputo, Nampula, Cabo Delgado, Zambezia, Sofala and Manica on their organizational capacity on PSEA and support they require from UNICEF.

In addition, Child Protection Sub-cluster and GBV Sub-Cluster partners were trained on PSEA in March. This was aimed at strengthening case management for SEA cases within Child Protection and GBV partners. The training targeted Case workers/managers from 11 organizations.

Sofala PSEA Network conducted three monthly coordination meetings that resulted into a mapping exercise for partners implementing PSEA; drafting of PSEA standardized messaging and engaging with DPGCAS, national NGOs and development actors on prevention and response to SEA (for sustainability).

Communications for Development (C4D), Community Engagement & Accountability

In Sofala and Cabo Delgado provinces, UNICEF works in partnership with, ICS, PIRCOM, LEMO, and the coordination with DPS. Overall, over 300,000 people were reached with key messages on, Nutrition, hygiene and sanitation, water-borne diseases such as cholera, malaria, diarrhoea, sexual abuse and prevention, pregnancy and premature marriages, sexual reproductive health, HIV, and violence based on gender. It should be noted that these activities were disseminated by young scouts, religious leaders through community radio stations.

During the reporting period, 60 new young religious activists and 163 Young scouts were trained in Sofala and Manica in different matters of health promotion. Through, interpersonal communication and door-to-door visits, PIRCOM activists and those from the Scout League were disseminating messages in their communities.

Humanitarian Leadership, Coordination and Strategy

The Government of Mozambique through INGC provided and continue providing the overall leadership and coordination of all humanitarian interventions in the country. However, for COVID-19 preparedness and response, the Ministry of Health (MoH) is leading the coordination of all health-related interventions. The coordination set up at MoH follows the eight pillars of the WHO strategic response plan which were established eight working groups (one per pillar) with identified focal points at Government and Partners side. UNICEF provides technical assistance and participates in all working groups, but it is directly coordinating with the Government on Risk communication, advocacy, community engagement, procurement of medical supplies and PPE, Infection prevention and control and WASH.

UNICEF response to covid-19 is aligned with the 2020 WHO global Strategic Response Plan (SRP), and the 2020 UNICEF COVID-2019 Humanitarian Action for Children appeal. UNICEF will focus on the support to the response coordination, Risk communication & community engagement, Infection prevention and control, surveillance, case management and continuity of essential services as well as the prevention of the secondary impacts of the outbreak.

In the cyclone affected areas, UNICEF continue providing assistance in resettlement sites, community affected, and new areas affected by heavy rains. At the provincial and national levels, clusters are meeting regularly, although the frequency has reduced to every four weeks, with UNICEF and the Government co-leading the WASH, Education, Nutrition and Child Protection clusters or sub-clusters. UNICEF has cluster coordinators in Maputo and Beira, and for WASH and Nutrition in Cabo Delgado. UNICEF is also actively participating in the Health and Protection clusters. UNICEF has field presence in three hubs in the most affected provinces – Cabo Delgado and Sofala besides the province that UNICEF has already presence such as Nampula and Zambézia.

OCHA has reduced its presence in all affected provinces and provincial coordination leadership was handed over to other agencies. The Humanitarian Country Team appointed UNICEF to assume the role of Provincial Focal Point in Sofala and Zambezia Provinces.

Human Interest Stories and External Media

Next SitRep: 30 June 2020

UNICEF Mozambique: [http://www.youtube.com/UnicefMozambique](http://www.youtube.com/UnicefMozambique)

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Annex A

### Summary of Programme Results

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<tbody>
<tr>
<td><strong>WASH</strong></td>
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<td></td>
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</tr>
<tr>
<td>Number of people with access to sufficient quantity of safe water</td>
<td>1,558,000</td>
<td>1,361,293</td>
<td>▲183,456</td>
<td>978,000</td>
<td>974,939</td>
<td>▲12,777</td>
</tr>
<tr>
<td>Number of people with access to appropriate sanitation facilities and receiving hygiene messages</td>
<td>1,247,000</td>
<td>1,142,203</td>
<td>▲204,812</td>
<td>439,000</td>
<td>498,664</td>
<td>▲59,664</td>
</tr>
<tr>
<td>Number of families receiving point-of-use water treatment &amp; purification materials / products</td>
<td>380,000</td>
<td>350,744</td>
<td>▲51,031</td>
<td>156,000</td>
<td>161,906</td>
<td>▲5,906</td>
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<tr>
<td><strong>Health</strong></td>
<td></td>
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<tr>
<td>Number of children vaccinated DPT3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>244,700</td>
<td>53,845</td>
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<tr>
<td>Pregnant women 15-49 living with HIV receiving ART</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24,400</td>
<td>10,529</td>
</tr>
<tr>
<td>Children under-five receiving a consultation</td>
<td></td>
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<td></td>
<td>761,796</td>
<td>915,670</td>
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<tr>
<td><strong>Nutrition</strong></td>
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<tr>
<td>Children 6-59 months screened for acute malnutrition and receiving Vitamin A</td>
<td>1,107,967</td>
<td>463,942</td>
<td>7,216</td>
<td>993,082</td>
<td>524,457</td>
<td>▲67,731</td>
</tr>
<tr>
<td>Pregnant and lactating women reached with IYCF services</td>
<td>307,500</td>
<td>450,227</td>
<td>19,676</td>
<td>270,947</td>
<td>459,660</td>
<td>▲38,746</td>
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<tr>
<td>Number of children 6-59 months admitted for treatment of SAM</td>
<td>5,600</td>
<td>3,071</td>
<td>37</td>
<td>5,600</td>
<td>3,865</td>
<td>▲831</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6-15 years old in humanitarian situations accessing education</td>
<td>506,468</td>
<td>64,131</td>
<td>6,743</td>
<td>239,497</td>
<td>125,972</td>
<td>▲22,040</td>
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<tr>
<td>Children aged 3-5 years old in humanitarian situations accessing play-based learning</td>
<td>62,744</td>
<td>18,915</td>
<td>-</td>
<td>38,344</td>
<td>11,624</td>
<td>-</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Children receiving psychosocial support through Safe Spaces</td>
<td>123,648</td>
<td>68,891</td>
<td>10,285</td>
<td>31,000</td>
<td>32,229</td>
<td>▲758</td>
</tr>
<tr>
<td>Number of people (re) issued with birth registration documents</td>
<td>105,000</td>
<td>72,612</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People receiving information on prevention of and response to violence, abuse and exploitation, including GBV and SEA</td>
<td>160,000</td>
<td>66,111</td>
<td>▲112</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children who receive case management services</td>
<td>6,200</td>
<td>12,636</td>
<td>2,166</td>
<td>3,000</td>
<td>1,304</td>
<td>▲662</td>
</tr>
</tbody>
</table>

**Social Protection**

| Number of affected households supported through joint multipurpose value vouchers | 23,000 | 22,000 | - |
| Number of household with children under-5 supported with a Shock Responsive Child Grant | 10,000 | - | - |

**Communications for Development**

| Number of people reached with key lifesaving and behavior change messages on health, nutrition and safe and appropriate sanitation and hygiene practices. | 990,000 | 904,782 | 193,674 |

**PSEA**

| % of humanitarian partner (including government) trained on PSEA skills | 100% | 80% | - |

### Annex B

#### Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements in 2019 (Mar-Dec)</th>
<th>Requirements in 2020 (Jan-May)</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>5,836,289</td>
<td>1,620,810</td>
<td>389,371</td>
<td>4,367,543</td>
</tr>
<tr>
<td>Health</td>
<td>8,199,819</td>
<td>1,968,570</td>
<td>0</td>
<td>11,431,080</td>
</tr>
<tr>
<td>WASH</td>
<td>18,796,675</td>
<td>3,160,890</td>
<td>0</td>
<td>18,797,603</td>
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<tr>
<td>Child Protection</td>
<td>4,753,773</td>
<td>2,436,804</td>
<td>0</td>
<td>6,029,452</td>
</tr>
<tr>
<td>Education</td>
<td>15,138,962</td>
<td>6,665,814</td>
<td>0</td>
<td>4,360,945</td>
</tr>
<tr>
<td>Social Protection</td>
<td>7,461,863</td>
<td>3,266,460</td>
<td>0</td>
<td>1,460,914</td>
</tr>
<tr>
<td>Comm 4 Dev</td>
<td>2,922,699</td>
<td>1,428,300</td>
<td>0</td>
<td>2,021,273</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>63,110,080</td>
<td>20,547,648</td>
<td>389,371</td>
<td>48,468,809</td>
</tr>
</tbody>
</table>

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3 This refers only to ORE funds, does not include RR and ORR reprogramed for emergency response
4 The carryover includes operation budget of about US$ 2 million which were distributed across the sections