Highlights

- There are 1.2 million internally displaced people (IDPs) in Iraq, while 4.9 million are returnees.
- For 2022, UNICEF requires US$ 52.2 million to meet the critical and acute humanitarian needs of vulnerable children and families affected by a combination of humanitarian situations. As of March 2022, UNICEF’s response to emergency-affected people in Iraq is 85 per cent underfunded, with a total funding gap of US$ 44.11 million.
- With the decrease in the availability of humanitarian funding, the clusters closely monitor the ability of cluster partners, including UNICEF, to meet the continuing humanitarian needs of the target population. Discussions are being held with the Government of Iraq and the Kurdistan Regional Government on the need to share responsibilities to meet the humanitarian needs of IDPs and returnees.

UNICEF’s Response and Funding Status

- **Health**
  - Polio vaccination: 2%
  - Funding status: 26%

- **Nutrition**
  - SAM admissions: 31%
  - Funding status: 26%

- **Child Protection**
  - MHPSS access: 42%
  - Funding status: 15%

- **Education**
  - Education access: 2%
  - Funding status: 20%

- **WASH**
  - Safe water access: 23%
  - Funding status: 7%

- **[key indicator]**
  - Funding status: 50%

*Funding available includes funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.*
Funding Overview and Partnerships

For 2022, UNICEF requires US$ 52.2 million to meet the critical and acute humanitarian needs of vulnerable children and families affected by a combination of humanitarian situations, including protracted crisis due to conflict, political instability and the COVID-19 pandemic. As protection is central to UNICEF’s humanitarian action, the child protection response is the largest component of the country’s appeal at 41 per cent, followed by education and WASH. The funding requirement for 2022 is 21 per cent lower than 2021 due to a decrease in the number of people and children in need.

As of March 2022, only nearly US$ 2.57 million were received against UNICEF’s Humanitarian Action for Children (HAC) appeal in Iraq, while US$ 5.5 million were carried over from 2020. UNICEF’s response to emergency-affected people in Iraq during 2022 is thus 85 per cent underfunded, with a total funding gap of US$ 44.11 million. The sectors presenting major funding gaps are Child Protection (85 per cent), Gender-Based Violence (GBV) Prevention and Response (90 per cent) and Water, Sanitation and Hygiene (WASH) (93 per cent).

UNICEF’s HAC appeal in Iraq in 2022 is mainly funded by the Czech Republic, the European Community Humanitarian Aid Office (ECHO), the Republic of Korea and the United States. In addition, UNICEF response benefits from flexible humanitarian thematic funding. Since the humanitarian situation in Iraq has, for a number of years, been evolving swiftly and unpredictably, the flexible and multi-year nature of thematic funding continues to be critical to allow UNICEF to support underfunded areas of programming and timely respond to emergency situations, reaching the most vulnerable populations in conflict and displacement-affected locations.

In the context of transition from humanitarian to development context, sustaining key essential services for the most vulnerable women and children remains a challenge due to lack of funding. Transferring responsibility to government agencies and finding sustainable solutions for IDPs also remains a challenge as the government still relies on UNICEF’s technical and financial assistance. UNICEF Iraq will look after available nexus/transition funding to maintain key interventions while ensuring system strengthening and capacity building of the governmental authorities.

Situation Overview & Humanitarian Needs

The humanitarian situation in Iraq is largely a legacy of the 2014-2017 conflict with ISIS. As the conflict took hold in Iraq and ISIS gained control over the territory, particularly in the west and southwest of Iraq, millions of Iraqis were displaced. At the time of drafting the HAC appeal, there were 1.2 million internally displaced people (IDPs) in Iraq, while 4.9 million were returnees.

With the abrupt closure of the camps that started in October 2020, the number of in-camp individuals dropped from 256,861 in August 2020 to 182,000 in October 2021, while the out-of-camp IDPs reached over 1 million, including 370,000 living in self-settled and informal sites, often widely dispersed and with little access to services. Overall, 2.5 million people, including 1.1 million children and 5.6 per cent people with disabilities continue to need humanitarian assistance. Approximately 960,000 people (422,400 children) are considered to be in acute humanitarian need.

In line with the 2022 Humanitarian Needs Overview, the overall number of people and children in need has decreased compared to 2021. This is due to the reduced humanitarian impact of COVID-19 as well as to a rebalancing between humanitarian and development needs, taking into account the recent finalization and signing of the United Nations sustainable development cooperation framework.

An estimated 680,000 IDP and returnee children face obstacles accessing education, such as absence of civil documentation, lack of access to internet or connectivity devices; 660,000 children are in need of child protection services, while 920,000 women and children have needs related to gender-based violence. At present, more than 1.6

1 USAID Bureau for Humanitarian Assistance (BHA); US Bureau of Population, Refugees, and Migration (BPRM); and the Permanent Mission to the UN.
2 Ibid.
3 The number of IDPs in secondary displacement has increased, especially in the Sinjar and Ba’aj area of Ninewa, Anbar and center of Kirkuk.
4 Preliminary estimates, from the ongoing 2022 Humanitarian Needs Overview (HNO) process. HNO draft is expected in November 2021.
5 Ibid.
6 Based on draft HNO estimates, as of 29 September 2021.
7 Draft HNO estimates, as of 29 September 2021.
million people need support for WASH services. In addition, Iraq is anticipated to face severe water scarcity in 2022, including lower groundwater levels and reduced flows in the main rivers of Tigris and Euphrates, which could reach 50 per cent below crisis thresholds. An estimated 15 percent of the children in need (119,000) could be affected by water scarcity.

The COVID-19 pandemic, coupled with protracted and multiple displacements, has adversely impacted access to basic services and continues to affect the physical and mental well-being and capacity for resilience and recovery of women and children in Iraq, while also exposing them to significant protection concerns. The current situation, added to the existing social and gender norms, has exacerbated the conditions of communities and young people, disrupting learning, skills development and participation in society, and fracturing social networks. Finally, COVID-19 containment measures have impacted the livelihoods of families, exposing children to increased risks of child labour and child marriage.

Summary Analysis of Programme Response

Health

In 2022, UNICEF continues to support the Directorates of Health to provide healthcare and nutrition services in governorates housing IDPs, thus ensuring maternal and newborn health, immunization coverage and appropriate growth and development, along with COVID-19 response including vaccination support and Infection Prevention and Control (IPC). During the first quarter of 2022, UNICEF trained 100 healthcare workers (65 women) providing health services to IDPs on IPC, against a planned target of 5,000. As a result, a total of 24,167 children and women (12,325 women and girls), against a target of 738,000, benefited from quality child health, antenatal, post-natal services and counselling in UNICEF-supported healthcare facilities.

To reduce the risk of outbreaks of vaccine-preventable diseases, 7,450 children (3,765 girls) were vaccinated against polio at fixed vaccination points, against a planned target of 332,000 children. Immunization services also included Bacille Calmette–Guérin (BCG), diphtheria-tetanus-pertussis (DTP) and measles or measles, mumps, and rubella (MMR) vaccines. In addition, doses of vitamin A were administered to 3,718 children (1,121 girls) during vaccination sessions.

To ensure services for new IDP mothers and newborns, UNICEF scheduled home visits by community health workers (CHWs) to detect danger signs and provide appropriate referrals to higher levels of care. As a result, a total of 2,239 newborns (1,097 girls) were reached through scheduled home visits by CHWs in IDP camps in Erbil, Duhok, Ninawa and Sulaymaniyah, in addition to another 1,129 newborns (582 girls) in return areas.

UNICEF also partnered with government and NGO partners to deliver COVID-19 vaccines to benefit IDPs inside and outside of camps through intensified integrated immunization services; as a result, a total of 15,426 (7,998 women) residing in IDP camps of Erbil, Sulaymaniyah, Duhok and Ninawa received at least one dose of COVID-19 vaccine with associated communication and training activities on IPC in camps.

Nutrition

To ensure proper growth and development and to prevent malnutrition amongst vulnerable children, UNICEF provided the following services: home-based visits for new-born babies and their mothers; breastfeeding and counselling of mothers on appropriate infant and young child feeding (IYCF); and growth monitoring of children aged below five years. As a result of these interventions, during the first quarter of 2022, 8,117 children (3,797 girls) aged 0-59 months were assessed by fixed growth monitoring teams inside the camps’ clinics and another 14,188 (6952 girls) were assessed in return areas. Health teams identified and managed 67 children (31 girls) with severe acute malnutrition against a planned target of 243, and 318 more with moderate acute malnutrition (155 girls). In addition, 9,208 children (4,511 girls) aged six to 59 months received multiple micronutrient powders against a planned target of 24,300 children, while IYCF counselling was provided for 87,637 primary caregivers of children aged 0 to 23 months against a planned target of 369,000.

9 Including health, water, sanitation and education.
Child Protection, GBVIE & PSEA

To reduce the impact of threats or incidents of violence against children, including domestic violence, UNICEF and implementing partners enabled 24,933 individuals (11,967 women and girls) to access mental health and psychosocial support (MHPSS), against a planned target of 59,540 beneficiaries. As a response to the increase in domestic violence and other child protection risks, UNICEF also provided 5,459 children (2,340 girls) with child protection specialized services including case management. UNICEF is also supporting parenting education and awareness programmes to orient caregivers and community members on child protection risks and ways to mitigate them at family and community level, reaching a total of 61,442 individuals (32,361 women and girls).

As part of its intervention to prevent and respond to Gender-Based Violence (GBV), UNICEF enabled 29,566 women, girls and boys (14,191 women and girls) – against a planned target of 81,334 – to access GBV risk mitigation, prevention and/or response services, including GBV case management, MHPSS, adolescent girls’ life skills education, legal support and awareness raising interventions as well as other GBV risk mitigation measures. Also, 849 women and girls benefited from the distribution of dignity kits as a measure to mitigate GBV risks. Furthermore, on International Women’s Day (8th March), and in collaboration with the government of the Kurdistan Region, UNICEF launched the radio station “Voice for Equality” which aims at promoting women and adolescent girls’ well-being and empowerment as well as at preventing GBV and violence against girls and boys, especially among IDPs, refugees and host communities in the north of Iraq.

Finally, UNICEF and implementing partners have enabled 27,439 people (13,170 women and girls) – against a planned target of 81,334 individuals – to access safe and accessible channels to report sexual exploitation and abuse by aid workers. The reporting channels include those supported by UNICEF – such as specific focal points for reporting, a dedicated email address and Iraq Information Centre (a national hotline which automatically redirects relevant calls to UNICEF) – as well as other existing reporting channels hosted by partners.

Education

In 2022, as a result of UNICEF’s interventions, 8,473 children (5,473 girls) accessed either formal or non-formal education. Non-formal education interventions included the provision of catch-up classes as well as of Self-Learning Materials (SLMs). Additionally, UNICEF supported the implementation of Big Bad Boo’s 1001 Nights Civic and Peace Education Programme in 26 IDP schools, thus benefitting 8,121 children (4,400 girls); the programme uses cartoons, coupled with interactive lesson plans, to teach life skills and civic education, promote peace and social cohesion, counter intolerance and sectarianism, and provide psychosocial support to children in formal and informal learning environments. Also, 8 prefabricated classroom schools were provided for schools in Shirqat district in Salah Al Din (area of return), thus providing access to 165 children (95 girls).

To improve the quality of education, UNICEF and implementing partners also built the capacity of teachers and other education personnel. Of these, 272 teachers (120 women) enhanced their capacities on teaching pedagogies as well as on using the 1001 Nights programme, 33 IDP teachers were trained on developing Learning Improvement Plans (LIP) in Sulaymaniyah, and 43 teachers (6 women) from 18 IDP and host community schools in Dohuk received training on the teaching methodology of the Kurdistan Regional Life Skills Curriculum.

Finally, 10,316 IDP children (4,921 girls) were reached with awareness campaigns on basic hygiene practices in 29 schools in Dohuk.

WASH

During the first quarter of 2022, thanks to UNICEF’s support, 104,605 individuals (53,349 women and girls) gained access to a sufficient quantity of safe water for drinking, cooking and personal hygiene, against a target of 449,000 beneficiaries. Access to safe drinking water was provided through operation and maintenance of water facilities and networks and provision of water purification materials along with Water Quality Monitoring (WQM) – both in and out of camps. Of the above-mentioned beneficiaries, to reduce their exposure to waterborne disease, 50,311 people (25,650 women and girls) in Ninawa, Dohuk, Sulaymaniyah and Anbar also gained access to appropriately designed
and managed latrines through operation and maintenance of existing sanitation systems, desludging as well as solid waste management, against a planned target of 206,000 beneficiaries.

Furthermore, 126,751 IDP and returnee children and their families (64,600 women and girls) were reached with critical water, sanitation and hygiene supplies, including hygiene items, as well as with appropriate hygiene practices, social mobilization, and improved public awareness, including on COVID-19 infection prevention and control, against a planned target of 160,000 individuals.

**Communications for Development (C4D), Community Engagement & Accountability**

In 2022, UNICEF reached 33,372 individuals (17,019 women and girls) through messaging on prevention and access to services, against a planned target of 350,000 individuals. Of these, a total of 10,729 IDPs (5,585 women and girls) were reached with COVID-19 vaccination awareness in IDP camps in Dohuk, while 14,047 (7,190 women and girls) IDPs and returnees in formal and informal settlements were targeted with awareness raising interventions on child protection risks and mitigation measures in Erbil, Kirkuk and Sulaymaniyah. Furthermore, of the aforementioned beneficiaries, a total of 3,500 IDPs (1,691 women and girls) in informal settlements in Salah Al Din were reached with COVID-19 vaccination messages, while 5,096 returnees (2,305 women and girls) in Anbar were reached through a door-to-door social mobilization campaign on COVID-19 vaccination and routine immunization.

Additionally, in order to enhance accountability to affected populations, UNICEF conducted two community consultation sessions with the returnee community in Ninewa to determine the need for further thematic interventions or awareness creation; Focus Group Discussions (FGDs) engaged 70 individuals, against a target of 50,000 beneficiaries, including returnee students, on the quality and effectiveness of WASH interventions. 100 per cent of the participants mentioned that water is available inside the facilities, 91 per cent of the participants mentioned that soap is available, and 100 per cent of the participants mentioned that they feel accountable for maintaining the hygiene of the facilities in the school. In addition to that, an individual online survey was conducted with the returnee community in Qahtaniya, Ninewa, to understand their perception of the quality of supplied water in their area of residence. Based on the data, 70 per cent of the respondents mentioned that they are using the supplied/tap water for drinking and believe it is safe; 100 per cent of the participants mentioned that they clean their water storages regularly and are aware that drinking contaminated water can cause waterborne diseases.

**Emergency Preparedness and Response**

During quarter 1, the Humanitarian Needs Overview and the Humanitarian Response Plan for 2022 were launched. The Clusters shared with all partners a guidance document explaining the PIN, Acute PIN, targets, and prioritized activities for 2022. The WASH Cluster also released an updated technical guidance on standards for WASH interventions and hygiene kits for Iraq.

UNICEF is currently working on a resource mobilization plan to fund Durable Solutions, thus promoting the nexus approach.

**Humanitarian Leadership, Coordination and Strategy**

UNICEF continues to co-lead the WASH Cluster with Mercy Corps, the Education Cluster with Save the Children International, and the Child Protection Sub-Cluster (CPSC) with Save the Children International. UNICEF also continues to be an active member of the Health Cluster and of the Gender-Based Violence (GBV) Sub-Cluster.

With the decrease in the availability of humanitarian funding, the clusters closely monitor the ability of cluster partners, including UNICEF, to meet the continuing humanitarian needs of the target population. Discussions are being held with the Government of Iraq and the Kurdistan Regional Government on the need to share responsibilities to meet the humanitarian needs of IDPs and returnees in 2022.

The Clusters held a series of workshops with the Strategic Advisory Group and the Sub-National Cluster Coordinators to develop work plans and priorities for in 2022. It was agreed that two main areas of focus for 2022 would be
engagement with the Durable Solutions Technical Working Groups and Area Based Coordination mechanisms as well as cluster transition.

**Human Interest Stories and External Media**

**FB Post:** Gulya, 14, had to leave Sinjar years ago to live in an IDP Camp. As a displaced Yazidi girl, she still cannot go back to her home because it has not been cleared from explosives.

[English Twitter Post](#)  
[Arabic Twitter Post](#)  
[Instagram Post](#)

**FB Post:** Young people are key players to respond to emergencies by supporting their own communities.

[English Twitter Post](#)  
[Arabic Twitter Post](#)  
[Instagram Post](#)

**FB Post:** Senior Humanitarian Advisor, **USAID’s Bureau for Humanitarian Assistance** (BHA) and UNICEF visited Debaga camp in the Erbil Governorate to assess the progress of child protection program in support of vulnerable displaced women and children.

[English Twitter Post](#)  
[Arabic Twitter Post](#)  
[Instagram Post](#)

**FB Post:** With funding from the **EU International Partnerships** and as part of the integrated immunization and COVID-19 vaccination services campaign, UNICEF and the Ministry of Health today launched the campaign at Al-Sayadaa informal settlement for displaced populations in Kirkuk, Iraq.

[English Twitter Post](#)  
[Arabic Twitter Post](#)  
[Instagram Post](#)

**Next SitRep: July 2022**


Who to contact for further information?

- Ken Legins  
  UNICEF OIC Deputy Representative  
  Iraq Country Office  
  Tel: +39 083 105 2470 / 2490  
  Email: klegins@unicef.org

- Abdoulaye Seye  
  Chief of PMR  
  Iraq Country Office  
  Tel: +964 780 920 8628  
  Email: aseye@unicef.org

- Mads Oyen  
  Chief of Field Operations  
  Iraq Country Office  
  Tel: +964 780 920 8633  
  Email: moyen@unicef.org
## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2021 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
<th>2021 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of Children 0-59 months vaccinated against polio</td>
<td>332,000</td>
<td>332,000</td>
<td>7,450&lt;sup&gt;10&lt;/sup&gt;</td>
<td>7,450</td>
<td>332,000</td>
<td>7,450</td>
<td>7,450</td>
</tr>
<tr>
<td># of children and women accessing primary healthcare in UNICEF supported facilities</td>
<td>738,000</td>
<td>738,000</td>
<td>24,167&lt;sup&gt;11&lt;/sup&gt;</td>
<td>24,167</td>
<td>738,000</td>
<td>24,167</td>
<td>24,167</td>
</tr>
<tr>
<td># of health care facility staff and community health workers trained in infection prevention and control</td>
<td>5,000</td>
<td>5,000</td>
<td>100&lt;sup&gt;12&lt;/sup&gt;</td>
<td>100</td>
<td>5,000</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>369,000</td>
<td>369,000</td>
<td>87,637&lt;sup&gt;13&lt;/sup&gt;</td>
<td>87,637</td>
<td>369,000</td>
<td>87,637</td>
<td>87,637</td>
</tr>
<tr>
<td># of children aged 6 to 59 months receiving multiple micronutrient powders</td>
<td>24,300</td>
<td>24,300</td>
<td>9,208&lt;sup&gt;14&lt;/sup&gt;</td>
<td>9,208</td>
<td>24,300</td>
<td>9,208</td>
<td>9,208</td>
</tr>
<tr>
<td># children aged 0 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>243</td>
<td>243</td>
<td>67&lt;sup&gt;15&lt;/sup&gt;</td>
<td>67</td>
<td>243</td>
<td>67</td>
<td>67</td>
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<tr>
<td><strong>Child Protection, GBVIE &amp; PSEA</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children and parents/caregivers accessing mental health and psychosocial support</td>
<td>663,576</td>
<td>59,540</td>
<td>24,933&lt;sup&gt;16&lt;/sup&gt;</td>
<td>24,933</td>
<td>74,227</td>
<td>39,744</td>
<td></td>
</tr>
<tr>
<td># of women, girls and boys accessing gender-based violence risk mitigation, prevention and/ or response intervention</td>
<td>953,483</td>
<td>81,334</td>
<td>29,566&lt;sup&gt;17&lt;/sup&gt;</td>
<td>29,566</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers</td>
<td>663,576</td>
<td>81,334</td>
<td>27,439&lt;sup&gt;18&lt;/sup&gt;</td>
<td>27,439</td>
<td></td>
<td></td>
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<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children accessing formal or non-formal education</td>
<td>872,889</td>
<td>447,786</td>
<td>8,473&lt;sup&gt;19&lt;/sup&gt;</td>
<td>8,473</td>
<td>354,433</td>
<td>13,733</td>
<td></td>
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<tr>
<td># of children receiving individual learning materials</td>
<td>872,889</td>
<td>160,000</td>
<td>0&lt;sup&gt;20&lt;/sup&gt;</td>
<td>0</td>
<td>354,430</td>
<td>2,517</td>
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<tr>
<td># of children/adolescents accessing skills development programmes</td>
<td>77,155</td>
<td>30,000</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td># people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>1,229,485</td>
<td>449,000</td>
<td>104,605&lt;sup&gt;21&lt;/sup&gt;</td>
<td>104,605</td>
<td>859,265</td>
<td>94,508</td>
<td>94,508</td>
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<tr>
<td># people use safe and appropriate sanitation facilities</td>
<td>495,180</td>
<td>206,000</td>
<td>50,311&lt;sup&gt;22&lt;/sup&gt;</td>
<td>50,311</td>
<td>473,604</td>
<td>14,461</td>
<td>14,461</td>
</tr>
<tr>
<td># people reached with critical WASH supplies and services</td>
<td>578,233</td>
<td>160,000</td>
<td>126,751&lt;sup&gt;23&lt;/sup&gt;</td>
<td>126,751</td>
<td>291,743</td>
<td>96,026</td>
<td>96,026</td>
</tr>
</tbody>
</table>

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<sup>10</sup> UNICEF and IP response: 3,765 girls

<sup>11</sup> UNICEF and IP response: 12,325 women and girls

<sup>12</sup> UNICEF and IP response: 65 women

<sup>13</sup> 100 per cent women

<sup>14</sup> UNICEF and IP response: 4,511 girls

<sup>15</sup> UNICEF and IP response: 31 girls

<sup>16</sup> UNICEF and IP response: 11,996 women and girls. **Cluster:** 37,856 women and girls

<sup>17</sup> UNICEF and IP response: women and girls 14,191

<sup>18</sup> UNICEF and IP response: women and girls 13,170

<sup>19</sup> UNICEF and IP response: girls 5,473

<sup>20</sup> Offshore procurement process takes around 3-4 months to reach end users

<sup>21</sup> UNICEF and IP response: 53,349 women and girls. **Cluster:** 48,199 women and girls

<sup>22</sup> UNICEF and IP response: 25,650 women and girls. **Cluster:** 7,375 women and girls

<sup>23</sup> UNICEF and IP response: 64,600 women and girls. **Cluster:** 48,973 women and girls
## C4D, community engagement and AAP

<table>
<thead>
<tr>
<th># of people reached through messaging on prevention and access to services</th>
<th>4,000,000</th>
<th>350,000</th>
<th><strong>33,372</strong>&lt;sup&gt;24&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td># of people with access to established accountability mechanisms</td>
<td>50,000</td>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>

### Annex B

#### Funding Status*

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds Available</th>
<th>Funding Gap</th>
<th>Funding Gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>5,939,200</td>
<td>-</td>
<td>1,516,679</td>
<td>4,422,521</td>
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<td>Water, Sanitation and Hygiene</td>
<td>10,825,942</td>
<td>-</td>
<td>711,345</td>
<td>10,114,597</td>
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<td>Education</td>
<td>12,808,624</td>
<td>1,932,000</td>
<td>641,998</td>
<td>10,234,626</td>
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<tr>
<td>Child Protection</td>
<td>15,001,523</td>
<td>-</td>
<td>2,182,823</td>
<td>12,818,700</td>
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<tr>
<td>GBV Prevention and Response</td>
<td>5,668,802</td>
<td>594,000</td>
<td>-</td>
<td>5,074,802</td>
</tr>
<tr>
<td>PSEA</td>
<td>569,408</td>
<td>-</td>
<td>-</td>
<td>569,408</td>
</tr>
<tr>
<td>Adolescent Development and Participation</td>
<td>500,000</td>
<td>40,000</td>
<td>18,565</td>
<td>441,435</td>
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<tr>
<td>C4D, community engagement and AAP</td>
<td>874,800</td>
<td>-</td>
<td>438,427</td>
<td>436,373</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52,188,299</strong></td>
<td><strong>2,566,000</strong></td>
<td><strong>5,509,837</strong></td>
<td><strong>44,112,462</strong></td>
</tr>
</tbody>
</table>

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<sup>24</sup> UNICEF and IP response: 17,019 women and girls.