



# Zimbabwe

## Humanitarian Situation Report

Multi-hazard Situation Report #3 January 1– June 30, 2023

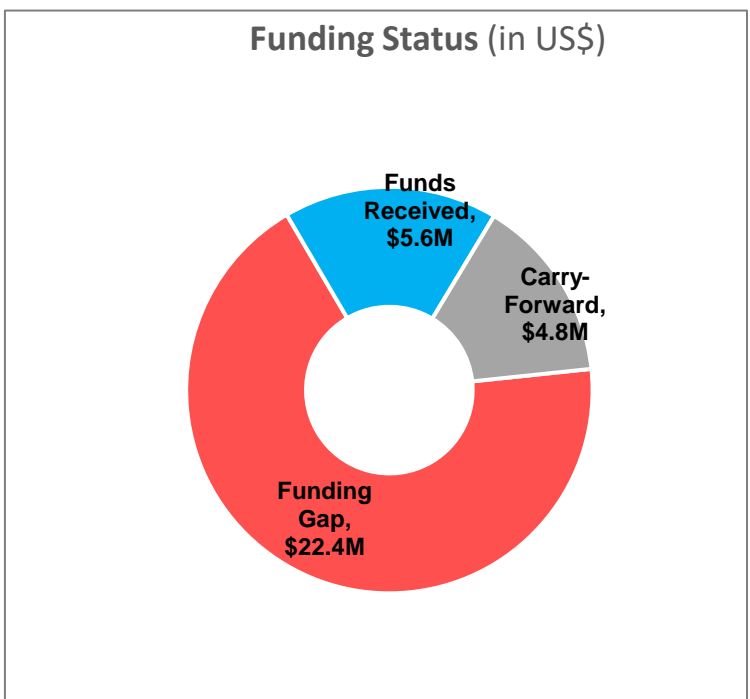
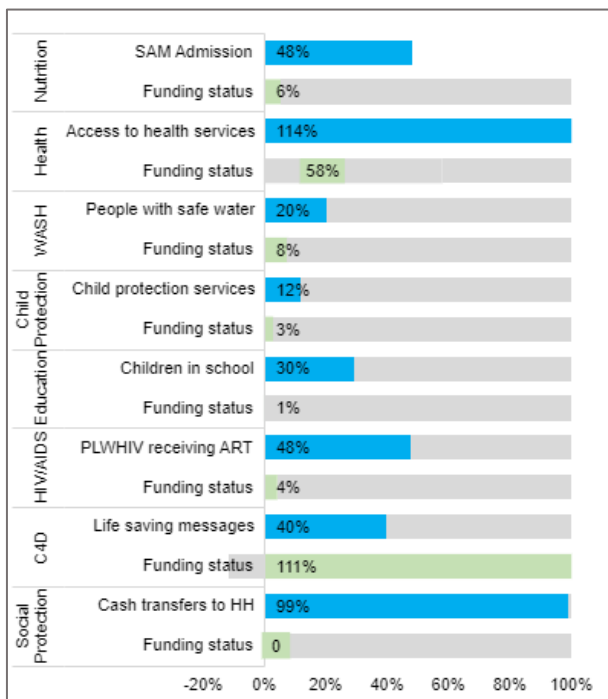
### Highlights

- A total of **4,295** children (2,355 girls and 1,940 boys), were treated for wasting during the first half of 2023.
- A total of **1,772,979 people** (418,216 males and 1,354,763 females) accessed essential primary health care against an annual target of 1,358,712 between January and June 2023.
- Between January and June 2023, **50,228 people** (23,300 Male; 26,988 Female, 108 People with disabilities) were provided with critical WASH supplies to enable 9,543 families to practice safe hygiene and **89,407 people** (40,933 male; 48,474 female) were provided with safe water for drinking and domestic purposes.
- A total of **8,273** people (67% female) accessed community based mental health and psychosocial support between January and June 2023.
- A total of **102,590** children (53,347 girls and 49,243 boys) were supported by UNICEF through provision of learning materials to continue accessing formal and non-formal education including early learning.
- UNICEF reached 3 million people with lifesaving messaging on hygiene promotion, including WASH practices for cholera prevention and cholera treatment through interpersonal and multimedia communication.
- As of June 2023, **16,877** (8,952 females) children aged 0 – 14 years, and **13,518** pregnant and lactating women continued to receive HIV treatment in UNICEF supported districts

### Situation in Numbers

- 2,000,000** children in need of humanitarian assistance (HAC 2023)
- 3,000,000** people in need (HAC 2023)
- 2,000,000** People to be reached (HAC 2023)
- 900,000** Children to be reached. (HAC 2023)

### UNICEF's Response and Funding



## Funding Overview and Partnerships

UNICEF is appealing for US\$ 32.8 million to meet the increased humanitarian needs in the country in 2023 because of the multiple hazards of drought worsened by El Nino events resulting in food and water scarcity, tropical storm Freddy, flash floods, diarrheal disease outbreaks, and the economic crisis. The funding enables UNICEF to provide critical humanitarian assistance to 3 million people including 2 million children in the affected areas. UNICEF Zimbabwe Country Office has received a total of US\$ 10.4 million (32% per cent of the total 2023 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 (CERF) and UNICEF Global Thematic.

## Situation Overview & Humanitarian Needs

Zimbabwe's humanitarian context remains fragile and complex, chronically grappling with climate induced shocks including floods and drought worsened by El Nino events resulting in food and water scarcity, compounded by economic instability, and regular disease outbreaks including typhoid, cholera, and measles. Currently, the country dealing with an outbreak of cholera since the 12th of February 2023 where cases were reported in Chegutu town, Mashonaland West Province, however, as of the 30th of June, 3,182 suspected cholera cases with 784 culture confirmed positive cases and 19 cholera confirmed deaths had been reported in all the ten provinces of the country.

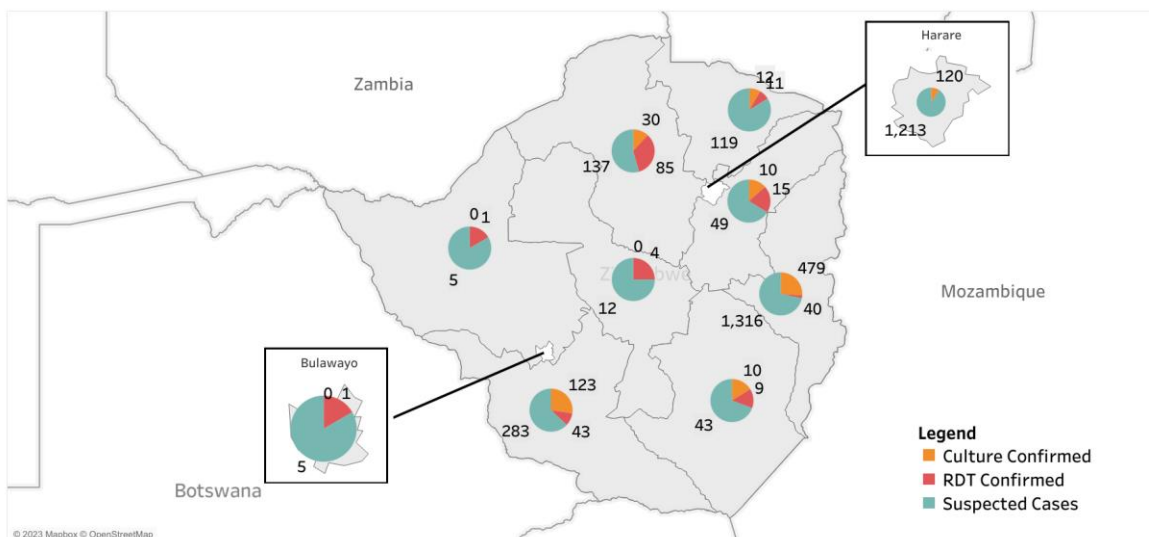


Figure 1: Cases and Deaths Distribution by Province. Data Source: Ministry of Health and Child Care (MOHCC) sitrep-30 June 2023

The 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 foregoing, rapid population growth in urban settings has resulted in communities settling in areas which are not serviced with water and proper sewer system. 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 are also 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. Unprecedented attrition of health frontline workers has also resulted in a shortage of staff to manage the outbreak. Through targeted distributions of critical WASH supplies and cluster/case area targeted interventions (CATIs) UNICEF in partnership with government and partners supported 9,543 families reaching a total of **50,228 people** (23,300 Male; 26,988 Female, 108 PLWD) with hygiene kits comprising soap for handwashing, household water treatment chemicals, water storage containers and Information, Education & Communication (IEC) materials in response to the cholera outbreak. In partnership with the Government and implementing partners, UNICEF reached **89,407 people** (40,933 male; 48,474 female) with safe water for drinking and domestic purposes through bucket chlorination, water trucking and rehabilitation of water supply infrastructure in the cholera affected districts.

UNICEF in collaboration with Ministry of Primary and Secondary Education (MoPSE) distributed hygiene supplies to 10,147 schools keeping **4,642,023 learners**, (2 325 056 girls and 2 316 967 boys) safe from cholera infection. Additionally, through interpersonal and multimedia communication, UNICEF reached 3 million people with lifesaving messaging on hygiene promotion, including WASH practices for cholera prevention and cholera treatment. Additionally, a total of **4,295 children** (2,355 girls and 1,940 boys), received treatment for wasting during the first half of the year.

Between January and June, a total of 8,273 people (67% female) accessed community-based mental health and psychosocial support, while UNICEF's emergency social cash transfers (ESCT) have extended to include new districts namely Binga, Rushinga, Mudzi, Mangwe and Makoni in Matabeleland, Mashonaland central, Mashonaland East, Matabeleland South and Manicaland Provinces reaching **24,814 families**.

## Summary Analysis of Programme Response



### Nutrition

Monthly nutrition sector coordination meetings have continued and are co-led by MoHCC and UNICEF. Emergency response and preparedness (ERP) training TORs were developed, and training of stakeholders will be conducted in the second half of the year and main outputs will include Zimbabwe ERP guideline, national and provincial ERP plans. Five partners received funding to support integration of cholera response with nutrition. Training package for integrated cholera response and nutrition was shared with nutrition sector partners and training of health workers on treatment of cholera in children with wasting and protection of breastfeeding during cholera will be rolled out through partners in July. Between January and June 2023, a total of **4,295** girls and boys were admitted for treatment of wasting, (**2,355** girls and 1,940 boys), in line with admissions for the same time last year. A Stock of 2000 boxes of RUTF was received in June, and more is in the pipeline. Therapeutic milks (F75 and F100) are in low supply and are also in the pipeline. More of both products is needed to ensure sufficient supply until the end of the year. Stock outs of these nutrition commodities continue to occur in some high burden facilities, and this is affecting the quality of programmes for treatment of wasting and reducing admissions. Vitamin A supplementation (VAS) has continued through health facilities and community platforms and 385,861 **children** received VAS between January and June (167,081 girls and 218,780 boys). In addition, **596,633 children** (308,707 girls and 287,926 boys) have been screened for wasting using MUAC in the community and 207,836 caregivers have received counselling on improving infant and young child feeding practices including through Care Groups. ZIMVAC urban assessment was completed, and results were shared with nutrition sector partners. ZimVAC rural assessment has also been completed, pending final approval and release.



### Health

Between January and June 2023, UNICEF, in coordination with the Ministry of Health and Child Care (MoHCC) and other partners, continued to support emergency preparedness and response activities for COVID-19 and cholera. During the first half of the year, **219,972 children** (109,523 girls, 110,619 boys) received the first dose of Measles Rubella 1 against an annual target of 450,000 children (48.9per cent) children. In addition, **1,772,979 people** (418,216 males and 1,354,763 females) accessed essential primary health care against an annual target of 1,358,712. Community and school-based Social and Behaviour Change (SBC) activities were also supported through partners to create demand for immunization services including for COVID-19 vaccination. As of the 30<sup>th</sup> of June 2023; **5,563,940** (49.5% female) of targeted people aged from 12 years and above had received their second dose of COVID-19 vaccination. There has been a decline in vaccination uptake though.

As of the 30<sup>th</sup> of June, 3,182 suspected cholera cases with 784 culture confirmed positive cases and 19 cholera confirmed deaths had been reported. All the provinces except Midlands and Bulawayo had reported culture positive cases with Manicaland Province reporting 61% of the cases. Case Fatality Rate (CFR) was 2.3%, way higher than the <1% WHO threshold. UNICEF in collaboration with various partners provided technical, financial, and material support to the MoHCC to respond to the outbreak. The support covered Coordination/ RRT/ Surveillance, IPC, Case Management and RCCE. With support from UNICEF, acute watery diarrhoea kits, high performance tents and IPC commodities were procured and distributed to the all the cholera hotspots. Intravenous fluids (ringer's lactate) were also procured and expected to be delivered by the end of July.

With funding from Norway, a total of 104 frontline health care workers including doctors, midwives and intensive care nurses were trained in timely and effective administration of oxygen to patients in need. UNICEF also provided technical and financial support for the third round of the Polio Supplementary Immunization Activity (SIA) which was conducted in May achieving 94.2% coverage.



## HIV and AIDS

During the reporting period, there was no change in the number of children living with HIV aged 0 – 14 years who were on treatment. As of June 2023, 16877 (8,952 females) children living with HIV aged 0 – 14 years, and 13,518 pregnant and lactating women continued to receive HIV treatment in UNICEF supported districts. The National AIDS Council has been supported to disseminate information to communities of PLHIV on continued adherence to treatment and to utilization of HIV services through community health workers, networks of PLHIV, and adolescent peer supporters in areas affected with the cholera outbreak. To date 80 (44 females) cadres have been orientated and have reached at least 400 community members in Beitbridge, Bikita, Chimanimani, Mutare and Zvimba districts.



## Water, Sanitation and Hygiene (WASH)

During the reporting period, UNICEF continued to play its WASH Cluster lead role by co-chairing the Emergency Strategic Advisory Group (ESAG) with the Ministry of Lands, Agriculture, Fisheries, Water and Rural Development (MoLAFWRD). In March, April, and June through three ESAG meetings, the WASH sector: a) provided inputs to reflect WASH in the MOHCC-led Cholera Emergency Preparedness and Response Plan, b) discussed and disseminated infection, prevention and control (IPC)/WASH strategies critical for the control and management of cholera, enabling alignment to the national strategy; and c) evaluated the WASH cluster response capacity that led to the dissemination of the 5W matrix.

In responding to the cholera outbreak, UNICEF – in support of the Government with funding from ECHO, USA CDC, EU, and Global Thematic fund and through implementing partners including WHH, Oxfam, Mercy Corps and Christian Care- has provided hygiene kits to 9,543 affected families, reaching a total of 50,228 people (23,300 Male; 26,988 Female, 108 PLWD). The kits contain handwashing soap, household water treatment chemicals, water storage and collection containers and IEC materials. Hygiene kits including sodium hypochlorite for disinfection were also sent to the Marange Apostolic Church in Mutare district for use during the month-long congregation in July 2023, and to (3) schools and (4) cholera treatment centres in Beitbridge and Harare. UNICEF has reached 366,002 people (162,587 Male; 207,416 Female; 990 people with disability (PWD) with hygiene messages on hand hygiene, water, and food safety in cholera-affected provinces.



*Figure 2: Distribution of hygiene kits (bucket with tap, jerrycan, soap and household water treatment chemicals) during Case Area Targeted Interventions in Glen View 3, the current epicentre of the cholera outbreak in Harare Province. Photo Credit: OXFAM/2023*

**89,407 people** (40,933 male; 48,474 female) have been reached with safe water interventions through 1 megalitre of trucked water and bulk water treatment through water vendors in Beitbridge (70,574), and through water point rehabilitation and or bucket chlorination at water points in Harare and Masvingo (18,833 people).



*Figure 3: A community health volunteer (CHV) in Beitbridge monitors the water treatment at a bulk water treatment point in Beitbridge(left). A CHV in Glen View conducting bucket chlorination at a community water point(right). Photo credits: WHH&UNICEF/2023*

42 sewer blockages have been resolved through UNICEF support for protective clothing, sewer rods and disinfectants in Beitbridge, Harare and Mutare. UNICEF, with MoHCC, and CDC trained (9) provincial rapid response teams in CATIS, which help interrupt and reduce cholera transmission between the case and neighbouring households. The CATIS approach has reached **1,401 households** in Harare.



*Figure 4: Environmental Health Provincial rapid response teams members from 3 provinces of Zimbabwe being trained on Case/Cluster Area Targeted Interventions (CATIS) in Harare. Photo credit: UNICEF/2023*

## Education

Between January and June 2023, UNICEF coordinated the Education Cluster with Save the Children. Six cluster coordination meetings were convened to discuss the loss of learning due to the Covid 19 pandemic, the preparedness and response efforts for the 2022/2023 rainfall season, cholera outbreak and preparedness for the upcoming elections. With the possibility of returnees from south Africa, UNICEF provided technical support to the Ministry of Primary and Secondary Education (MoPSE) to develop guidelines for integration into schools.

To ensure continued access to learning opportunities by learners, UNICEF provided 39 tents (72 sqm) for temporary learning, in response to windy storms that affected various districts including Gwanda, Mwenezi, Bubi, Hwange Lupane, Nkayi and Umguza. In addition, 500 ECD kits, 700 school-in-a-box kits and 525 recreational kits were distributed benefitting **102,590** learners (53,347 girls and 49,243 boys).

UNICEF also procured catch-up materials for **4,600,000** learners and supported finalising the sign language syllabus and teachers' guide to improve inclusive education, even during emergencies. To keep schools safe following the cholera outbreak in the country, UNICEF distributed hygiene supplies to primary and secondary schools across all provinces and the 17 cholera hotspot districts were covered. The supplies distributed include water purification tablets, 1702 Plastic buckets, 18670 (5litres) Chlorine, 1268 (5litres) Disinfectant, 3129 Knapsack Sprayers and 4089 Liquid Soap (5litres) benefitting **4,642,023** students, (2 325 056 girls and 2 316 967 boys).

To build resilience of the education Sector, UNICEF supported MoPSE in capacity building of 163 MoPSE staff (46 female and 117 male) at National, Provincial and District levels on the Disaster Risk Management and Resilience (DRMR) Plan and Manual. Furthermore, UNICEF supported MoPSE to develop a self-paced E-Learning Course for DRMR and has been uploaded on Learning Passport to promote access of the course.

In the next six months, July-December, UNICEF will continue to support MoPSE on DRMR trainings which is underway. UNICEF will support printing and dissemination of the DRMR manual, booklet on and DRM and Resilience Plan. With anticipated El Nino Forecast and potential impacts in Zimbabwe, UNICEF will support education cluster to develop El Nino Anticipatory Action plan.



## Child Protection

During the first half of the year UNICEF collaborated with the Ministry of Public Service, Labour and Social Welfare (MoPSSLW) and supported preparedness response plans for the multi-hazards associated cyclones, flooding and diarrhoeal disease outbreaks. As for response a standby humanitarian programme was activated in partnership with Child Protection Society (CPS). For Cholera response, prepositioned child protection emergency items were distributed to the respective emergency affected districts. UNICEF distributed disinfectants to 136 children's institutions reaching a total of over 4,000 children. Child Protection work with UNICEF Education sector with support from FCDO and KFW resulted in a total of 610 CCWs (64% female) and school-based staff members benefitting from child protection training. Community volunteers such as ARC's Sexual Health Advocates (SHAs) and MoPSSLW Community Childcare Workers (CCWs) who raised awareness beyond the project life of humanitarian work providing critical information and referral to services working under the auspices of the national Case Management System.

Child Protection drafted a preparedness response plan for the provision of care and support targeting 178,000 Zimbabwean holders of Zimbabwe Exemption Permits (ZEP) who were anticipated to return in June at the expire of their permits. CPIE surveillance plans were drafted for ongoing monitoring of the migration for 23 districts inclusive of ports of entry and exit Beitbridge and Plumtree.

Regional Psychosocial Support Initiative (REPSSI) Farm Orphan Support Trust (FOST) reached 70,068 (90% female) people with awareness on GBV and VAC prevention and services including safe reporting. For response, a total of 8,273 people (67% female) were reached with specialized psychosocial and medical support assistance. Furthermore, a total of 4,862 (96% female) women, girls and boys 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. This has resulted in comprehensive wrap around services for children, and especially women and girls survivors of VAC and GBV.

## Social Protection

UNICEF continues to provide direct support to households through its Emergency Social Cash Transfer (ESCT) Programmes. The ESCT, implemented in partnership with Goal and World Vision, reached a total of 83,299 individuals including over 38,000 children through its support to **24,814** households across the six districts of Beitbridge, Binga, Bulawayo, Chitungwiza, Lupane and Mufakose. The month of June was the last phase. Beitbridge and Bulawayo received their last entitlements. All the households under the ESCT will be transitioned to the Government Harmonised Social Cash Transfer programme. Validation of the beneficiaries is currently ongoing for the last districts. The target for the last cycle (31) for the 3 remaining districts Beitbridge and Bulawayo was 7045 households. 6950 households were reached, out of a target of 7045 achieving a 99%. The target for the month continued to reduce as some districts had reached their full entitlements and were handed over to the government HSCT programme.

In addition to this the programme is going to five new rural districts of Matabeleland North and South, Manicaland, Mashonaland East and Mashonaland Provinces under a new phase of support. The new districts are Binga, Rushinga, Mudzi, Mangwe and Makoni. In this new phase, the programme will combine nutrition and child protection services, as well as support to school feeding to P3 and satellite schools in five new districts. Registration has been completed in Mangwe, Mudzi and Karoi. Registration of households was completed in the first week of July. Registration and validation process have been paused and will resume after the Harmonized elections scheduled for August 2023. Data analyses is ongoing for the selection of beneficiaries. First cycle payment will commence after the harmonized elections. In these remaining districts UNICEF will support the Ministry of Public Service, Labour and Social Welfare to retarget its recipients under the Harmonized Social Cash Transfer Programme and support them with six monthly payments before handover back to the Government. The target is to support about 18 000 households across the 5 districts.

## Social Behaviour Change Communication (SBC), Community Engagement & Accountability

UNICEF, in partnership with Apostolic Women Empowerment Trust and Youth Advocates, conducted a community rapid assessment to assess the public's knowledge and understanding of measles, COVID-19 and HPV vaccinations, including signs and symptoms, recommended prevention practices, and acceptability of vaccination among the target population (6-14years). 76% of learners were aware of the symptoms of measles. Key insights generated informed updating of key messaging and door to door campaign on measles vaccination, contributing to a 10% increase in vaccination coverage rates in the prioritised 8 districts, compared to previous campaigns.

Between March and June, UNICEF conducted community rapid assessments, U Report poll and focus group discussions to understand the key behavioural and social drivers of cholera in Harare, Manicaland and Matabeleland South provinces. Adolescents and young people (15-23 years) poll revealed 40% of the respondents did not have access to clean water for cooking and drinking. Key findings informed RCCE interventions, multi-sectoral coordination, and collaboration. Cholera RCCE activities conducted in partnership with AWET and Plan International reached **3 million people** through, community, schools, radio and social media platforms. Cholera awareness campaigns were conducted during the Easter holiday, targeting places of worship, markets and transport hubs. AWET distributed 862 twenty-litre buckets, 562 water containers, 1,024 water guard bottles and 1,162 bars of soap to vulnerable households and religious gatherings in cholera hotspots. Plan International oriented, 48 school health coordinators in 25 schools on integrated hygiene promotion and protection messaging and reached **350,000 learners** in Harare, Chiredzi, Mwenezi and Beitbridge.

Between January and June **680,000 people** out of the 2 million targeted, shared their feedback through established community feedback mechanisms. On cholera response, communities raised concern on unavailability of clean water, inadequate sanitation facilities, and uncollected garbage as key factors contributing to increased risk of cholera in the surveyed communities. In Harare, the cost of clean water from water kiosks pegged at 20 Zimbabwean dollars for a 20litre bucket was considered as too high for an average family size, recommending the need to waiver these charges during cholera outbreaks.



*Figure 5: Harare city health promotion officer addressing apostolic sect on cholera prevention in Harare-Budiriro suburb. Photo Credit: AWET/2023*

## Strategy

UNICEF's humanitarian strategy is anchored on the core humanitarian principles of humanity, impartiality, neutrality, and independence. The strategy has four dimensions namely, strengthening coordination, increasing response capacity, social and behaviour change communication, and evidence-based monitoring. To address the risk of natural disasters, disease outbreaks and the deepening economic crisis, UNICEF is strengthening government-led national and district coordination structures' emergency preparedness and response capacity. Working with humanitarian partners, UNICEF is also strengthening coordination structures for the prevention of sexual exploitation and abuse to ensure that crisis-affected populations have access to appropriate prevention and response interventions and protection is prioritized. UNICEF is scaling up response capacity of its partners and cluster members through provision of technical and financial support to deliver multi-sectoral humanitarian responses. Social and behavior change communication (SBCC) is integrated across all sectoral programmes and comprises of a combination of community engagements through inter-personal communication and outreach through mass media, digital platforms, and data generation.

## 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](http://www.unicef.org/appeals/zimbabwe)

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

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## Annex A

## Summary of Programme Results

Sector	Cluster/Sector Response*				UNICEF and IPs					
	2022 target	Total results	Total results	Change since last report		2023 target	Total results		Change since last report	
				▲	▼		June		▲	▼
<b>Nutrition</b>										
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment						12 700	Girls Boys <b>Total</b>	3 405 2 754 <b>6 159</b>	1 864	▲
# of children aged 6-59 months screened for wasting						848 000	Girls Boys <b>Total</b>	553 099 511 147 <b>1 064 246</b>	467 613	▲
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling						300 000	Girls Boys <b>Total</b>	- - <b>378 824</b>	170 988	▲
# of children aged 6-59 months receiving Vitamin A supplementation						565 400	Girls Boys <b>Total</b>	297 331 324 322 <b>621 653</b>	235 792	▲
<b>Health</b>										
# of children aged 6 to 59 months vaccinated against measles						450 000	Female Male <b>Total</b>	109 523 110 619 <b>220 142</b>	86 803	▲
# of children and women accessing primary health care in UNICEF-supported facilities						1 559 735	Female Male <b>Total</b>	1 354 763 418 216 <b>1 772 979</b>	676 563	▲
<b>WASH</b>										
# of people accessing a sufficient quantity of safe water for drinking and domestic needs						495 000	Female Male PLWD* <b>Total</b>	53 088 47 686 25 <b>100 799</b>	59 103	▲
# of people reached with critical WASH supplies						275 000	Female Male PLWD* <b>Total</b>	36 221 32 825 136 <b>69 182</b>	26 908	▲
<b>Child Protection</b>										
# of children and caregivers accessing community-based mental health and psychosocial support						40 000	Female Male PLWD <b>Total</b>	5 554 2 719 - <b>8 273</b>	1 343	▲
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions						70 000	Female Male PLWD <b>Total</b>	4 683 179 - <b>4 862</b>	2 198	▲
						500	Female	21	40	▲

# of unaccompanied and separated children accessing family-based care or a suitable alternative						Male	19		
						PLWD	-		
						<b>Total</b>	<b>40</b>		
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers					60 000	Female	63 065	12 700	▲
						Male	7 003		
						PLWD	-		
						<b>Total</b>	<b>70 068</b>		
<b>Education</b>									
# of children accessing formal or non-formal education including early learning					314 100	Girls	53 347	95 240	▲
						Boys	49 243		
						<b>Total</b>	<b>102 590</b>		
<b>HIV/AIDS</b>									
# of pregnant and lactating women living with HIV receiving antiretroviral therapy					50 000	Female	20 879	-	—
						Male	12 594		
						<b>Total</b>	<b>33 473</b>		
<b>Social Protection</b>									
# of households reached with UNICEF funded multi-purpose humanitarian cash transfers					25 000	<b>Total</b>	<b>24 814</b>	(987)	▼
<b>C4D</b>									
# of people reached with messages on prevention and access to services					7 500 000	Female	1 560 862	2 153 658	▲
						Male	1 442 796		
						No disaggregation	-		
						<b>Total</b>	<b>3 003 658</b>		
# of people with access to established accountability mechanisms					2 500 000	Female	-	660 124	▲
						Male	-		
						No disaggregation	680 000		
						<b>Total</b>	<b>680 000</b>		

\*Compilation of cluster response figures for Nutrition, WASH, Child Protection and Education under finalization. PLWD – People living with disabilities.

## Annex B

### Funding Status

Sector	Requirements for 2023	Funds Available			Funding Gap	
		Received Current Year	Carry Over	Total Available	\$	%
Nutrition	7,100,000	123,570	309,779	433,349	6,666,651	94%
Health	8,000,000	2,288,530	3,012,348	5,300,878	2,699,122	34%
WASH	9,300,000	2,154,321	561,129	2,715,451	6,584,549	71%
Child Protection	2,000,000	314,408	36,770	351,178	1,648,822	82%
Education	5,025,350	80,881	0	80,881	4,944,469	98%
HIV & AIDS	400,000	39,035	5	39,040	360,960	90%
Social Protection	0	0	0	0	-	0%
Cross Sectoral (SBC, RCCE and AAP Activities)	1,000,000	586,676	909,895	1,496,571	(496,571)	(50%)
<b>Total</b>	<b>32,825,350</b>	<b>5,595,543</b>	<b>4,829,927</b>	<b>10,425,469</b>	<b>22,399,881</b>	<b>68%</b>

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