



# Zimbabwe

## Humanitarian Situation Report



**Multi-hazard Situation Report #5 September 1– October 31, 2023**

### Highlights

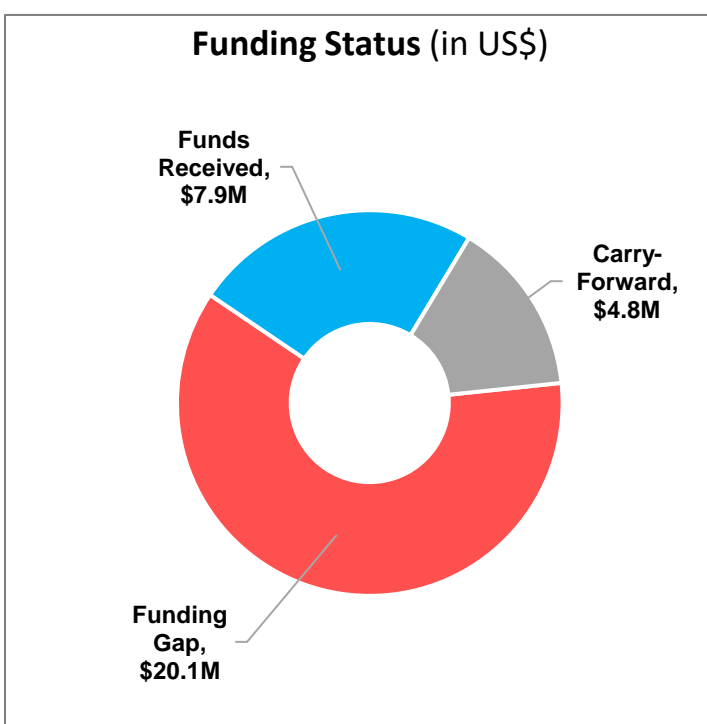
- A total of 8,676 children (3,917 girls and 4,759 boys), were treated for wasting between January and October 2023.
- A total of 2,648,898 people (1,218,493 children) accessed essential primary health care against an annual target of 1,559,735 between January and October 2023.
- Between January and October 2023, 246,500 people including 113,390 children were provided with safe water for drinking and domestic purposes. Additionally, 18,092 families (reaching 72,369 people including 32,290 children) with hygiene kits enabling them to practice safe hygiene.
- A total a total of 38,447 people, inclusive of women, girls and boys (95 per cent female) accessed gender-based violence risk mitigation, prevention or responses interventions between January and October 2023.
- A total of 226,032 children (113,208 girls and 112,824 boys) were supported by UNICEF through provision of learning materials to continue accessing formal and non-formal education including early learning.
- UNICEF reached 4.4 million people including 2 million children with lifesaving messaging on hygiene promotion, including WASH practices for cholera prevention and cholera treatment.

### 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

Nutrition	SAM Admission	68%
	Funding status	6%
Health	Access to health services	170%
	Funding status	70%
WASH	People with safe water	22%
	Funding status	41%
Child Protection	Child protection services	44%
	Funding status	50%
Education	Children in school	30%
	Funding status	2%
HIV/AIDS	PLWHIV receiving ART	48%
	Funding status	10%
SBC	Life saving messages	51%
	Funding status	175%

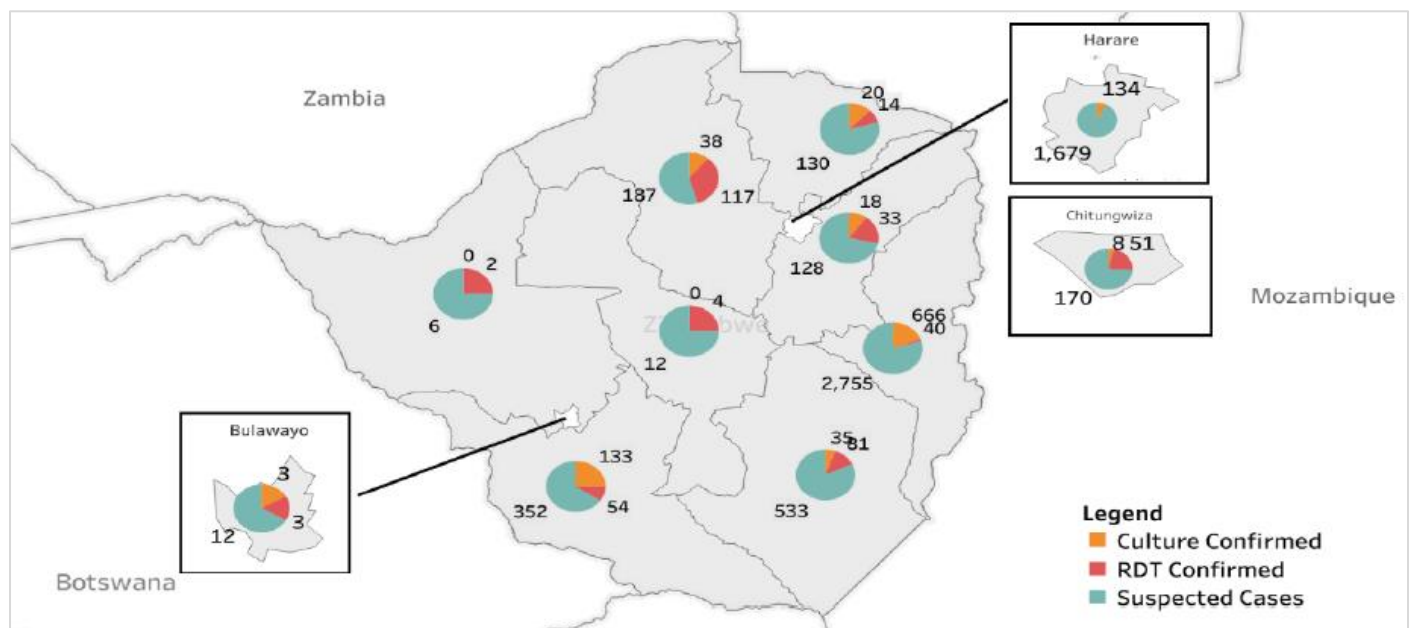


## Funding Overview and Partnerships

UNICEF is appealing for US\$ 32.8 million to meet the increased humanitarian needs in the country in 2023. This heightened need arises from the multiple hazards, including drought, Tropical Storm Freddy, flash floods, protracted cholera outbreak, and the economic crisis. The funding will enable 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\$ 12.8 million (39 per cent of the total 2023 funding requirement), thanks to the generous support from various donors, including 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, polio and measles. Currently the country is experiencing a protracted cholera outbreak which started on 12 February 2023 in Chegutu town, in Mashonaland West Province. During the reporting period, there has been a resurgence of cholera cases particularly in Harare, Manicaland and Masvingo Provinces. As of 31 October 2023, 6,112 suspected cases including 1,060 culture confirmed cases, 44 confirmed, and 125 suspected cholera deaths had been reported in all the 10 provinces of the country. The crude Case Fatality Rate (CFR) averaged 2.8 per cent against the <1 per cent WHO threshold.



Cholera Cases and Deaths Distribution by Province. Data Source: Ministry of Health and Child Care (MOHCC) sitrep as of 31 October 2023

The determinants of 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 such as 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. Unprecedented attrition of health frontline workers has also resulted in a shortage of staff to manage the outbreak. Insights from community social listening 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 collaboration with the Government and implementing partners, reached 246,500 people including 113,390 children 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 the targeted distribution of critical WASH supplies and cluster/case area targeted interventions (CATIs), UNICEF in collaboration with Government and other partners

supported 3,851 households (15,404 people) with hygiene kits comprising of soap for handwashing, household water treatment chemicals, water storage containers and information, education and communication (IEC) materials, to stop transmission of cholera cases between and among households. Cumulatively the CATIs have benefitted 72,369 people (32,290 children) in 18,092 families affected by the cholera outbreak.

UNICEF in collaboration with the Ministry of Health and Child Care (MoHCC) and through the National Pharmaceutical (NatPharm) systems, provided acute watery diarrhoea (AWD) kits and essential cholera commodities including Intravenous (IV) fluids, ringers lactate and high-performance tents to support cholera case management in 63 cholera treatment centres across the country which contributed to 5,857 recoveries. Additionally, UNICEF also provided technical and financial support for Harare and Manicaland Provinces to conduct cholera response intra action review to reflect on the lessons learned, successes, best practices, and difficulties experienced during the response since its onset.

Furthermore, between January and August, 38,447 people, including women, girls and boys (95 per cent female) 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

UNICEF continued to co-lead the Nutrition Cluster and two coordination meetings were held during the reporting period. Building on the National Emergency Response and Preparedness plan (ERP) developed in July, UNICEF, in collaboration with the MoHCC and the Food and Nutrition Council (FNC) led the development of an El Nino anticipatory action plan through the nutrition sector. Activities to strengthen the multi-systems community-based model (MCBM) for prevention of all forms of malnutrition and its structures to monitor and support delivery of activities through the Care Groups are underway. This has included a Food and Nutrition Security Committee (FNCS) Functionality Assessment and finalization of the MCBM toolkit. The national ERP has been finalized and is due for launch in November 2023.

Therapeutic foods are now in-country and UNICEF is working with the MoHCC to ensure proper distribution. The RUTF pipeline is now secure until the end of 2023, and orders have been placed to secure the pipeline for the first half of 2024. Admissions for treatment of wasting, which had reduced due to the stock-outs this year, increased slightly in September and October resulting in 8,676 children (3,917 girls and 4,759 boys) being treated for wasting between January and October 2023. A total of 1,012,585 children (509,378 girls and 503,207 boys) received Vitamin A Supplementation (VAS) between January and October 2023, and VAS was successfully integrated into the polio campaign carried out in September. Community-based middle upper arm circumference (MUAC) screening has continued with 1.8 million children (941,066 girls and 867,668 boys) screened from January to October 2023. Screening activities will be intensified towards the end of the year in the 29 high-priority districts (19 identified as high risk for the effects of El Nino) which will cause drought in Zimbabwe and negatively impact availability of nutrition dense foods. This will also include 10 districts which recorded a Global Acute Malnutrition of above five per cent in the Zimbabwe Vulnerability Assessment Committee (ZIMVAC) 2023 report. This will be done to closely monitor any increase in admissions due to the forecast El-Nino induced drought.



### Health

Between January and October 2023, UNICEF, in collaboration with the MoHCC and other partners, continued to support emergency preparedness and response activities for mainly cholera and recently polio. During the period under review, 342,272 children (170,128 girls, 174,644 boys) received the first dose of Measles Rubella 1 against an annual target of 450,000 children (76 per cent). In addition, 2,648,898 people (1,218,493 children) accessed essential primary health care against an annual target of 1,559,735.

On 12 February 2023, Zimbabwe reported the first cholera cases in Chegutu, Mashonaland West Province and by 31 October 2023, a total of 6,112 suspected cases including 1,060 culture confirmed cases and 44 confirmed and 125 suspected cholera deaths had been reported. Eight (8) of the 10 provinces have reported culture confirmed cases while

all provinces had reported rapid test confirmed cases. Harare and Manicaland Provinces have contributed 74 per cent of the case load. The crude Case Fatality Rate (CFR) averaged 2.8 per cent against the <1 per cent WHO threshold.

UNICEF provided technical and financial support for the ongoing cholera outbreak through support to outbreak coordination, case management, Infection Prevention and Control (IPC), surveillance, and Risk-Communication-Community-Engagement (RCCE) pillars under the incident management system activated on the 27 October 2023. Partnerships with five previously WASH-only NGOs were established to improve availability at subnational level of essential supplies, and for capacity building of clinical/non-clinical staff and village health workers (VHWs). AWD kits, high performance tents and IPC commodities were procured and distributed to all outbreak districts. IV fluids (ringer's lactate) were additionally procured. Integrating joint WASH and Health support through UNICEF's NGO partners introduced efficiencies that helped achieve more with limited funding. All outbreaks of cholera during this reporting period were detected and followed up within the recommended 48 hrs and effectively contained.



*Ringer's Lactate procured with UNICEF support at NatPharm Harare main stores awaiting distribution to various cholera treatment centres (CTC) (Rutendo Bamhare/UNICEF/2023)*

COVID-19 vaccination was supported through integrated vaccination outreach. Medical oxygen therapy remains a key service despite the COVID-19 pandemic subsiding. The programme also pursued broader medical oxygen systems strengthening mainly through capacity building of MoHCC staff, strategy development, medical oxygen reticulation and installation of Pressure Swing Adsorption (PSA) plants at two provincial hospitals. The PSA plants are now in country and installation will in Q1 of 2024. As of 31 October, a total of 140 MoHCC staff (Handymen, Biomedical Engineers/Technicians and Ambulance technicians) had been trained in maintenance and repairs of the oxygen equipment)

## HIV and AIDS

During the reporting period, there was an increase in the number of children living with HIV aged 0 – 14 years who were receiving treatment. As of October, 17,097 (9,027 girls) children living with HIV aged 0 – 14 years, and 19,257 pregnant and lactating women continued to receive HIV treatment in UNICEF supported districts.

Using the U-Report platform, UNICEF launched a chatbot, specifically designed to disseminate information to adolescents and young people. The primary objective is to raise awareness and capacitate adolescents to contribute to prevention, early detection, preparedness, and response efforts to contain outbreaks. The chatbot also promotes health seeking behaviour among adolescents and young people aged 15 – 24 years. To date 1,837 adolescents and young people have accessed the chatbot and information gaps are on knowledge related to cholera prevention and response. An action plan is under development to engage and sensitize adolescents and young people to play a role in containing infectious diseases outbreaks within their communities.

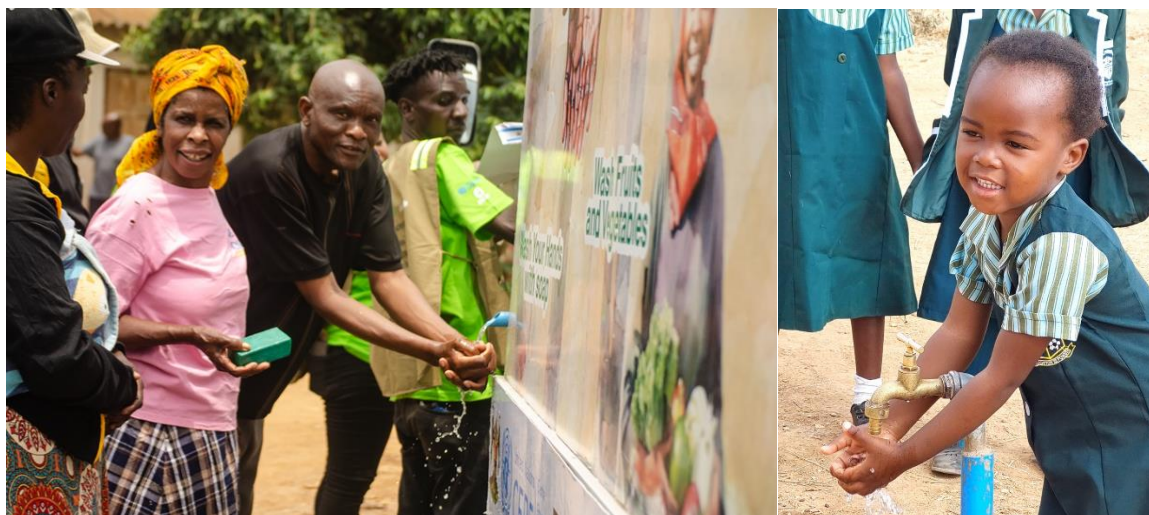
## Water, Sanitation and Hygiene (WASH)

During the reporting period, UNICEF continued to play its WASH Sector lead role by co-chairing the Emergency Strategic Advisory Group (ESAG) with the Ministry of Lands, Agriculture, Fisheries, Water and Rural Development (MoLAFWRD). Two ESAG meetings were held and the WASH sector discussed infection, prevention, and control (IPC) WASH strategies critical for the control and management of cholera, in alignment to the national strategy. Additionally, the WASH sector developed the draft EI Nino response plan for the sector which is projected to reach 80 per cent of people in need. In October the Public Health Emergency Operational Centre (PHEOC) and incident management system (IMS) was activated. The WASH sector deployed the 5W information management tracking tool to capture activities being implemented by different partners for strengthened WASH IPC pillar response coordination.

A total of 246,500 people including 113,390 children have been reached with safe water interventions through, water point rehabilitation and or bucket chlorination at water points in Harare, Mutare, Chipinge, Chimanimani, and Masvingo. A total of 178,838 people were reached with water trucking (1 mega litre), and bulk water treatment through water vendors who reached 70,574 people in Beitbridge. Additionally, UNICEF reached 3,851 households (15,404 people) in Harare, Beitbridge, UMP and Manicaland Province with CATIs, to stop transmission of cholera cases between and among households.

In response to the cholera outbreak, UNICEF is collaborating with the Government, and works in partnership with NGOs namely Welt Hunger Hilfe, Oxfam, Mercy Corps, Africa Ahead and Christian Care to deliver humanitarian assistance. Through Government and NGO partners, UNICEF has distributed hygiene kits (soap, household water treatment chemicals, jerry cans, and handwashing buckets) to 18,092 families reaching 72,369 people including 32,290 children. Additionally, UNICEF, through partners, distributed hygiene kits to 16 schools in Chitungwiza reaching 14,053 learners (7,326 girls and 6,727 boys).

UNICEF has reached over 588,131 people (270,540 children) with cholera prevention messages through interpersonal communication, radio shows and roadshows in Harare, Manicaland, Masvingo, Chitungwiza and Bulawayo provinces. Community, schools, and market health clubs are also being engaged in Harare to spearhead cholera messaging dissemination.



*Empowering Budiriro communities in Harare and young children in the Mutsinza Primary School, Bikita District; by promoting handwashing to combat cholera. Photo credits: Oxfam/Christian Care/2023*

 **Education**

During the reporting period, UNICEF continued to co-lead the Education Cluster with Save the Children and the Ministry of Primary and Secondary Education (MoPSE). Through UNICEF's co-leadership role for the Education cluster, partners coordinated to develop the Education Sector's Anticipatory Action Plan for forecasted El Niño induced drought. UNICEF also coordinated the Education Cluster partners to provide high performance tents as alternative learning spaces following a windy storm which caused infrastructural damages to 88 schools across the country, according to data collated using UNICEF's school damage tracker. Sub-nationally, UNICEF coordinated with District Schools Inspectors (DSIs) to ensure equitable and timeous distribution of prepositioned Education in Emergencies (EiE) supplies, including tents.

Following a spike in cholera cases in September and October, UNICEF distributed hygiene supplies comprising chlorine, knapsack sprayers and water purification tablets to all schools in Manicaland, Mashonaland East and Masvingo Provinces. The supplies benefitted 104,625 of the most vulnerable learners (52,265 girls and 52,360 boys).

Additionally, UNICEF conducted three field visits to Mwenezi, Chiredzi, Muzarabani, Mbire and Mudzi districts to inspect Government sub-national storage spaces for prepositioning of EiE supplies. This will enable efficient and coordinated emergency preparedness and response as well as enable deployment of contingency EiE supplies to enable swift disaster response by UNICEF and MoPSE to affected schools. UNICEF has started distributing Disaster Risk Management and Resilience (DRMR) Plans for the Education Sector in Zimbabwe, DRMR manuals for schools and booklets on Basic Preparedness and Natural Hazards for Form 1 to 4 learners. This aims to build capacity and prepare the Education Sector at all levels, including learners, for emergency preparedness, response and recovery work. In the next reporting cycle, UNICEF will continue to co-lead the Education Cluster and prioritize distribution of hygiene supplies for all primary and secondary schools in the remaining seven provinces to ensure strengthened infection, prevention, and control for cholera in schools.

 **Child Protection**

UNICEF continued to collaborate with the Ministry of Public Service, Labour and Social Welfare (MoPSSLW) and other Government stakeholders including the Civil Protection Unit, and supported preparedness response plans for the multi-hazards including cholera, drought and migration. A standby humanitarian programme was activated in partnership with Child Protection Society (CPS) and this enabled UNICEF to deliver protection services to children on the move and a total of 215 returnees (10 female and 205 male) were reached with hygiene information and cholera prevention at the reception centre. A total of 136 registered institutions benefitted from the assistance with a total enrolment of over 4,000 children. UNICEF continues to track cholera incidences in residential care facilities through its partner, CPS.

The local authority members in Beitbridge were sensitized on Prevention of Sexual Exploitation and Abuse (PSEA) and GBV and the district was supported to develop cholera response plans that integrated GBV risk mitigation, response and reporting mechanisms. The sensitization targeted Rapid Response Teams, Provincial Water and Sanitation Sub-Committees and community systems such as Community Health Clubs, covering GBV (risk mitigation, prevention and or response).

UNICEF, in collaboration with partners provided community-based mental health and psychosocial support to 30,567 people, including children and caregivers (59 per cent female). A total of 38,447 people (95 per cent female), including women, girls and boys were reached with gender-based violence risk mitigation, prevention or responses interventions. Furthermore, 81,939 people (86 per cent female) were able to utilize a safe and accessible channel to report sexual exploitation and abuse. This has resulted in comprehensive wrap around services for children, and especially women and girls including survivors of violence against children (VAC) and GBV. Valuable insights were gained through the mainstreaming of protection issues in the cholera response. A lesson learned is that it is critical to have community-based cholera factsheets, improved child protection surveillance system and promote better community hygiene practices. It is also essential to enhance sensitization on available services including service referral pathways that are accessible to those affected households for comprehensive response delivery.



## Social Protection

The Emergency Social Cash Transfers (ESCT) programme is being implemented in five new rural districts in 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. The programme is combining nutrition and child protection services, as well as support towards school feeding for disadvantaged rural primary schools in five new districts. During the reporting period, validation process was done in Karoi-Hurungwe, Mangwe and Mudzi districts. The validation process was done to check for the inclusion and exclusion errors of households registered for the ESCT programme. A sample of 1,110 households were validated in the three districts, and 87 households (eight per cent) which did not meet the targeting criteria were removed from the beneficiary list. Registrations for the remaining districts Rushinga, Binga and Makoni started in October and finished mid-November. ESCT disbursements to 8,618 households in Karoi-Hurungwe, Mangwe and Mudzi districts are expected to start in the month of November.

District inception meetings were conducted in Makoni, Mangwe, Binga, Rushinga and Mudzi districts. District stakeholders including government ministries, partners and councillors attended the meetings. UNICEF and MoPSE gave an overview of the ESCT programme, School Improvement Grants (SIG) and the home-grown school feeding programme. District sensitization meetings were aimed at outlining the overview of SIG modality, utilization and criteria for school feeding programme.

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

UNICEF in partnership with MoHCC and World Vision supported capacity strengthening of Risk Communication and Community Engagement (RCCE) subnational committees in cholera hotspots, namely, Harare, Buhera, Mutare, Bikita, Zaka, Gutu and Chiredzi. The committees comprise 25 members from department of Civil Protection, local authorities, government ministries, Civil Society organisations, religious leadership structures and youth networks responsible for coordinating risk communication and community engagement on prevailing hazards and public health emergencies. The RCCE subnational committees developed costed cholera RCCE micro-plans, conducted mapping of at-risk groups and coordinated public information campaigns through roadshows and street hailing to raise awareness of cholera and promote adoption of cholera prevention behaviours. Through these initiatives, 7,000 people were reached with lifesaving messaging on cholera prevention in seven districts.

RCCE activities conducted in partnership with Apostolic Women Empowerment Trust (AWET) and Plan International reached 1,348,420 people, including 85,000 children in primary and secondary schools in targeted cholera hotspots. Cumulatively, 4.4 million people were reached with lifesaving messaging from a target of 7.5 million. AWET integrated cholera prevention and hygiene promotion messaging in immunization demand creation activities. AWET conducted dialogues with 1,200 men in 11 low immunization coverage districts to harness support of men in addressing patriarchal and cultural beliefs, misconceptions, and logistical challenges that hinder uptake of immunization services. In addition, door to door campaigns conducted through the Behaviour Change Facilitators network to promote immunization uptake reached 3,300 women through care groups.

Under the partnership between UNICEF and Plan International, members of school health clubs at six schools developed attention grabbing art murals that are constantly reminding learners to practice hygiene behaviours to prevent diarrhoea diseases. A total of 530 school health club members participated in the co-creation of messaging that underscores the learners' desire for a clean, safe community. In addition, a youth-led radio programme aired on Avuxeni FM produced 10 radio episodes, reaching 100,000 listeners.

Between September and October, 230,000 people shared their feedback through established community feedback mechanisms and these were channelled through the UNICEF supported Implementing Partners platforms. Children who participated in the creation of art murals to amplify hygiene messaging appreciated the co-creation process for bolstering their creative thinking and acquisition of skills in art. Feedback received through care groups highlighted that the main reasons for missed immunization doses were caregivers forgetting appointments, migration/relocation of the caregiver and fear of being labelled an irresponsible parent after misplacing the child vaccination card. The feedback has been incorporated in discussion topics for care group meetings to address the information gaps.

UNICEF plans to conduct a rapid qualitative assessment of community perceptions towards cholera in Manicaland, Harare and Chitungwiza to better understand transmission dynamics and generate social data to inform decision making. UNICEF will also support a multi-media festive season campaign to alert communities on the risky behaviours that may

fuel transmission during the December/January festive season, raise awareness and promote water treatment at household level to break the transmission cycle.

Under the El Nino Anticipatory Action plan, UNICEF has initiated adaptation of a U-Report package which includes introductory messages, informative messages, safety tips, a poll to assess preparedness, emergency contacts, and a feedback message. The package aims to provide essential information, encourage preparedness, and foster community engagement in the event of an El Niño induced drought.

## 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	
						October			
				▲ ▼ —				▲ ▼ —	
<b>Nutrition</b>									
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment					12 700	Girls	3 917	2 517	▲
						Boys	4 759		
						Total	8 676		
# of children aged 6-59 months screened for wasting					848 000	Girls	941 066	744 488	▲
						Boys	867 668		
						Total	1 808 734		
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling					300 000	Girls	-	275 642	▲
						Boys	-		
						Total	654 466		
# of children aged 6-59 months receiving Vitamin A supplementation					565 400	Girls	509 378	390 932	▲
						Boys	503 207		
						Total	1 012 585		
<b>Health</b>									
# of children aged 6 to 59 months vaccinated against measles					450 000	Female	170 128	122 630	▲
						Male	172 644		
						Total	342 772		
# of children and women accessing primary health care in UNICEF-supported facilities					1 559 735	Female	2 021 851	875 919	▲
						Male	627 047		
						Total	2 648 898		
<b>WASH</b>									
# of people accessing a sufficient quantity of safe water for drinking and domestic needs					495 000	Female	133 804	136 690	▲
						Male	33 605		
						PLWD*	136		
						Total	246 500		
# of people reached with critical WASH supplies					275 000	Female	38 628	1 889	▲
						Male	33 605		
						PLWD*	136		
						Total	72 369		
<b>Child Protection</b>									
# of children and caregivers accessing community-based mental health and psychosocial support					40 000	Female	17 938	64 096	▲
						Male	12 629		
						PLWD	136		
						Total	72 369		
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions					70 000	Female	36 657	31 024	▲
						Male	1 790		
						PLWD	-		
						Total	38 447		

# of unaccompanied and separated children accessing family-based care or a suitable alternative	500	Female	31	215	▲
		Male	224		
		PLWD	-		
		Total	255		
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	60 000	Female	70 273	9 310	▲
		Male	11 666		
		PLWD	-		
		Total	81 939		
<b>Education</b>					
# of children accessing formal or non-formal education including early learning	314 100	Girls	113 208	123 442	▲
		Boys	112 824		
		Total	226 032		
<b>HIV/AIDS</b>					
# of pregnant and lactating women living with HIV receiving antiretroviral therapy	50 000	Female	20 879	-	—
		Male	12 594		
		Total	33 473		
<b>Social Protection</b>					
# of households reached with UNICEF funded multi-purpose humanitarian cash transfers	25 000	Total	24 820	-	—
<b>SBC</b>					
# of people reached with messages on prevention and access to services	7 500 000	Female	1 977 939	460 000	▲
		Male	1 835 719		
		Total	3 813 658		
# of people with access to established accountability mechanisms	2 500 000	Female	-	360	▲
		Male	-		
		Total	865 360		

## Annex B

### Funding Status

Sector	Requirements for 2023	Funds Received	Carry Over	Total Available	Funding Gap	Funding gap %
Nutrition	7,100,000	129,925	309,779	439,704	6,660,296	94%
Health	8,000,000	2,599,181	3,012,348	5,611,529	2,388,471	30%
WASH	9,300,000	3,275,091	561,129	3,836,220	5,463,780	59%
Child Protection	2,000,000	962,408	36,770	999,178	1,000,822	50%
Education	5,025,350	80,881	-	80,881	4,944,469	98%
HIV & AIDS	400,000	40,547	5	40,552	359,448	90%
Cross Sectoral (SBC, RCCE & AAP activities)	1,000,000	844,275	909,895	1,754,170	-754,170	(75%)
<b>Total</b>	<b>32,825,350</b>	<b>7,932,308</b>	<b>4,829,926</b>	<b>12,755,034</b>	<b>20,070,316</b>	<b>61%</b>

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