

Afghanistan

Humanitarian Situation Report 1 – 30 April 2024 Report # 4

unicef
for every child

Reporting Period: 1 – 30 April 2024

Highlights

- Between 10 and 16 April 2024, Afghanistan experienced heavy rains and flash floods across the central, central highlands, northern, northeastern, southern and western regions. Preliminary reports indicated that almost 1,590 families were affected, with 35 people killed, another 47 people injured, and 46 families displaced.
- Over 557,000 Afghan returnees from Pakistan were reported between 15 September 2023 to 20 April 2024, of which 20 per cent are estimated to be children.
- Over 4 million people received basic and essential health and nutrition services at UNICEF supported health facilities.
- 858,776 children under five were screened for wasting, of which 31,245 children (56 per cent girls) were admitted for treatment.

Situation in numbers

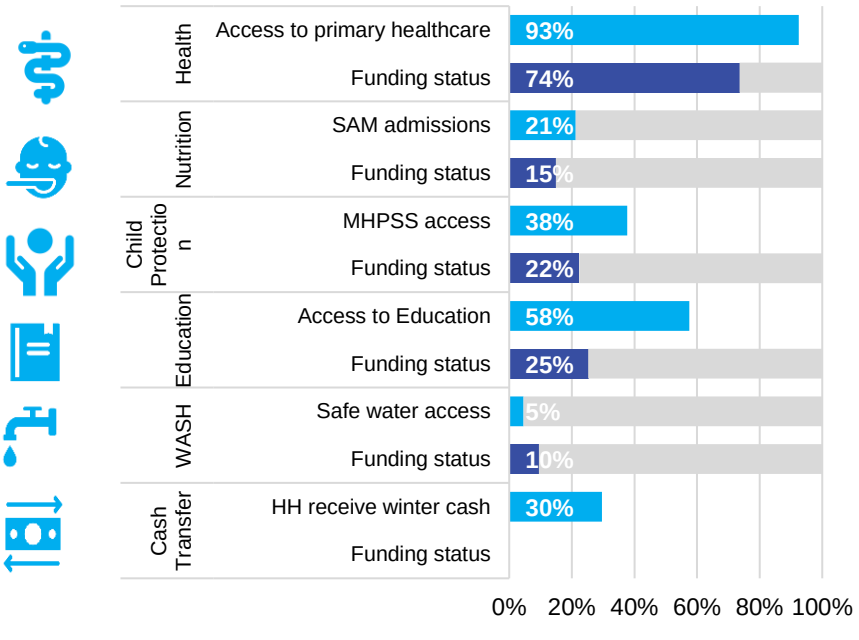
23.7M
People in need of humanitarian assistance (HNRP 2024)

12.3M
Children in need of humanitarian assistance (HNRP 2024)

857,155
Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2024)

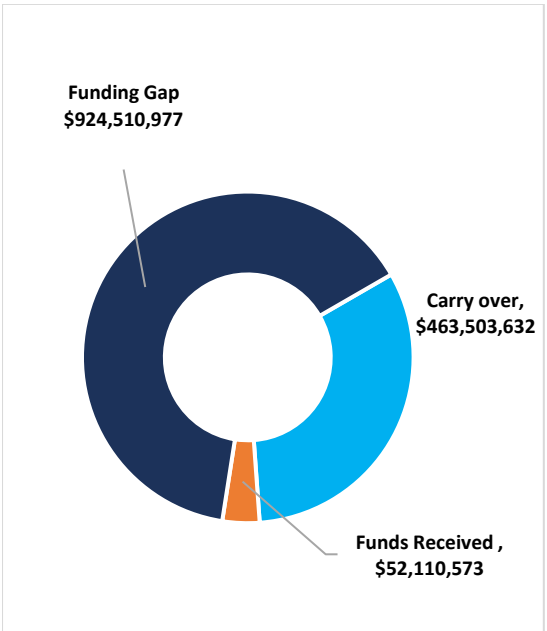
17.9M
People in need of humanitarian health assistance (HNRP 2024).

UNICEF's Response and Funding Status



UNICEF Appeal 2024

US$ 1,440,125,182



Funding Overview and Partnerships

UNICEF Afghanistan expresses sincere gratitude to all public and private sector donors for contributions received. As of 30 April 2024, the Humanitarian Action for Children (HAC) appeal for 2024 requiring an overall budget of US$ 1.4 billion is 35.8 per cent funded. This includes flexible emergency funding from both public and private partners, which will enable UNICEF to continuously respond to rising and sudden needs. UNICEF is grateful to the People's Republic of China; the European Union; and His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the United Arab Emirates and Ruler of Abu Dhabi; as well as UNICEF's extensive family of National Committees for contributions received in February 2024. UNICEF will continue to partner with donors to ensure sufficient resources are mobilized to address the needs of children and communities in Afghanistan.

Situation Overview & Humanitarian Needs

In April 2024, Afghanistan experienced severe flooding due to heavy rainfall, significantly impacting various regions across the country. Between 10 and 16 April, flash floods affected the central, central highlands, northern, northeastern, southern, and western regions, displacing 46 families, killing 35 people, and injuring an additional 47 people. Over 930 homes were damaged or destroyed, and extensive agricultural losses were reported, including 63,700 acres of farmland and 490 livestock. The most severely affected provinces were Badghis, Farah, Helmand, Kabul, Kandahar, Laghman, Nangahar, Parwan, and Uruzgan. Key infrastructure, such as roads and bridges, were also damaged, disrupting transportation, and hampering aid delivery[1].



OCHA floods update: 17 April 2024

Afghanistan remains highly susceptible to epidemic-prone diseases. The epidemiological curve of suspected measles cases showed a significant rise in April 2024, reversing a previous four-week decline. Between 21 and 27 April, 1,569 suspected cases and four associated deaths were reported, indicating a 19.2 per cent increase in suspected cases compared to the preceding week. The deaths were reported from Helmand (2), Kabul (1), and Parwan (1) provinces, all involving children under the age of five, with half of them female. Since the beginning of 2024, 600,934 suspected measles cases and 98 deaths (CFR=0.5 per cent) have been reported. Among these cases, 16,358 (80.5 per cent) were under-five children, and 9,170 (45.1 per cent) were females.

The epidemiological curve for acute respiratory infection (ARI) showed a steady decline since week 7 of 2024, following the typical seasonal increase observed during winter. However, an uptick was noted in the past two weeks. During week 17 of 2024, a total of 27,521 ARI pneumonia cases and 44 associated deaths were reported, representing an 11.1 percent increase in cases compared to the preceding week. Since the beginning of the year, 600,934 ARI cases and 1,373 deaths (CFR=0.2 per cent) have been reported from 34 provinces. Out of the total cases, 379,563 (63.2 per cent) were children under the age of five, and 296,738 (49.4 per cent) were females. Among the total deaths, 1,211 (88.2 per cent) were children under the age of five, and 621 (45.2 per cent) were female. The current number of cases is higher than the average reported during the three preceding years (2020-2022), likely due to improved reporting from enhanced surveillance systems.

Acute watery diarrhoea (AWD) cases saw a significant rise during April 2024. During week 17, 2,584 AWD cases with two associated deaths were reported. Since the beginning of 2024, 33,307 AWD cases and 16 deaths (CFR=0.05 per cent) have been reported. The recent floods exacerbated the situation, increasing the number of cases. Cases of Crimean-Congo Haemorrhagic Fever (CCHF) and dengue fever were also reported during this period. Since the beginning of 2024, 93 suspected CCHF cases and 2 deaths (CFR=2.2 per cent) have been reported, while 702 suspected dengue fever cases with no associated deaths have been reported[2].

[1] OCHA Afghanistan Floods Update, April 2024
[2] Afghanistan Infectious Disease Outbreaks Situation Report| Epidemiological week # 17, April 2024

UNICEF continues to troubleshoot access constraints at the national and sub-national levels through advocacy and engagement to negotiate solutions ensuring principled aid delivery. Additionally, UNICEF plays a key role in the inter-agency coordination mechanisms to support a coordinated approach and negotiate access.

Summary Analysis of Programme Response

Health

In April, UNICEF-supported health facilities provided 4,541,921 people with basic and essential health and nutrition services, with half of them (2,269,280) children under five years. UNICEF continued to support 2,406 fixed healthcare facilities at the primary, secondary, and tertiary levels. To ensure these health facilities maintained the required human resources, UNICEF provided salaries to 27,865 healthcare workers in April (39 per cent were female health workers compared to 37 per cent in March).

As many Afghans live in remote areas, UNICEF supported 16 mobile health and nutrition teams (MHNTs) to reach these locations. In April, UNICEF-supported MHNTs reached 16,781 people with essential health and nutrition services, half of whom were children under five. To operationalize MHNTs, UNICEF supported 61 healthcare workers (36 male and 25 female).

UNICEF staff and extenders conducted 684 monitoring visits to health facilities in April, a significant effort to ensure quality of services. These visits revealed that 96 per cent of supported facilities provide maternal and child health services, 88 per cent provide immunization services, and 97 per cent provide nutrition services, demonstrating a consistent level of service provision. Additionally, 81 per cent had proper emergency rooms, while 97 per cent can provide ambulance services, indicating a high level of preparedness. However, there is room for improvement, as only a quarter of visited health facilities had proper sanitation facilities, and 74 per cent had gender-segregated toilets.

As part of the overall support to strengthen primary healthcare services at the community level, UNICEF supported Community Health Workers (CHWs) to treat 83,939 cases of ARI and 56,668 cases of diarrhoea across 15,241 health posts. In addition, 42,602 ARI cases and 21,379 diarrhoea cases were referred to health facilities for further management. Furthermore, Community Health Workers conducted 64,726 ante-natal care and 43,506 post-natal care home visits to improve the quality of care provided.

To enhance AWD preparedness and response, UNICEF prepositioned 1,175 AWD kits in high-risk locations in anticipation of any upsurge in AWD cases.

As part of UNICEF's support to routine immunization activities and to interrupt measles transmission, UNICEF reached 88,748 children with measles vaccinations, 102,313 children were provided with Pentavalent 3 vaccines, and 133,310 people were vaccinated against COVID-19.

Nutrition

UNICEF efforts to enhance nutrition services continue to show results, with over 3,300 service delivery points actively providing nutrition treatment services for children under five years suffering from severe wasting. In April, 858,776 children were screened for wasting, with 31,245 (56 per cent girls) admitted for treatment as outpatients and 2,099 referred for inpatient treatment for severe acute malnutrition with complications. Through UNICEF capacity strengthening initiatives, 157,740 primary caregivers of children aged 0-23 months received counselling services on maternal, infant, and young child nutrition. Training sessions on maternal, infant and young child nutrition were also conducted for 255 health workers in seven provinces to help equip them with essential knowledge and skills to improve nutritional care practices.

Additionally, the community-based nutrition package (CBNP) programme, including distribution of multiple micronutrient powder (MNP) and community weekly iron folate supplementation (C-WIFS), continues across the country. In April, 810,123 adolescent girls received iron and folic acid supplements, and approximately 650,000 children aged 6-59 months received MNPs through a 3-day community-based campaign in the east, south and north regions. Furthermore, training was conducted for 500 Community Health Workers and volunteers on CBNP in Baghlan, Takhar, and Faryab Provinces, along with specialized training for 29 Community Health Workers on the "Mother

MUAC" approach in Faryab Province, in which mothers are trained to use mid-upper arm circumference tapes to screen their children for malnutrition at home.

UNICEF, in coordination with nutrition cluster partners, is delivering high-quality preventive and curative nutrition services to returnee families at border crossing points and transit centers.

Education

UNICEF continued to support 557,977 children (64 per cent girls) to access education services in 17,935 community-based education (CBE) classes. During the reporting period, UNICEF also distributed teaching and learning materials (TLM) and textbooks to 1,442,770 public school students (40 per cent girls) in 23 provinces. Distribution of TLM and textbooks will continue throughout the academic year.

The ban on girls' secondary school education is still in place. UNICEF continues to support training of female teachers, who are essential in ensuring girls participate in school, especially adolescent girls. In April, UNICEF continued to support 808 female students[3] under the Girls' Access to Teacher Education (GATE) programme.

Child Protection, GBViE and PSEA

In April 2024, 1,329,851 children and caregivers (18 per cent girls and women), including 265 children with disabilities, accessed prevention, risk mitigation and response child protection services. Of these, 671,033[4] were children and caregivers who benefited from both mental health and psychosocial support (MHPSS) messaging and structured MHPSS through child-friendly spaces, health facilities, transitional care centres and schools. Furthermore, 1,647 vulnerable children (199 girls and 1,448 boys) were reached with case management services, including family tracing and reunification of 1,102 unaccompanied and separated children, including 9 girls. Financial assistance was provided for 109 children (42 girls), vocational skills training for 31 children (9 girls), referral for integration into education services for 171 children (23 girls) and livelihood support services for 30 children (12 girls) across all regions.

The risk of explosive ordnances continues to pose a significant danger to children, resulting in a high number of child casualties. In response, UNICEF and partners reached 646,957 children and community members[5] with explosive ordnance risk education (EORE) messages. Despite the challenges posed by restrictions on women and girls' movement and the ban on female workers, UNICEF and partners managed to reach 8,472 people (2,721 girls, 1,862 boys, and 3,889 women) with prevention, risk mitigation, and response services for gender-based violence.

Water, Sanitation and Hygiene (WASH)

During April 2024, UNICEF supported access to safe drinking water through the construction of four solar powered and one gravity fed water supply schemes and rehabilitation of four water supply systems, benefiting 20,414 people[6] in five provinces[7]. Furthermore, 66,197 people[8] accessed sanitation and handwashing facilities in nine provinces[9]. The people reached with sanitation services include 36,785 returnees from Pakistan, 11,037 earthquake-affected individuals in Herat, and 18,375 community members who were sensitized on the use of household latrines through a community-based approach.

UNICEF delivered hygiene promotion and awareness sessions to 69,685 people[10] across 14 provinces. The awareness sessions focused on preventing diarrhoeal diseases through handwashing with soap, personal hygiene, safe transportation and storage of drinking water, proper maintenance and use of WASH facilities. Additionally, UNICEF distributed essential hygiene supplies including family hygiene and consumable kits, water treatment products,

[3] In the previous months, it was reported that 1,181 female students were supported under GATE, but verification of the status of GATE classes in this reporting month found that GATE classes in 1 province were closed before classes could officially commence. As such the number of GATE students reported as reached in this province were removed and the overall number of female students reached under GATE have been adjusted.
[4] 28,566 girls, 58,422 boys, 95,863 women, and 488,182 men
[5] 17,091 girls, 46,445 boys, 91,677 women, and 491,744 men
[6] 4,695 women; 5,309 girls; 4,695 men and 5,715 boys.
[7] Herat, Laghman, Nangarhar, Samangan and Sar I Pul provinces
[8] 15,225 women; 17,212 girls; 15,225 men and 18,535 boys.
[9] Herat, Kandahar, Nangarhar, Daikundi, Paktika, Badghis, Zabul, Hilmand and Parwan.
[10] 16,027 women; 18,118 girls; 16,030 men and 19,510 boys.

buckets, and jerrycans to 34,087 people[11] in 12 provinces[12]. In addition, one healthcare facility and two schools benefited from WASH services, including water supply along with hygiene awareness.

Social and Behaviour Change (SBC) and Accountability to Affected People (AAP)

In April, UNICEF engaged over 289,982 individuals (53 per cent female) across various community structures and networks. Engagement focused on promoting health and hygiene initiatives, including prevention of malnutrition, immunization services, and acute respiratory tract infections. Efforts also targeted mental well-being, AWD prevention, safe drinking water practices, elimination of open defecation, and personal and household hygiene.

Under the TAAVON initiative UNICEF supported training on child rights in Islam for 400 religious leaders and faith-based organization members (35 per cent female) in the eastern and western regions. In the eastern region (Laghman, Nangarhar, and Kunar provinces), 76 implementing partner staff (44 per cent females) were trained on community engagement, social mobilization, interpersonal communication, and Accountability to Affected People (AAP). The WASH Cluster conducted a four-day national-level Training of Trainers (ToT) in Kabul, focusing on AWD preparedness and response.

Crucial life-saving information was provided to returnees in the southern region. Social mobilizers at the reception and transit centers in Kandahar offered a range of services and key messages to help returnees integrate smoothly into communities. In the northern region, grandmother groups and social mobilizers marked global immunization weeks by organizing community sessions on routine immunization and acute respiratory infections.

As part of AAP, UNICEF documented feedback and complaints from 8,182 individuals through 129 Community Engagement and Feedback Centres (CEFCs), community structures, a UNICEF-supported call center, and other mechanisms. The northern region contributed the highest proportion of feedback at 42 per cent, followed by the central region at 26 per cent and the eastern region at 15 per cent. Most feedback (65 per cent) consisted of requests for assistance, highlighting the need for humanitarian aid. Complaints and negative feedback made up 18 per cent of responses, spotlighting the areas for improvement. Approximately 71 per cent of the feedback loop was addressed and closed.

Gender and Adolescent Development and Participation

In April, 6,165 women and girls accessed lifesaving services through community-based women and girls' safe spaces. They were reached with an integrated package of information and services including health, nutrition, immunization, and hygiene. Critical information, psychosocial support and referral is also offered to survivors through trained social workers in safe spaces. In addition, 1,027 women, men, boys, and girls participated in community level group dialogues. These dialogues are facilitated by trained facilitators and provide space to discuss gender norms, harmful practices in culturally appropriate ways to promote the role of women and girls at household and community levels, to promote community support for women and girls accessing critical services and to promote community acceptance of women and girls' safe spaces.

Plans are in place to implement training of frontline workers in May 2024. Training frontline workers, in particular female frontline workers, is a key strategy to support continued availability of critical services, such as GBV services in health facilities.

Social Protection and Humanitarian Cash Transfers (HCT)

In April, UNICEF concluded a Post Distribution Monitoring (PDM) data collection for the 2023/2024 winter cash response in Panjshir and Parwan, which supported over 22,000 households. The PDM findings revealed a very high level of satisfaction with the cash distribution process and the selection of cash as a modality for providing assistance. Overall, the PMD findings revealed that the highest volume of the cash provided was spent on purchasing food items, repayment of debt, health and education expenses and heating costs during the winter season.

UNICEF also continued with preparatory activities for the Mother and Child Cash Transfer (MCCT) Programme mainly coordination with the relevant ministry. The MCCT programme aims to address the underlying drivers of malnutrition

[11] 7,840 women; 8,862 girls 7,840 men and 9,545 boys.
[12] Balkh, Faryab, Daikundi, Hilmand, Hirat, Kandahar, Ghazni, Uruzgan, Parwan, Kapisa, Paktika and Logar provinces.

and poor health while enabling families to cover basic needs related to nutrition and basic needs of pregnant women and children. The interventions will focus on pregnant and lactating women and children under the age of 2.

Humanitarian Leadership, Coordination, and Strategy

The Education Cluster designed a specific returnees assessment tool to gather information on school-aged children returnees at the District Education Department (DED) level. To facilitate data collection, the Education Cluster organized orientation sessions for enumerators on using the tool and reporting the data into the online assessment system. 75 individuals from the Education Cluster members were trained on this data collection tool. Assessment information has been received from 25 provinces, with data collection ongoing in the remaining provinces[13], expected to be completed by the end of May.

From January to April, a total of 153,843 children aged 0 to 59 months were admitted to severe acute malnutrition treatment programmes, with 31,245 admissions occurring in April alone. In the moderate acute malnutrition programme, 325,205 children aged 6 to 59 months were admitted to treatment programs, with 79,902 admissions in April. Additionally, 56,176 pregnant and lactating women were newly admitted to the Targeted Supplementary Feeding Programme in April, bringing the total for the year from January to April to 233,152.

Regional-level Emergency Preparedness Response Plans (ERPs) were drafted in April. In May, with the support of national-level partners including the public nutrition directorate, these plans will undergo thorough review and finalization for further implementation.

In response to increased returns from Pakistan and Iran, coupled with flood-related challenges, the WASH cluster coordinated provision of safe water, essential NFIs, improved sanitation access, hygiene promotion, and solid waste management. Working with the Health Cluster, WASH Cluster partners remain on high alert to monitor disease trends based on risk factors in the floods' aftermath. These efforts aim to mitigate the risk of disease outbreaks among returnees and flood-affected populations. Training sessions and workshops were conducted to enhance WASH activities and coordination across different regions, including a four-day AWD preparedness and response training in Kabul with 36 participants, including six females. Regional cascade training sessions are scheduled for May and June. A three-day training on solar-powered water supply was held in Khost for 24 SER partners and a three-day community health promotion training was conducted for 34 participants in Kunduz. A one-day workshop on strengthening WASH activities and coordination took place in Bamyan attended by 16 participants.

The national Child Protection Area of Responsibility (CP AoR) conducted a Child Protection Information Management System (CPIMS+) Training of Trainers (ToT) in the central region for 44 staff members from 20 partner organizations. This training equiped CP AoR regional partners with the skills and knowledge necessary to effectively utilize CPIMS+ within their respective organizations. Trainings for the western and northern regions are scheduled for May. Additionally, sectoral partners from WASH, health, education, and nutrition were invited and trained on the Child Protection inter-sectoral referral mechanism, with the goal of improving multi-sectoral service referrals. A total of 2,751 children were reached with different case management services, 23,496 parents and caregivers were provided with information on wellbeing messaging to support their children's psychosocial wellbeing, 308 children were referred to specialized MHPSS, and 7,633 children were provided with structured PSS in April.

External Media, Statements & Human-Interest Stories

Social media

- National Committee funding: UNICEF delivers warm clothes and cash support
- Floods affect hundreds of people in Afghanistan
- China supports UNICEF providing supplies to disaster victims
- ADB, Gavi, Japan support measles vaccines
- World Immunization Week: Rihana the vaccinator (video)

Press releases

[13] Badakhshan, Kunduz, Nuristan, Hirat, Jawzjan, Kabul, Baghlan, Sar-e-Pul, and Takhar.

- UNICEF welcomes new EU funding to fight malnutrition and scale up water and sanitation services

Next Sit Rep: 25 June 2024

UNICEF Afghanistan Humanitarian Action for Children Appeal: https://www.unicef.org/appeals/

Who to contact for further information:

Dr. Tajudeen Oyewale
Representative
UNICEF Afghanistan
Tel: +93 79 995 7108
Email:toyewale@unicef.org

Mr. Abdulkadir Musse
Chief of Field Service
UNICEF Afghanistan
Tel: +93 79 998 7131
Email: amusse@unicef.org

Mr. Daniel Timme
Chief of Communication
UNICEF Afghanistan
Tel: +93 79 998 7110
Email: dtimme@unicef.org

Annex A **Summary of Programme Results**

Sector / Indicator	Total Needs 2024	UNICEF and IPs Response			Cluster/Sector Response		
		2024 Target	Total Results (Jan - April 2024)	Change ▲▼	2024 Target	Total Results (Jan – April 2024)	Change ▲▼
Health[14]							
Number of children under 1 who are vaccinated against measles, including during outbreaks	17, 412	2,100,000	462, 515	93,598			
Number of people who accessed primary health care through UNICEF supported health facilities and mobile teams	6,028, 692	19,420,000	17, 970 ,042	149,728			
Nutrition[15]							
Number of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for treatment	857,155	815,000	172,933	40,990	814,297	172,933	40,990
Number of primary caregivers of children aged 0 to 23 months who received infant and young child feeding (IYCF) counselling	3,028,217	2,500,000	771,272	163,965	2,422,573	765,074	157,740
Number of children aged 6-59 months who received vitamin A supplements	7,214,281	7,200,000	0		7,214,281	0	
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing Mental Health and Psychosocial Support (MHPSS) and information messaging on wellbeing	6,083,399	3,600,000	1,357,433	656,848	4,670,000	1,384,282	658,560
Number of girls and boys victims or at risk, including unaccompanied and separated children, who received case management services	1,24,968	80,000	18,373	2,058	100,000	21,005	2,751
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions		330,000[16]	67,998	8,926			

[14] The UNICEF health targets includes coverage from both mobile health and nutrition teams and static health facilities and is larger than the HRP reach, which is based on coverage by mobile health and nutrition teams only.
[15] All the key results are attributed to Cluster Partners who are partially or fully supported by UNICEF. UNICEF is supporting the provision of therapeutic supplies, micronutrient supplements, equipment and tools as well as a pool of master trainers on Integrated Management of Acute Malnutrition (IMAM) and Maternal Infant and Young Child Nutrition (MIYCN), targeting all the Cluster Partners.
[16] The figure represents UNICEF's contribution to the GBV sub-cluster target.

Number of children and caregivers accessing explosive ordinance risk education		3,600,000	1,068,966	646,957			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		500,000	61,320	4,501			
Number of individuals -UNICEF and Implementing partners- trained on SEA prevention, risk mitigation and SEA reporting mechanisms		800	77	6			
Education							
Number of vulnerable school-aged girls and boys reached through community-based education (CBE) initiatives	1,748,767	600,000	563,956[17]	0	750,000	574,583	0
Number of children in public education (including shock-affected/vulnerable girls and boys) reached with emergency education support	4,835,311	5,000,000[18]	2,656,950	1,589,327	600,000	104,080	0
WASH							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	20,840,551	5,500,000	250,036	34,378	9,474,947	441,482	112,215
Number of people who gained access to gender and disability sensitive sanitation facilities	17,127,735	3,250,000	135,556	81,464	4,500,000	107,038	57,214
Number of people reached with hygiene promotion programmes	21,592,955	4,200,000	323,876	80,912	6,377,540	901,184	189,446
Number of people reached with critical WASH supplies	6,877,382	1,900,000	210,092	42,744	2,388,865	375,457	65,260
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		155,000	1,823	0			
SBC/AAP							
Number of at risk and affected populations reached with timely, appropriate, gender/age-sensitive lifesaving information on humanitarian situations and outbreaks		10,000,000	4,691,481	271,944			
Number of children, caregivers, and community members engaged in participatory behaviour change interventions		3,500,000	928,996	65,925			
Number of people who shared their concerns and asked questions or requested clarifications to address their needs through established feedback mechanisms		300,000	79,597	8,264			
Gender, Youth, and Adolescent Development							
Number of women and girls accessing lifesaving services through safe spaces		85,000	38,914	6,165			
Number of UNICEF frontline workers trained on gender integration		15,000	2,677	1,027			
Emergency Preparedness and Response							
Number of households reached with cash assistance to meet winter needs		70,000	20,759	0			

[17] These are the number of unique beneficiaries currently enrolled in UNICEF's Community-Based Education Programme.
[18] The Public Education indicator includes HRP and non-HRP schools.

Annex B

Funding Status

Appeal Sector	2024 HAC Requirements (US$)	Funds available			2024 Funding Gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry - over)	Other resources available, including from 2023 (carry-over)	$	%
Health	477,798,280	7,229,230	337,319,869	6,911,466	126,337,715	26%
Nutrition	185,510,711	12,401,831	14,178,991	1,050,573	157,879,316	85%
Child protection, GBViE and PSEA	57,174,120	9,232,925	2,036,314	1,501,327	44,403,554	78%
Education	227,693,910	-185,228	55,824,759	1,871,100	170,183,279	75%
Water, sanitation, and hygiene	298,399,962	10,818,686	16,293,701	1,251,740	270,035,835	90%
Social protection	87,285,585	5,617,827	12,826,331	1,708,873	67,132,554	77%
Cross-sectoral (HCT, SBC, RCCE and AAP)	18,450,000	6,995,302	7,189,950	2,442,973	1,821,775	10%
Emergency preparedness and response	77,050,114	0	0	0	77,050,114	100%
Gender, adolescents, and youth development	10,762,500	0	651,138	444,527	9,666,835	90%
Total	**1,440,125,182**	**52,110,573**	**446,321,053**	**17,182,579**	**924,510,977**	**64%**

** The above results are supported by a range of financing instruments to meet the needs of women and children.*
*** To more accurately reflect the level of funding for the response, funds from other sources that also contribute to the emergency response in 2024, including those carried over from 2023, are included.*