

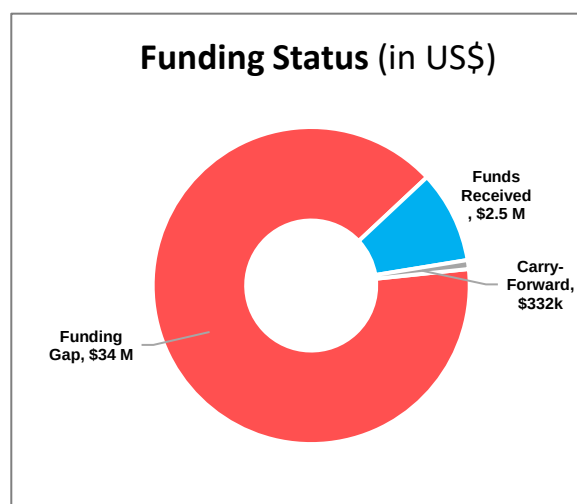
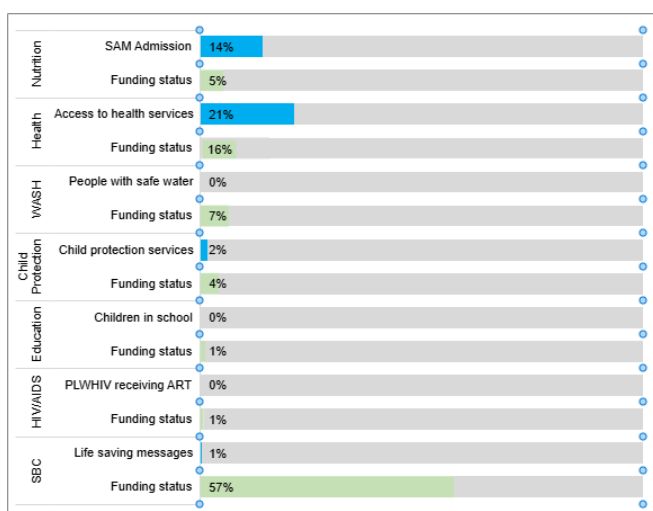


Multi-hazard Situation Report # 1 (January – February 2025)

Highlights

- Resurgence of cholera occurred in November 2024, resulting in a cumulative 450 cholera cases and nine deaths with a case fatality of 2 per cent as of 28 February 2025.
- Zimbabwe experienced normal to above-normal rainfall, which led to flash flooding while strong winds and torrential rains caused infrastructure damage in schools. As of 28 February 2025, a total of 92 schools have been damaged since the start of the rainy season.
- Admissions for treatment of severe wasting for children aged 6 to 59 months have remained stable compared to the increases seen during the 2015-2016 El Niño drought.
- Zimbabwe recorded 10,470 malaria cases and 31 malaria deaths with a case fatality rate (CFR) of 0.3 per cent.
- A total of 80,208 people (20,516 women, 17,543 men, 19,710 boys and 22,439 girls) were reached with safe water in cholera and drought-affected areas.
- UNICEF continued implementing school feeding interventions in five districts severely affected by the El Niño-induced drought.

UNICEF's Response and Funding Status



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Zimbabwe

Humanitarian Situation Report No.1

Situation in Numbers



7.6 million
people in need of humanitarian assistance (HAC 2025)



3.5 million
children in need of humanitarian assistance (HAC 2025)



1.6 million
People to be reached (HAC 2025)



1.6 million
Children to be reached (HAC 2025)

UNICEF HAC appeal
2025 US\$ 36.5 Million

Funding Overview and Partnerships

UNICEF Zimbabwe launched a Humanitarian Action for Children (HAC) appeal requiring US\$36.5 million to meet the humanitarian needs of children and their families in 38 high priority districts of Zimbabwe in 2025¹. The critical interventions will address the needs of children and families in the areas of health, nutrition, water, sanitation and hygiene (WASH), education, child protection and social protection, while integrating the HIV response, risk communication and community engagement and the response to gender-based violence.

In addition to the lifesaving interventions, the funding will increase technical and financial support to government-led national and subnational coordination structures to deliver multisectoral life-saving services and mainstreaming social and behaviour change, accountability to affected populations, gender equality and protection from sexual exploitation and abuse across its interventions. Additionally, the resources will be utilized to strengthen community resilience with climate-related interventions.

Since January 2025, UNICEF Zimbabwe received a total of US\$2.2 million (7 per cent of the total funding requirement) from the UNICEF Global Humanitarian Thematic Funds and the Japan Supplementary Budget. The funding is being utilized to reach communities affected by a cholera outbreak, El Niño induced drought and floods with interventions in WASH, Health, Nutrition, Child Protection, Education, Social Protection as well as Risk Communication and Community Engagement (RCCE).

Situation Overview and Humanitarian Needs

Zimbabwe faced a multifaceted humanitarian crisis, driven by climate related El Niño-induced drought, multiple public health emergencies, including cholera, polio, measles and Mpox outbreaks exacerbated by economic instability throughout 2024. The country experienced one of the worst droughts in 40 years impacting the lives of an estimated 50 per cent of the population (7.6 million people) including 3.5 million children. The impact of the drought continued during the peak hunger period of January to March 2025 (ZimLAC Report, 2024). The projected food-insecure population during the 2025 peak hunger period is expected to double compared to the food-insecure population during 2024 peak hunger period up from 4.1 million people in 2024 to 7.6 million people in 2025 (ZimLAC 2023 and 2024).

Zimbabwe anticipated a weak La Niña weather event during the 2024-2025 rainy season. This event was characterized by normal to above-normal rainfall, which occurred from the fourth quarter of 2024 through the first quarter of 2025. Heavy rainfall has led to flash flooding across several districts, while strong winds and torrential rains have caused infrastructure damage in schools.

According to the Education Cluster update from February 2025, a total of 92 schools have been damaged since the start of the rainy season. The most affected areas include Manicaland (Chipinge – 23 schools), Zvishavane (18), Chegutu (14), Buhera (13), Mbire (9), Gwanda (9), and Bindura (6). The reported damage primarily involved the roofing of classroom blocks and teachers' cottages. Communities and local authorities are actively working to mitigate the impact of heavy rains on schools, with efforts focused on ensuring the safety of students and staff. While the sector continues to prioritize disaster risk management and resilience-building, most agencies are facing funding constraints, limiting their ability to respond to flooding emergencies. Additionally, as reports of affected schools continue to rise, prepositioned emergency teaching and learning materials are being depleted, creating a significant capacity gap in responding to rain-induced emergencies at the national level.

The heavy rains and flash flooding came at a time when some districts were yet to recover from the effects El Niño drought. Despite good rainfall reported in different parts of the country, the effects of El Niño still persist as the country goes through the peak hunger period. Late onset of rains and delayed planting may have a negative impact on crop yield, and some districts may lose crops due to excessive rains. Consequently, some districts are at risk of experiencing protracted food insecurity, with school children in

¹ [Zimbabwe Appeal | UNICEF](#)

need of school feeding interventions to prevent learning disruptions and cushion them from absenteeism and dropping out of school.

Similarly, following the heavy rainfall, an increase in diarrheal diseases, including cholera, respiratory infections, and malaria, has been noted. These health risks, initially heightened by the El Niño-induced drought, have been further exacerbated by the La Niña weather patterns.

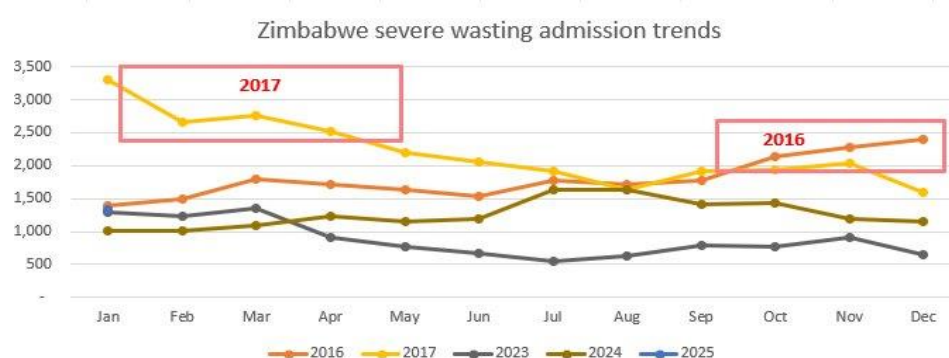
As of 28 February 2025, Zimbabwe cumulatively recorded 450 cholera cases and nine deaths with a case fatality rate (CFR) of two per cent, since the resurgence in cholera from November 2024. Cholera cases were reported from 16 districts by end of February 2025, having doubled from eight districts reporting cases in January 2025. Poor access to safe water and low sanitation coverage continued to be significant drivers of the cholera outbreaks, particularly in informal settlements including farming, fishing, and mining communities. Cumulatively, 61,040 common diarrhoea cases and 25 deaths (CFR 0.04 per cent) were reported in February 2025, while 4,190 dysentery cases and 47 suspected typhoid cases were reported since beginning of the year. Despite the cholera cases reported by end of February 2025 being lower compared to the same period in 2024, concerns remain due to a high number of common diarrhoea cases and associated deaths that could potentially be cholera cases and remain undiagnosed due to suboptimal diagnostic capacities.

A polio outbreak response that started in 2023 following detection of circulating vaccine derived polio virus type 2 (CVDPV2) through environmental surveillance, continued into February 2025. Through ongoing surveillance, there were no new isolates detected from environmental surveillance from beginning of 2025 and no confirmed polio acute flaccid paralysis (AFP) cases detected.

As of 28 February 2025, a cumulative 10,470 malaria cases and 31 malaria deaths with a case fatality rate (CFR) of 0.3 per cent were reported. Of the reported cases from beginning of the year, 1,127 malaria cases (10.8 per cent) were among children under five years of age. A total of 63 suspected measles cases were also reported by the end of February 2025 following a confirmed measles/rubella outbreak at the end of 2024.

In 2024, despite the country experiencing the worst El Niño induced drought since 2015-2016, admissions for treatment of severe wasting for children aged 6 to 59 months have remained stable throughout the year and in January 2025, compared to the

increases seen during the 2015-2016 El Niño drought (see figure above), when a 25 per cent increase in wasting admissions was seen.



Furthermore, the mid upper arm circumference (MUAC) screening results for wasting in children from 28 high priority districts remain stable, showing a proxy-GAM below 2 per cent in January 2025, in line with previous months. Intensified MUAC screening has been operational since March 2024, starting in nine districts and expanding to 28 by January 2025. The increase in systematic programming for the prevention of all forms of malnutrition has significantly helped avoid a rise in wasting during the 2024 El Niño, as prevention efforts have been scaled up greatly since the 2015-2016 El Niño. There is, however, an ongoing need to expand the coverage of programmes for the prevention of all forms of malnutrition through scaling up Care Groups and strengthening the functionality of the District Food and Nutrition Security Committees. In addition, intensified MUAC screening for surveillance and referral for treatment must continue in all high-priority districts until the status of the up-coming harvest is clear.

Over the years, Zimbabwe's social protection system has remained fragmented with significant overlaps among various programmes implemented by development partners and the Government. Unstable allocation of internal resources, coupled with dispersed and fragmented interventions from development partners, has weakened the Government's capacity to deliver efficient, predictable and sustainable social protection services to vulnerable families. Most of the support to the social protection sector lacks linkages

to the main social protection system, and there are no clear national operational guidelines for some government-implemented programmes to guide the sector. In response, UNICEF will support the Government in strengthening the social protection system, with financial support from the Swiss Agency for Development and Cooperation (SDC). Key activities in the SDC funded programme will include revising and updating the Social Protection Policy and developing the Cash Transfer Operational Guidelines. These guidelines will be instrumental in guiding future cash transfers implemented by the Government. Utilizing data from the Social Registry, being rolled out by the World Bank and UNICEF, a shock responsive cash transfer programme will be tested during the lean season.

The WASH situation in the country has remained largely unchanged since 2024, with underlying factors contributing to cholera outbreaks still prevalent. The outbreak is driven by the inadequate quality of WASH infrastructure, insufficient operations and maintenance, and low community awareness and trust. Specific challenges include inadequate availability of water treatment chemicals, deteriorating infrastructure and insufficient capacity to manage and prevent frequent sewer blockages. These challenges lead to groundwater contamination, cross-contamination of piped water, and limited water production, forcing communities to rely on potentially contaminated groundwater sources.

Approximately 10 per cent of the country's water points are broken. The impacts of the El Niño-induced drought continue to be felt, with most dams supplying water to urban areas reported to be around 70 per cent full on average, following the rains.

Summary Analysis of Programme Response



Health

UNICEF contributed to a multisectoral cholera outbreak response following a resurgence in cholera at the end of 2024. Procured cholera supplies and commodities were prepositioned by UNICEF through the Ministry of Health and Child Care (MoHCC)/NatPharm, Oxfam and Welthungerhilfe (WHH) to ensure adequate emergency supplies stocks in 100 per cent hotspot districts across affected provinces and districts. To ensure a fully-fledged outbreak response, UNICEF facilitated prepositioning of cholera beds, high performance tents, oral rehydration solutions (ORS) intravenous fluids, antibiotics, and disinfectants (sodium hypochlorite and liquid soap). UNICEF also provided technical and financial support for two provincial (Mashonaland West and Mashonaland East) and five district rapid response teams that reported cases from beginning of 2025.

Capacity building support was provided by UNICEF in surveillance, case management and infection prevention and control (IPC) to total of a combined 1,176 (611 female and 565 male) facility-based and community-based health workers in December 2024 in the two cholera affected provinces (Mashonaland West and Central). Mentorship is now being provided by provincial and district teams in managing cholera treatment centres (CTCs) and oral rehydration points (ORPs). These efforts are providing essential skills and knowledge, contributing to improved quality of care, a reduction in institutional deaths. To reduce vaccine-preventable disease outbreaks, UNICEF, WHO and partners supported the MoHCC to prepare and implement a fourth round of polio vaccination campaign with novel oral polio vaccine type 2 (nOPV2) from 4 to 7 February 2025, following successful implementation of round three in November 2024. A total of 4,874,928 children (2,488,568 girls and 2,386,360 boys) below the age of 10 years out of a targeted 4,040,211, were vaccinated, reaching a national coverage of 120.7 per cent. High political commitment, joint planning with the Ministry of Primary and Secondary Education and support from traditional chiefs in advocacy, resulted in a successful campaign. UNICEF supported with provision of additional vehicles for the campaign, augmenting available resources by leveraging other existing programming.

UNICEF provided technical support for routine immunization (RI) vaccine distribution planning, including updates on routine immunization (RI) stock status and a comprehensive inventory of cold chain equipment. These efforts strengthened routine immunization programming through the Expanded Programme on Immunization (EPI), as part of the overall strategy for prevention and preparedness measures for vaccine-preventable diseases. UNICEF supported the Government in finalizing the measles/rubella vaccination campaign application to GAVI and participated in the Zimbabwe Interagency Coordination Committee (ZICC) meeting for the EPI programme, marking the first meeting since the last one held pre-COVID in 2019. The ZICC endorsed the measles/rubella campaign for 2025 as part of the national measles rubella outbreak response. Additionally, UNICEF successfully advocated for integration of vitamin A supplementation in the MR campaign.

As of 28 February 2025, a total of 317,128 people (232,396 female and 84,732 male) accessed essential primary health care services in UNICEF-supported facilities from a target of 1.5 million people. UNICEF's support included technical assistance, the provision of essential supplies and commodities, capacity-building initiatives, and coordination efforts to ensure the continuity of services at health facilities. Furthermore, a cumulative total of 72,972 children (36,246 girls and 36,726 boys) out of an annual target of 299,533 received the first dose of the measles-rubella vaccine.



Nutrition

During the reporting period (January to February 2025), monthly Nutrition Cluster Coordination meetings continued, alongside weekly update meetings with CERF partners. These efforts aimed to strengthen coordination of emergency response actions and ensure the sustainability of the CERF-supported interventions as the support came to an end in early February 2025. Following the exercise to update the Integrated Management of Acute Malnutrition (IMAM) guidelines, UNICEF supported the MoHCC to conduct a validation process of the new guidelines with health workers from an implementing site (Gweru Provincial Hospital).

Intensified mid upper arm circumference (MUAC) screening for wasting among children aged 6-59 months in all 29 high-priority districts continued with plans to scale up to 38 districts starting this quarter. Surveillance data from 28 of the 29 districts continues to reveal a low and stable proxy-Global Acute Malnutrition (GAM) prevalence at an average of 0.5 per cent in December 2024, with slightly lower rates in districts that received support for additional anticipatory action and emergency response interventions. UNICEF participated in a joint UN inter-agency collaborative visit with WFP to facilitate integration of nutrition responsive social protection interventions under the WFP Lean Season Assistance programme focusing on linking nutrition initiatives such as referral to Care Groups and MUAC screening for children under the age of five years.

As of January 2025, 431,820 children aged between 6-59 months (223,141 girls and 280,676 boys) were screened with MUAC for wasting and 2,823 children aged 6-59 months (1,573 girls and 1,250 boys) were referred and treated for wasting, against the annual target of 1,196,709 and 19,775 respectively (District Health Information System, DHIS2). Furthermore, 136,820 primary caregivers of children aged 0-23 months received infant and young child feeding counselling (IYCF) services, against an annual target of 393,501.



Water, Sanitation and Hygiene (WASH)

UNICEF continued to co-lead the WASH sector coordination with the Government at national and sub-national levels to ensure effectiveness and efficiency of WASH interventions in public health emergencies and El Niño responses. The Emergency Strategic Advisory Group (ESAG) met on the 6 February, bringing the WASH sector together including relevant government departments, NGOs and UNICEF to discuss strategies to curb the outbreak. Among the major highlights from the meeting was the need to impress upon districts and provinces to implement preparedness activities and to ensure they have adequate supplies prepositioned.

Between January and February 2025, UNICEF and implementing partners provided safe water to 80,208 people (20,516 women, 17,543 men, 22,439 girls and 19,710 boys), out of a target of 615,000. This was achieved through bucket chlorination, water trucking, rehabilitation of handpumps, and construction of four piped water schemes in cholera hotspots and drought-affected areas. From the target of 209,669, a total of 4,500 households or 20,251 people (10,733 female and 9,518 male) in cholera hotspots and drought-affected areas were provided with critical hygiene kits (buckets with taps, soap, water guards, plastic jerrycans, and IEC materials). This intervention enabled good hygiene practices, including safe water chain and handwashing at critical times.

UNICEF supported water quality monitoring activities in Harare, Bulawayo, Masvingo, Mashonaland West, and Mashonaland Central Provinces. A total of 150 water samples were collected and tested. The results revealed that 70 per cent of the samples contained residual chlorine. The result also showed that while many community members were using water treatment products like WaterGuard, others did not, despite having the product at home. Taste preferences emerged as the primary reason for non-use.

To support water quality monitoring, various interventions have been implemented, including the provision of essential consumables and materials for bacteriological and free residual chlorine testing. Logistical

support, such as fuel and vehicle provision, was also extended to ensure the smooth operation of the monitoring activities. Based on the water quality results, household water treatment chemicals were distributed to areas with contaminated drinking water sources to mitigate health risks. Additionally, awareness raising on point-of-use treatment was conducted. UNICEF and partners reached 575,869 people (194,626 women, 179,961 men, 57,672 boys and 143,610 girls), with key hygiene messages on cholera prevention. This was achieved using various platforms that included community sessions, door to door visits, community and school health clubs. The messages focused on cholera prevention through household water treatment, handwashing at critical times, and food hygiene. During door-to-door sessions, community health workers and volunteers conducted demonstrations on handwashing and water treatment.



Child Protection

UNICEF supported subnational coordination structures to strengthen the humanitarian-development nexus. The focus was on developing district-level work plans and coordination mechanisms to enhance the quality of child protection data disaggregated by district. Additionally, UNICEF provided technical support to Child Protection Committees to conduct quarterly data analyses, ensuring data-driven strategies for prevention and response.

UNICEF continues to support the National Case Management System (NCMS) to enhance the welfare and protection of children. The NCMS facilitates a collaborative approach, linking children to comprehensive child protection services through referrals to various service providers, including in humanitarian contexts. In six districts namely Fort Street, Tredgold, Bulawayo, Highfields, Mabvuku Tafara, and Chitungwiza UNICEF's child protection interventions reached 5,780 children (4,399 girls and 1,200 boys) through mental health and psychosocial support services provided via the NCMS.

The child protection in emergency response interventions that support children on the move witnessed a slight decline in numbers of unaccompanied and separated minors intending to cross the border and those intercepted by the South African Border Management Authority compared to the same time in 2024. This is attributed to increased interministerial and cross border collaboration involving different government departments in raising awareness on travel requirements for children across the borders. Between January and February, UNICEF supported the Government of Zimbabwe and its local partners in arranging alternative care and reunification of 350 unaccompanied and separated children (169 girls and 181 boys).

Additionally, a total 109,929 individuals (59,329 female and 50,600 male) were reached with information on access to safe and accessible channels to report sexual exploitation and abuse in schools (Mafarikwa High School, Mutare District Primary Schools and Mutare District Secondary Schools). Similarly, UNICEF and partners managed to reach a total of 3,568 girls and women with GBV risk mitigation, prevention and responses interventions. From this, 2,128 women and girls who are survivors of violence were supported with quality essential GBV response services through the one stop centres and shelters.

PSEA and Gender

UNICEF continues to integrate gender and Prevention of Sexual Exploitation and Abuse (PSEA) into emergency preparedness and response efforts. Capacity-building activities for UNICEF staff and partners remain ongoing reinforcing gender-responsive programming and the implementation of PSEA principles in emergencies.

Community engagement has been sustained through collaboration with traditional leaders, ensuring the continued dissemination of gender and PSEA messaging particularly within the El Niño, Mpox, and Cholera response efforts. Additionally, UNICEF has worked with partners to strengthen feedback mechanisms, ensuring safe and accessible reporting channels for affected populations. Inter-agency coordination with other UN agencies has also been strengthened, through joint efforts to mainstream gender and PSEA across emergency interventions.

Education

In collaboration with the Ministry of Primary and Secondary Education (MoPSE), Save the Children International, and other education partners, UNICEF coordinated the Education Cluster meeting in February 2025. The meeting focused on identifying the needs and addressing the impact of heavy rains on educational infrastructure and ensuring the continuity of learning in affected districts.

As part of UNICEF's commitment to preparedness and early response, aligned with the Disaster Risk Management (DRM) guidelines, affected schools are receiving support through temporary learning spaces and teaching and learning materials that have been strategically pre-positioned in provinces for emergency response. However, the response remains limited due to funding constraints, leaving many schools and students in need of support beyond the rainy season.

Mainstreaming Disaster Risk Management in schools remains a priority for UNICEF and its education partners. Efforts include contextualizing climate adaptation in education. Climate adaptation teaching and learning materials, developed with MoPSE's support, are set to be rolled out in the second quarter of the year.

Additionally, UNICEF continued implementing school feeding interventions in five districts severely affected by the El Niño-induced drought (Binga, Makoni, Mangwe, Mudzi, and Rushinga). The school feeding programme is expected to continue until the end of Term One in 2025, coinciding with the peak hunger period. However, due to extensive rainfall and crop damage in some districts, there may be an increased need to extend school feeding programmes beyond the initial timeframe.



Social Protection

The Emergency Social Cash Transfer Programme (ESCT) in 2024, reached over 115,774 household members, including 65,917 children. The initiative contributed to improved food security and resilience among targeted households by preventing families from resorting to negative coping strategies. The primary goal of the ESCT was to enhance household food security, dietary diversity, and educational outcomes. Beyond cash transfers, the programme integrated complementary interventions, including nutrition support, child protection, and school feeding initiatives. An end-of-project evaluation will be conducted to assess the impact of the ESCT on improving food security among vulnerable households.

In 2025, UNICEF will prioritize supporting the Government in strengthening its social protection system. A cash transfer guideline is currently being developed with UNICEF's support to provide a structured framework for cash-based interventions by humanitarian actors during the 2025–2026 lean season



Social Behaviour Change (SBC), Community Engagement, and Accountability to Affected Populations (AAP)

UNICEF and the Ministry of Health and Child Care, in collaboration with Nutrition Action Zimbabwe and World Vision International supported the implementation of an El Niño response SBC strategy in eight targeted districts (Beitbridge, Bulilima, Mangwe, Gwanda, Chipinge, Buhera, Chiredzi and Bikita). Between January and February, SBC interventions focused on strengthening community systems to implement and monitor behaviour change activities to prevent malnutrition. UNICEF and partners conducted 16 focus group discussions and 40 key informant interviews to understand behavioural practices and community coping and resilience strategies, uptake and access to services for prevention and treatment of malnutrition. Participants highlighted that the deteriorating food and nutrition security hindered the continuity of recommended dietary diversity practices that are promoted through Care Groups as most households do not have access to high nutrient food. Negative coping mechanisms such as consumption of one meal a day, including unsafe and/or unconventional food sources had emerged across the eight districts. Through the Care Group approach and

mass media channels, 35,000 caregivers were reached with messaging to avert and address child malnutrition in the eight prioritized districts.

UNICEF supported integration of cholera prevention messaging in community outreach programmes and on digital platforms reaching 45,200 people (38,000 female and 7,200 male) from a total target of 2.2 million people. During the reporting period, UNICEF also disseminated flood alerts with disaster mitigation messaging, reaching 12,000 children (7,000 girls and 5,000 boys). Additionally, social listening was conducted using the U-Report Network and the Youth toll-free helpline (393). Insights from social listening highlight gaps in real time and localized communication to trigger action and prevent loss of lives/harm to children and families. Similarly, a total of 6,633 community members (4,217 female and 2,416 male) utilized established channels to voice concerns and requested information on available services out of 1.1 million people targeted for 2025.

Human Interest Stories and External Media

UNICEF Zimbabwe maintained a strong emergency communications approach, leveraging digital platforms and media engagement to highlight critical humanitarian needs and response efforts. Following the recurrence of cholera outbreak in Kariba district, UNICEF developed and disseminated a comprehensive content package, including human-interest story on [school-based awareness and hygiene practices](#), [social media posts](#) to amplify package, and key messages to drive awareness and promote preventive actions.

More stories can be found on UNICEF’s website and social media channels:

UNICEF Zimbabwe stories: <https://www.unicef.org/zimbabwe/stories>

U-Report link: <https://x.com/ureportzim/status/1766406494872834236?s=46&t=oBsX9AbViJ-JX6p7XGMDIQ>

UNICEF Zimbabwe Humanitarian Action for Children Appeal: www.unicef.org/appeals/zimbabwe

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

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Annex A

Funding Status

Sector	Requirements for 2025	Funds Available			Funding Gap	
		Received Current Year	Carry Over	Total Available	\$	%
Nutrition	5,510,246	263,276	28,870	292,146	5,218,100	95%
Health	6,434,750	973,409	35,897	1,009,306	5,425,444	84%
WASH	11,592,876	625,933	130,989	756,922	10,835,954	93%
Child Protection	1,637,788	65,794	5,198	70,992	1,566,796	96%
Education	4,716,096	27,750	33,284	61,034	4,655,062	99%
HIV & AIDS	556,800	4,872	0	4,872	551,928	99%
Social Protection	5,521,600	5,307	20,000	25,307	5,496,293	100%
Cross-Sectoral (SBC, RCCE, AAP activities)	579,091	254,212	78,200	332,412	246,679	43%
Total	36,549,247	2,220,553	332,438	2,552,991	33,996,256	93%

*Funds received for Humanitarian Emergency Cash Transfer support are under Other Regular Resources (ORR).

Annex B

Programme Results

Sector	UNICEF and IPs					
	2025 Target	Total Results		Change Since Last Report		Progress
		Jan- Feb 2025		▲ ▼ —		
Health						
# of children and women accessing primary health care in UNICEF-supported facilities	1,500,000	Female	36,246			24%
		Male	36,726			
		Total	72 972			
# children receiving a minimum set of vaccines (DPT3 and measles)	299,533	Female	232,396			21%
		Male	84,732			
		Total	317,128			
# of frontline health care workers trained on cholera case management, IPC and surveillance (including facility and community)	5,000	Female				0 %
		Male				
		Total				
Nutrition						
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	19,775	Girls	1,573			14%
		Boys	1,250			
		Total	,823			
# of children aged 6-59 months screened for wasting	1,196,709	Girls	223,144			36%
		Boys	208,676			
		Total	431,820			
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	393,501	Female	136,820			35%
		Male	1,573			
		Total	1,250			
WASH						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	615,000	Female	42,955	-		13%
		Male	37,253			
		PLWD*				
		Total	80,208			
# of people reached with critical WASH supplies	209,669	Female	10,733	-		10%
		Male	9,518			
		PLWD*				
		Total	20,250			
Child Protection/PSEA/GBV						
# of children and caregivers accessing community-based mental health and psychosocial support	350,644	Female	4,399			2%
		Male	1,381			
		PLWD	-			
		Total	5,780			
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions	350,644	Female	3,568			11%
		Male	-			
		PLWD	-			
		Total	3,568			
# of unaccompanied and separated children accessing	8,658	Girls	169			4%
		Boys	181			

Sector	UNICEF and IPs					
	2025 Target	Total Results		Change Since Last Report		Progress
		Jan- Feb 2025		▲ ▼ —		
family-based care or a suitable alternative		PLWD	-			
		Total	350			
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	1,500,000	Female	59,329			7%
		Male	50,600			
		PLWD				
		Total	109,929			
Education						
# children accessing formal or non- formal education, including early learning # children accessing formal or non- formal education, including early learning	122,850	Girls		-		0 %
		Boys				
		Total				
# of learners provided with access to WASH facilities in school	45,000	Girls		-		0%
		Boys		-		
		Total		-		
HIV/AIDS				-		
# of pregnant and lactating women living with HIV receiving antiretroviral therapy	20,000	Female		-		0%
		Male		-		
		Total		-		
# of children and adolescents living with HIV receiving antiretroviral therapy	20,000	Girls		-		
		Boys		-		
		Total		-		
Social Protection						
# households reached with UNICEF funded Humanitarian Cash Transfers (including for social protection and other sectors)	26,800	Total		-		0%
# households benefitting from social assistance from government funded programmes with UNICEF technical assistance	1,025,000	Total		-		0%
SBC						
# people reached with timely and life-saving information on how and where to access available services.	2,42,162	Female	38, 000	-		2%
		Male	7, 200			
		Total	45, 200			
# of people with access to established accountability mechanisms	1,100,000	Female	4, 200			1%
		Male	2, 400			
		PLWD	33			
		Total	6, 633			

*The indicator for HIV/AIDS includes children living with HIV aged 0-14 years