**Highlights**

- According to the Zimbabwe Humanitarian Response Plan (HRP, 2020) launched on 2 April, 2020, 7 million people (including 3.2 million children) are projected to be in urgent need of humanitarian assistance in 2020.
- Approximately 95,000 children under age 5 are suffering from acute malnutrition.
- 5,084 children were admitted into malnutrition treatment programmes from January to April 2020.
- Zimbabwe is facing a malaria outbreak with a surge in malaria cases and from 1 January to 10 May 2020, 289,071 malaria cases and 265 deaths were reported.
- As of 27 May, Zimbabwe has reported 132 COVID-19 cases, including four deaths and 25 recoveries since the onset of the outbreak.
- The number of people reached with safe water increased from 21,500 reported previously to 80,584 people.
- Since January, 2,850 children, including 828 children with disabilities, benefited from structured psychosocial activities, with 551 children reached in April and 1,159 in May.

**Situation in Numbers**

- **3, 200,000** children in need of humanitarian assistance
- **7,000,000** people in need (HRP, March, 2020)
- **3,040,000** People to be reached (HAC, March, 2020)
- **1,460,000** Children to be reached (HAC, March, 2020)

**UNICEF Appeal 2020**

US$ 101.6 million

-Funding received $16M
-Carry-forward, $4M

-20% funded

-Funding gap, $81M
UNICEF’s Response and Funding Status

Funding Overview and Partnerships

UNICEF is appealing for US$ 101.6 million to meet the increased humanitarian needs in the country in 2020 as a result of the multiple hazards of drought, residual impact of Cyclone Idai, diarrheal disease outbreaks, and the economic crisis compounded by the current COVID-19 outbreak. As of 31 May, 2020, funding totalling about US$20,425,584 (20% of overall need/HAC appeal) had been received from CERF, China, ECHO, Japan, USA BPRM, US Fund for UNICEF and UNICEF Global Thematic. Other donors, including, KfW, DFID, SIDA, Irish Government, EU and GAVI have approved reprogramming of the development funds to support the COVID-19 response.

Situation Overview & Humanitarian Needs

Humanitarian needs in Zimbabwe have sharply increased on the backdrop of the worsening impact of drought, floods, economic deterioration and the on-going COVID-19 pandemic affecting about 7 million people, including 3.2 million children in Zimbabwe who are in urgent need of humanitarian assistance and protection during 2020. In addition, 2.2 million people in urban areas, are “cereal food insecure,” according to the Vulnerability Assessment Committee (ZimVAC) analysis of August 2019. Approximately 95,000 children under age 5 are suffering from acute malnutrition, with a national global acute malnutrition (GAM) prevalence at 3.6 per cent and a total of 8 districts recording GAM prevalence of over 5 per cent (ZimVAC rural 2019). The nutrition status of children in Zimbabwe is further compounded by sub-optimal infant and young child feeding practices including very poor dietary diversity at 15 per cent and with only 7 per cent having attained the minimum acceptable diet. The macroeconomic crisis has been worsening in the country with year-on-year food inflation reaching 980 per cent, and health services and medical equipment inflation balloon to over 1,500 per cent by April 2020. This hyperinflation has pushed the cost of basic food stuffs and services particularly healthcare beyond the reach of the majority of the population. The combined impact of drought and economic deterioration has worsened the dire situation of vulnerable children, placing them at a heightened risk of increased protection violations particularly negative coping strategies such as sexual exploitation and abuse, child marriage and child labour. As of 27 May, Zimbabwe has reported 132 COVID-19 cases, including four deaths and 25 recoveries since the onset of the outbreak, with cases reported in eight of the country’s ten provinces. While the country is still grappling with the impact of COVID-19 and other multiple hazards, Zimbabwe is facing a malaria outbreak with a surge in malaria cases to 289,071 and 265 deaths between January and May 2020. Before the onset of the COVID-19 epidemic, the Education Cluster estimated that of the more than 3.4 million children of school going age (3 to 12 years), at least 1.2 million (35 per cent), would need emergency or specialized education services in 2020. This includes more than 853,000 children in acute need, such as: children not enrolled in school; orphans and other vulnerable children, including children with disabilities and children living with HIV and those in need of school feeding. Schools in Zimbabwe have remained closed since March 2020, affecting disproportionally vulnerable children with no access to online learning. Without a well-resourced response, the COVID-19 epidemic will exacerbate existing vulnerabilities among children, with lasting negative impact on children’s education and learning outcomes. Access to WASH remains a challenge with only 30 per cent of the 55,593 water sources tracked by the rural water information management system functional and protected. Immunisation coverage has also declined: there has been a 49 per cent decline in MR1 coverage from January 2020 to April 2020 and a 40 per cent decline in DTP3 coverage in the same period. COVID-19 has compounded the human

1 This amount includes 2,986,352 USD received for Covid-19 response.
2 Zimbabwe Humanitarian Response Plan (HRP, 2020)
resources crisis and the ever-looming threat of industrial action by health care workers remains, particularly with deteriorating conditions of service and inadequate PPE for frontline health care workers.

Summary Analysis of Programme Response

**Nutrition**

UNICEF as the Nutrition Cluster lead continued to convene bi-weekly cluster meetings to review progress of the humanitarian response and deliberate on emerging issues such as the delivery of nutrition interventions in the COVID-19 outbreak. The cluster has prioritised active screening, treatment of acute malnutrition and infant and young child feeding as critical life-saving activities to continue even in the COVID-19 context. A four months’ supply of RUTF has been placed at health facilities to ensure that health facilities do not stockout. Malnourished children who are admitted into the nutrition programme are issued RUTF supplies to cover 4 weeks instead 2 weeks to reduce the number of visits they make to the health facility thus reducing the risk of COVID-19 transmission.

Active screening has continued using mother-led MUAC in the communities and between April and May, 2020, 485,000 children have been screened for acute malnutrition. Out of 36,039 children targeted for treatment of acute malnutrition in the HAC 2020, 5,084 (14.1%) children were admitted into a malnutrition treatment programme from January to April 2020. Hotspots of acute malnutrition are emerging especially in peri-urban areas likely due to the mitigating impacts of preventing the transmission of COVID-19. A decline in numbers of children admitted in the treatment programme was recorded through routine information system between March and April indicating disruption of access to nutrition services. UNICEF in collaboration with the Ministry of Health and Child Care (MOHCC) has started collecting weekly data for the nutrition response from community level and health facilities and the data should make the trend picture much clearer in the next few months.

The nutrition cluster has also been collaborating with WHO and MOHCC to strengthen surveillance and treatment of pellagra cases across the country. Pellagra cases in 2020 have doubled compared to the same time in 2019. Most of the cases were adult women. Verification of pellagra is planned for the other districts out of Harare after the current lockdown. Health workers are currently being sensitised on proper identification and treatment of pellagra. Micronutrient supplementation, for treatment of the symptoms of pellagra, continued through health facilities as well as community-based approaches by village health workers. Vitamin A supplementation (VAS) is integrated into EPI services at health facility. The priority activities to continue in the next two months are: continuation of active screening for early identification and referral of children with acute malnutrition using mother-led MUAC to ensure that children continue to be screened even when village health workers’ movements are restricted due to COVID-19 prevention activities; inpatient and outpatient treatment of children with acute malnutrition at health facilities; as well as community and facility level support for infant and young child feeding in emergencies.

Figure 1: SAM Admissions Trends (source: DHIS2)
Since the first quarter of 2020, the health sector prioritised programming focused on the COVID-19 response and the continuity of essential care. As of 31 May, 4,931 health care workers and support staff from hospitals and primary care facilities have been trained in infection prevention and control, while 1,132 health care workers have been trained in case management. Information on COVID-19 was shared with Village Health Workers (VHWs) who cascaded key health promotion and COVID-19 prevention messages within the community, reaching 1.7 million people between April and May.

UNICEF procured and delivered Personal Protective Clothing (PPEs) for approximately 10,000 frontline health care workers. Funds amounting to US$ 2.2 million have been committed for 12,000 PCR test kits and 140 Oxygen Concentrators already allocated as well as additional PPEs which await global allocations. According to DHIS2 data from April there has been a drastic decline in coverage of essential health services across the board, including institutional deliveries, section rates, postnatal care and immunisation amongst others. For example, the month of April has shown a 47.7 per cent decrease in the number of women presenting for ante-natal care registrations month-on-month (DHIS2 see graph in figure 2).

In April 2020, 3,942 fewer live institutional deliveries were reported compared to March 2020 and 50.3 per cent less post-natal checkups were completed in comparison to January 2020. Immunisation coverage has also declined; there has been a 49 per cent decline in MR1 coverage from January 2020 to April 2020 and a 40 per cent decline in DTP3 coverage in the same period. COVID-19 has compounded the human resources crisis; the ever-looming threat of industrial action by health care workers remains. The MOHCC circular that reviewed flex-time hours has not seen an increase in the number of workers reporting for duty or an increase in the provision of services, and thus other solutions are being pursued. Priorities for the next reporting period include: the development of a time and cost-effective integrated COVID-19 training package for health care workers, signing off the integrated outreach concept note and implementation plan with the MoHCC and addressing demand and supply challenges to ensure the continuity of essential services.

WASH Cluster virtual meetings continue to be held weekly through Emergency Strategic and Advisory Group (ESAG). During the reporting period, a total of 8 meetings were held and resulted in the finalization of the WASH COVID-19 HRP Addendum and incorporation of the WASH questions into the ZIMVAC Rural and Urban Livelihoods assessments. The number of people reached with safe water increased from 21,500 reported previously to 80,584 people. This was achieved through the repair of 132 boreholes and water trucking (mainly in Harare) of over 700,000 litres. Through mass media and community activities (road shows and street campaigns) and during food distributions, over 801,260 people have been reached with messages on health and hygiene, including COVID-19 awareness and prevention and the importance of hand washing with soap. A radio talk show was hosted on the local radio station to raise awareness on menstrual hygiene management (MHM) and to also celebrate MHM Day reaching a listenership of 80,000 people. Furthermore, 190 handwashing stations were established in public places including markets and bus terminuses to promote good hand washing practices, 2,066 hygiene kits distributed to vulnerable households and 35 health care centres supported with cleaning materials including disinfectants.

UNICEF established partnerships to respond to the various emergencies in the country; four partnerships responding to drought, six to COVID-19 including support in health care facilities and four on cholera/typhoid preparedness which also have been realigned to include the COVID-19 response. An additional seven partners were engaged to implement Cyclone Idai recovery activities in Manicaland and Masvingo provinces. From the recent cases, quarantine centres now pose a risk of fueling COVID-19 transmission in the country. UNICEF WASH with support from the sector is focusing on...
intensifying interventions at ports of entry, quarantine centres and health care facilities identified as isolation centres where water supply, waste management and general hygiene were noted to be inadequate in recent assessments conducted by the Ministry of Health and discussions with sector meetings. UNICEF WASH section and partners will continue with cholera/typhoid preparedness activities in all cholera hot spot areas. Project supplies (borehole spares and hygiene kits) are earmarked to be distributed to these hotspot areas in the coming month to support field activities.

**Education**

UNICEF as the Education Cluster Co-lead continued to convene weekly cluster coordination meetings to review progress of the various Technical Working Groups (TWGs). The TWGs bring together various partners, around four thematic areas: Alternative Education, Back to School, Alternative School Feeding and Information, Education and Communication materials development.

In the reporting period, UNICEF supported Radio Programming, Digital and Online Learning and the provision of additional materials for children in remote areas. Specifically, UNICEF provided financial and technical support to help the Ministry of Primary and Secondary Education (MoPSE) to develop 90 radio lessons and pilot more than 50 lessons and finalize them for broadcasting. For Online Learning, UNICEF uploaded seven titles of Early Childhood Development (ECD) story books to the Internet of Good Things—a platform that facilitates access through—mobile phones. Additionally, UNICEF is currently distributing ECD Story Books & Psychosocial Support (PSS) workbooks for children, in satellite schools starting with six districts and gradually scaling up. The books are set to benefit 11,582 learners (5,688 boys and 5,894 girls).

Furthermore, UNICEF participated in meetings with UN partners to discuss the Framework for Reopening of Schools. These discussions culminated in a high-level meeting between UN partners and the MoPSE Permanent Secretary and Senior management at which UNICEF presented on the need to balance health and education considerations and priorities in the decision on the re-opening of schools. UNICEF also participated in a meeting with the Minister, the Permanent Secretary, MoPSE Senior Management and technical experts from China to discuss lessons learned from China in deciding when and how to open schools safely.

Focus for the next reporting period will be on procurement of 3,773 school hygiene kits for marginalised schools, operationalizing the radio programme and printing of information, education and communication (IEC) materials. In response to drought, school feeding strategy and training manuals for food handlers are under development.

**Child Protection**

During the period under review, UNICEF has continued to lead the Child Protection Sub-cluster and supported the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) to convene weekly Child Protection Working Group (CPWG) meetings. The CPWG facilitated a webinar session on integrating child protection across all clusters in the COVID-19 response on 19 May reaching 170 participants including donors and clusters leads. The other trainings conducted training on 5W reporting conducted on 20 May, and training on the PSEA Self-Assessment Tool for UNICEF-funded civil society partners conducted on 21 May.

During the reporting period, 1,710 children benefited from structured psychosocial activities, bringing the total number of children reached since January 2020 to 2,850 children, including 828 children with disabilities (46 per cent boys and 54 per cent girls). Child Protection Society (CPS) working with MoPSLSW has provided tracing and reunification services to 351 (90 per cent boys and 10 per cent girls) unaccompanied and separated children (UASC). A total of 53 children who were previously living on the streets and 121 children referred by the Department of Social Welfare (DSW) from quarantine facilities at the borders were reunified, with 40 reached in April and 102 in May. In addition, 784 (15 per cent boys and 85 per cent girls including 16 females living with disability) child survivors of violence, including sexual and gender-based violence, across the country accessed services including post-rape health care and psycho-social support through a case management approach, with 122 reached in April and 143 in May. To facilitate service access to women and children who fail to reach protection services, including post-rape care, legal aid and mental health and psychosocial support due to the lockdown and transportation challenges, UNICEF has provided a vehicle to support the DSW in facilitating the movement of clients. The child helpline recorded a 43 per cent increase in calls since April directly related
to violence against children and sexual and gender-based violence cases involving girls. UNICEF is supporting directly staff salaries for increased helpline capacity to respond to the increased number of calls and relevant referrals.

UNICEF as the Child Protection Sub-cluster lead will continue to engage directly with the Case Management Pillar to support the finalization of the Mental Health and Psychosocial Support (MHPSS) guidelines in addition to exploring new MHPSS partnerships. UNICEF will also continue to provide support to UN partners IOM, WHO and MoHCC, under the Point of Entry pillar for the implementation of Standard Operating Procedures (SOPs) for care in quarantine facilities through a training programme for quarantine staff that will be jointly supported by the UN. This training package will address the child protection and safeguarding needs of quarantined children.

HIV/AIDS

As part of the UN joint team on HIV/AIDS, UNICEF contributed to ensuring children, adolescents, pregnant and lactating women receive information and access HIV services during emergencies, including the COVID-19 pandemic. UNICEF contributed to the development of MOHCC rapid guidance on HIV service delivery in the COVID-19 context ensuring inclusion of guidance for children, adolescents and pregnant and lactating women living with HIV. UNICEF supported National AIDS Council (NAC) and reached 3924 children and adolescents with information on HIV prevention and care using film screening, orientated 141 community leaders and workers on HIV in emergencies in 2 Cyclone Idai affected districts. NAC sensitized 439 government stakeholders and community leaders on HIV services and reached 5,342 children and adolescents in 11 cholera hotspot districts. Africaid, a UNICEF partner working in 7 districts, reached 3,807 children, adolescents and young mothers living HIV with COVID-19 infection prevention messages, access to facilities, and continuation of treatment. At least 4,376 HIV cases were from children, adolescents and young people responded to through U-Report on HIV and sexual reproductive health issues. OPHID, another UNICEF partner, is working in 7 districts to integrate HIV/TB services amongst children with malnutrition. Due to the COVID-19 lockdown-induced restricted access, few health workers were mentored, with 13 health workers and 65 village health workers reached with support. Services continued to be provided with 87 per cent and 95 per cent of children with SAM and MAM being tested for HIV respectively. UNICEF through its partners will continue to advocate for uninterrupted HIV service provision and ensure those clients on treatment continue to receive timely and supported treatment and care through provision of multi-month supplies of ART drugs. UNICEF is engaging additional partners and supporting reprogramming of current partner activities to strengthen their infection prevention and control measures in health facilities and the community at large in response to COVID-19 pandemic.

Communications for Development (C4D), Community Engagement & Accountability

During the reporting period, UNICEF continued to support communication for development, community engagement and accountability reaching a total of 7.3 million people. UNICEF is coordinating the COVID-19 Risk Communication and Community Engagement (RCCE) pillar of the national COVID-19 response. Key national messages on COVID-19 prevention have been produced, supported by a C4D rapid assessment in conjunction with the MOHCC. Also, more than 950,000 people, were engaged through community engagement and inter-personal communication and more than 150,000 people provided feedback about various UNICEF activities via U-Report and other feedback mechanisms.

Activities included “The Live Well: The Health and Nutrition Show” which featured five, 30 minute programmes per week and aired in local languages. Guest speakers discussed topics on Nutrition, HIV, WASH, Health, Education and Child Protection. As at end of May, 2020, 38 radio episodes were covered on Capital K, Diamond FM, SkyMetro, Hevoi FM and Nyaminymi FM. A total of 105,000 COVID-19 prevention posters in English and in 14 local languages have been produced and distributed. A mass outdoor media campaign saw 39 large outdoor billboards featuring COVID-19 prevention messages erected countrywide in key locations reaching at least 500,000 people per month. Regular content about COVID-19 for social media such as Facebook, Instagram, LinkedIn, Twitter have been used, and local celebrities such as Tanya Muzinda, a motocross star featured on a COVID Diaries video, as well as various engagements with the media on several issues about UNICEF’s support to the COVID-19 response.

The official (UNICEF-developed and managed) COVID-19 WhatsApp and SMS Information Hub provides official messages and information to nearly 120,000 users. UNICEF hosts online platforms that track and address rumour and insights from the public such as the Information Hub, U-Report and Talkwalker.
Strategy

UNICEF Zimbabwe continues to serve as cluster lead in WASH, Education (co-lead with Save the Children), Nutrition and Child Protection for coordination of emergency response efforts to support the government of Zimbabwe. Regular coordination meetings were held at cluster, and Inter-cluster levels with active participation of UNICEF cluster leads and focal points, various partners including other UN agencies. During the COVID-19 response, UNICEF is leading the Risk Communication and Community Engagement (RCCE) and the Infection Prevention and Control (IPC) Pillar, while providing critical technical, financial and logistical support to the Coordination, Case management, Logistics, Procurement and Supply, and Ports of Entry (PoE) pillars of the COVID-19 Response Task Force.

Human Interest Stories and External Media

UNICEF Zimbabwe Facebook: https://www.facebook.com/www.harareunicef.co.zw/
UNICEF Zimbabwe Twitter: https://twitter.com/unicefzimbabwe

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Email: jmaiden@unicef.org
### Annex A

#### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2020 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
<th>2020 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6 to 59 months affected by SAM and moderate acute malnutrition admitted to community-based treatment programmes</td>
<td>36,039</td>
<td>36,039</td>
<td>5,084</td>
<td>N/A</td>
<td>36,039</td>
<td>5,084</td>
<td>▲1,088</td>
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<tr>
<td># of children and women receiving micronutrient supplementation</td>
<td>991,168</td>
<td>991,168</td>
<td>225,914</td>
<td>N/A</td>
<td>991,168</td>
<td>225,914</td>
<td>▲20,804</td>
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<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children, women and men accessing health services</td>
<td></td>
<td></td>
<td>3,042,251</td>
<td>1,818,979</td>
<td>▲1,111,226</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people accessing safe water</td>
<td>1,792,343</td>
<td>1,792,343</td>
<td>220,583</td>
<td>▲220,583</td>
<td>1,200,000</td>
<td>80,584</td>
<td>▲59,084</td>
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<tr>
<td># of households provided with hygiene kits</td>
<td>52,500</td>
<td>52,500</td>
<td>6,630</td>
<td>▲6,630</td>
<td>35,000</td>
<td>2,066</td>
<td>▲2,066</td>
</tr>
<tr>
<td>Child Protection</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td># of vulnerable children reached with community-based psychosocial support interventions, including at child safe spaces</td>
<td>110,000</td>
<td>110,000</td>
<td>23,381</td>
<td>▲23,381</td>
<td>50,600</td>
<td>0</td>
<td>▲2,850</td>
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<tr>
<td># of unaccompanied and separated boys and girls identified, documented and receiving family tracing and reunification services</td>
<td>5,000</td>
<td>5,000</td>
<td>355</td>
<td>▲355</td>
<td>2,300</td>
<td>67</td>
<td>▲284</td>
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<tr>
<td># of survivors of violence, including gender-based violence, accessing multisectoral services (clinical care, psychosocial support, police and legal assistance, case management, etc.)</td>
<td>35,000</td>
<td>35,000</td>
<td>2,953</td>
<td>▲2,953</td>
<td>16,100</td>
<td>26</td>
<td>▲758</td>
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</tr>
<tr>
<td>Education**</td>
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<td></td>
</tr>
<tr>
<td># of boys and girls aged 3 to 12 years accessing quality formal or non-formal education (including early childhood development and primary education)</td>
<td>1,200,000</td>
<td>853,000</td>
<td>N/A</td>
<td>N/A</td>
<td>333,841</td>
<td>0</td>
<td>N/A</td>
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<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td># pregnant and lactating women, children and adolescents living with HIV who continue to receive prevention of mother-to-child transmission of HIV and treatment services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60,000</td>
<td>70,703</td>
<td>▲47,113</td>
</tr>
<tr>
<td>Social Protection**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td># of vulnerable households receiving cash transfers to support access to basic services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30,000</td>
<td>N/A</td>
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<tr>
<td>C4D</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td># of people reached with life-saving messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,600,000</td>
<td>7,275,987</td>
<td>▲3,390,350</td>
</tr>
</tbody>
</table>

* Results are for multihazard responses (drought, cyclone and disease outbreaks including covid19). ** Sectors have not yet rolled out interventions.
### Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements for 2020</th>
<th>Received Current Year</th>
<th>Carry Over</th>
<th>Total Available</th>
<th>$</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>5,819,158</td>
<td>3,707,74</td>
<td>770,640</td>
<td>4,477,914</td>
<td>1,341,244</td>
<td>23%</td>
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<tr>
<td>Health</td>
<td>20,000,000</td>
<td>1,885,711</td>
<td>289,445</td>
<td>2,175,156</td>
<td>17,824,844</td>
<td>89%</td>
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<tr>
<td>WASH</td>
<td>23,688,000</td>
<td>6,559,154</td>
<td>1,589,404</td>
<td>8,148,558</td>
<td>15,539,442</td>
<td>66%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>5,766,030</td>
<td>2,009,749</td>
<td>825,067</td>
<td>2,834,816</td>
<td>2,931,214</td>
<td>51%</td>
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<tr>
<td>Education</td>
<td>25,373,621</td>
<td>143,656</td>
<td>209,915</td>
<td>353,571</td>
<td>25,020,050</td>
<td>99%</td>
</tr>
<tr>
<td>HIV &amp; AIDS</td>
<td>1,000,000</td>
<td>334,031</td>
<td>337,678</td>
<td>671,709</td>
<td>328,291</td>
<td>33%</td>
</tr>
<tr>
<td>C4D</td>
<td>500,000</td>
<td>496,681</td>
<td></td>
<td>496,681</td>
<td>3,319</td>
<td>1%</td>
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<tr>
<td>Social Protection</td>
<td>19,440,000</td>
<td>1,267,178</td>
<td></td>
<td>1,267,178</td>
<td>18,172,822</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>101,586,809</strong></td>
<td><strong>16,403,435</strong></td>
<td><strong>4,022,149</strong></td>
<td><strong>20,425,584</strong></td>
<td><strong>81,161,225</strong></td>
<td><strong>80%</strong></td>
</tr>
</tbody>
</table>

* As defined in Humanitarian Appeal of March, 2020 for a period of 12 months