Highlights

- 1,420 children (770 girls and 650 boys) were admitted to community-based programmes for the treatment of severe wasting in January and March 2021.
- At least 321,652 children and women were reached with primary health care services in UNICEF supported facilities between the period January and March 2021 against a target of 2.7 million for the year.
- A total of 288,108 people (138,292 males, 149,816 females) out of an annual target of 610,057 people were reached with safe water.
- A total of 304 radio lessons were broadcast reaching approximately 350,000 learners.
- 20,955 children and caregivers (11,382 females, 7,940 males and 1,583 people living with disabilities) were reached with mental health and psychosocial support interventions.
- In February, 7,723 vulnerable households received emergency social cash transfers in Highfields and Gutu.

UNICEF’s Response and Funding Status

**UNICEF Appeal 2021**
US$ 74.7million

**Funding Status (in US$)**

- **SAM Admission**: 8%
  
- **Nutrition**: Funding status 24%

- **Access to health services**: 12%
  
- **Health**: Funding status 10%

- **People with safe water**: 47%
  
- **WASH**: Funding status 9%

- **Child protection services**: 23%
  
- **Child Protection**: Funding status 46%

- **Children in school**: 100%
  
- **Education**: Funding status 6%

- **PLW receiving ART**: 55%
  
- **HIV/AIDS**: Funding status 35%

- **Life saving messages**: 30%
  
- **C4D**: Funding status 29%

- **Cash transfers to HH**: 31%
  
- **Social Protection**: Funding status 2%

**Situation in Numbers**

4,100,000 children in need of humanitarian assistance

6,800,000 people in need (HRP, March 2021)

4,200,000 People to be reached (HAC, March 2021)

2,200,000 Children to be reached (HAC, March 2021)
Funding Overview and Partnerships

UNICEF is appealing for US$ 74.7 million to meet the increased humanitarian needs in the country in 2021 as a result of the multiple hazards of drought, residual impacts of Cyclone Idai and floods, COVID-19 and diarrheal disease outbreaks, and the economic crisis compounded by the current COVID-19 outbreak. As of 31 March 2021, funds totalling about US$ 8.1 million (11 per cent of the total 2021 funding requirement) had been received from various donors that include China, ECHO, Japan, US Fund for UNICEF, USA (OFDA), FCDO, SIDA, Denmark, Danish Committee for UNICEF and UNICEF Global Thematic.

Situation Overview & Humanitarian Needs

While 2021 began with prospects of a better harvest due to improved rainfall and a reduction in severe food insecurity, the country continues to face multi-hazards that include: the lingering structural and floods’ induced food and nutrition insecurity, the ensuing health crises, the on-going impacts of COVID-19 and the chronic economic crisis. Despite a steady decrease in year on year inflation rate for the month of March 2021 at 240.55 percent, down from 321.6 percent in February 2021, Zimbabwe is still in hyperinflation, severely impacting affordability of basic services by most of the population. In addition, the reinstating of COVID-19 containment measures in January 2021 had major consequences for the most vulnerable people across the country. An estimated 6.8 million people, including 2.8 million children urgently require humanitarian assistance in 2021. As of 31st March 2021, Zimbabwe reported 36,882 cases of COVID-19, 34,686 recoveries and 1,523 deaths. Overall, only 3.1% of the country’s population has been exposed, with the rate in urban areas being 6.7%, and rural areas having 1.6%. The country remains significantly susceptible to further surges in COVID-19 infections.

This year approximately 38,425 children under the age of 5 are projected to suffer from acute malnutrition, with pockets of increased severe cases of malnutrition particularly in urban locations such as Epworth. COVID-19 and its restrictions have adversely affected households’ income thus adversely affecting affordability of and access to nutritious foods by the affected families. In 2021, Some 4.1 million people will need essential health services and 140,000 people will need HIV and AIDS services. Continuity of delivery and utilization of essential life-saving health services for children and women has been significantly impacted by the combination of the direct and indirect impact of the COVID-19 pandemic and the socio-economic challenges.

According to the 2021 HAC, 3 million people lack access to safe water and sanitation. The 2020 situation analysis of WASH services in health care facilities (HCFs) in Zimbabwe, highlights that WASH infrastructure is typically old, poorly maintained and often in disrepair to the extent that quality of care delivery is being compromised. The 2021 HAC projects that 1.3 million children will need child protection services, including psychosocial support and services addressing gender-based violence, violence against children and protection from sexual exploitation and abuse. The current socio-economic challenges being faced by families and communities has serious protection consequences especially for vulnerable girls. The destruction and breakdown of family and community structures, and the disruption in service delivery has resulted in increased child protection caseload.

1 Humanitarian Response Plan, March 2021
2 Humanitarian Action for Children, 2021
3 GoZ, Zimbabwe COVID-19 Sitrep, 31 March 2021
4 2021 Humanitarian Needs Overview
5 Humanitarian Response Plan, March 2021
6 Humanitarian Action for Children, 2021
7 Humanitarian Response Plan, March 2021
Summary Analysis of Programme Response

Nutrition

Nutrition Cluster coordination led by UNICEF and co-led by GOAL continues to be strengthened at national level with, 3 online cluster coordination meetings already held since January 2021. Active case finding for wasting in children under age 5 is continuing throughout the country in 2021. Following adoption of the family and mother led mid-upper arm circumference (MUAC) approach, intensified screening has continued in the 27 districts conducting emergency response activities. From January to March 2021, 576,995 children 6-59 months (300,037 girls and 267,958 boys) were screened for acute malnutrition in the emergency districts which is an average of 192,332 children (46% of the target) screened every month. Of the 22,175 children targeted for treatment of severe wasting in the 2020 HAC, 1,420 (6% of the target) children (770 girls and 650 boys) were admitted to community-based programmes for the treatment of severe wasting in January and February 2021. The number of children admitted is the lowest compared to the past 3 years mainly due to improved food security resulting from above average rainfall in 2021. The cure rate in the emergency districts for the first 2 months of 2021 was 72% which is lower that the target of ≥75%. However, improvements were made on the defaulter rate (14%) and the death rate (4%) which were within the targets of ≤15 and ≤5 respectively. Mentorship of health facility staff on programme quality improvement will be prioritised in the second quarter to improve quality of care, data quality and reporting which impact on the cure rate.

The year 2021 also began with strict movement restrictions in the country due to the second wave of COVID-19. In the first 2 months of 2021, 86,000 children aged 6-59 months out of a target of 476,926 (18% of target for the year) received Vitamin A supplements at health facilities as well as from village health workers in the community in the 38 targeted districts. In addition, UNICEF supports MOHCC in the integrated outreach services which are ongoing with nutrition services such as vitamin A being integrated with other health services to improve the reach in remote communities.

A total of 173,099 mothers and other caregivers of children under 2 years of age (41% of the 417,310 targets for 2021) were supported with infant and young child feeding in emergencies (IYCF-e) counselling and messages both in the communities and at Health facilities. Most mothers received this support through care/support group meetings in their communities which are led by the village health workers and lead mothers. In the advent of COVID-19, support group meetings are held in small numbers of less than 10 people while members observe and adhere to set COVID containment measures of masking-up, social distancing, frequent hand washing and exclusion of anyone with elevated temperature or any symptom of COVID-19.
Between February and March 2021, UNICEF collaborated with the Ministry of Health and Child Care (MOHCC) and WHO to support coordination and follow up of all essential health services and emergency preparedness and response activities. UNICEF procured emergency supplies (Acute watery Diarrheal kits and Latex gloves) for prepositioning during second quarter in preparation for sporadic outbreaks of diarrheal diseases that may occur particularly in Bulawayo and Harare province. Furthermore, cholera test kits (100 boxes of 20 tests a box) which were procured with support from UNICEF are being distributed to the 10 provinces across the country. While no suspected cholera cases have been reported this year, UNICEF is supporting refresher trainings and simulation exercises for Rapid Response Teams (RRTs) on cholera, typhoid and other diarrheal diseases targeting 26 cholera hotspots. As shown in figure 3 above, sporadic typhoid fever cases have been reported in the country this year, mostly emanating from Glenview suburb in Harare. A total of 26 suspected typhoid cases were reported in February and March 2021, cumulatively 38 cases and no deaths have been reported this year as of 14th March 2021 (MOHCC Weekly Disease Surveillance Report No.10 of 2021).

At least 321,652 children and women were reached with primary health care services in UNICEF supported facilities between the period January and March 2021 against a target of 2.7 million for the year. Additionally, 55,204 (26,850 girls; 28,354 boys) children between 6 to 59 months were vaccinated against measles out of the yearly target of 453,326 (DHIS 2). The second wave of COVID-19 Outbreak with prevention measures including lockdown affected access to essential services during the first quarter of 2021. UNICEF provided technical support to MOHCC Health Promotion Unit on implementation of integrated MNCH social behavior change interventions reaching a total of 94,636 (35,003 male youths, 40,630 female youths, 7,529 adult males, 9,815 adult males ,1,659 pregnant women) out of the yearly target of 3 million with integrated MNCH messages through multi-channel. A total of 8,951 community groups (5,053 social mobilizers, 705 ward councilors, 1,969 village heads, 1,224 interfaith leaders) received orientation on interpersonal communication skills to strengthen community engagement on continuity of services. Village Health workers continue to receive supplies including PPE and screening equipment to strengthen community-based care through their respective primary health care facilities. A total of 12,366 VHWs received supplies between February and March 2021.

### Water, Sanitation and Hygiene (WASH)

UNICEF continued to co-lead the WASH coordination forum with Government of Zimbabwe, conducting 10 virtual meetings with participation from government line ministries, partners and sub-national representation. A total of 12 sector partners and 6 government departments/ ministries received a training on Accountability to Affected Population, co-facilitated by UNICEF and UNOCHA. During the first quarter of 2021, UNICEF preposition WASH Contingency supplies in provinces and districts at high risk and in the path of tropical cyclones/ storms experienced and facilitated initial rapid assessments for the same. Between January and March 2021, a total of 288,108 people (138,292 males, 149,816 females) out of an annual target of 610,057 were reached with safe water. This was achieved through the rehabilitation of 565 boreholes, and establishment of 5 solar powered piped water schemes, which include 2 water kiosks. A total of 370,277 (177,733 males, 192,544 females) out of the targeted 1,4 million people were reached with...
key health and hygiene messages on COVID-19 and cholera awareness and prevention during the same reporting period. This was achieved through conducting hygiene sessions, road shows and distribution of WASH hygiene kits. UNICEF continued to provide WASH support for 50 healthcare facilities. During the first quarter of 2021, at least 612 healthcare staff have been trained on WASH and IPC, and at least 331,907 people have been reached with IEC materials on WASH and IPC on COVID-19. Rehabilitation and repair works to WASH infrastructure at targeted healthcare facilities have been underway and are to be completed in the second quarter of 2021.

During the first quarter of 2021, field access for WASH implementing partners was hindered and implementation was slowed due to the lockdown restrictions measures announced in January 2021. In some districts, (Chimanimani), interventions had to be stopped due to the rise in COVID-19 cases. Although the COVID-19 lockdown restrictions have been eased in March 2021, there is an increased risk of transmission during the Easter Holidays and a fear of a third wave. Urgent attention and financing are required to improve WASH services in health facilities and schools to ensure adequate infection prevention and control (IPC) and reduce transmission in these facilities. WASH interventions will continue to spearhead dissemination of key COVID-19 awareness and prevention messaging in the community. The focus for the next quarter is to ensure adequate provision of WASH services in schools and health care facilities.

To strengthen Education cluster coordination, UNICEF has supported the development of the Education Cluster Strategy and Workplan for 2021. UNICEF has also convened several meetings since January 2021, to discuss critical issues related to preparedness, response and recovery efforts. This includes a meeting held in March focusing on Digital Tools for Continuous Learning which provided a platform for partners to share and learn about technology tools being deployed locally to widen access to learning resources. Through the Cluster, UNICEF and partners also support the Ministry of Primary and Secondary Education (MoPSE) to develop the Catch-Up Strategy, to address the loss of learning in schools due to COVID-19 pandemic. With over 4.6 million learners affected by school closure in January 2021 as a result of the second wave of COVID-19, UNICEF prioritized interventions to ensure continued access to learning opportunities for the affected learners. With UNICEF technical and financial support, the Ministry of Primary and Secondary Education (MoPSE) developed 475 Primary and Secondary Radio lessons. Of these, a total of 304 lessons were broadcast through financial support provided by UNICEF for the Radio Education programme. While the dissemination of radio lessons still faces numerous barriers, such as lack of gadgets and radio signals, UNICEF is working on both technological and non-technical innovations to address the access challenge to learning opportunities for all children, including children with disability.

For the reporting period, UNICEF supported the MoPSE to record forty (40) television lessons incorporating sign language to widen access to learning opportunities for learners with disabilities. The MoPSE has edited eleven (11) out of these 40 lessons, which are now ready for broadcasting with financial support from UNICEF. UNICEF also supported the transcription of three storybooks into braille which are ready for distribution to widen access to learning opportunities for children with special needs. UNICEF is currently printing of 750,000 copies of the self-study guides to increase access to quality learning materials aligned to the national curriculum for disadvantaged learners.

Recognizing the important role digital learning platforms have taken in facilitating continuous learning during the COVID-19 crisis, UNICEF and the MoPSE officially launched the Zimbabwe Learning passport© on the 11th of March 2021.

© This digital platform, which serves as a repository of educational materials for primary and secondary school learners, was developed through a partnership between UNICEF, Cambridge and Microsoft
Since its launch, the Learning Passport has registered 71,296 registered users. To improve its utility, UNICEF and partners have continued to develop and upload local and Open resources such as the national curriculum, syllabi, texts and a selection of other supplemental materials. UNICEF has also continued to explore technological innovations to facilitate an offline access to the Zimbabwe Learning Passport and the zero-rating of data so that both formal and non-formal education learners can access digital content without having to pay for data.

For the reporting period, UNICEF procured and distributed Hygiene Kits, including masks for teachers for 3,733 schools, which represents a total of 39% of all schools in country. The distribution of other infection prevention and control supplies such as soaps, chlorine solution, gumboots, buckets, knapsack sprayers, handwashing liquid soap and overalls, is in progress. To improve accountability, the monitoring of delivered supplies using Rapidpro has also started. A training on Infection Prevention and Control (IPC) targeting Provincial Medical Directors and Provincial Education Directors is planned in the coming weeks. The training, which partly focuses on the revised Standard Operating Procedures developed by the MoPSE, and revised IPC protocols developed by the WHO, is intended to strengthen IPC in schools and communities. As the situation evolves, UNICEF has continued to facilitate dialogues between the MoPSE’s national and sub-national staff as well as with partners, to address emerging needs.

Child Protection

Between January and March 2021, UNICEF continued to lead the Child Protection Sub-cluster and supported the Ministry of Public Service, Labour and Social Welfare to convene bi-weekly Child Protection Working Group (CPWG) meetings. Cluster coordination performance monitoring was conducted, and the results were used to build consensus on areas of improvement for Cluster functions moving forward. Since January 2021, UNICEF, in partnership with nine civil society organizations, reached 20,955 children and caregivers (11,382 females, 7,940 males and 1,583 people living with disabilities) with critical child protection services against a target of 90,000 children and their caregivers. UNICEF reached a total 10,550 (7460 girls and 3090 boys) with community-based PSS and MHPSS out of a target of 60 000 and 861(803 females and 58 males) survivors of GBV with post GBV services against the annual target of 18,500. The survivors received emergency shelter, mental health and psychosocial support (MHPSS) and were referred to the Police Victim Friendly Unit (VFU) and Legal Resources Foundation (LRF) for legal assistance. Through a partnership with Child Protection Society, UNICEF supported 433 (275 girls and 158 boys) unaccompanied and separated children with family tracing and reunification management.

In the next quarter, focus will be on scaling up provision of critical child protection services, PSS and mental health support to affected communities, capacity building in child protection in emergencies for district level structures and prevention of sexual exploitation and abuse as well as supporting decentralization of birth registration in emergency affected districts.

HIV/AIDS

In the first quarter of 2021, UNICEF partnered with National AIDS Council (NAC) and Ministry of Health and Child Care (MOHCC) department of AIDS & TB to integrate HIV services in humanitarian and emergency settings. An end term review of the National AIDS/HIV Strategic Plan identified gaps in which there was limited HIV inclusion in disaster risk reduction policies and strategies, and lack of a comprehensive HIV-sensitive country-level disaster preparedness and response plan. This component of capacity building of HIV preparedness and response has been included in the current Zimbabwe National HIV and AIDS Strategic Plan 2021 – 2025. UNICEF has supported the MOHCC HIV services to integrate HIV into provincial outreach health services as part of the comprehensive package for increasing access to treatment and care. UNICEF participated in the review of the HIV medicines and commodities stock status to ensure continuation of multi-month prescriptions for people living with HIV (PLHIV). UNICEF is working with NAC to scale up the training of community networks of PLHIV, peer supporters and village health workers to disseminate information on how to ensure access to HIV services during emergencies and humanitarian crises. This will be scaled to drought, flooding and epidemic prone districts. Further, preparations are in place to scale up the tracking of mother infant pairs through an electronic system to ensure retention in care even during emergencies. UNICEF will continue to support health facilities for uninterrupted HIV services provision and ensure those clients on treatment continue to receive timely and quality care and treatment with a focus on humanitarian hotspots.

Social Protection

The Emergency Social Cash Transfer Programme (ESCT) in partnership with GOAL Zimbabwe is continuing its operations in Highfields and Gutu and has commenced its expansion in Mufakose in Harare South, where it intends to reach a further 2000 households. The programme generated payment vouchers for 7,723 beneficiary households across its two districts for the March 2021 payment cycle (administered during the second week of the following month), with collection rate of over 93% at the time of reporting. To date the programme has provided 4 monthly payments to its beneficiaries in Gutu district and 3 monthly payments to its beneficiaries in Highfields.
The programme is also providing complementary child protection and nutrition support services. Cases of child abuse and protection are identified on routine basis and handled by dedicated officers with close link to the National Child Protection Case Management System. Nutrition interventions have included: Community-Based Management of Acute Malnutrition (CMAM) refresher trainings held for health facility staff and volunteers; Infant and young child feeding (IYCF) counselling refresher trainings held for health facility staff and volunteers; Active screening for malnutrition and Treatment of acute malnutrition for under-fives, and; Infant and young child feeding counselling and support for care givers and nutrition counselling for pregnant and lactating woman.

Working closely with the Department of disability affairs within the Ministry of Public Service, Labour and Social Welfare (MoPSLSW), the programme is currently in the process of assessing its inclusiveness to disability issues and intends to provide top-ups to households who have persons with disability.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF continued to support communication for development, and community engagement across all UNICEF multi-hazard response sectors in 2021. Between February and March, the COVID-19 Risk Communication and Community Engagement (RCCE) pillar conducted an Adult Perception Survey on the Internet of Good Things (IoGT) platform and key informant interviews with religious and community leaders. The surveys assisted in the analysis of behavioural and social norms that influence vaccine uptake. Key findings included, widespread mistrust and low vaccine confidence and low intention to vaccinate across all demographic groups due to safety concerns, lack of trust in science, efficacy and lack of information on vaccines, negative religious beliefs and social norms particularly among the apostolic sects and Pentecostal religious movements and skepticism due to social media misinformation.

UNICEF provided technical support to the Ministry of Health and Child Care (MoHCC) and the RCCE pillar to develop the COVID-19 Frequently Asked Questions and C-19 Demand Strategy. The Demand Strategy includes key messages and crisis communication plan. To promote continuous adherence to COVID-19 appropriate behaviours, UNICEF supported printing of 235 000 posters in 15 languages on masking, handwashing and physical distancing. Distribution of the materials is in progress and the total reach will be reported in the next reporting period.

Under the COVID-19 Interfaith Social Behaviour Change Communication campaign, Apostolic Women Empowerment Trust (AWET) capacitated 814 Behaviour Change Facilitators, 345 (BCF) village heads, 243 interfaith leaders and 168 councilors to drive the COVID 19 prevention campaign and encourage uptake of immunization and maternal health services in a total of 1,864 villages across 27 districts. Between February and March, 607,293 people (382,731 females and 224,562 males) were reached through interpersonal Communication. A total of 62,813 people benefited from soap distribution for handwashing, which targets vulnerable households (people with disabilities, child headed households and the elderly).

In March, UNICEF, through Goal Zimbabwe scaled-up COVID-19 prevention and continuity of essential services campaign through roadshows to include demand creation for vaccination uptake and addressing negative social and cultural norms in 3 COVID-19 hotspot provinces (Bulawayo, Harare and Manicaland).

Since January, 12 episodes of the COVID-19 Weekly Update were produced and broadcasted on ZBC/TV, in partnership with the Ministry of Health and Child Care and the Ministry of Information. The show reaches 2.5 million viewers every week and provides epidemiological updates and highlights on the national vaccination campaign roll out, including addressing misinformation, rumours and community questions on vaccination. The 12 episodes broadcasted in 2021 were uploaded on IoGT platform, reaching 3,000 viewers.

During the period under review, UNICEF, in collaboration with UN OCHA, conducted four trainings on Accountability to Affected Populations for four clusters; Community Engagement, Child Protection, WASH and Nutrition clusters. A total of 114 participants from civil society organizations and government have gone through the eight AAP sessions. The three remaining clusters will be trained during the second quarter. Key reflections on the trainings include the need for improved collaboration, coordination and sustained inclusion of AAP in programme planning.

UNICEF will continue to support communication for development, community engagement and accountability across the sectors of health, nutrition, WASH and education and coordinating with the Ministry of Health and Child Care on COVID-19 and cholera response. UNICEF will support awareness raising on COVID-19 vaccination through messaging on multi-media platforms (IoGT, billboards, IEC products, radio, TV) and integration of community engagement for vaccination and continuity of essential services through existing (AWET, Goal Zimbabwe) and renewed partnerships (Vuka Afrika).

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9 Mashonaland Central - Mbire, Mt Darwin, Rushinga, Shamva, Muzarabani; Manicaland - Chimanimani, Chipinge, Buhera, Mutare Rural, Mutasa, Nyanga; Mashonaland West - Hurungwe, Karoi, Makonde, Zvimba; Midlands - Gokwe North, Gweru, Shurugwi, Kwakwe; Matabeleland North - Binga, Tsholotsho; Matabeleland South; - Buillima, Matobo, Umzingwane and Masvingo; - Zaka, Bikita, Gutu).
Strategy

UNICEF and partners are working in collaboration with the Government to respond to the complex multi-hazard situation in Zimbabwe. To address the increased risk of natural disasters and disease outbreaks and the deepening economic crisis, UNICEF is scaling up its support to government-led national and district coordination structures to provide multi-sectoral life-saving services to affected communities, including interventions to prevent cholera outbreaks and acute malnutrition and contain the COVID-19 outbreak. This includes expanding outreach for emergency multi-sectoral services, including essential and life-saving health care, nutrition and antiretroviral therapy, for crisis-affected children, adolescents and pregnant and lactating women, including those living with HIV. UNICEF is also scaling up education, child protection, WASH, and social protection interventions for the most affected populations. UNICEF leads and co-leads the WASH, Nutrition, and Education clusters as well as the Child Protection sub-cluster. UNICEF is also actively engaged in six of the eight response pillars of the COVID-19 response.

Human Interest Stories and External Media

On 11 March, the Ministry of Primary and Secondary Education, Microsoft and UNICEF launched the Learning Passport in Zimbabwe, to address the challenges faced by millions of children and youth in accessing continued, quality education in times of crisis. The story was featured on television channels, social media platforms and print media.

With a continued focus on COVID-19 response and delivery of essential health services, there was multi-media feature on Village Health Workers focussing on ensuring continuity of essential services during COVID-19: https://www.unicef.org/zimbabwe/stories/village-health-workers-making-difference

As part of community engagement and behaviour change communication, a feature on the use of art to communicate and highlight key messages was published: https://www.unicef.org/zimbabwe/stories/spreading-health-messages-through-art


On the social media platforms that include Twitter, Facebook, Instagram, the total number of engagements totalled 16,700. In the reporting period Twitter totalled 624,000 reach and Facebook totalled 179,532 reach. Additional stories can be found on UNICEF’s website and social media channels:

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


UNICEF Zimbabwe Social Media: Facebook, Twitter, LinkedIn

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Annex A

Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Cluster/Sector Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs 2021 target</td>
<td>Total results</td>
</tr>
<tr>
<td></td>
<td>Nutrition # of children aged 6 to 59 months affected by SAM and moderate acute malnutrition admitted to community-based treatment programmes</td>
<td>22,176</td>
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<td></td>
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<tr>
<td>Category</td>
<td>Table Content</td>
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<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong># of children aged 6-59 months receiving Vitamin A supplementation</strong></td>
<td>476,926</td>
<td>476,926</td>
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<tr>
<td><strong>Health</strong></td>
<td># of children and women accessing primary health care in UNICEF-supported facilities</td>
<td>2,700,000</td>
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<tr>
<td><strong>WASH</strong></td>
<td># of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>610,057</td>
</tr>
<tr>
<td></td>
<td># of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services</td>
<td>125,000</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td># of children and caregivers accessing mental health and psychosocial support</td>
<td>90,000</td>
</tr>
<tr>
<td></td>
<td># of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions</td>
<td>90,000</td>
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<td><strong>Education</strong></td>
<td># of children accessing formal or non-formal education including early learning</td>
<td>409,716</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td># of pregnant and breastfeeding women, children and adolescents living with HIV who continue to receive prevention of mother-to-child</td>
<td>60,000</td>
</tr>
</tbody>
</table>
transmission and treatment services

Social Protection

# of vulnerable households receiving cash transfers to support access to basic services

25,000 7,723 ▲7,723

C4D

# of people reached with messages on access to services

5,000,000 1,490,658 ▲1,490,658

* The number of reporting districts were revised from 25 to 15. Young people aged 20-24 were removed from the analysis as they fall outside the UNICEF target population. That is, the programme targets the 0-19, as well as pregnant and breastfeeding women of all ages

Annex B

Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements for 2021</th>
<th>Funds Available</th>
<th>Funding Gap</th>
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<tbody>
<tr>
<td></td>
<td>Received Current Year</td>
<td>Carry Over</td>
<td>Total Available</td>
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<tr>
<td>Nutrition</td>
<td>6,692,031</td>
<td>306,757</td>
<td>1,283,331</td>
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<td>Health</td>
<td>16,000,000</td>
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<td>WASH</td>
<td>17,338,380</td>
<td>240,492</td>
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<td>Child Protection</td>
<td>3,270,960</td>
<td>299,777</td>
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<td>Education</td>
<td>9,650,108</td>
<td>287,327</td>
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<td>HIV &amp; AIDS</td>
<td>1,250,000</td>
<td>253,781</td>
<td>184,769</td>
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<td>C4D</td>
<td>1,600,000</td>
<td>96,197</td>
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<td>Social Protection</td>
<td>18,917,977</td>
<td>132,271</td>
<td>248,327</td>
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<td>Total</td>
<td>74,719,456</td>
<td>2,256,784</td>
<td>5,886,650</td>
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