UNICEF’s Response and Funding Status

**Middle East and North Africa Humanitarian Situation Report**
1 January - 30 June 2021

**Highlights**

- With the new variants of COVID-19 and the recent waves of the pandemic, a total of 10,507,749 of confirmed cases and 197,722 deaths reported as of 11 July 2021 across the region. Conflict escalation and tensions in protracted humanitarian situations resulted in new displacements, increased vulnerabilities, and continued to affect the delivery of services to children across the region. Deteriorating economic situation, especially in the countries struggling with conflicts, domestic and international tensions, increased the number of asylum seekers, IDPs and children under poverty line. Considering increased vulnerabilities and humanitarian needs across the region, humanitarian operations are facing increasing funding gaps in their response planning.

- To maintain provision of essential services, UNICEF continued to provide frontline health workers and social service providers with Personal Protective Equipment (PPE), and support school re-opening and safe school operations by providing Infection Prevention Control (IPC)/WASH in school.

- UNICEF led/co-led efforts to support national campaigns on COVID-19 vaccination and preventive measures. Yet there is a need to increase efforts to address vaccine hesitancy and further compliance with preventive measures.

- Addressing socio-economic impacts of COVID-19 on children, UNICEF supported national efforts adapting social protection system with the COVID-19 context, evidence-based social policy making and building shock responsive social protection systems.

**Situation in Numbers**

- **32 million** children in need
- **16 million** people need nutrition services
- **49 million** people need WASH services
- **24 million** children need protection services
- **110 million** children need access to school

*Source: MENARO HAC 2021*

**Funding Status**

UNICEF Appeal: $42.08 million

<table>
<thead>
<tr>
<th>Category</th>
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<tr>
<td>IYCF counselling</td>
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<tr>
<td>MHPSS access</td>
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<td>Education</td>
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<td>WASH supplies</td>
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**Funding Gap** $11.1M

**Other resources** $8.3M

**Carry-forward** $15.8M

**Humanitarian funds** $6.9M

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Situation Overview & Humanitarian Needs

In the first half of 2021, new waves of COVID-19 pandemic, with 10,507,749 confirmed cases and 197,722 deaths, COVID-19 crisis continued to affect all countries in the Middle East and North Africa (MENA) region. Iran, Iraq and the United Arab Emirates were the countries with the highest numbers of confirmed cases. However, Iran and Iraq, followed by Morocco, reported the highest numbers of deaths in the region. The pandemic continued to increase pressure on already fragile health systems across the region and put at risk the achievements of the past years in reaching SDGs in the field of children health. In Algeria for instance, in the Sahrawi context, the recent increase in the number of COVID-19 cases requires immediate action to build the capacity of the health sector and mitigate the impact of this crisis on children. The increased price of basic needs has steadily worsened the situation of chronic malnutrition, physical and mental well-being of people, especially children. Adopting restrictions in response to COVID-19, by suspending in-person education, millions of children lost their access to education. While schools reopened officially in several countries, considering the fragility of the context, the need for distance education still holds.

Along with the escalation of protracted humanitarian situations in the region, MENA is facing with new situations. Lebanon is sinking into one of the most severe global crises. Compounded by the effect of COVID-19 this could have grave consequences for children including refugee children in the country. The escalation of the conflict in Afghanistan has increased the risks of refugee influx in the neighbouring countries including in Iran. Increased hostilities in Yemen and Syria adversely affected humanitarian operations. Increasing grave violations against children, especially in conflict-affected areas, were reported during the first half of 2021.

The fragile context in conflict-affected countries, such as Yemen, Syria, Sudan, Iraq and Libya, coupled with the COVID-19 pandemic, has created complex challenges for the affected populations. In protracted humanitarian crises, where humanitarian needs are primarily driven by the effects of conflict and displacement, COVID-19 and restricted access to the affected populations have increased vulnerabilities and protection risks. At the same time, conflicts and hostilities hindered the implementation of the COVID-19 response.

COVID-19 has increased the need for humanitarian support across the region. The economic deterioration has increased the number of people living under the poverty line in the region. In Tunisia for instance, the population of people in poverty increased to 21 per cent in 2020 from 14 per cent of population pre-COVID-19. This implies a 15-year step back in the path to eradicate child poverty. With an increase from 19 to 29 per cent in child financial poverty, currently, more than one million Tunisian children live under the poverty line. Political uncertainties could further hinder a timely and effective national response to this situation. In Egypt, the ongoing effect of the pandemic, the renewed surge in the COVID-19 cases and slow vaccine roll-out could result a decline in growth forecast from 3.6 per cent in 2019-2020 fiscal year to 2.3 per cent in 2020-2021 fiscal year. It is anticipated that the decline in economic growth and the income losses due to COVID-19 could increase the poverty rate in the country.

Summary Analysis of Programme Response

In response to COVID-19, UNICEF supported the continuity of the provision of basic health care and nutrition services during this crisis in the region. This included system strengthening interventions, such as training for physicians, nurses and health workers, and provision of personal protective equipment (PPE) to health workers. In Egypt for instance, UNICEF procured more than 5.8 million pieces of PPE for the staff members of the Ministry of Health. In Djibouti, UNICEF procured 2,162 cartons of ready-to-use therapeutic food (RUTF) from the Bureau

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1 World Bank (Sprint 2021) [Lebanon Sinking into One of the Most Severe Global Crises Episodes, amidst Deliberate Inaction](https://doi.org/10.1596/978-1-4648-1111-5).
2 World Bank Group (Fall 2020), [Economic Monitor: Rebuilding the Potential of Tunisian Firms](https://doi.org/10.1596/14645859-1535).
4 World Bank (April 2021), [Egypt’s Economic Update – April 2021](https://doi.org/10.1596/1-4648-1111-5).
5 UNICEF has a global Humanitarian Action for Children (HAC) appeal specifically dedicated to vaccination, found [here](https://doi.org/10.1596/1-4648-1111-5).
for Humanitarian Assistance (BHA) in of the National Nutrition Programme to ensure continuity of sever acute malnutrition (SAM) management services in the country.

Several country offices reported education interventions, such as provision of WASH/IPC items to schools and building capacities for provision of psychosocial support, in support of implementing back to school campaigns and implementation of national exams. In Tunisia, in addition to covering the IPC and hygiene needs of over two million girls and boys and 140,000 teachers in more than 6,000 schools for three months, UNICEF contributed to the light rehabilitation of WASH infrastructures in 152 schools. In Djibouti, UNICEF supported the Ministry of Education to construct 297 handwashing stations in more than 100 primary schools as well as their daily monitoring and maintenance. As the most schools across the region were closed, in different national contexts, UNICEF supported national efforts to improve the coverage and quality of distance learning education.

Addressing the socio-economic impact of COVID-19, UNICEF supported national surveys and studies to analyse the socio-economic impact of COVID-19 and generate evidence to inform national responses and the reform of national social protection systems to enhance their flexibility for effective and timely response to shocks, including COVID-19. In Egypt UNICEF provided technical support to the Government to extend social protection services to the population groups affected by COVID-19. In Morocco and Oman, UNICEF supported studies to inform social protection reforms. In Tunisia and Djibouti, UNICEF contributed to the national efforts to extend cash transfer and food and non-food vouchers to vulnerable children.

UNICEF co-leads Risk Communication and Community Engagement (RCCE) efforts in the countries across the region. In collaboration with national partners, UNICEF supported national vaccination campaigns and mass media campaigns on preventive measures through training social and health workers and community leaders and members and generating and communicating content via its social media platforms and local radios and TVs. In addition to this, UNICEF provided support to the national efforts to enhance demand for continuity of health and education services including Mental Health and Psychosocial Support and positive parenting.

Algeria

Child Protection

For the second year, UNICEF launched the joint artistic expression contest with l'Organe national de protection et de promotion de l'enfance (ONPPE) for psychosocial support to families and children. The contest was launched on 1 June, on the occasion of International Children's Day. The results of this contest which lasted for one month were showcased during an event on 15 July on the occasion of Algeria national Children’s Day. 2,000 children (83 per cent girls), from 52 different provinces participated in this contest.

Education

UNICEF supported the organization of the national exam primary schools in June by providing PPE for about 55,000 children and 11,000 teachers in 1,000 primary schools in remote areas. UNICEF currently works with the Ministry of National Education and the Sahrawi authorities to support the ‘back to school’ in September. By September 2021, the Ministry of National Education will have a set of training materials relating to reading difficulties. UNICEF is also in the process of delineating a pilot project to test a new way to ‘multiply’ two sets of materials, including remedial learning and psycho-social support, through engaging a network of ‘professional learning communities’. UNICEF plans to support the Ministry of National Education in organizing the first national learning assessment for grades 2, 4 and 6 in September 2021. This assessment will evaluate the scope of the learning losses and identify key responses.

Social Protection

To assess the impact of COVID-19 on households in Algeria, UNICEF provided technical and financial contributions to the socio-economic impact study led by UNDP and the National Economic, Social and Environmental Council (CNESE). The study, targeting a sample of 1,500 households with about 4,500 children under 18, was completed. The draft report is under review by the technical committee in charge of coordinating the study. While considering the limitations of a small households’ sample size in the interpretation of the findings, it is interesting to notice some expected results for children related issues. For instance, a quarter of interviewed households stated that they couldn’t access a vaccination facility and 42 per cent of children couldn’t benefit from a distance learning programme, for the majority (more than 80 per cent) the main reason given was the
demotivation. More than 80 per cent of the households declared that they did not receive any external economic support, only five per cent received support from the Government.

**Risk Communication and Community Engagement (RCCE)**
UNICEF continued supporting the Ministry of Health, Population and Hospital reform on the mass communication campaign on COVID-19 vaccination, which is being broadcasted on the radio, television, and social media. In addition to this, UNICEF is supporting the Ministry of Religious Affairs in raising awareness about COVID-19 vaccination in mosques, especially in Friday prayers. As of July, Imams and mouchidates (religious educators) have become the key actors to this awareness-raising campaign at the level of mosques across Algeria. Some Friday courses have also been designed especially for the sensitization to vaccination.

**Humanitarian Programme in Tindouf**
In April 2021, with the funding provided by the Government of Italy, UNICEF was able to deliver to the Sahrawi Red Crescents two refrigerators and six portable freezers for vaccines storage and transportation as well as 57 newborn kits. The procured equipment is intended to further strengthen the Sahrawi health sector however it supports the Sahrawi authorities in their COVID-19 response. In May 2021, with the generous contribution of the Government of Japan, UNICEF was able to organize training for 50 vaccinators to strengthen capacities on immunization including in the context of the COVID-19 pandemic. During the same period, with the support of the Government of Canada, UNICEF was also able to organize a training on IPC for 40 aimed at reinforcing the midwives’ knowledge of key health and hygiene standards to be respected when dealing with newborns in the context of COVID-19. With the support of the government of Italy, UNICEF procured necessary equipment to furnish a conference room for the Sahrawi health authorities to organize online training sessions. This will ensure the continuity of trainings by overcoming any inconvenience that may hinder the movement of the Sahrawi health personnel outside of the settlements.

**Djibouti**

**Health**
In addition to its support to the Government for COVID-19 vaccination, UNICEF continued its support to the national health system to maintain the continuity of health services by procuring critical lifesaving commodities (vaccines and essential drugs). UNICEF further worked to develop a comprehensive RCCE strategy including rumours management with a costed communication plan which is now guiding the RCCE interventions in the country and contributing to encouraging the population to seek COVID-19 vaccination.

**Nutrition**
During the reporting period, UNICEF maintained its support to the National Nutrition Program contributing to secure 2,162 cartons of ready-to-use therapeutic food (RUTF) from USAID Bureau of Humanitarian Assistance (BHA) to avoid stock-outs of this very critical commodity in health facilities. This quantity of RUTF will help cover about half of the country needs for 2021 and help reach 2,500 children suffering from severe acute malnutrition (SAM) and maintain the continuity of SAM management services throughout the country.

**Child Protection**
During the reporting period, UNICEF maintained its support to the local faith organization (CARITAS) in providing the minimum assistance and care to street children within the COVID-19 pandemic context.

**Education**
As the designated agency for sector coordination, UNICEF continued to support the Ministry of Education (MoE) in promoting coordination mechanisms and monitoring of activities in line with the sectoral COVID-19 response plan. Considering national needs, UNICEF provided support to ‘safe school operation’ by promoting IPC in schools including raising awareness on handwashing and other key hygiene practices, fabricating handwashing stations with soaps in school and support their maintenance and daily monitoring. With support from Japanese funding, UNICEF contributed to MoE on the fabrication of 297 handwashing stations as well as their maintenance in more than 100 primary schools. As the pandemic continues, long-term use of the handwashing stations is critical, and UNICEF supported it through an innovative ‘tripartite agreement’ between the MoE inspection team providing overall supervision, the local municipality office ensuring the monitoring of activities at the school level, and the local community members who directly participate in daily inspection and maintenance activities. This participatory approach promotes harmonized and standardized quality control mechanisms of WASH facilities
across schools as well as active engagement of local communities in the monitoring of handwashing activities and maintaining school facilities in good condition for long-term use.

**WASH**

UNICEF supported efforts to make available handwashing stations with soap in schools, health facilities and public areas across the country. UNICEF launched a situation analysis in schools and health facilities to further identify the needs and address them on time under its COVID-19 response. Further, partnerships with several National NGOs were renewed to keep up with the hygiene promotion activities to prevent the transmission of COVID-19 while improving the access to safe drinking water. A specific focus has been put to reach migrants, refugees, and hosts communities in two regions in the country.

**Social Protection**

UNICEF supported the inclusion of additional vulnerable households in the national social protection response. With the financial support of the Government of Canada, and in partnership with the national NGO WID, 180 additional households assisted with the voucher (food and non-food) system. Further, the national strategy for social protection as well as the social protection system was adapted to respond to the COVID-19 crisis. No contingency plan would clearly define scenarios of intervention for sectors in case of a pandemic such as COVID-19.

**Communications for Development (C4D)**

Considering the low vaccination rates, UNICEF currently supports the Ministry of Health to develop a massive communication campaign on COVID-19 vaccination. During the reporting period, UNICEF continued producing and disseminating messages on COVID-19 prevention and vaccination messages. 45 per cent of UNICEF posts on Facebook, which is the main social network in Djibouti, was about COVID-19 and vaccination. UNICEF reached out to 145,366 people, with 13,379 engagements, during the reporting period. 40 per cents of UNICEF tweets were on COVID-19. They reached 17,312 impressions and 1,041 engagements. The national media continued to broadcast COVID-19 prevention and vaccination promotion messages daily. With funding from USAID, the Country Office mobilized 20 journalists from the country’s main media who participated in a COVID-19 briefing session and were invited to participate in a media price on child rights and COVID-19. To sensitize and mobilize the young people concerning COVID-19, a caravan was organized by the centre of technology and information for development (CTID), during which UNICEF met adolescents and shared information on the means of prevention against COVID-19. About 150 young people including college students in a refugee camp benefited from this caravan.

**Egypt**

**Health**

In addition to its support to the government of Egypt on COVID-19 vaccination, since January 2021, UNICEF procured and delivered to the Ministry of Health and Population (MoHP) more than 5.8 million pieces of personal protective equipment (PPE), enough to protect 45,000 health staff members for one month. This includes 7,216 face shields, 1,304,000 surgical gloves, 10,206 surgical gowns, 4,095,450 surgical face masks and 25,100 litres of alcohol 70 per cent. UNICEF further procured 322,916 bottles of sanitisers and 3,490,000 face masks to protect 113,000 vaccinators of the nationwide polio vaccination campaign which took place in February and March 2021.

UNICEF supported 78 primary health centres (PHC), serving the poorest communities, to maintain essential maternal, newborn and child health services in five governorates. In addition to the provision of essential equipment and PPEs to the PHCs, their managers and supervisors were trained on planning, monitoring, and reporting, and their doctors, nurses and community health workers were trained on updated protocols and guidance related to maternal and child health. It is estimated that 1,165,008 women and children received essential maternal and child health services in the health facilities supported by UNICEF (431,027 women received antenatal care, postnatal care, and family planning services, 733,981 children received new-born care, immunization and growth monitoring services).

**Nutrition**

UNICEF supported 265 PHCs with nutrition interventions including training of health workers on Infant and Young Child Feeding, Growth Monitoring and Promotion and supply chain management. Since January 2021, 435,209
primary caregivers of children aged 0-23 months received Infant and Young Child Feeding messages, through individual counselling, community outreach activities, social media and other communication channels supported by UNICEF.

**Child Protection**

UNICEF has been strengthening and providing continuous child protection and GBV services to ensure the access of vulnerable children during the COVID-19 pandemic. During the reporting period, the Ministry of Social Solidarity (MoSS) Social Workers provided case management services to a total of 2,349 children in seven governorates. Among them, 1,619 children received psychosocial support and specialised psychological support services, including in-person sessions, phone counselling and psychiatric interventions. Moreover, through UNICEF implementing partners, the Egyptian Association for Societal Consolidation (EASC), 889 (58 per cent female) children were provided with different types of child protection and referrals services. Specialized psychosocial support services targeted children with ongoing needs, and those exposed to distress due to COVID-19 restrictions and social distancing measures. The children were supported with legal services, referrals to medical services, and family counselling. Moreover, children and their families in communities received awareness-raising sessions on COVID-19 prevention measures. EASC also provided children survivors of violence with care services through its residential care facilities targeted at rehabilitation and reintegration.

**Education**

UNICEF and its partners the Learning Passport (LP) platform to support refugee and migrant students to access continuing education and learning during the COVID-19 pandemic. During the reporting period, the registration of users on the LP platform has reached a total of 15,962 students who have access to online educational materials including 215 educational materials including books, supplementary materials, and interactive contents in different languages (mainly in Arabic and English). In addition, a guidebook including basic information on how to download the LP online application or how to access the LP as well as an instructional video was developed to guide the stakeholders with the use of the LP platform.

UNICEF supported the digitalisation of its key skills development package targeting school-aged children between 9 and 15 years of age. The digitized packages tackle different themes through which different skills following the UNICEF’s Life Skills and Citizenship Education (LSCE) Framework are introduced. Children are engaged in a series of interactive digital exercises promoting their knowledge about personal hygiene, nutrition, conflict resolution, acceptance of diversity, ending violence against children, gender among others. Children can acquire, among others, life skills such as critical thinking, respect for diversity, empathy, negotiation, problem-solving, self-management through interactive digital materials including videos, games, and simulations. The digitization of the packages was completed. The products are under a final revision in light of the earlier piloting.

**WASH**

As of the end of June 2020, UNICEF supported the MoHP in the rehabilitation of water and sanitation facilities of 17 Primary Health Care centres, as per the Water and Sanitation Plan, developed in collaboration with the MoHP and World Health Organization.

**Social Protection**

To examine the socio-economic effects of the pandemic on children and vulnerable groups, in collaboration with Baseera, a premier agency in conducting telephone surveys, UNICEF undertook four rounds of repeated cross-sectional surveys between June to December 2020, with an interval of two months. The first and third rounds focused on education and learning, employment and income, expenditure, and consumption while the second and fourth rounds concentrated on health services and nutrition, child protection, and adolescents and youth engagement during the COVID-19 pandemic. Repeating the survey for two alternating rounds provided a scope to understand and capture a continuously evolving context. All four reports were completed and shared with relevant partners by the second quarter of 2021. UNICEF produced a summary report on the RTM that suggests key areas of interventions and shared it with relevant policymakers in July.

With regards to the COVID-19 policy response on contributory social protection, UNICEF continued to provide technical support to the MoSS in extending the social protection for casual workers who are most at risk of shocks. In the light of the decision of the ministerial committee to extend the social protection for casual workers,
while assessing the current social protection programs and identifying gaps, informal employment and criteria for its determination were defined and relative registration forms were prepared.

In May 2021, the COVID-19 poverty impact study, produced in collaboration with the United Nations Economic and Social Commission for Western Asia (UNSCWA), Ministry of Planning & Economic Development (MopED) and national experts, has been delivered to the Government. The study showed that there was an increase of 1.7 per cent in poverty rates due to the COVID-19 in 2020. The study also estimates that the Government response and investments have contributed positively to mitigate the poverty increase, which would have increased by 3.5 per cent without Government interventions. The study will be discussed and disseminated in quarter three.

In collaboration with the Ministry of Finance (MoF), a new budget brief was completed for USD6.37 billion (EGP100 billion) Investment by the Government to mitigate the impact of the COVID-19. The budget brief was published on the website of MoF. A dedicated communication campaign will be implemented in quarter three.

Communications for Development (C4D)
In January 2021, with UNICEF and WHO co-leadership an RCCE coordination mechanism was established, and an overall RCCE master plan was created for all relevant stakeholders to regularly update their plans and results.

In collaboration with the Ministry of Social Solidarity, 655 social workers, nursery facilitators, foster families, community health workers, and female rural leaders have been trained on positive parenting during COVID-19, and 35,000 parents engaged Family-to-Family (F2F) with positive parenting during the COVID-19 programme. 4,000 volunteers were trained, and 126,000 community members were engaged F2F on positive parenting during COVID-19 by the Egyptian Youth Initiative (Network of University Students) in partnership with the National Population Council.

In partnership with the Ministry of Social Solidarity, 164,762 households connected with the real-time information system supported by RapidPro to enhance the demand for continuity of health and education services, and support households with access to information related to positive parenting during COVID-19. Over 10,000 patients of COVID-19 have been supported through RapidPro in partnership with the Ministry of Health and Population.

Morocco
Health
In collaboration with the Ministry of Health, UNICEF organized a webinar on the prevention of acute bronchiolitis in infants in the context of Covid-19. This gathered 200 health professionals from all regions in the country. The webinar aimed to highlight key practices in the prevention and management of cases while stressing the positive impact of COVID-19 prevention measures on the incidence of bronchiolitis in Morocco and worldwide.

UNICEF procured critical medical and pharmaceutical waste management supplies for 1,255 primary health care facilities in six regional health offices (Béni Mellal-Khenifra, Drâa-Tafilalet, Sous-Massa, Marrakech-Safi, Tanger-Tetouan and Oriental). The procurement includes disinfectant sprayers, disinfectant bottles, disposable sharps containers, interior pedal bins and exterior waste containers. UNICEF will work with partners to ensure the delivery of the procured supplies and the improvement of infection control.

A team of technical experts from UNICEF and MoH Division of Hospital and Ambulatory Services (DHSA) assessed regional and provincial health directorates on their health security processes, including the use of reference documents, SOPs, patient flow, and waste management, taking stock of best practices as well as ongoing needs/gaps. Following a consultative process bringing together all priority regions and central directorates, as well as other directorates from the MOH, the team is developing standardized reference guidelines, addressing the management of the internal environment of the facilities, hand hygiene, individual protective equipment, sterilization and waste management, to ensure patients and health professionals safety in primary health care facilities. The guidelines were finalized by DHSA, validated by the MOH Directorate of Epidemiology and Disease Control, the MOH Directorate of Population, the National School of Public Health and the Higher Institute of Nursing Professions and Health Techniques in a workshop held on 30 June. The guidelines will be printed (planned 3,000 copies) and delivered to all primary health care facilities in the country. Further,
UNICEF placed orders to support selected primary healthcare facilities with the provision of sterilization autoclaves and water distillers.

**Child Protection**
UNICEF contributed to an analysis of trends in child marriage in the COVID-19 context which was led by the MENA Regional Office. The experience of the Morocco office in terms of preventing child marriage was highlighted, especially the interventions enhancing access to distance learning, means of protection and hygiene kits in Dar Taliba, access to health services in MoH GBV units, and social protection measures addressing economic root causes. UNICEF Morocco response was shared during a regional exchange including UNICEF and UNFPA regional and country teams.

In collaboration with Entraide Nationale and the Ministry of Solidarity, Social Development, Equality and Family, 315 Centres for Social Protection, Child Protection Centres and Dar Taliba in 10 regions were provided with hygiene items and communications tools serving 26,428 vulnerable children (50 per cent girls), including 1,254 people reached through NGOs.

**Education**
UNICEF Supported the Ministry of Education to roll out a range of interventions to prevent school dropout and promote back to learning/school in the context of COVID-19. These include capacity building as well as social and community mobilization and awareness-raising using the child-to-child approach. This support resulted in the mobilization and engagement of 6,494 individual actors including local education actors, civil society actors, local media professionals, religious and community leaders, parents, and children. Awareness-raising activities reached 61,361 boys and girls and parents in 18 provinces located in the four regions covered by the education programme. These interventions have been preceded by an assessment of the situation of school drop out in the targeted provinces and to better understand underlying challenges, such as among others, transportation, poverty, cultural factors including child marriage, lack of equipment to attend distance learning.

**Social Protection**
UNICEF supported the evaluation of the national social protection programme targeting widows and their dependent children, DAAM (meaning aid and support in Arabic) Programme, in partnership with the national observatory for human development and the Ministry of Social Development. The data collection phase, including a module on the impact of COVID-19 on the programme target population, is ongoing. The results and lessons learned from this evaluation will be used to inform and orient the ongoing reform of social protection especially the universalization of family allowances.

In collaboration with the Ministry of Economy and Finance, UNICEF Morocco and partners are working to identify and analyze the fiscal space and financing options for the national social protection system, especially the universalization of family allowances. This activity takes into consideration the long-term impacts of COVID-19. In collaboration with the National Office of Statistics, a consultation with national and international partners is ongoing to identify, combine and adapt new instruments and new financing strategies for SDGs considering the economic and financial crisis caused by the COVID-19 pandemic.

During the reporting period, UNICEF Morocco supported a multidimensional child poverty analysis. The scenarios for simulation are under development in collaboration with the national observatory for human development. This activity currently is simulating the impact of the universalization of family allowances on the financial poverty of children and their families. This will complete an analysis that was conducted on the impact of COVID-19 on child poverty in 2020. In a separate activity, the third round of national survey on the impact of the Covid-19 pandemic on the economic, social, and psychological situation of households is ongoing. In this round, in partnership with several UN agencies, and under the leadership of the High Commission of Planning (National Office of Statistics), 8,000 households will be reached out. UNICEF and partners have validated the methodology and the questionnaire is currently under review. Data collection is planned for September and October 2021.

An ICT-based survey on the impact of COVID-19 on adolescents and youth was completed. When finalized, the draft report will inform evidence-based interventions for and by the youth and adolescents led by the Ministry of Youth and Culture.
Adolescent Development and Participation (ADAP)
As part of its ADAP-RCCE component, UNICEF Morocco partnered with Y-PEER Morocco (a local youth organization) to implement a youth engagement project aimed at promoting safe use of the internet in the context of COVID-19. This resulted in the training of 60 male and female teachers on behaviour and social change communication and the promotion of mental health in adolescents and youth. In addition, 320 students were trained as peer educators to promote the safe use of the internet. In addition to 1,000 children reached through peer to peer interactions, the general public has been reached on digital channels with the videos and caricatures developed. Building on this successful experience a new project entitled ‘Young people engaged in the service of their peers and their communities was developed and launched at the end of June with the training of 42 people (70 per cent girls), including peer educators on RCCE to continue the promotion of proper use of the internet among young people and adolescents communities and to the promotion of COVID-19 prevention measures as new social norms and promotion of positive parenting with a focus on adolescent mental health.

Communications for Development (C4D)
During the reporting period, a total of 18,651,881 people were reached and 406,205 were engaged including 398,322 through UNICEF and partners social media campaigns concerning COVID-19 and access to services. 7,883 people, including community workers, education professionals, religious and community leaders, media professionals, children, youth and women, engaged in community-based interventions. Community-based interventions reached a total of 61,361 people including boys and girls with 540 people who have shared their concerns and questions on services through established community feedback mechanisms. RCCE results have been achieved through several joint intersectoral efforts as described below.

UNICEF interventions, in form of several digital communication and advocacy campaigns, reached out to 15,559,250 people through office digital platforms with 399,804 digital engagement. Conducted campaigns were including ‘Strong against COVID’, involving three celebrities including the Moroccan international football player and the champion of Child Rights Achraf Hakimi, and two youth and child rights advocates, Chef Omar and Meriam Amjoun. They encourage children, adolescents, youth, their families and the general audience to continue strict compliance with prevention measures against COVID-19. ‘The match against coronavirus has not yet ended’ is one of the main messages of the campaign. A digital communication campaign was jointly developed and conducted with WHO during World Immunization Week to build confidence in vaccines. Another campaign was conducted on the celebration of World Health Day focusing on #SupportHealthCareWorkers with the participation of Moroccan celebrities through a refresh of the ‘Rendez-vous de l’UNICEF’ campaign with targeted messages during Ramadan, Eid Al Fitr period and child world Labor Day.

In line with the strategy of promoting the continuity of services during the COVID-19 pandemic, and in celebration of the parenting month, in collaboration with the Ministry of Health and Ministry of Interior, UNICEF launched a national campaign to promote early childhood development and nutrition during the first 1,000 days of infant life. The campaign is being deployed through media and digital platforms as well as through interpersonal communication interventions at regional and local levels. The campaign launched on 24 June will continue till 24 July and target parents of children aged 0-2 with key messages on exclusive breastfeeding, maternal nutrition, and complementary feeding for children. The campaigns also target health professionals who have been sensitized on the subject through a webinar focusing on the above-mentioned topic and mental health and nutrition. The webinar gathered approximately 75 participants. 2,720,062 people have so far been reached out via UNICEF and MoH social media with 40,815 engagements.

UNICEF focused on the strengthening of community-centred interventions in collaboration with institutional and civil society counterparts.

With UNICEF support, MoH has conducted a mapping of local civil society organizations in three regions to support expanding community engagement. More than 100 new NGOs have been mobilized to support COVID-19 prevention, promotion of vaccination and continuity of services. A series of capacity building activities have been launched on 13 July starting with 20 organizations to equip them with appropriate skills to support community-based interventions.
UNICEF partnered with 100% Mamans (a female NGO) caring for single mothers to mobilized 150 new households led by single mothers in addition to 500 families previously targeted. Activities are ongoing and during the reporting period, 540 people have been engaged, and 8,066 people have been reached out by messaging on prevention as well as positive parenting and promotion of services through home visits and the single mother's web radio.

The project also allowed the training of 35 community workers and social workers on psychosocial support and analysis of practical care circuits to improve their interaction with vulnerable beneficiaries including children. A total of 54 children and parents have received psychosocial support during the last two months. The reporting period has also been marked by the deployment of a digital VAC prevention campaign in collaboration with a local NGO reaching 38,841 people.

**Oman**

**Child Protection**

UNICEF supported the ministries of Health, Education and Social Development to train 57 social workers, counsellors, and nurses in the provision of MHPSS to children, adolescents and parents. The programme consisted of 69 hours of online training over three months. UNICEF also supported the development of the training material and syllabus. Graduates of the programme – who come from across Oman – are ready to approach mental health prevention, assessment, intervention, and referral in a multi-sectoral manner.

**Education**

UNICEF supported the Ministry of Social Development (MoSD) to safely re-open Early Child Development Centres and nursery schools. As a result of UNICEF advocacy with MoSD, nursery teachers are being prioritised in the national vaccination campaign. UNICEF is monitoring the implementation of the safe reopening guidelines it previously worked with the Government of Oman to develop. UNICEF is also facilitating regular meetings and advocacy around key issues including engagement of parents and communities.

UNICEF and UNESCO participated in the Ministry of Education’s Education Loss Symposium in May 2021. In line with ‘Recovering Education in 2021’, UNICEF advocated for: all children and youth are back in school and receive the tailored services needed to meet their learning, health, psychosocial wellbeing, and other needs; all children receive support to catch up on lost learning, and all teachers are prepared and supported to address learning losses among their students and to incorporate digital technology into their teaching. UNICEF currently coordinates the key outcomes of the symposium and developing an operational plan.

**Social protection**

UNICEF and ILO support the Government of Oman to redesign the social protection system as part of its overall economic reform agenda. UNICEF’s main objective is to redesign the social protection system so that is flexible enough to adjust and expand rapidly in response to shocks such as COVID-19 – and any emergency that may leave certain groups vulnerable or deprived – thus reducing the need for separate assistance or humanitarian response. UNICEF also seeks to ensure that the new system builds the population’s resilience through cash-plus and other services.

Similarly, the Government’s economic reform agenda as set out in the Medium-Term Fiscal Plan introduced certain fiscal consolidation measures that warranted tough choices in sustaining quality of service delivery. As such, UNICEF has conducted a Fiscal Space Analysis to determine financing challenges facing social sectors in the medium term and possible financing solutions to address the gaps. Further, UNICEF is working with Tawazun (Macro Fiscal Unit), the ministries of Finance, Health, Education and Social Development to implement the recommendations by recruiting two economists to the Government.

**Risk Communication and Community Engagement (RCCE)**

UNICEF supported the inter-ministerial RCCE Task Force in implementing its positive parenting communication strategy. The strategy focuses on providing parents with reliable information addressing the secondary impacts of COVID-19 as well as messaging on overall health, including mental health and nutrition (including breastfeeding). It also addresses misinformation and rumours. The positive parenting strategy complements Government messaging on COVID-19 prevention and containment measures. The RCCE Task Force has created a hashtag, #ForOmansChildren, to promote related content.
Building on the COVID-19 positive parenting strategy, the Task Force also finished drafting a broad Social and Behaviour Change Communication (SBCC) strategy which addresses violence against children, the inclusion of children with disabilities, and early child development in the context of COVID-19. The SBCC strategy also addresses online bullying and cybersecurity which is an area of increasing concern given the migration online for learning and socializing resulting from COVID-19 social distancing restrictions.

UNICEF developed and disseminated messages for the public via its own social media channels, and amplified Government messaging. UNICEF’s messages were also amplified via government and private sector channels, including radio and TV. UNICEF has a monthly reach of more than 209,000 people through its social media accounts (Facebook, Instagram, Twitter, LinkedIn). UNICEF has messaged on vaccines, mental health, COVID-19 protection, and prevention measures (such as proper handwashing practices and wearing masks), nutrition, early childhood development, and the environment.

As part of its institutional capacity building initiatives, UNICEF hosted a workshop with the ministries of health, education, social development and information, and the National Centre for Statistics and Information to review data gaps, lessons learned and best practices to ensure communications to encourage positive behavioural change concerning children’s wellbeing is evidenced-based. It also held a training workshop for the RCCE Task Force on strategic communications and renewed its agreement with Children First Association, an Omani civil society organization, to continue raising public awareness in the areas of health, nutrition, responsive caregiving, child protection, early learning and inclusion of children with disabilities.

**Tunisia**

**Education and WASH**

In March 2021, UNICEF procured essential Infection and Prevention Control (IPC) and hygiene items for the entire 6,102 public schools in Tunisia to facilitate the implementation of COVID-19 preventive measures in schools. This procurement covered schools’ needs for three months, enabling a safe learning environment for over two million girls and boys and more than 140,000 teachers. Between March and June 2021, UNICEF supported an assessment of WASH needs in 6,102 schools, 2,058 health clinics and 6,455 early childhood education centres, and 152 schools were supported through light rehabilitation of their WASH infrastructure. In June 2021, UNICEF supported the implementation of national final exams by procuring 311,808 washable facemasks for educational staff supporting the exams, as well as 36,688 bottles of hand-gel to ensure observing preventive measures by both students and staff during the exams period. This contribution enabled about 230,000 children to sit their final exams.

**Social Protection**

UNICEF provided technical and financial support to reach out to 50,000 children aged 0-5 years old from poor and vulnerable households with top-up cash transfers of about USD11 (30 Tunisian Dinars) per child per month. This amount was recommended for the establishment of a universal child benefit in Tunisia. As of April 2021, the number of children benefiting from this vital support increased to 116,000. The programme implemented through the national social protection system provided visibility to increased poverty in the context of COVID-19, with the number of registered children tripled from 40,000 in May. The initiative triggered the establishment of World Bank support to consolidate this programme into the national budget as of January 2022.

**Communications for Development (C4D)**

UNICEF reached more than seven million people through social media platforms, including 4,972,503 people only on Facebook, with COVID-19 preventive measures and advocating for vaccination/immunization as a powerful tool to save lives and protect the Tunisian health system. 3.6 million video views were recorded on the UNICEF Facebook page and 328.6 thousand video views on Instagram. Further UNICEF procured laptops for the Ministry of Health to further strengthen the surveillance and communication capacities of the ministry at central and local levels.

**Humanitarian Leadership, Coordination and Strategy**

During the reporting period, UNICEF actively participated in leading and coordinating the interagency COVID-19 response and humanitarian operations across the region. Depending on the national context, within the framework of Humanitarian Response Plans and in partnership with the Humanitarian Country Teams and
Humanitarian Coordinators, UNICEF has led or co-led clusters, sectors, sub-clusters/sectors, and Working Groups including WASH, Education, Nutrition, Child Protection Sub-Cluster. In different national contexts, UNICEF participated in designing and implementing the Socio-Economic Response plans for COVID-19. It further led, or with WHO co-led the RCCE interventions, including establishing and maintaining coordination mechanisms, mobilizing actors, and designing information campaigns, in support of national efforts with a new focus on COVID-19 vaccination.

**Human Interest Stories and External Media**

Sama is a 13-year-old from Aswan, Egypt. She participated in Dawwie, a national girls’ empowerment initiative promoting girls’ voice, and access to skills and essential services.
## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs response</th>
<th>Sector</th>
<th>UNICEF and IPs response</th>
</tr>
</thead>
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<tr>
<td></td>
<td>2021 target</td>
<td>Total results</td>
<td>Change since last report</td>
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</tr>
<tr>
<td># children and women accessing primary healthcare in UNICEF supported facilities</td>
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<td></td>
</tr>
<tr>
<td># of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
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</tr>
<tr>
<td># children aged 6-59 months with SAM admitted for treatment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td># primary caregivers of children 0-23 months receiving with IYCF counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child Protection, GBVIE &amp; PESA</strong></td>
<td>180,000</td>
<td>3,387</td>
<td>N/A</td>
</tr>
<tr>
<td># children and caregivers accessing mental health and psychosocial support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td># women, girls and boys accessing GBV risk mitigation, prevention or response interventions</td>
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<tr>
<td><strong>Education</strong></td>
<td>2,807,812</td>
<td>25,768</td>
<td>N/A</td>
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<tr>
<td># children accessing formal or non-formal education, including early learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># schools implementing safe school protocols (infection prevention and control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Water, Sanitation &amp; Hygiene</strong></td>
<td>100,000</td>
<td>-</td>
<td>N/A</td>
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<tr>
<td># people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached with critical WASH supplies (including hygiene items) and services</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Protection &amp; Cash Transfers</strong></td>
<td>438,818</td>
<td>185</td>
<td>N/A</td>
</tr>
<tr>
<td># of households benefitting from new or additional emergency social assistance measures provided by governments with UNICEF support</td>
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<td></td>
</tr>
</tbody>
</table>
### # of households receiving humanitarian cash transfers through UNICEF response to meet urgent humanitarian needs

|                              | 1,000 | -  | N/A |

### C4D, Community Engagement & AAP

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td># people reached through messaging on access to services</td>
<td>47,140,000</td>
<td>209,000</td>
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<td># people participating in engagement actions (for social and behavioural change)</td>
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### Detailed Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>2021 target</th>
<th>Algeria</th>
<th>Djibouti</th>
<th>Egypt</th>
<th>Morocco</th>
<th>Oman</th>
<th>Tunisia</th>
<th>Total Results</th>
<th>Progress</th>
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<tr>
<td><strong>Health</strong></td>
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<tr>
<td># children and women accessing primary healthcare in UNICEF supported facilities</td>
<td>1,100,000</td>
<td>-</td>
<td>-</td>
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<td>-</td>
<td>-</td>
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<td># of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)</td>
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<td>-</td>
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<td>-</td>
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<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td># children aged 6-59 months with SAM admitted for treatment</td>
<td>2,500</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td># primary caregivers of children 0-23 months receiving with IYCF counselling</td>
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<td>-</td>
<td>435,209</td>
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<td>-</td>
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<td>435,209</td>
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<td><strong>Child Protection, GBVIE &amp; PESA</strong></td>
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</tr>
<tr>
<td># children and caregivers accessing mental health and psychosocial support</td>
<td>180,000</td>
<td>-</td>
<td>3,387</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,387</td>
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</tr>
<tr>
<td># of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services</td>
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<td># women, girls and boys accessing GBV risk mitigation, prevention or response interventions</td>
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<td>-</td>
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</tr>
<tr>
<td><strong>Education</strong></td>
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<tr>
<td># children accessing formal or non-formal education, including early learning</td>
<td>2,807,812 - - 25,768 - - - 25,768 1%</td>
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<td></td>
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<td></td>
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<tr>
<td># schools implementing safe school protocols (infection prevention and control)</td>
<td>75,000 - 294 - - - - 294 0%</td>
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**Water, Sanitation & Hygiene**

<table>
<thead>
<tr>
<th>Data</th>
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<tbody>
<tr>
<td># people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
</tr>
<tr>
<td># of people reached with critical WASH supplies (including hygiene items) and services</td>
</tr>
</tbody>
</table>

**Social Protection & Cash Transfers**

<table>
<thead>
<tr>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td># of households benefitting from new or additional emergency social assistance measures provided by governments with UNICEF support</td>
</tr>
<tr>
<td># of households receiving humanitarian cash transfers through UNICEF response to meet urgent humanitarian needs</td>
</tr>
</tbody>
</table>

**C4D, Community Engagement & AAP**

<table>
<thead>
<tr>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td># people reached through messaging on access to services</td>
</tr>
<tr>
<td># people participating in engagement actions (for social and behavioural change)</td>
</tr>
<tr>
<td># people sharing their concerns and asking questions/clarifications to address their needs through established feedback mechanism</td>
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## Annex B

### Funding Status

<table>
<thead>
<tr>
<th>Section</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Humanitarian resources received in 2021</td>
<td>Other resources used in 2021</td>
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<td>Health &amp; Nutrition</td>
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<td>$2,106,052</td>
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<td>Child protection, GBViE and PSEA</td>
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<td>$619,125</td>
<td>$623,999</td>
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<td>Education</td>
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<td>WASH</td>
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<td>Social protection and cash transfers</td>
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<td>C4D, community engagement and AAP</td>
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<td>Regional Office Technical Capacity</td>
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<td>Emergency Response</td>
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<td>Preparedness and disaster reduction</td>
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<td>Others</td>
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<td><strong>Total</strong></td>
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<td><strong>$6,897,641</strong></td>
<td><strong>$8,315,997</strong></td>
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# Detailed Programme Results

<table>
<thead>
<tr>
<th>MENARO</th>
<th>Algeria</th>
<th>Djibouti</th>
<th>Egypt</th>
<th>Morocco</th>
<th>Oman</th>
<th>Tunisia</th>
<th>RO</th>
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<tbody>
<tr>
<td>Sector</td>
<td>Received in 2021</td>
<td>Other</td>
<td>Carry-over</td>
<td>Funding Gap</td>
<td>Received in 2021</td>
<td>Other</td>
<td>Carry-over</td>
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<td>0.4</td>
<td>100%</td>
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<td>Social protection and cash transfers</td>
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<td>0%</td>
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<td>Preparedness and disaster reduction</td>
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<table>
<thead>
<tr>
<th>MENARO</th>
<th>Tunisia</th>
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<tbody>
<tr>
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