

Afghanistan

Humanitarian Situation Report 1 – 31 January 2024 Report # 1



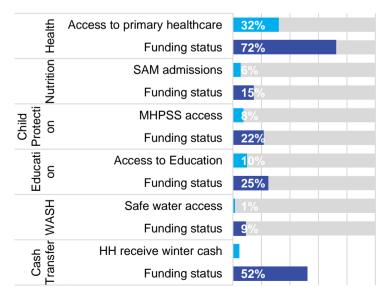
for every child

Reporting Period: 1 - 31 January 2024

Highlights

- During the period 15 September 2023 to 27 January 2024, over 508,000
 Afghan returnees from Pakistan have been registered. UNICEF continues
 to support the response at the Torkham and Spin Boldak Borders with
 Health, WASH, Nutrition, Child Protection and Social Behaviour Change
 interventions.
- In January 2024, around 6.2 million people, half of whom children under five, received essential health and nutrition services in UNICEFsupported facilities.
- In January 2024, over 1.1 million children under five were screened for acute malnutrition at 3,300 fixed and mobile health facilities supported by UNICEF across the country. Out of these, 45,627 children with severe wasting (57 per cent girls) were admitted for treatment.
- In January, UNICEF supported over 551,000 children (64 per cent girls) with education support through 17,918 community-based education (CBE) classes.

UNICEF's Response and Funding Status



0% 20% 40% 60% 80% 100%

Situation in numbers



23.7M

People in need of humanitarian assistance (HNRP 2024)



12.3M

Children in need of humanitarian assistance (HNRP 2024)



857,000

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

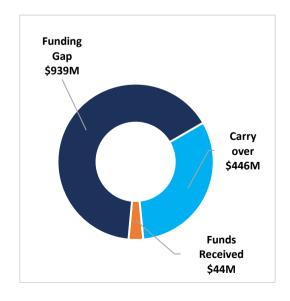


17.9M

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

UNICEF Appeal 2024

US\$ 1,440,125,182















Funding Overview and Partnerships

UNICEF Afghanistan expresses its sincere gratitude to all public and private sector donors for the contributions received. As of 31 January 2024, the Humanitarian Action for Children (HAC) appeal for 2024, requiring an overall budget of USD 1.4 billion, is 35 per cent funded. This includes flexible emergency funding from both public and private partners, which will continuously enable UNICEF to utilize resources to respond to rising and sudden needs. UNICEF is grateful to the governments of Japan and the United States (Bureau for Humanitarian Assistance), the Afghanistan Reconstruction Trust Fund administered by the World Bank, the Islamic Development Bank as trustee of the Afghanistan Humanitarian Trust Fund with generous contributions from the Kuwait Society for Relief and the Saudi Fund for Development, as well as UNICEF's extensive family of National Committees for contributions received at the beginning of 2024. Some contributions received in previous years will continue to support programme implementation in 2024, including funds from the Afghanistan Reconstruction Trust Fund administered by the World Bank, the Asian Development Bank, the Afghanistan Humanitarian Trust Fund and the Islamic Development Bank as its trustee, the Afghanistan Humanitarian Fund, the Central Emergency Response Fund, the European Union, and the governments of Belgium, Canada, France, Japan, Norway, the Republic of Korea, Spain, the United States of America, GAVI, the King Salman Humanitarian Aid and Relief Centre, and various National Committees of UNICEF. UNICEF will continue to partner with donors to ensure sufficient resources are mobilized to address the needs of children and communities in Afghanistan.

Situation Overview & Humanitarian Needs

In the two years since the political transition in Afghanistan, the humanitarian response has largely prevented a catastrophe, yet the situation remains extremely difficult for Afghans. A staggering 23.7 million people require humanitarian assistance, with 12.3 million of them children. The level of deprivation among Afghan households remains high, and coping mechanisms have been exhausted. Drought and the lingering effects of economic instability remain the primary drivers of need.

Despite the significant reduction in active hostilities, Afghanistan also remains primarily a protection emergency, characterized by high levels of protracted displacement, mine and explosive ordnance contamination, restrictions to freedom of movement, increased risk of gender-based violence (GBV), child labour, early marriage and increased needs for mental health and psychosocial support. Afghanistan is not immune to geo-political and regional dynamics, with more than 508,000 Afghans having returned from Pakistan since 15 September 2023 ¹ following the announcement of the plan to repatriate over one million foreigners who did not have valid documents, mostly Afghans.

Additionally, severe climate change effects have precipitated a widespread water crisis that leaves no corner of the country untouched, and has generated new food, health, and nutrition needs. In addition, the risk of food insecurity is prevalent in some regions. Crisis level (IPC Phase 3) outcomes are ongoing in northern, western, and central highlands as households have decreased access to typical income sources, and food stocks are limited from the 2023 harvest. Despite the expectation for above-average precipitation associated with the ongoing El Niño, cumulative precipitation from October 2023 to January 2024 remains well below the 40-year average. Most of Afghanistan received 60 to 90 per cent of average precipitation from October 2023 to late January 2024, with areas in the north and east recording less than 60 per cent of average.

Lying on numerous fault lines, Afghanistan remains vulnerable to earthquakes, having experienced nearly 400 tremors in the past year, including three 6.3 magnitude shocks in Herat Province in October 2023, contributing to increased shelter needs. The exclusion of 1.4 million girls from secondary school, combined with low literacy rates means that education needs persist and remain a critical priority.

The first month of 2024 was marked by a harsh winter that pushed vulnerable populations, already overwhelmed by multiple crises, to the brink. The epidemiological curve shows an increase in acute respiratory infections (ARI) cases, which could be linked to the change of the season and severe weather across the country. During week 4³ of 2024, a total of 41,794 cases of ARI-pneumonia and 91 associated deaths were reported across the country. Since 1 January

¹ Border Consortium report (14-27 January 2024)

² FEWSNET-Afghanistan - Key Message Update, January 2024.

³ 21-27 January.

2024, a total of 160,756 ARI-pneumonia cases and 383 associated deaths were reported from 34 provinces. Of the total cases, 101,189 (62.9 per cent) were children under five and 79,277 (49.3 per cent) were females⁴.

Summary Analysis of Programme Response

Health

In January, UNICEF continued to support the delivery of basic and essential healthcare services at the primary, secondary, and tertiary levels in all 34 provinces through 2,406 static health facilities. Of these, 743 health facilities in ten provinces were supported with additional high-impact interventions focusing on the prevention and treatment of postpartum haemorrhage, prevention of neonatal sepsis, and birth control. Over 6.2 million people received essential health and nutrition services in UNICEF-supported health facilities, of which half were children under five. In addition, 21 mobile health and nutrition teams (MHNTs) provided services in remote and hard-to-reach areas, reaching 9,831 people. UNICEF staff and extenders also conducted monitoring visits to 769 health facilities to assess their functionality. The major finding was that 99 per cent of the health facilities provided maternal and child health services and 98 per cent provided nutrition services. However, a quarter of the health facilities had no gender-segregated sanitation facilities. UNICEF also supported the salaries of 27,309 health workers (38 per cent females) so that they could continue to provide services to mothers and children.

During the reporting period, UNICEF prepositioned winterization medical supplies in eight provinces (22 districts). In addition, a training on integrated management of neonatal illness with a focus on treating pneumonia and hypothermia was conducted in Herat province.

As part of the response to the upsurge of ARI cases, UNICEF provided over 2,400 health facilities across 95 districts with medical supplies to manage ARI cases. To improve community awareness on ARI, UNICEF is supporting mass community campaigns and community engagement interventions. In addition, as part of preparedness for outbreaks of acute watery diarrhoea in the country, UNICEF continue to support 5,998 oral rehydration points and 154 inpatient treatment facilities during the reporting period.

UNICEF continued to support health programme interventions in eight districts affected by the earthquake in Herat province. During the reporting period, maternal and child health services including vaccination and nutrition support were provided to 120,969 people. In addition, more than 6,000 people received mental health, and psychological support and 4,560 minor surgeries were conducted in these earthquake-affected districts.

UNICEF also responded to the influx of returnees in Torkham and Spin Boldak borders, respectively. Around 5,000 people received primary health care services, of whom 510 received antenatal care services, 276 received postnatal care services and 11 deliveries were conducted. More than 3,000 people were reached through awareness-raising sessions, over 3,600 received vaccination services and 318 received mental and psychological counselling. A 10-bed Acute Watery Diarrhoea/Cholera treatment unit was established in Torkham.

During the reporting period, 130,166 children were vaccinated against measles, 140,491 children were vaccinated with Pentavalent 3 vaccine, and 171,827 people were vaccinated against COVID-19 as part of the routine immunization programme. In addition, more than 200,000 people received the COVID-19 vaccine through a campaign in 10 provinces (29 districts).

Nutrition

In January, a total of 1,144,856 children under five were screened for acute malnutrition at 3,300 fixed health facilities and MHNTs supported by UNICEF across the country. Out of these, 45,627 children with severe wasting (57 per cent girls) were admitted for treatment. In the Southern Region, UNICEF expanded nutrition services to 14 health mobile and fixed facilities. More than 190,000 adolescent girls received iron and folic acid supplements through community-based campaigns, and approximately 575,000 children aged 6 to 59 months received a six-month supply of Multiple Micronutrient Powder (MNP) sachets during the reporting period.⁵

⁴ WHO: Infectious disease outbreaks situation report (Epidemiological week #4-2024).

⁵ Adolescent girls reached with IFA, and children under 5 reached with MNP data final reports will be reflected in through the information system in Feb 2024.

UNICEF also provided counselling services on maternal, infant, and young child nutrition (MIYCN) to more than 200,000 caregivers of children aged 0 to 23 months. A total of 303 health workers including doctors, nurses, midwives, and nutrition counsellors received a training on Maternal, Infant and Young Child Nutrition (MIYCN). In the Eastern Region, UNICEF resumed support for the Urban Nutrition Programme by deploying 152 additional staff (nurses, nutrition counsellors, and community screeners), who were previously trained on Integrated Management of Acute Malnutrition (IMAM) guidelines and screening. Furthermore, 570 community health workers in the Northern Region were trained on community-based nutrition programmes and the Mid Upper Arm Circumference (MUAC) measurement approach, enabling them to screen, detect and refer malnourished children at community levels.

Education

In January, UNICEF supported over 560,000 children (64 per cent girls) with education support through 17,918 community-based education (CBE) classes. Public schools in 28 out of the 34 provinces are on a winter break. Supply distribution of teaching and learning materials (TLMs) and textbooks to a few provinces began in January⁶. While most schools are on winter break, the ban on secondary education for girls is still ongoing, impacting secondary school girls' learning. UNICEF and partners continue to monitor the situation on the ground, but no schools are currently open for girls at the secondary school level. Despite the continuing challenges in girls' education, UNICEF supported 164 female students with teacher training through the Girls' Access to Teacher Education (GATE) programme).

Child Protection, GBViE and PSEA

Around 365,000 children and caregivers (39 per cent women and girls) including 6,634 children with disabilities, accessed child protection, prevention, risk mitigation and response services during the reporting period. Of these, 280,508⁷ are children and caregivers who benefited from both mental health and psychosocial support (MHPSS) messaging and structured MHPSS through child-friendly spaces, health facilities, transitional care centres and schools. Furthermore, 5,354 vulnerable children (1,551 girls and 3,803 boys) were reached with case management services, including family tracing and reunification of 1,840 unaccompanied and separated children (UASC) of which 789 children (135 girls) are returnees from Pakistan and Iran. During the reporting period, financial assistance was provided to 187 children; vocational skills training to nine children; referral for integration into education services to 607 children. and livelihood support services to 354 children across all the regions.

The risk of explosive ordnances continues to pose a significant danger to children, resulting in a high number of child casualties. UNICEF and partners reached 60,516 children and community members⁸ with the Explosive Ordinance Risk Education Programme.

The provision of GBV services continued to be a challenge with the continued restrictions on the movement of women and girls as well as the ban on female aid workers. Regardless of the difficulties, UNICEF and partners managed to reach 11,262 people (4,939 girls, 3,030 boys and 3,293 women) with GBV prevention, risk mitigation and response services.

Water, Sanitation and Hygiene (WASH)

In January, UNICEF provided safe drinking water to 81,837 people⁹ in 12 provinces¹⁰ through the repair, rehabilitation and drilling of boreholes and the installation of solar-powered water supply systems. Furthermore, 16,325 people¹¹ accessed gender-sensitive sanitation facilities, of whom over 3,200 people were reached with emergency sanitation facilities in Helmand province. Additionally, 13,118 people were reached through sustainable community engagement interventions in seven provinces¹².

A total of 71,492 people¹³ in 15 provinces¹⁴ received hygiene promotion awareness sessions focusing on handwashing with soap, personal hygiene, management of safe water at household levels, boiling water, clean sanitation facilities

⁶ The supplies have not yet reached the schools hence they will be reported in January.

⁷ 51,353 girls, 54,079 boys, 50,084 women and 124,992 men.

⁸ 20,394 girls, 18,681 boys, 10,571 women, and 10,870 men.

⁹ 18,823 women; 21,278 girls; 18,822 men 22,914, boys.

¹⁰ Kandahar, Balkh, Takhar, Parwan, Paktika, Badghis, Hilmand, Logar, Maidan Wardak, Bamyan, Samangan and Badakhshan.

 $^{^{\}rm 11}$ 3,755 women; 4,245 girls; 3,754 men and 4,571 boys.

¹² Nangarhar, Daikundi, Hilmand, Zabul, Parwan, Kandahar and Paktika.

¹³ 16,443 women, 18,588 girls 16,443 men and 20,018 boys.

¹⁴ Kandahar, Daikundi, Paktya, Paktika, Kabul, Logar, Gazni, Panjshir, Uruzgan, Hilmand, Badakhshan, Parwan, Khost, Maidan Wardak and Zabul.

and the transmission of diarrheal diseases. In addition, 78,291 people in the same provinces received essential WASH supplies including family hygiene and consumable kits, water treatment products, buckets, and jerricans.

UNICEF supported the rehabilitation of water, sanitation, and handwashing facilities in four healthcare centres in four provinces¹⁵, benefiting approximately 15,000 people including 49 health care workers. UNICEF also rehabilitated WASH facilities in 10 schools in three provinces¹⁶. WASH projects in schools provided basic WASH services to approximately 11,338 school children and teachers¹⁷ while 26,272 people were provided with basic WASH facilities in schools and health facilities.

UNICEF continued to provide WASH services to the earthquake affected communities in Zindajan, Kushk, Gulran and Injil districts in Herat province through water trucking, construction and installation of household latrines, installation of institutional latrines in fixed health care facilities, distribution of WASH supplies, and hygiene promotion interventions. In addition, UNICEF restored water supply services by rehabilitating and repairing 28 water supply schemes (solar piped water systems and boreholes).

In response to the returnees at the Torkham border, 1,578 families were provided with hygiene kits, in addition, 225 cubic metres of water was trucked to the people at the zero-point, transit centre and reception centre. Furthermore, UNICEF reached 23,612 people (11,978 male and 11,634 female) with messages on handwashing, the use of latrines, safe drinking water and household water treatment options.

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

In January, UNICEF reached an estimated 3.1 million people through national media campaigns as well as information, education, and communication materials. Additionally, UNICEF engaged with more than 71,000 individuals through face-to-face interactions focusing on the prevention of malnutrition, promotion of immunization services, mental wellbeing, acute watery diarrhoea prevention, safe handling and treatment of drinking water, avoiding of open defaecation, and practising of personal and household hygiene.

As part of Accountability to Affected People (AAP), UNICEF documented feedback and complaints from 47,848 individuals through Complaints and Feedback Mechanisms (CFMs). The feedback was collected through 129 Community Engagement and Feedback Centres (CEFCs), community structures, UNICEF-supported call centre and other mechanisms put in place by UNICEF and partner organizations. The feedback was directed to the relevant UNICEF programme sections and clusters for further action and to ensure the closure of the feedback loop.

The Qahramanan team¹⁸ in the southern region signed scholarship agreements with several educational facilities targeting 180 students (mostly females). This initiative was a significant step towards ensuring equal educational opportunities for all.

Gender and Adolescent Development and Participation

In January, UNICEF reached 9,602 women and girls with critical information on maternal health, child health, nutrition, mental health, hygiene, gender based violence (GBV) prevention and response services through 46 functioning Women and Girls' Safe Spaces (WGSS). These safe spaces are accessible at community levels and provide women and girls with a space to maintain their social and economic networks, which is a a critical mitigation factor for mental health challenges that may arise from social isolation. In addition, UNICEF reached 5,176 people with key messages on harmful gender barriers and practices, GBV, menstrual health and hygiene, among others. Through these interventions, men and boys were engaged on the importance of supporting women and girls' to access critical services; in addition, they received information on the important role of of women and girls in their families.

In a bid to support the provision of gender responsive service delivery in the southern region, a total of 990 health workers were trained on a range of issues, including but not limited to understanding gender barriers to health, how to provide gender responsive care, GBV and Protection from Sexual Exploitation and Abuse (PSEA), risk mitigation and response.

¹⁵ Ghor, Lugar, Sar-e-Pul and Uruzgan.

¹⁶ Kandahar, Uruzgan and Logar.

¹⁷ 3,949 girls; 7,153 boys; 74 female teachers and 162 male teachers.

¹⁸ "Qahramanan" which means "Champions" is a youth network supported by UNICEF.

Social Protection and Humanitarian Cash Transfers (HCT)

In January, UNICEF provided multi-purpose cash assistance for one month, complemented by a one-off top-up to 3,059 households in Panjshir, and 158 households in Herat province as part of the winter response. The targeted households include those with heads of households with a disability, households with pregnant and lactating women (PLW), households with children under the age of two, and female-headed households. The winter response is designed to ensure families have access to essential services, including warm clothing and blankets for the wellbeing of children, and to offer temporary financial support to offset harmful coping mechanisms stemming from economic hardships, such as high levels of household's debt, child labour, early marriages, and school dropouts.

Humanitarian Leadership, Coordination and Strategy

During the reporting period, the Child Protection Area of Responsibility (CP AoR) supported a partner service mapping exercise and reviewed multi-sectoral referral pathways. The CP AoR performance monitoring report was disseminated to all cluster members during the reporting period. The overall result of the exercise was very encouraging (95%). Key areas for improvement include advocacy, services delivery, emergency preparedness and stockpiling.

In January, 30 enumerators seconded by Education Cluster partners were trained on Education in Emergencies assessments focusing on returnees. The assessments aim to identify the educational needs of returnee children in the Eastern and Southern provinces. Furthermore, with the support of the Education Cluster, a help desk was established at the Takhtapul reception centre in Kandahar Province, aimed at providing information on education to returnees.

During the reporting period, the WASH Cluster Coordination Performance Monitoring (CCPM) survey report was compiled and shared with key stakeholders, which include the Strategic Advisory Group, regional cluster coordinators and other partners. The overall feedback was good (80 per cent) or satisfactory (20 per cent).

The Nutrition Cluster supported the development of the National Nutrition Survey Costed Plan Roadmap and the development of the Terms of Reference (TOR) for the 2024 National SMART Survey Consultancy. In addition, through the Integrated Management of Acute Malnutrition (IMAM) Technical Working Group (TWG), the cluster provided valuable inputs into the Joint Guidance Note on the Provision of Cash for Health and Nutrition programmes. Furthermore, the cluster updated and submitted its annual Global Nutrition Cluster Report for 2023.

External Media, Statements & Human-Interest Stories

Social media

- 4 million more healthy mums
- "Whatever I learn, I share that knowledge with my classmates."
- Persistent drought means many families do not have clean water.
- "Our village was a good place, but the drought has taken it away from us,"
- For every child, safety and joy

Human-interest stories

- <u>A second chance to thrive:</u> UNICEF supports over 3,300 service delivery points to treat children suffering from malnutrition in Afghanistan.
- <u>Safer schools, secure futures</u>: In partnership with the European Union in Afghanistan, UNICEF ensures children have safer, more conducive learning environments to pursue an education.
- <u>A joyous reunion:</u> After harrowing journeys across borders on his own, UNICEF safely reunited 12-year-old Matiullah with his family in Afghanistan.
- <u>Under Fatima's watchful eye:</u> As a Community Health Worker, Fatima expresses how children's health and well-being often rest in her hands.

Next Sit Rep: 25 March 2024

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

Summary of Programme Results

Sector / Indicator	Total	UNICEF and IPs Response			Cluster/Sector Response		
	Needs 2024	2024 Target	Total Results (1-31 Jan 2024)	Change ▲ ▼	2024 Target	Total Results	Change ▲ ▼
Health ¹⁹							
Number of children under 1 who are vaccinated against measles, including during outbreaks		2,100,000	130,166				
Number of people who accessed primary health care through UNICEF supported health facilities and mobile teams		19,420,000	6,279 445				
Nutrition ²⁰							
Number of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for treatment	857,155	815,000	45,627		814,297	45,627	
Number of primary caregivers of children aged 0 to 23 months who received infant and young child feeding (IYCF) counselling	3,028,217	2,500,000	208,507		2,422,573	208,507	
Number of children aged 6-59 months who received vitamin A supplements	7,214,281	7,200,000	0		7,214,281	0	
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing Mental Health and Psychosocial Support (MHPSS) and information messaging on wellbeing	6,083,399	3,600,000	274,877		4,670,000	282,268	
Number of girls and boys victims or at risk, including unaccompanied and separated children, who received case management services	1,24,968	80,000	4,200		100,000	4,368	
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions		330,000 ²¹	11,262				
Number of children and caregivers accessing explosive ordinance risk education		3,600,000	60,516				
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		500,000	10,705				
Number of individuals -UNICEF and Implementing partners- trained on SEA prevention, risk mitigation and SEA reporting mechanisms		800	27				
Education							
Number of vulnerable school-aged girls and boys reached through community-based education (CBE) initiatives	1,748,767	600,000	561,009 ²²		750,000	4,368	
Number of children in public education (including shock-affected/vulnerable	4,835,311	5,000,000 ²³	0		600,000	0	

¹⁹ The UNICEF health targets includes coverage from both mobile health and nutrition teams and static health facilities and is larger than the HRP reach, which is based on coverage by mobile health and nutrition teams only.

²⁰ All the key results are attributed to Cluster Partners who are partially or fully supported by UNICEF. UNICEF is supporting the provision of therapeutic supplies, micronutrient supplements, equipment and tools as well as a pool of master trainers on Integrated Management of Acute Malnutrition (IMAM) and Maternal Infant and Young Child Nutrition (MIYCN), targeting all the Cluster Partners.

²¹ The figure represents UNICEF's contribution to the GBV sub-cluster target.

²² These are the number of unique beneficiaries currently enrolled in UNICEF's Community-Based Education Programme.

 $^{^{\}rm 23}$ The Public Education indicator includes HRP and non-HRP schools.

girls and boys) reached with emergency education support								
WASH								
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	20,840,551	5,500,000	81,837		9,474,947	124,097		
Number of people who gained access to gender and disability sensitive sanitation facilities	17,127,735	3,250,000	16,325		4,500,000	36,785		
Number of people reached with hygiene promotion programmes	21,592,955	4,200,000	84,610		6,377,540	260,566		
Number of people reached with critical WASH supplies	6,877,382	1,900,000	78,291		2,388,865	125,127		
HCT/Social Policy								
Number of households reached with UNICEF funded social assistance		155,000	0					
SBC/AAP								
Number of at risk and affected populations reached with timely, appropriate, gender/age-sensitive lifesaving information on humanitarian situations and outbreaks		10,000,000	3,198,485					
Number of children, caregivers, and community members engaged in participatory behaviour change interventions		3,500,000	710,226					
Number of people who shared their concerns and asked questions or requested clarifications to address their needs through established feedback mechanisms		300,000	47,848					
Gender, Youth, and Adolescent Development								
Number of women and girls accessing lifesaving services through safe spaces		85,000	9, 602					
Number of UNICEF frontline workers trained on gender integration		15,000	1, 138					
Emergency Preparedness and Response								
Number of households reached with cash assistance to meet winter needs		70,000	3, 217					

Annex B

Funding Status

		Fun	ds available	2024 Funding Gap		
Appeal Sector	2024 HAC Requirements (US\$)	Humanitarian resources received in 2024	Resources available from 2023 (carry - over)	Other resources available, including from 2023 (carryover)	\$	%
Health	477,798,280	7,241,921	337,319,869	1,649,356	131,587,134	28%
Nutrition	185,510,711	11,932,999	14,178,991	1,188,153	158,210,568	85%
Child protection, GBViE and PSEA	57,174,120	8,860,907	2,036,314	1,446,502	44,830,397	78%
Education	227,693,910	0	55,824,759	955,665	170,913,486	75%
Water, sanitation, and hygiene	298,399,962	9,911,327	16,293,701	1,251,740	270,943,194	91%
Social protection	87,285,585	5,620,974	12,826,331	1,708,873	67,129,407	77%
Cross-sectoral (HCT, SBC, RCCE and AAP)	18,450,000	0	7,189,950	2,442,973	8,817,077	48%
Emergency preparedness and response	77,050,114	0	0	0	77,050,114	100%
Gender, adolescents, and youth development	10,762,500	0	651,138	444,527	9,666,835	90%
Total	1,440,125,182	43,568,128	446,321,053	11,087,789	939,148,212	65%

^{*} The above results are supported by a range of financing instruments to meet the needs of women and children.

^{**} To more accurately reflect the level of funding for the response, funds from other sources that also contribute to the emergency response in 2024, including those carried over from 2023, are now included.