



UNICEF

Middle East and North Africa

Humanitarian Situation Report

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for every child

Highlights

- The Middle East and North Africa (MENA) region reported 5,662,199 new cases of COVID-19 with 30,726 associated deaths in 2022. While most countries in the region lifted COVID-19 restrictions throughout the year, several are now struggling to address reduced basic services to children, which has emerged as a secondary effect of the pandemic.
- Protracted humanitarian situations, political uncertainty and civil unrest, climate-driven hazards and disease outbreaks all affected the lives of children across the region. War in the Ukraine added further complexities by increasing food and fuel prices. These factors, combined with economic deterioration, have created an unprecedented situation that threatens the long-term nutrition security of children, especially those in protracted and conflict situations.
- In 2022, UNICEF prioritized the delivery of immediate life-saving assistance and capacity strengthening of national systems to continue providing essential services to children in emergencies. UNICEF increased efforts to collaborate with regional partners to enhance predictability of emergency responses, localization of humanitarian action and accountability to affected populations. UNICEF also contributed to and supported national efforts to engage and reach communities with social behavior change (SBC) interventions, especially in responding to pandemics and diseases outbreaks in MENA.

Situation in Numbers*

35.1 million
children in need

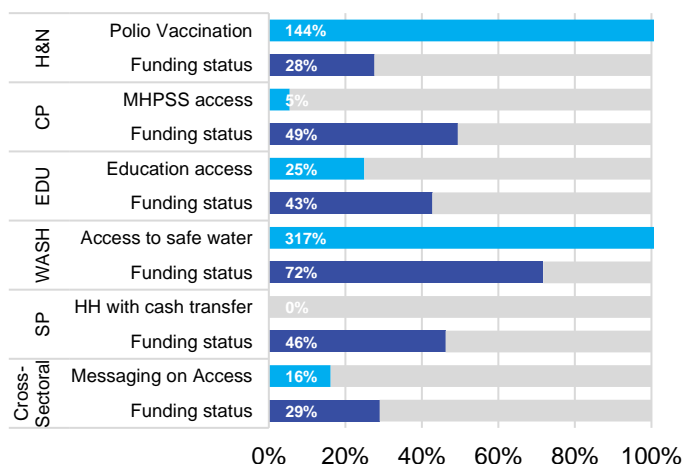
80 million
people need health & nutrition services

45 million
people need WASH services

27 million
children need protection services

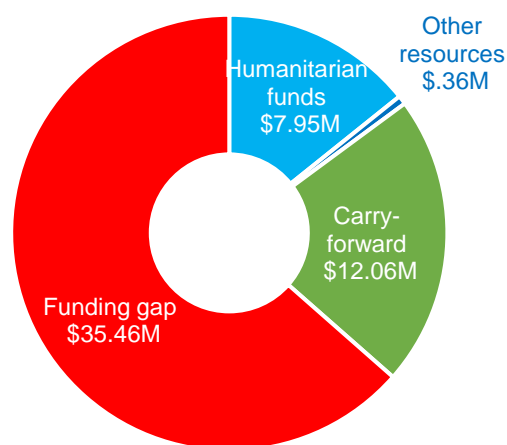
29 million
children need education support

UNICEF's Response and Funding Status*



UNICEF Appeal 2022

\$55.83 million



*Funding status demonstrates the status of funding for the sector while progress shows the implementation status of selected indicators

Situation Overview & Humanitarian Needs

From 2 January 2022 to 2 January 2023, a total of 5,662,199 suspected COVID-19 cases, with 30,726 associated deaths, were reported in the MENA region. The overall humanitarian situation across the region remained dire, with the number of people in need of assistance increasing by 101 million, including 50 million children. Active hostilities and protracted conflicts, and complex humanitarian situations in Yemen, Syria, Sudan, Iraq, Libya, the State of Palestine and Lebanon continued to affect the life and wellbeing of children, including refugee and displaced children. The effects of climate change exposed more children to new vulnerabilities. Drought and drought-like conditions affected children and families in Djibouti, Sudan, Yemen, Syria and Iraq. In February 2022, the Government of Djibouti issued a drought alert calling attention to critically low groundwater levels, the disappearance of pastures and vegetation, and record-breaking high temperatures.

Water-borne diseases and food insecurity have increased due to reduced access to safe water and poor sanitation. In September, for example, a cholera outbreak affected children in Syria, especially those in conflict zones and crowded informal settlements. By the end of the year, 70,220 cholera cases, including 98 associated deaths, were reported across the country. The outbreak was caused by the destruction of water and sanitation infrastructure, electricity outages, prolonged drought and population movements. Shortly after, a cholera outbreak affected Lebanon, mainly concentrated in areas inhabited by refugees.

Inflation, rising food prices and the persistent impact of COVID-19 exacerbated poverty and food insecurity across MENA in 2022. War in the Ukraine has further added to the complexities of the region's humanitarian situation. Disruption to supply chains and imports caused food shortages and increased the price of basic commodities including wheat, edible oils and fuel. In Algeria, results of a nutrition survey showed that global acute malnutrition rates for Sahrawi refugee children (aged 6–59 months) increased from 7.6 per cent in 2019 to 10.7 percent in 2022. Stunting prevalence increased from 28.2 to 33 per cent over the same period and for the same age group. In Syria, malnutrition rates have increased due to 90 percent of Syrian families now living in poverty and 55 percent being food insecure. During the first seven months of war in the Ukraine, food prices in Syria increased by 50 per cent. In Tunisia increased poverty, especially due to increased food costs, further deteriorated the situation of families and children. Egypt was especially affected by the Ukraine war. The deterioration of the Egyptian economy drove vulnerable groups into a more critical position, with many sacrificing healthy food with cheaper, less nutritious alternatives. The situation in Egypt is of particular concern given it is a country of transit and destination for migrants, refugees and asylum seekers, and currently hosts nine million migrants and refugees (with one million assessed as vulnerable).

In Palestine, 105 Palestinians, including 26 children, were killed by Israeli forces in 2022, making it the deadliest year since 2006. Recurrent hostilities in Gaza, as well as an increased frequency of violent occurrences in the West Bank, intensified the risks of psychological distress among children and their caregivers. Prior to an escalation of conflict in Gaza in August 2022, it was estimated that 500,000 children required MHPSS support. The number of children in need of humanitarian assistance increased from 930,000 at the start of the year, to 1.1 million by the end of 2022.

In Iraq, most of 2022 was characterized by political instability and protests, particularly in Baghdad and Basra, affecting public investment in the social sectors and service provision for children and young people. While the appointment of a prime minister in October ended a year-long political deadlock, instability and food insecurity continued to affect children and young people across the country, with 37.9 percent of children living in poverty. Half of Iraqi children suffer from two or more deprivations of basic rights. In Iran, socio-political unrest that was triggered with the death of a young woman in September, apprehended by the morality police for her *hijab* (dress code), continued throughout the year. Protests in major cities have left a devastating impact on children and adolescents, including detention, injuries and deaths. According to several estimates from human rights groups, since the onset of the crisis and up until 31 December 2022, more than 500 individuals have lost their lives, of which almost 70, or 13.5 percent, were children.

Libya continued to face a multi-layered political, economic and social crisis, characterized by low-intensity protracted conflict and COVID-19 pandemic. It is estimated that at least 679,974 migrants, refugees and asylum-seekers are residing in Libya, with nine percent of these being children. The most vulnerable groups in the country are comprised of refugees, asylum-

seekers and internally displaced persons. In 2022, Sudan continued to suffer substantial socio-economic, political and security impacts following the coup on 25 October 2021. The lack of political agreement and absence of a fully functional Government have contributed to insecurity and armed clashes in various parts of the country, and to the deterioration of the economic and humanitarian situation. Approximately one third of the population requires humanitarian assistance. An estimated eight million children have been directly impacted by conflict, intercommunal violence, displacement, nutritional deprivation, flooding, epidemics and diseases outbreaks in Sudan. More than three million children suffer from malnutrition, including 610,000 children with severe wasting.

Families and children in Yemen continued suffering from the effects of an eight-year complex humanitarian situation characterised by armed conflict, persistent economic crisis, recurring natural disasters, COVID-19 pandemic, polio outbreaks and disrupted public services. An estimated 23.4 million people, almost three-quarters of the population, including 12.9 million children, needed humanitarian assistance and protection, with over four million people, including two million children, displaced. More than 80 percent of the country's population struggled to access sufficient and nutritious foods, safe drinking water and adequate health services. A UN-brokered truce, lasting for six months until its expiry on 2 October, resulted in decreased civilian casualties and displacement, a steady flow of fuel imports through the Al Hodeidah port and commercial flights through Sana'a International Airport. However, localised clashes continued in some areas and landmines and explosive remnants of war posed heightened risks. Despite extensive efforts, an agreement to extend the truce was not reached. A "no war, no peace" situation prevailed by the end of 2022.

Summary Analysis of Programme Response¹

Responding to both existing and emerging situations, UNICEF continued supporting national partners to address the immediate humanitarian needs of affected communities and build capacities to address longer-term effects of the COVID-19 pandemic. The UNICEF Regional Office provided technical support and oversight to the planning and implementation of humanitarian programmes and responses, including in response to COVID-19. Given the multitude of hazards in MENA, UNICEF increased its efforts to strengthen preparedness across the region. Preparedness and readiness support to Sudan, Tunisia, Djibouti, Libya, Iran, Palestine and Syria country offices aimed to ensure the continuation of programmes.

For example, UNICEF Regional Office provided online and on-site technical assistance to the development of cholera response plans in Syria and Lebanon as well as ensuring neighbouring countries' preparedness for potential public health emergencies. The Regional Office supported the implementation of polio outbreak response campaigns in Algeria, Djibouti, Egypt, Palestine and Yemen (South), reaching nearly 15.8 million children. UNICEF and the World Health Organization (WHO) co-hosted a regional meeting on strengthening Risk Communication and Community Engagement (RCCE) systems in the Eastern Mediterranean/MENA Region. The meeting enhanced awareness of the core components required for functional national RCCE systems to prevent, prepare and respond to multiple health hazards, including disease outbreaks.

Across the region, UNICEF continued to build capacities for effective monitoring of contextual risks to enhance efforts for timely, effective and gender responsive action to humanitarian needs. For example, UNICEF promoted geospatial data mapping and analysis in Yemen and other priority countries for more effective humanitarian needs monitoring. UNICEF promoted localisation of humanitarian action by exploring ways to strengthen sub-national capacities in delivering assistance and services to local populations. Building upon the International Federation for Red Cross and Red Crescent Societies (IFRC) Strategy 2030 and UNICEF Strategic Plan 2022-2025, IFRC and the UNICEF MENA Regional Office signed an agreement to collaborate on ensuring the predictability of emergency response. The two organizations committed themselves to strengthen collaboration across MENA and aligning programmatic approaches on community and youth engagement, and Accountability to Affected Populations (AAP). UNICEF also continued further decentralization of its humanitarian preparedness and response. UNICEF held its first regional Chiefs of Field Offices and Chief Field Operations meeting in December 2022 to exchange best practices, views and plan actions to promote decentralized programme, preparedness and humanitarian action across MENA.

¹ This Situation Report does not cover activities and interventions relating to COVID-19 vaccination. UNICEF has a global Humanitarian Action for Children (HAC) appeal specifically dedicated to vaccination, found [here](#).

During the year, UNICEF prioritized the quality of humanitarian responses by strengthening cross-sectoral collaboration, which helped facilitate a multi-sector response to cholera outbreaks in the region. Considering social protection needs across MENA, UNICEF built regional capacity and provided support to country offices for mainstreaming Humanitarian Cash Transfer (HCT). UNICEF continues providing technical support to country offices to facilitate equitable community participation, access to information and providing communities and children safe platforms to share insights and feedback on interventions. Accountability to Affected Populations (AAP) remained a priority for UNICEF and the Regional Office provided extensive support to ensure the active and inclusive participation of communities and children throughout the programme cycle, including integrating their insights and views into activity development and implementation. Through building national capacities, UNICEF initiated a regional initiative ensuring preparedness and response actions are gender informed. UNICEF supported development of the nutrition narrative in the Hunger Hotspots report for Yemen, Sudan, Lebanon and Syria. Technical support was provided to each of these countries to strengthening the leadership in nutrition sector/cluster coordination.

The following provides a summary of UNICEF's programme response in Algeria, Djibouti, Egypt, Oman and Tunisia in 2022.

ALGERIA

Health

Through technical assistance and procuring essential equipment, UNICEF contributed to improved cold chain and logistical capacities of the Algerian Ministry of Health, Population and Hospital Reform (MSPRH) and the Sahrawi Ministry of Public Health. Following an assessment of the Sahrawi Ministry of Public Health immunization system and an evaluation conducted by the MSPRH, UNICEF procured vaccines and syringes to meet the health needs of 21,000 children in Sahrawi refugee camps. UNICEF also installed new equipment and, thereby, reactivated central-level cold chain storage. A cold room with sufficient vaccine storage capacity and no risk of load shedding is now fully functional. Based on a health facility assessment, UNICEF provided 35 health facilities with solar refrigerators that maintain cold chain temperature in hot climates. UNICEF also supplied 50 cold boxes for transporting vaccines from the central-level cold room to sub-national health facilities. UNICEF supported vaccination-related waste management by providing 16,000 safety boxes to health facilities. Twenty-two maintenance agents received training on cold chain equipment, maintenance and monitoring from UNICEF. In Algiers, 22 vaccinators benefited from practical training on COVID-19 and administration of routine vaccines.

A capacity-building programme, including a series of eight workshops in refugee camps, was implemented to strengthen capacities of 258 Sahrawi health professionals for COVID-19 infection and prevention control. In partnership with the MSPRH, 30 midwives and 16 neonatal nurses were provided with a two-week practical training course in university hospitals.

UNICEF contributed to the improvement of national capacity for WASH in schools by promoting best practices and providing two hundred 1,000-litre water tanks, 500 liquid soap and hydro alcoholic gel dispensers, and 25,500 litres of hydro alcoholic gel to 115 schools in nine *wilayas* (provinces).

UNICEF procured WASH supplies for schools and health clinics in Tindouf's Sahrawi camps, which service 42,429 schoolchildren, including 204 children with disabilities, plus education and health personnel. This included 9,000 litres of soap, 211,370 face masks, 12,000 hydro alcoholic gel units, 10,100 pieces of personal protective equipment (PPE) and 16,000 safety boxes for used vaccine syringes. To raise awareness on environment and climate change, school gardens were established in 12 middle schools. In the context of the Youth-Participatory Action Research (PAR) initiative, a workshop was held for 25 young Sahrawis (24 girls, 1 boy) to involve youth in actions regarding climate change and water scarcity.

Child Protection

During the summer of 2022, eight *wilayas* in the east, centre and south of Algeria were significantly affected by wildfires. As part of the emergency response, UNICEF partnered with the National Foundation for the Promotion of Health and Research Development (FOREM) and provided psychosocial assistance to mitigate the risk of post-traumatic stress among affected

children and adolescents. A total of 56 psychologists received training in emergency psychosocial support, which included psychological first aid, identification of post-traumatic stress disorders, stabilization and resourcing, networking and guidance, and therapeutic interventions. Volunteer psychologists assisted more than 3,500 child and adolescent survivors of the fires. Children in affected *wilayas* received psychological and educational support in preparation for their return to school and development of life skills from FOREM. UNICEF and the Muslim Scouts of Algeria (SMA) collaborated to assist 2,900 affected children in returning to school by providing them with school supplies and hygiene kits. UNICEF also contributed to the provision of psychosocial support by assisting SMA in organizing Scout leaders' skills in play and expressive activities during emergencies, thereby assisting 2,000 affected youngsters in overcoming their trauma.

UNICEF, in partnership with the National Body for Child Promotion and Protection (ONPPE)², used World Children's Day to bring awareness to children and adolescents with disabilities. UNICEF capitalized on interest in this worldwide event to convey a positive message about non-discrimination and inclusion for all children. The mental health caravan with child psychiatrists (that began in 2021 with UNICEF support) continued to provide care for children in two enclave regions of the Highlands. Individual consultations were provided to 40 children with disabilities (autism, cerebral palsy, etc.) and 285 children with disabilities participated in arts therapy workshops. Nearly 90 (84) psychologists from local health, youth and social affairs agencies attended a one-day workshop on attention deficit/hyperactivity disorder to help identify measures to be adopted by respective sectors.

Education

In Tindouf refugee camps, UNICEF supported the inclusion of children with disabilities and out-of-school children in the education system by contributing to the development and implementation of remedial education interventions. The distribution of education and hygiene kits facilitated the return of these children to school in September 2022.

In partnership with *Association Femmes Action Développement* (AFAD), UNICEF supported two trainings for teachers, education personnel and inspectors of the Sahrawi Ministry of Education, which engaged 31 participants for Arabic language didactics and 43 participants for mathematics didactics. A workshop to build capacity in the field of pedagogical evaluation has been scheduled for the second quarter of 2023. The purpose of this training is to guarantee that teacher trainers have mastered these practices and can effectively impart this knowledge to teachers upon completion of the program. It is anticipated that 420 teachers will be trained.

With support from ECHO and other donors, such as Italy and Spain, UNICEF continued implementing the five-year education strategy for Sahrawi refugees. To strengthen teacher incentives, a position paper was prepared and approved by all stakeholders, including Sahrawi authorities. AFAD is now implementing a programme for teacher incentives. UNICEF supported inclusive education in Sahrawi refugee camps by integrating children with special needs into regular classrooms and continued working in specialized centres with camp authorities responsible for social services. To provide a learning environment for children with special needs, UNICEF will procure psychosocial items for nine specialized centres in Sahrawi refugee camps.

As part of the education sector's emergency preparedness and response, UNICEF procured 21 tents and 25 schools-in-boxes and pre-positioned these at the Sahrawi Red Crescent warehouse for future emergencies.

UNICEF promoted AAP in school settings. Following the installation of 35 comments/suggestions boxes in elementary and junior high schools, 3,314 suggestions/complaints were collected and analysed by the Education Department and members of human rights associations. The analysis was shared with education stockholders for programming and management decisions. In December 2022, an interagency meeting, including UNICEF, UNHCR and WFP, was organized to develop an inter-agency work plan for prevention of sexual exploitation and abuse (PSEA) and gender-based violence for 2023.

² Organe National de Protection et Promotion de l'Enfance

DJIBOUTI

Health

In June 2022 a measles outbreak in the north of Djibouti, bordering with Eritrea, extended to four districts in the following months. In response to this situation, UNICEF and the Ministry of Health launched a vaccination campaign (11 to 15 September 2022) during which 39,332 children under the age of five were immunized and 37,802 children received vitamin A supplements. The measles immunization program reached villages in the regions of Arta, Dikhil, Tadjoura and Djibouti city. Between January and May 2022, Djibouti reported three cases of Type II vaccine-derived circulating poliovirus (cVDPV2). In response, UNICEF and the Ministry of Health organized four nationwide polio vaccination campaigns. To implement this response, a plan for vaccine distribution was developed, 82 health facilities were supplied with vaccines and any shortages were reported and addressed accordingly. The cVDPV2 vaccination operations covered the capital city of Djibouti as well as five rural regions (Obock, Tadjurah, Dikhil, Ali-Sabieh and Arta) and reached 98 percent of targeted children. Over 150,000 children under the age of five received polio vaccination.

UNICEF assisted the Ministry of Health with polio advocacy, mass communication, social mobilization and vaccination management to reach and vaccinate at-risk children. Over three hundred (326) community health workers, 379 mobilizers and 47 supervisors were trained and deployed with the support of UNICEF. In addition, through household visits, messages were relayed to raise the awareness of parents or guardians on: (i) importance of vaccination against polio, (ii) compliance with the vaccination schedule, (iii) date of the next campaign, and (iiii) confirm number of target children under the age of five living in the household. This awareness raising also helped increase the proportion of parents' level of information about polio. As a result of household-level awareness raising, 91 percent of families had increased knowledge before the vaccination teams' visit. More than 430,000 individuals received text messages encouraging polio vaccination with the tagline that a 'vaccinated child is a protected child'. UNICEF delivered 8,340 vials of polio vaccine to support the campaigns.

Nutrition

UNICEF contributed to the National Nutrition Programme's progress towards achieving its annual targets and developing the capacities of relevant stakeholders. UNICEF supported the training of 15 service providers (midwives, general supervisors) operating at Tadjoura health centres, focusing on the promotion of exclusive breastfeeding. Another 250 service providers from health facilities (nurses, nutrition agents and managers) were trained on improving the management of nutrition-related stocks. Another 583 community management committee members and women mobilizers were trained on good nutritional practices for children below age of five and pregnant and lactating women (PLW).

UNICEF also assisted awareness raising activities. This included 94 sensitization sessions and community dialogues (19 sites in the regions and 15 sites in the city of Djibouti) focused on the promotion of good nutrition practices for children and sensitizing 797 families on exclusive breastfeeding and good feeding practices. 26,336 pregnant and lactating women now have increased knowledge on exclusive breastfeeding for young infants up to age six months, deworming and vitamin A treatment. 2,835 children below the age of five were screened for malnutrition across the country. Among them, 685 were referred to health facilities for severe acute malnutrition (SAM) and 1,026 for moderate acute malnutrition. UNICEF continued to monitor nutrition operations in rural areas of Djibouti. In collaboration with the Ministry of Health, UNICEF supported the recruitment of an international consultant to undertake the Semi-Quantitative Evaluation of Access and Coverage survey. The methodology has been validated and identification and training of interviewers is in progress.

UNICEF organized two Nutrition Sector Group coordination meetings, under the direction of the National Nutrition Programme, with participation from UN partners (UNICEF, WFP and WHO) and national NGOs. Discussion revolved around progress of nutrition interventions at the national level. In addition, UNICEF convened an inter-agency coordination meeting on nutrition activities and developed a joint action plan. UNICEF has signed programme documents with the National Union of Women of Djibouti (UNFD), the Women's Association of Tadjourah (AFT) and the Women's Association of Obock (AFOD) to accelerate awareness-raising activities on preventive infant-nutrition practices across the country.

Child Protection

UNICEF funded and collaborated with a local organization (Caritas) to provide vital assistance and care to children on the move, including street children and refugee/migrant children. Caritas assisted approximately 500 children, including 55 street children in Djibouti city who were reunited with their families. More than 6,000 displaced children received psychological support and child protection services. UNICEF provided GVBIE/child protection training to frontline workers, including more than 50 community committee members from refugee villages and 20 employees from the National Platform for Child Protection in Obock and Tadjourah. The National Platform for Child Protection includes the Ministry of Woman and Family, the Ministry of National Education, the Ministry of Health, the Regional Council and Prefecture, the National Union of Djiboutian Women, International Organization for Migration and UNHCR. The Platform supported over 213 child survivors of violence (128 girls and 85 boys).

In partnership with APPDEM, a local NGO, UNICEF provided legal and psychosocial assistance to 35 children in conflict with the law. In the northern areas of Obock and Tadjourah, 900 individuals engaged in GBV sensitization and awareness-raising interventions. Participants obtained information on GBV prevention, detection and response through existing referral mechanisms. Following each region's awareness training, APPDEM personnel reached out to security forces to establish a relationship between the community and security forces for prospective detection and referral cases.

Education

In collaboration with the Ministry of Education, UNICEF supported maintaining and expanding access to education for more than 8,760 children affected by humanitarian situations, including 760 children (403 girls and 29 children with special needs) in non-formal learning centres and 5,000 refugee children in three refugee camps (Hol-Hol, Ali-Addeh and Markazi). UNICEF provided these children with individual learning materials and more than 3,000 children were admitted into the national Accelerated Learning Programme (ALP) that began in November 2022. The objective of the ALP project is to provide multiple learning pathways for children who were out of school due to drought-induced displacement and economic hardship. UNICEF provided essential school furniture and computers to the Djiboutian Catholic Diocese, which administers five non-formal learning centres designed to accelerate the acquisition of fundamental reading, writing and numeracy skills.

UNICEF contributed to the national ALP by enhancing the quality of teaching and learning through provision of ICT equipment to the Ministry of Education's national teacher training centre, which trained over 78 teachers on the ALP programme. UNICEF also provided technical and financial support to the Ministry of Education's curriculum division for the development of ALP booklets.

In its support for formal public education, UNICEF prioritized improved WASH facilities in public schools, including the construction of handwashing facilities in 141 schools and completion of a bottleneck analysis for WASH in Schools. The construction process of three new classrooms began in December in Sankal, a rural community in the Dikhil district, with the direct support of a UNICEF construction engineer. These classrooms will accommodate more than 100 drought-displaced children.

Education is a key sector in the recently validated Climate Change Landscape Analysis for Children report. This report will serve as the basis for promoting comprehensive child-centred WASH and climate change education in schools for all learners in 2023 and beyond. In December 2022, the Education Sector Masterplan (2021-2035) and its costed Action Plan 2021-2025 were concluded with UNICEF's direct contribution as the sector coordinator, as designated by sector members and the Global Partnership for Education (GPE). Both plans identify emergency preparedness and response management as one of the sector's top priorities.

WASH

In Dikhil region, in the southern part of Djibouti, UNICEF supported the restoration and development of water supply networks along the migrant road for drought-affected rural populations. As a result of this initiative, 600 host community residents and 1,500 stranded nomads now have access to basic WASH services, such as potable water, hygiene kits, camp showers and latrines. UNICEF secured access to potable water for 36 vulnerable drought-affected rural communities by

providing coordinated support to the local government for distribution of emergency water supplies and by ensuring the efficient operation of water pumps and boreholes for 78,000 individuals. By rehabilitating and expanding existing drinking water supply infrastructure and water distribution networks, UNICEF helped approximately 1,500 people access potable water in two disadvantaged rural communities in the Tadjourah region.

Social Protection

UNICEF provided technical and financial support for the implementation of a shock-sensitive social protection diagnostic and conducted training on shock-sensitive approaches for 25 social protection stakeholders from the Ministry of Social Affairs and other government agencies. Following these two key achievements, the funded contingency plan for social protection was developed.

Social and Behavior Change Communication (SBCC)

UNICEF supported the training of 51 young volunteers (aged 18 to 24) on implementation of COVID-19 Risk Communication and Community Engagement (RCCE) activities in Djibouti city. Through focus group discussions and community committee meetings, 1,104 complaints and community feedback were collected. Despite limited internet access in Djibouti, around 100 social media stories on COVID-19 were by posted UNICEF on Facebook and Twitter, reaching 80,000 individuals and generating approximately 4,000 commitments.

EGYPT

Health

During 2022, UNICEF and the Ministry of Health and Population (MoHP) reached 14,625 non-Syrian children³ (under five years old) with integrated primary healthcare services in the Public Primary Healthcare Centres. During the reporting period 68,562 under-five non-Syrian refugee children received primary health consultations on routine immunization and growth monitoring services. UNICEF and MoHP supported 12,642 primary health care consultations to non-Syrian refugee women. In addition to consultations, 200 Syrian community healthcare workers provided awareness sessions for Syrian women in their respective governorates.

Nutrition

Through individual counselling, community outreach activities, social media and other communication channels supported by UNICEF, 194,182 primary caregivers of children (aged 0-23 months) received Infant and Young Child Feeding messages. UNICEF also supported MoHP's efforts to provide growth monitoring for children under the age of five at primary health units, as well as awareness raising among caregivers for simple malnutrition case management. Mild and moderate malnutrition cases are treated at the PHU level, while severe cases are referred to the secondary health level for treatment.

Child Protection

UNICEF and MoHP worked together to mainstream child protection interventions, including psychosocial support, positive parenting and case management, through 91 family clubs in 11 governorates. Throughout the reporting period, 75,002 children and caregivers were provided with Mental Health and Psychosocial Support Services (MHPSS). With UNICEF support, MoHP and partners provided individual case management to 2,502 children. In close collaboration with the Child Protection Committees in Aswan Governorate, UNICEF's partners addressed the needs of 216 non-Syrian children detained in six police facilities.

Education

UNICEF and partners developed the inter-agency Education Working Group's strategy (including an advocacy strategy) to ensure refugees and migrants in Egypt have access to quality education. Inspired by the humanitarian-development nexus,

³ This Situation Report does not cover activities and interventions relating to Syrian refugees in the region. UNICEF has a HAC appeal specifically dedicated to refugee children. Its relevant reports may be found [here](#).

this strategy supports refugee community schools in the short and medium-term, and facilitates the integration of refugee children into public schools over the long-term.

To address learning gaps in Arabic Literacy and Mathematics for Grades 2 to 5, learning loss pilot assessments were conducted with the participation of 465 children in refugee community schools. These findings informed implementation of the remedial programme at refugee community schools, which was launched in the greater Cairo area and targeted a first cohort of 211 refugee teachers and 1,222 children from 39 refugee community schools. Teachers received a three-day training on how to assess and address learning loss with children. During the reporting period, 39,320 students registered for Learning Passport to access educational materials.

WASH

The water and sanitation facilities of 30 Primary Health Care centres in North Sinai were rehabilitated through a partnership with MoHP and WHO.

Social and Behaviour Change, Community Engagement and Accountability to AAP

In partnership with the RCCE COVID-19 coordination group (MoHP, WHO, UNICEF, FAO, UNHCR and IOM), UNICEF developed the COVID-19 Digital Prevention and Response Toolkit for community-based workers and service providers. Participants who completed the COVID-19 toolbox received an online certificate. Over 7,000 (7,368) online completion certificates were issued for the Positive Parenting Digital Course throughout the COVID-19 period.

In 2022, UNICEF launched the development of an AAP portfolio and established an Inclusion Taskforce comprised of AAP, Gender, Disability and PSEA. A capacity-building workshop was conducted for UNICEF staff and over 100 partner staff members to help them integrate AAP into their program processes and use participatory programming approaches.

Oman

Child Protection

UNICEF continued supporting the Ministries of Health, Education and Social Development to implement a nationwide training programme for mental health professionals, social workers and other service providers in the provision of MHPSS to children, adolescents and their parents. This programme is being delivered by a national team of 28 trainers that UNICEF supported with capacity development earlier in 2022 – selected from a cohort of 57 professionals that UNICEF trained in 2021. Triggered by the COVID-19 outbreak and its impact on mental health, this activity will ultimately contribute to a stronger overall protection environment in schools.

Social Protection

Building on analysis of the fiscal space, completed in 2021 in response to the economic fallout from COVID-19 and fiscal consolidation efforts, UNICEF continued working with government counterparts (the Ministries of Health, Education and Finance) to develop financing solutions for the continued provision of sustainable, high-quality health and education services in line with the objectives of Oman's Vision 2040. This partnership is concentrated on identifying potential optimization opportunities for cost savings and system enhancement. Allocative and technical efficiency analyses were concluded and optimization areas that are technically and politically feasible were agreed upon. This initiative also includes developing budget briefs, optimization reports and high-level costing to advise decision-makers on the most effective allocation of resources to achieve the desired outcomes for the two sectors. Findings are currently being integrated into the development of a Medium-Term Expenditure Framework for validation by all three Ministries.

As part of the comprehensive national social protection reform, UNICEF has been partnering with *Tawazun* (the National Programme for Fiscal Balance), line ministries and the International Labour Organisation (ILO) to design a new, integrated, comprehensive and shock-responsive social protection system. This intervention includes the development of a policy and legal framework, a governance structure and an integrated single registry. The new system will establish both contributory and non-contributory schemes, including the country's first universal child grant, disability grant and old-age benefits, among

others. The single integrated registry and policy framework should maximize system efficiency, adaptability and effectiveness.

For improved integration of contributory and non-contributory components of the system, UNICEF supported the government to develop an integrated management information system (MIS) – a single registry – and requested proposals (RFP) for selecting a service provider to develop the MIS. Despite using the RFP as a guide, the government ultimately decided to develop the single registry internally.

Social and Behaviour Change, Community Engagement and Accountability to Affected Populations

After two years of restrictions, Oman's COVID-19 Supreme Committee lifted all pandemic-related measures at the end of May 2022. However, on 30 June, following an increase in the number of COVID-19 cases among health workers and outbreaks at health facilities, the Ministry of Health made it compulsory for all health workers, patients and visitors to wear masks. This regulation remained in effect at the end of the year.

UNICEF continued supporting the Ministry of Health to promote proper hygiene and other preventive measures through social media messages. Until the end of March 2022, as part of the AAP strategy, UNICEF continued social media listening to monitor attitudes to the COVID-19 situation. The collected feedback was used to refine messages, address rumours and misinformation, and identify groups of concern for follow-up messaging. Following the completion of an SBC strategy, the SBC Task Force launched its first campaign aimed at preventing violence against children and promoting the benefits of early childhood education within the COVID-19 context. UNICEF continued supporting the inter-ministerial RCCE Task Force to implement its positive parenting communication strategy and COVID-19 preventive measures. The strategy provided parents with accurate information for addressing the secondary effects of COVID-19, as well as messaging on overall health, including mental health, nutrition and breastfeeding. The positive parenting strategy complements the Government's messaging on COVID-19 prevention and containment measures. The campaign will engage community influencers to address issues that have become increasingly crucial during the pandemic, such as cyberbullying and online safety. The campaign launch is scheduled for the first quarter of 2023.

UNICEF also developed and disseminated public messages through its own social media channels and amplified government messaging, mainly in the first quarter of 2022. Messages from UNICEF covered topics including immunizations, mental health, nutrition, early childhood development, the environment and positive parenting practices. UNICEF's messages were also disseminated by government and private sector channels such as radio and television. On average, UNICEF's social media channels (Facebook, Instagram, Twitter, LinkedIn) reached approximately 46,899 accounts every month.

Tunisia

Health

UNICEF assisted the Ministry of Health in producing and managing medical oxygen. Using the Oxygen System Planning Tool (OSPT), UNICEF supported an assessment of existing oxygen capacities that informed decisions for strengthening the medical oxygen system in Tunisia. UNICEF provided eleven training sessions, including six sessions on the OSPT and five sessions on the use and disinfection of oxygen concentrators. UNICEF supported the procurement of two oxygen generators for the Tozeur and Kebili hospitals. UNICEF also procured 18 oxygen analysers needed to operationalize 18 oxygen plants and ensure optimal oxygen utilization in accordance with the national standards for medical oxygen, in addition to consumables for operation of 270 high-flow oxygen therapy devices.

Three hundred steam sterilizers, 300 infusion pumps with accessories, 300 single-piston foot-operated suction pumps, 100 portable electrocardiogram (ECG) recorders, 100 autoclaves, 500 portable patient monitors and 50 defibrillators were supplied by UNICEF for the treatment of COVID-19 patients. UNICEF also supported procurement to strengthen the vaccine cold chain and delivered 670 pre-qualified refrigerators and freezers (PQS), two vehicles for field supervision missions, 200 Remote Temperature Monitoring Devices (RTMDs), 1,050 fridge tags, 450 cold boxes, 450 vaccine carriers and 3,200 ice packs. UNICEF further supported an Effective Vaccine Management (EVM) assessment. Twenty-four immunization

professionals from Tunisia's 24 governorates, who were trained and qualified as EVM evaluators, collected data from the national, regional and district levels. The final EVM report is under final review for approval by the Ministry of Health.

WASH and Education

In coordination with WHO, UNICEF assisted the Ministry of Health in revising and enhancing Infection Prevention and Control (IPC) protocols in primary health centres, as well as in developing associated awareness and training materials for medical personnel. Supporting the back-to-school campaign in September, 150,000 posters and 300,000 flyers on hand washing and COVID-19 prevention measures were distributed to all 6,102 schools in the country. In May 2022, in partnership with the Ministry of Health, 150 educational and administrative staff were provided with training on hygiene practices and COVID-19 preventive measures.

UNICEF collaborated with the Ministry of Education, Ministry of Health and Ministry of Women, Family, Children and Seniors to finalise WASH assessment reports, with data being collected from 4,817 public schools, 1,930 health care facilities, 4,008 preschools and other child-serving facilities. The assessments indicated that 6.4 percent of schools (about 400 schools) have persistent water shortages that may last for more than one month and that only 61 percent of schools provide basic sanitary services, with this percentage falling to 53 percent of preschools. 16.4 percent of schools offer only limited hygiene services (with no soap available). This poses a significant risk of spreading in the context of COVID-19 and beyond.

In 2022, UNICEF completed small scale repairs of WASH infrastructure in 129 schools, 40 primary health centres and 15 school medical centres to improve hygiene standards. UNICEF strengthened IPC capacities in health care facilities by providing supplies, such as water test kits, liquid soap, etc., to regional health directorates for distribution to health care facilities in respective governorates.

Social policy and Social Sector Financing

With UNICEF's technical support, the child benefit, a monthly cash transfer of 30 dinars (about US\$10) was distributed to 129,000 children (aged 0 to 5 years) from poor and vulnerable households. In January 2022, this was the recommended amount for implementation of a universal child benefit in Tunisia. It is anticipated that the number of children benefiting from this cash benefit will increase to 150,000 in 2022 and 2023 thanks to a national budget support provided by the World Bank in the beginning of February 2022. In January 2022, by presidential decree, Tunisia incorporated the allowance for children (ages 0 to 5 years) into the *Amen Social* law.

In 2022, UNICEF supported capacity building for field social workers. Two trainings of trainers (ToT) were held in June and December and trained over 50 national social workers, based on the social protection regional learning initiative modules TRANSFORM (Leadership and Transformation Learning). Four Tunisians trainers also attended the MENA regional TRANSFORM ToT to become trainers in the Arab region.

Social and Behaviour Change Communication

Until April 2022, UNICEF continued supporting the Scouts in their community outreach initiatives to raise awareness about the risks of COVID-19 and the necessity of respecting social distancing even after vaccination, reaching approximately 38,476 individuals in person and 179,000 individuals through digital channels. A new Scouts campaign with community engagement activities, focusing on COVID-19 prevention, proper hygiene practices and climate change awareness, was launched in August 2022 and reached more than 35,000 people by the end of the year. Initiated in October 2021, the countrywide vaccination program for COVID-19 lasted throughout the first half of 2022. Through UNICEF's social media platforms, the campaign reached over 5.5 million individuals.

UNICEF provided 20 community radio stations with equipment and training to inform and raise awareness on COVID-19 preventative measures. In June 2022, a national symposium on the role of Tunisian radio stations after COVID-19 was conducted in collaboration with the Independent High Authority for Audio-visual Communication (HAICA). In December 2022, three mobile radio studios were delivered to the Tunisian radio to improve the capacity of community-based

communication platforms to reach disadvantaged and remote areas, notably with health messages and in the context of crises/emergencies.

UNICEF supported implementation of a Knowledge Attitudes and Practices (KAP) Study on COVID-19, including vaccine acceptancy. According to the results, public communication efforts have been highly effective in changing attitudes and behaviours regarding COVID-19, with particular success noted for messages used on television, community radio and social media. Approximately 90 percent of respondents confirmed that communication campaigns had influenced their decision to receive vaccinations. The findings from the KAP study supported implementation of the communication and social behaviour change interventions on COVID-19 and other intervention areas.

To facilitate its institutionalization by the Ministry, UNICEF continued to assist the Ministry of Women, Family, Children and Seniors with implementation and continued sustainability of the 1809 child psychosocial helpline on violence against children. The hotline provided psychosocial support and orientation to 1,513 children and adolescents from 1 January to 4 December 2022. Of this number, 89 cases were referred to the Child Protection Office and 20 to child psychiatrics.

Humanitarian Leadership, Coordination and Strategy

During the reporting period, UNICEF participated in leading and coordinating the interagency COVID-19 response and humanitarian operations across the MENA region. Depending on national contexts, 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 various countries, UNICEF has 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.

Annex A

Summary of Programme Results

Sector	UNICEF and IPs response		
	2022 target	Total results	Change since last report
Health			
# children vaccinated against measles	111,682	39,302 ⁴	39,302
# children vaccinated against polio	125,357	180,395 ⁵	27,206
# children and women accessing primary healthcare in UNICEF supported facilities	2,227,000	1,243,912 ⁶	718,533
# healthcare facility staff and community health workers trained in IPC	2,672	672 ⁷	411
Nutrition			
# children aged 6-59 months with SAM admitted for treatment	3,300	4,807 ⁸	3,350
# primary caregivers of children 0-23 months receiving with IYCF counselling	289,888	18,937 ⁹	7,581
Child Protection, GBVIE & PESA			
# children and caregivers accessing mental health and psychosocial support	1,429,500	80,941 ¹⁰	53,099

⁴ DCO: The national vaccination campaign could not be carried out because of the response to the polio emergency. However, following the outbreak of measles cases, a localized measles vaccination campaign for children aged 9-59 months was conducted (Djibouti City/Quartier 7; Balbala, Dikhil and Tadjourah)

⁵ DCO: The pre-marking activity carried out during the third polio vaccination campaign increased the number of children reached with a precise identification of the number of children under the age of five

⁶ ECO: The figures reported by the Ministry of Health and Population, on the children and women accessing primary health care in UNICEF-supported facilities from January 2022 till the end of December 2022. The result included refugee, migrant and host communities. DCO: In 2022, Djibouti faced its ever first-time polio CVDPVs cases with 4 round of polio response campaign with intensive social mobilization and communication around vaccination along with health messaging and door to door activities. Community relays conducted massive awareness sessions at community level and took these opportunities to sensitize community on the use of health services. TCO: Significant additional funds received for the support to Cold Chain.

⁷ DCO: In 2020 and first part of 2021, IPC was part of the COVID 19 Pandemic prevention and response. While in the introduction of COVID 19 vaccines and its roll out in the second part of 2021, MoH priority was the vaccination. Vaccines uptake was challenging and effort was focused on COVID 19 vaccination through massive awareness and accelerated campaign and IPC training demand wasn't reflected as a priority.

⁸ DCO: This increase is attributable to the deterioration of the nutritional situation of children in general due to the multiple crises (drought, economic crisis related to the double impact of COVID and war in Ukraine).

⁹ DCO: This low coverage is explained by the low supply of the intervention. The intervention was implemented in only a few health areas in two regions (Tadjourah and Obock) out of six. This low coverage is linked to underfunding on the one hand, but also to the low internal capacity in terms of local associations on the other. ECO: No interventions due to the funding gap

¹⁰ ACO: the implementation of the activities related to this indicator need more discussion with the sahraouis authorities in the Sahraouis refugees camps. DCO: Since 2020, UNICEF does not have any implementing partners within the refugee camps thus data are only related to street and migrant children within the Djibouti city. ECO: The figures reported by the Ministry of Health and Population, on the children and caregivers accessing mental health and psychosocial support in UNICEF-supported facilities from January 2022 till the end of December 2022. The result included refugee, migrant, and host communities.

# children who have received individual case management	14,060	19,218 ¹¹	16,299
# women, girls and boys accessing GBV risk mitigation, prevention or response interventions	32,200	94,637 ¹²	86,926
# people with safe and accessible channels to report sexual exploitation and abuse by aid workers	55,000	31,190 ¹³	31,190
Education			
# children accessing formal or non-formal education, including early learning	2,969,519	739,756 ¹⁴	32,083
# schools implementing safe school protocols (infection prevention and control)	22,947	128 ¹⁵	78
# children/adolescents accessing skills development programmes	20,000	- ¹⁶	-
Water, Sanitation & Hygiene			
# people accessing a sufficient quantity of safe water for drinking and domestic needs	30,000	94,956 ¹⁷	91,356
# people reached with critical WASH supplies	2,241,328	1,130,429 ¹⁸	1,130,429
# children use safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	100,000	154,800 ¹⁹	153,800
Social Protection & Cash Transfers			

¹¹ ECO: Slow progress due to the funding gap. OCO: Data yet to be received from the government. TCO: Number of cases reported to and managed by the child protection office in 2022. Source:

<https://www.unicef.org/tunisia/media/6306/file/Le%20bulletin%20statistique%20des%20activit%C3%A9s%20des%20DPEs%202020-2021.pdf>

¹² DCO: The HAC target for GBV did not take into account FGM, which is a form of GBV. This is why the reported figures exceed the target. Since this indicator has a very high risk of double counting, the higher figure for GBV being that of FGM, it was considered to report on this indicator for GBV. ECO: No interventions due to the funding gap. OCO: Data yet to be received from the government.

¹³ ACO: 35 comments/suggestions boxes in elementary and junior high school

¹⁴ DCO: The 5,730 children supported by UNICEF include refugee children, students enrolled in non-formal education centres, as well as students from the Sankal school that was targeted as part of the drought response. The target of 50,000 was a global target that anticipated a massive influx of Ethiopian refugees, for example, but that did not happen.

¹⁵ ACO: Since the pandemic COVID is no more existing, there is no implementation in 2022 of any school protocol on COVID 19 prevention and control. DCO: 54 schools in the capital city +74 schools in rural area. Only elementary school (capital + regions) in the country were reached while the target also included middle and high schools in the country. ECO: no interventions due to the funding gap.

¹⁶ ECO: no interventions due to the funding gap

¹⁷ DCO: Initially, UNICEF targeted the areas most affected by the drought, but during implementation, the Government estimated that the drought was affecting almost all populations living in remote and hard-to-reach rural areas. Thus, the emergency water supply program targeted not only the areas most affected by the drought crisis but all hard-to-reach rural areas with water supply problems.

¹⁸ ACO: 9,000 litres of soap, 211,370 masks, 12,000 hydroalcoholic gel, 10,100 PPE, and 16,000 safety bins for spent vaccine syringes were distributed to 42,429. TCO: Tunisia: A national distribution of IPC kits for 2,172 health centres for the benefit of over 1,088,000 persons, the initial target included children 6-18 in schools. however, only posters and flyers were distributed in schools and the 1,088,000 people reached in the HCFs

¹⁹ TCO: The rehabilitation of sanitary infrastructure in 172 schools for the benefit of 53, 600 children and in 55 healthcare centres for over 27, 665 persons

# households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding	394,000	465,000 ²⁰	465,000
Cross-Sectoral (SBC, RCCE and AAP)			
# people reached through messaging on prevention and access to services	63,940,000	10,351,034 ²¹	3,454,886
# people engaged in RCCE actions	4,220,000	229,584 ²²	227,004
# people with access to established accountability mechanisms	1,000,000	- ²³	-

²⁰ DCO: During the year, no consensus was reached with the government on the beneficiaries and areas of intervention. It is also important to note the limited resources received to finance this activity. OCO: Scheme for child grant (all children 0 - 18) approved by the Government - However activation to take place in 2023. TCO: 465,000 is the total number of children 6-18 who have received the back-to-school allowance in 2022, 113,533 children 6-18 years old have received 6 monthly transfers between July and December 2022

²¹ ACO: UNICEF supported the implementation of two campaigns on RCCE messages to combat vaccine hesitancy and to maintain barriers measures during Ramadan and Aid El Fitr period, reaching 109,355 individuals significantly higher than an initial target of 40,000 individuals. DCO: 156,211 people reached for Covid-19 vaccination 54,500 people reached on social networks in favor of vaccination against Covid-19. 508,625 people reached door-to-door for polio vaccination of children aged 0-59 months during the four rounds of the campaign. ECO: No interventions due to the funding gap. OCO: Messaging on COVID-19 has been reduced by UNICEF and counterparts. TCO: Over 8M people through various channels such as national TV and radio, including over 5M people through social media, in partnership with the government, UNICEF partners

²² DCO: The initial target was overestimated; the results represent the community engagement of community leaders, administrative authorities, imams, youths and school headmasters engaged in awareness campaigns for Polio and Covid-19 immunization. ECO: No interventions due to the funding gap. TCO: Number of interaction on social media (RCCE content)

²³ ECO: No interventions due to the funding gap.

Annex B

Funding Status

MENARO	Algeria						Djibouti						Egypt						Oman						Tunisia						RO						MENARO					
Sector	Requiemnts	Receired in 2022	Other resources	Carry-over	Funding Gap		Requiemnts	Receired in 2022	Other resources	Carry-over	Funding Gap		Requiemnts	Receired in 2022	Other resources	Carry-over	Funding Gap		Requiemnts	Receired in 2022	Other resources	Carry-over	Funding Gap		Requiemnts	Receired in 2022	Other resources	Carry-over	Funding Gap		Requiemnts	Receired in 2022	Other resources	Carry-over	Funding Gap		Requiemnts	Receired in 2022	Other resources	Carry-over	Funding Gap	
					\$	%					\$	%					\$	%					\$	%					\$	%					\$	%					\$	%
Health & Nutrition	1.5	1.1	0.2	1.1	-0.9	0%	1.0	0.2	0.2	0.7	-0.1	0%	12.4	0.1	0.0	0.3	12.0	97%	0.0	0.0	0.0	0.0	0.0	0%	3.1	1.1	0.0	0.0	2.0	65%							18.0	2.4	0.4	2.1	13.1	73%
Child protection, GBViE and PSEA	0.3	0.1	0.0	0.0	0.2	57%	0.8	0.1	0.0	0.1	0.6	74%	1.2	0.4	0.0	0.4	0.4	31%	0.1	0.0	0.0	0.0	0.1	100%	0.3	0.0	0.0	0.2	0.1	48%							2.7	0.6	0.0	0.7	1.4	51%
Education	0.5	0.7	0.0	1.1	-1.3	0%	1.5	0.0	0.0	0.0	1.5	100%	6.5	1.0	0.0	0.9	4.6	70%	0.1	0.0	0.0	0.0	0.1	100%	1.0	0.0	0.0	0.3	0.7	66%							9.6	1.7	0.0	2.4	5.5	57%
WASH	0.5	0.0	0.0	0.0	0.5	100%	0.8	0.3	0.0	1.2	-0.7	0%	0.0	0.0	0.0	0.0	0.0	0%	0.0	0.0	0.0	0.0	0.0	0%	3.5	1.8	0.0	0.2	1.5	44%							4.8	2.1	0.0	1.3	1.3	28%
Social protection and cash transfers	0.0	0.0	0.0	0.0	0.0	0%	0.8	0.0	0.0	0.0	0.8	100%	0.0	0.0	0.0	0.0	0.0	0%	0.1	0.0	0.0	0.0	0.1	100%	7.0	0.0	0.0	3.6	3.4	48%							7.9	0.0	0.0	3.6	4.2	54%
Cross-Sectoral (HCT, C4D, RCCE and AAP)	0.1	0.1	0.0	0.0	0.0	7%	0.2	0.1	0.0	0.1	0.0	0%	2.9	0.0	0.0	0.5	2.4	82%	0.1	0.0	0.0	0.0	0.1	100%	0.6	0.2	0.0	0.0	0.3	53%							3.9	0.4	0.0	0.7	2.8	71%
Regional Office Technical Capacity																															2.5	0.3	0.0	0.5	1.6	66%	2.5	0.3	0.0	0.5	1.6	66%
Emergency Response																															4.1	0.0	0.0	0.2	4.0	96%	4.1	0.0	0.0	0.2	4.0	96%
Preparedness and disaster reduction																															2.4	0.3	0.0	0.4	1.7	71%	2.4	0.3	0.0	0.4	1.7	71%
Others/ Being Allocated																															0.0	0.1	0.0	0.0	-0.1	0%	0.0	0.1	0.0	0.0	-0.1	0%
Total	2.9	2.0	0.2	2.2	-1.5	0%	5.0	0.6	0.2	2.2	2.0	41%	23.1	1.6	0.0	2.1	19.4	84%	0.4	0.0	0.0	0.00	0.4	100%	15.5	3.1	0.0	4.3	8.0	52%	9.0	0.7	0.0	1.1	7.2	80%	55.8	8.0	0.4	12.0	35.5	64%