

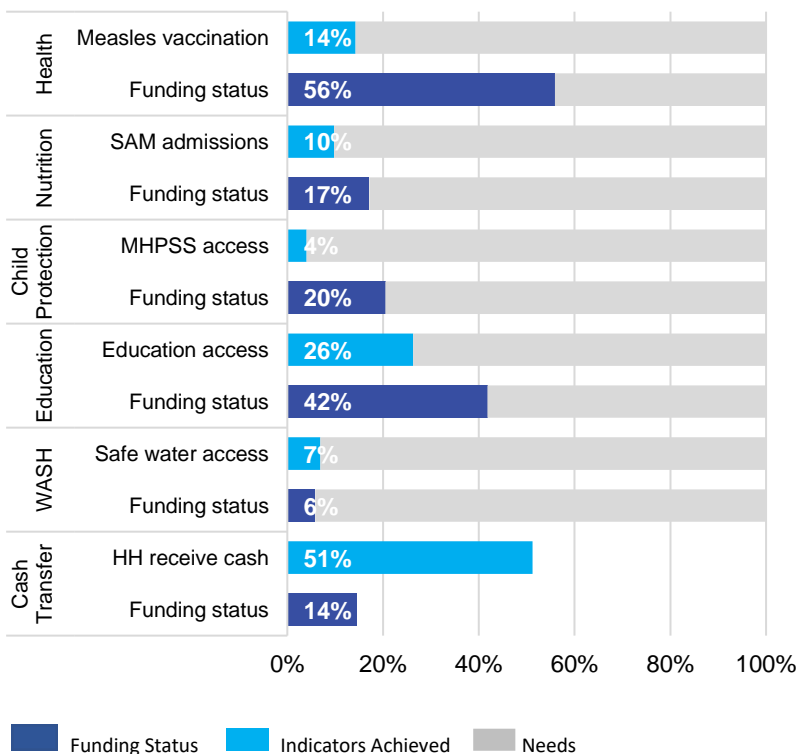


Reporting Period: 1– 31 March 2022

Highlights

- Schools in Afghanistan re-opened in March, however, girls from Grade 7 to Grade 12 were prevented from returning to class.
- In the face of increasing disease outbreaks, including measles and AWD/Cholera, UNICEF and partners reached more than 4 million people with life-saving health services across the country, while 195,574 people had access to safe drinking water.
- Furthermore, 1.28 million children were vaccinated as part of the measles outbreak response intervention.
- During the reporting period, more than 35,700 children were treated for severe acute malnutrition (SAM).
- In March, with UNICEF support, 56,113 households (409,624 people) received an emergency cash transfer to help meet basic needs.
- Almost 90% of child casualties from explosive ordnance and remnants of war in the world, came from Afghanistan. UNICEF increased its Explosive Ordnance Risk Education (EORE) response reaching 24,563 children in March.

UNICEF's Response and Funding Status*



Situation in Numbers



24.4 M
People in need of humanitarian assistance (HNO 2022)



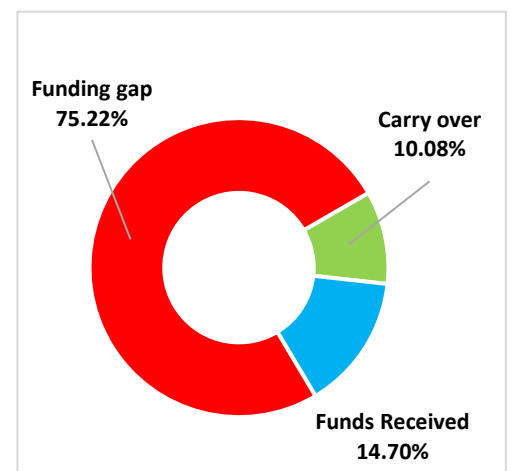
13.1 M
children in need of humanitarian assistance (HNO 2022)



1.1 M
Acutely Malnourished Children under the age of five years (HRP 2022)

UNICEF Appeal 2022

US\$2,047,724,710



*The response and funding status is cumulative from the beginning of the year

Funding Overview and Partnerships

The UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal is the largest single-country appeal in the history of the organization, valued at US\$ 2 billion for 2022. Thanks to partners' generous contributions, the appeal is currently around 25 per cent funded. This includes flexible emergency funding from both public and private partners, which will continuously enable UNICEF to use resources to respond to rising and sudden needs. Some contributions received in 2021 will continue to support implementation in 2022, including funds from the Afghanistan Reconstruction Trust Fund (ARTF), the European Union (Directorate-Generals for International Partnerships, and European Civil Protection and Humanitarian Aid Operations), and the governments of the United State of America, United Kingdom, and France. UNICEF is grateful to the government of Sweden, the Afghanistan Humanitarian Fund (AHF), Education Cannot Wait (ECW), the Global Partnership for Education (GPE) and the UNICEF family of National Committees for contributions received during the last month. 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

On 23 March, the academic year (2022/2023) started in most provinces for all children, except girls from Grade 7 to Grade 12. The move swiftly drew domestic and international criticism of the Taliban for backtracking on its commitment that all girls around the country would be allowed to return to school. The UNICEF Executive Director urged the de facto authorities to "honour their commitment to girls' education without any further delays." In a joint statement on 25 March, ten members¹ of the UN Security Council called on the Islamic Emirate of Afghanistan to reopen all girls' schools across Afghanistan. Initially around 17 provinces kept secondary schools open for girls, but once the written instruction was received, schools started sending girls home in most of those provinces. However, as of 31 March, secondary education for girls continued in a small number of provinces (around 9 at the time of reporting).

Children across Afghanistan are increasingly vulnerable to disease and illness due to the combination of rising malnutrition, drought, displacement, and lack of access to safe water, sanitation and health services. The measles outbreak remains a significant concern with 62,185 cases of measles and 330 deaths² reported across the country since January 2021. This is up from 43,988 cases the month before. Of the reported cases, around 80 per cent were among children under five. A resurgence of AWD/Cholera was observed towards the end of March, likely associated with increasingly warm weather with Kabul, Kapisa, Zabul, Kandahar, Laghman and Logar provinces the most affected. Forty-eight new cases were identified in Surobi district and 18 cases in Kabul city.³ In response to the heightened risk of increasing AWD, UNICEF, WHO and partners worked with the de facto Ministry of Public Health and de facto Ministry of Rural Rehabilitation and Development to review and update the preparedness and response plan for 2022.

Across the country, 22.8 million people – half of the population – are projected to be acutely food insecure in 2022 (IPC 3 and 4). Results of the ongoing Integrated Food Security Phase Classification (IPC) assessment are expected by the end of April. The nutrition situation in the country remains alarming with an estimated that 3.2 million children in Afghanistan expected to suffer from acute malnutrition in 2022, and a million severely malnourished children at risk of death, if immediate action is not taken. During the reporting period, five SMART surveys were completed in urban settings (Herat, Kabul, Kandahar, Mazar, and Nangarhar). Data collection for the provincial level SMART surveys has started for four out of the eight target provinces.

Summary Analysis of Programme Response

Health

UNICEF continued to support the delivery of health services through NGO partners covering all 34 provinces as part of the *Sehatmandi* project. UNICEF continued to support the 2,215 health facilities to provide a basic package of health services across the country with more than 4 million people reached with out-patient consultations (including 1.4 million children). During the month of March, UNICEF staff and extenders conducted monitoring visits to 221 health facilities to assess the functionality of the facilities and found that 99 percent of the visited health facilities had functional maternal and child health services, while 90 percent of the facilities provided immunization services. Furthermore, in Daikundi province, 6,197 pregnant women received an unconditional cash transfer to improve their access to health services and ease the economic hardships.

¹ The joint statement was released by Albania, Brazil, France, Gabon, Ireland, Mexico, UK, US, Norway, and UAE

² NDSR, MoPH Afghanistan

³ Infectious Disease Outbreaks Situation Report | Epidemiological week #12 No. 33/ (20-26) March 2022

Through the measles outbreak response intervention in 49 districts of 24 provinces, 1.28 million children aged 6-59 months received a measles vaccine. Meanwhile, under the routine immunization programme, an additional 72,005 children were vaccinated against measles in March, resulting in a total of 157,349 children vaccinated with measles vaccine under the routine programme during the first quarter of 2022. COVID-19 vaccination is also ongoing at the health facilities with 318,823 people fully vaccinated in March 2022⁴. The community-based outreach campaign for COVID-19 awaits the approval of MoPH.

UNICEF continues to strengthen health service provision through the ongoing training of more than 11,000 community health workers and 108 family midwives on topics such as integrated community case management, community-based nutrition counselling, adolescent health, GBV prevention and mental health and psychosocial support. The training series is expected to be completed by May 2022. A training of trainers on community-based healthcare was organized in Kabul with 45 participants from the Department of Public Health, NGOs that manage the BPHS package, and UNICEF's Health extenders.

Nutrition

In March, UNICEF and partners provided lifesaving treatment for SAM to 35,745 children (16,085 boys and 19,660 girls) - a 15 percent increase from the previous reporting period - this followed the screening of more than 900,000 children. Furthermore, over 74,000 caregivers were provided with counselling services through health facilities and mobile services across the country. During the reporting period, the scale up of SAM treatment services continued. An additional 204 Health Sub Centres (HSCs) started delivering nutrition services bringing the total number of HSCs to 704 (up from 500 in February). In addition, UNICEF continues to reach vulnerable populations in hard-to-reach and previously inaccessible areas through mobile health and nutrition teams (MHNT) with 137 MHNTs operating in 29 provinces in March. The scale up of nutrition services into private clinics and Family Health Houses (FHHs) is underway in the eight provinces of Badakhshan, Bamyán, Ghor, Urozgan, Daykundi, Faryab, Badghis and Herat.

In March, 864 health workers were provided with training on the Integrated Management of Acute Malnutrition (IMAM) in the central, western, and southern regions. A total of 6,000 health workers are expected to be trained by June 2022. While 497 health workers were trained on the Maternal Infant & Young Child Nutrition (MIYCN) across the country in March. UNICEF and Nutrition extenders conducted around 298 monitoring visits to health facilities in 34 provinces. The outcomes of the monitoring visits were discussed with implementing partners through different channels and actions were agreed upon to address issues.

Child Protection, GBVIE and PSEA

In March, 127,301 people, including 44,061 boys and 35,351 girls, were reached with life-saving protection services. Of these, 73,646 people (41 per cent girls and women) benefited from Mental Health and Psychosocial Support through recreational activities, awareness-raising activities, and case referrals, as well as messaging on child well-being. A total of 3,573 children (751 girls and 2,822 boys) benefited from case management services in all regions, including family tracing and reunification (FTR) for 2,439 unaccompanied and separated children (58 girls and 2,381 boys). UNICEF increased its Explosive Ordnance Risk Education⁵ (EORE) response reaching 24,563 children in March compared to 9,156 children in February (168 per cent increase). During March, life-saving protection supplies were also provided to 15,563 children (7,470 girls, 8,093 boys) including warm clothes and blankets.

UNICEF and partners scaled up gender-based violence prevention activities reaching 32,338 people (including 6,348 girls, 3,975 boys, 12,122 women and 9,893 men). Furthermore, 11,286 (4,522 girls) children on the move received protective services through UNICEF-supported programs. In March, 3,011 vulnerable households in vulnerable districts were identified and registered, from which 2,513 households 2,568 (462 girls and 2,051 boys), received cash assistance as a component of case management in Central Region.

UNICEF continued implementing the prevention of sexual exploitation and abuse (PSEA) scale up plan, and during the reporting period, a PSEA and Sexual Harassment session was held for 70 UNICEF staff which included information on how to report SEA and integrate SEAH risk mitigation, as well as the dissemination of guidance notes for reporting SEA allegations. To increase beneficiary awareness on PSEA, UNICEF and partners printed and distributed 13,500 IEC materials in the local language for use during distribution and service delivery points. In March, a bulk SMS/chat bot was also launched with more than 13.5 million people reached on PSEA messages. Increased community awareness on PSEA and

⁴ DHIS III

⁵ As per 2021 annual CAAC report, the United Nations verified the killing (626) and maiming (1,713) of 2,339 children (1,491 boys, 795 girls, 53 sex unknown), out of which 699 child casualties attributed to non-suicide IEDs, while 261 to ERW and 65 to suicide attacks.

pathways for reporting SEA was evidenced in the use of call backs or enquiries on PSEA. The distribution of dignity kits and cash distributions have continued to remain key entry points for awareness raising on SEA reporting pathways.

Education

After the delay in return of girls to secondary education, the Education in Emergency Cluster partners, in close collaboration with UNICEF, established a real-time back-to-school monitoring system to generate evidence from the school level to better understand the situation on the ground in terms of students and teachers who were able to return to school at both primary and secondary level. Information is gathered through real-time observation visits to both primary and secondary schools, and through feedback from UNICEF staff and partners. The information gathered provides anecdotal evidence and a “finger on the pulse” to help build a picture of what is happening at the local level. Based on visits to 558 schools (312 primary - 56%, and 246 secondary schools - 44%, in 23 out of the 34 provinces the following was noted:

1. Most boys and girls are back in primary education. However, absenteeism is higher amongst girls than boys.
2. The trend in teacher presence in primary schools is similar to the trend of student presence, for both genders.
3. While most boys are back in secondary education, the low participation of girls in secondary education is consistent with the high number of provinces where secondary schools are closed for girls.
4. The presence of secondary education teachers in schools is relatively high, including of female teachers (around half of them seem to report to school).

In response to the challenging education environment, UNICEF and partners continue supporting formal schools and community-based education in an effort to prevent further drop-out of children from primary education. During the reporting period, around 286,000 students were reached with community-based education (CBE). Thirteen new partners have been selected to open an additional 5,700 new CBE classes. With UNICEF support, more than 6,349,632 textbooks for 770 schools arrived in Kabul Province (benefitting 813,476 students). By the end of March, 3,194,635 textbooks will have reached formal schools.

In March, UNICEF continued the emergency cash support (USD\$100/month) for an estimated 194,000 public school teachers nationwide. This was the second payment for schoolteachers and covered the month of February.

WASH

In March, UNICEF and partners continued to scale up lifesaving WASH activities with 195,574 people accessing safe drinking water, 405,031 people were reached with hygiene promotion and an estimated two million people reached through mass media campaigns. A total of 336,061 people were provided with critical WASH supplies and 78,257 people were supported with improved access to safe sanitation⁶.

UNICEF supported the rehabilitation of the water systems in two primary schools and one high school, which will serve more than 9,500 students, while fourteen school staff were trained on WASH operation and maintenance. WASH facilities were rehabilitated in four health care facilities in Nangarhar, Laghman, Kapisa Provinces and 677 hygiene promoters completed their training during March. UNICEF continues to target areas at high risk of AWD/Cholera such as Surobi and Kabul City through social mobilisers. These social mobilizers provide key AWD/Cholera prevention awareness through community engagement sessions and the provision of household water treatment products and soap to ensure access to safe water. As a longer-term measure, UNICEF is working with partners in Surobi to construct safe water sources and distribution networks, while limiting the potential impact of unsafe sanitation through targeted interventions.

To enhance preparedness for the heightened risk of a large AWD/Cholera outbreak, due to the high vulnerability of the Afghan population and lack of adequate service provision, UNICEF supported workshops with the Ministry of Public Health (MoPH) to develop Integrated Emergency Response Teams to quickly respond to new cases of AWD/Cholera. As part of the preparedness efforts, UNICEF and partners supported 228,437 people at risk of AWD with hygiene promotion and 164,639 with critical hygiene supplies. UNICEF continues to support drought affected IDPs reaching 29,232 people with water trucking in Kandahar and Herat and supporting 34,378 drought affected IDPs with hygiene supplies.

UNICEF has established itself as a lead organisation for the Afghanistan WASH Core Pipeline Supply Hub, able to distribute critical WASH supplies to all WASH cluster partners, increasing the geographic reach and timeliness of acute emergency

⁶ 29,463 people supported through new or improved latrines constructed between January and March 2022 under Community Led Total Sanitation (CLTS)

WASH responses. However, the provision of supplies is challenged by the current delays in the global supply chain with respect to the volume of supplies required for Afghanistan.

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

In March, 59,861 people were reached with messages on AWD/Cholera prevention and safe water and hygiene, and an estimated two million people were reached with key messages around COVID-19 vaccination. During the reporting period, soap bars were distributed to about 4,000 participants to encourage and practice hygiene behaviour for individuals and families. UNICEF continues to support accountability for affected populations and 3,361 people provided feedback through different platforms and channels which were referred to stakeholders and departments to be addressed. Reports received through these channels indicate that communities asked for the continuation of these programs in the future.

In addition, about 50,000 people were trained in COVID-19 related preventive behavioural skills, 1,582 Community Health Workers were trained in interpersonal skills to better engage with communities, 351 influencers -- including religious persons -- were mobilized via interactive sessions on their role in improving community behaviours and health. Among the interactive sessions, a more inclusive approach was implemented by engaging with youth groups and vulnerable populations including girls and people with disabilities.

Gender and Adolescent Development and Participation

Women and girls continued to use safe spaces to access critical information and services with 20,386 accessing 68 safe spaces in Kunduz, Ghazni, Zabul, Daikundi, Herat, Kandahar, Parwan, Balkh and Kabul provinces. They received awareness on integrated life-saving messages, including life-skills sessions and PSS support, while 478 women and girls were linked to various services for specialized care based on need, including GBV case management.

Through partners, UNICEF trained 400 religious' leaders (280 men, 120 women) on violence against women and child marriages, while 550 frontline service providers (298 male, 252 female) were trained on how to address gender barriers that affect women's and girls' access to services. In Kandahar, Helmand and Nimroz provinces 120 (65 female, 55 male) frontline workers were trained on GBV prevention and case management.

In Herat, Nimroz, Kandahar and Helmand, 4,526 girls received life skills training which is critical for adolescent girls' agency, through UNICEF supported platforms. Community dialogues and radio programmes were also used to raise awareness on women's rights with more than 30,500 people in Kandahar, Helmand, Nimroz and Herat provinces reached. Women and girls also received 14,442 dignity kits to meet their sanitary and dignity needs during emergency situations. The dignity kit distribution was also used as an entry point to reach women and girls with SEA safe reporting mechanisms.

Social Protection and Humanitarian Cash Transfers (HCT)

In March, UNICEF continued the scale up of cash transfers, carrying out cash distributions in five provinces. Over 56,000 households (over 409,000 people) received a cash transfer. In Daikundi, 5,877 households with pregnant and lactating women (PLW) received a cash transfer, intended to support access to institutional delivery and essential maternal and child health services. Initial data analysis of the Post Distribution Monitoring (PDM) results shows that 100 per cent of respondents believe that the cash assistance will help them access more regular health checks for mother and child.

In Logar and Wardak, provinces with harsh winters, UNICEF reached 7,537 and 14,288 households respectively in March, supporting access to essential goods and services for children. In addition, UNICEF's HCT response in Badghis province addresses basic needs and aims to prevent negative coping mechanisms affecting children. In March, 28,840 households were reached across all districts of Badghis. Preparation for round two and three (combined) cash distributions took place in Nuristan, with distribution starting at the end of March.⁷

Humanitarian Leadership, Coordination and Strategy

From 29-31 March, a high-level meeting was hosted by the Government of Qatar to discuss interim health priorities for Afghanistan over the next 18-24 months. Delegates from UNICEF, WHO, donors, the de facto authorities and other humanitarian partners jointly reviewed the current situation and gaps in health service delivery and identified solutions to strengthen the overall health system. Opportunities to improve health governance and coordination, and collaborations to meet existing and emerging humanitarian needs of children, women and other vulnerable groups was

⁷ Results from Nuristan will be shared in April 2022 SitRep

also discussed. UNICEF was involved in organizing the conference including chairing sessions and provided technical expertise.

The inter-cluster exercise for the spring prioritization of districts was concluded in March. The HCT endorsed the inter-sectoral prioritisation of districts for the planned response for the months ahead, which will be supported by the next Afghanistan Humanitarian Fund (AHF) allocation. The Nutrition cluster prioritized 34 districts, with 15 selected for multi cluster activities (convergence with Health and WASH clusters) and 19 districts for nutrition only. The WASH cluster identified 130 districts out of 401 as high priority. Education identified 40 priority districts. Across the clusters, priority districts were identified based on different risk likelihood and needs. For example, rates of unsafe water coverage, locations where women and girls feel unsafe to access to water points, displacement levels, inadequate school facilities, and likelihood of natural disasters occurring. The AWD/cholera Health and WASH inter-cluster workshop was held in March with WHO and UNICEF and two governmental counterparts (de facto Ministry of Public Health and de facto Ministry of Rural Rehabilitation and Development) to support the development of a National AWD/Cholera Preparedness and Response Plan for 2022.

External Media, Statements & Human Interest Stories

EXTERNAL MEDIA

- [RTE News: Over 1 million children at risk of malnutrition](#)
- [AP: UNICEF Afghanistan Chief of Education on girls' education](#)
- [TOLOnews: UNICEF Chief Communication urges school reopening for girls](#)

STATEMENTS

- [UNICEF Afghanistan Representative Dr. Mohamed Ag Ayoya on the death of four children due to the detonation of an explosive remnant of war](#)
- [UNICEF Executive Director Russell on Afghanistan at Doha Forum](#)
- [UNICEF Executive Director Russell at high-level Afghanistan Conference](#)
- [UNICEF Executive Director Russell: Girls in Afghanistan must go back to school without further delay](#)
- [Press release: U-Report Afghanistan reaches 1 million milestone](#)
- [Press release: Government of Japan provides crucial support to health, nutrition and protection interventions](#)

HUMAN-INTEREST

- [Nutrition: Flattening a green floor for her daughter's future](#)
- [WASH: Safe drinking water for returnees](#)
- [WASH: Less time collecting water, more time with the family](#)

SOCIAL MEDIA

- [UNICEF ROSA Regional Director tweets on girls not returning to school](#)
- [UNICEF Afghanistan Representative Dr. Mohamed Ag Ayoya tweets on girls not returning to school](#)

Next SitRep: 15 May 2022

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

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Summary of Programme Results

Sector	Total needs	UNICEF and IPs Response			Cluster/Sector Response		
		2022* target	Total results	Change ▲▼	2022 target	Total results	Change ▲▼
Health							
Number of children aged 6 to 59 months vaccinated against measles	9,790,030	10,465,896	1,397,481	1,280,000			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	10,503,209	4,064,802			
Nutrition							
Number of children 6-59 months with SAM admitted for treatment.	1,078,804	1,078,804	105,715	51,164	539,402	42,655	105,715
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	243,015	74,048	2,136,438	74,018	243,015
Number of children aged 6-59 months who received vitamin A supplements in semester one ⁸	6,759,823	5,407,859	34,506	15,353	5,407,859	18,267	34,506
Number of children aged 6-59 months who received MNP ⁹	2,959,419	2,959,419	-	-	1,602,628	-	-
Child Protection							
Number of children and caregivers accessing mental health and psychosocial support	4,460,000	4,237,000	180,330	73,646	1,370,000	238,820	159,013
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	4,641	2,439	14,000	4,820	3,740
Number of girls and boys who have suffered from grave child rights violations (including former CAAFAG & children in detention) benefitted from social and economic reintegration and life skill assistance.	43,800	41,610	74	4	13,500	74	10
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions		63,590	42,661	32,338		676	-
Number of children and adults accessing explosive weapons-related risk education		1,000,000	41,718	24,563		7,999	-
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA		1,000,000	18,923	12,018			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	536	50			
Education							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	2,082,335	813,476	1,500,000	311,115	66,581
Number of female and male teachers receiving incentives (salaries) as a stop gap measure in CBEs and public schools (6 months)	203,870	203,870	194,100	157,700 ¹⁰	37,500	9,131	427
Number of teachers male/ female trained (in-service/pre-service)	37,500	101,935	3,871	0	15,326	5,636	208
WASH							
Number of people (M/F) accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	15,302,274	11,537,160	1,051,076	227,563	10,429,585	571,245	210,125

⁸ Emergency campaign to be launched in May

⁹ MNP supplies expected to arrive in May according to plan

¹⁰ This figure is not cumulative, it reflects the total number of teachers

Number of people gain access to gender and disability-sensitive sanitation facilities	8,503,812	7,478,621	95,092	78,257	898,513	278,824	20,963
Number of people (M/F) reached with hand-washing behavior change programmes	15,302,274	11,537,160	690,454	411,287	10,429,585	703,961	227,061
Number of people (disaggregated by sex & age) reached with critical WASH supplies	9,695,738	9,210,951	661,597	336,061	3,942,068	121,298	322,737
HCT/Social Policy							
Number of households reached with UNICEF-funded humanitarian cash transfers		160,000	81,921	56,053			
SBC/AAP							
Number of people (disaggregated by age & sex) who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		20,000	18,490	6,270			
Number of people reached with key behavior change messages and life saving information on humanitarian situations and outbreaks (disaggregated by age, sex)		7,000,000	474,893	114,270			
Gender, Youth, and Adolescent Development							
Number of women and girls accessing Safe spaces		9,400	33,500	20,386			
Number of people who participate in group education/dialogue sessions on consequences of and alternatives to child marriage, the rights of adolescent girls, and gender equality		1,000,000	52,354	400			
Number of adolescents (girls and boys) who actively participated in life skills or comprehensive sexuality education interventions to address child marriage		120,000	5,470	4,526			

Annex B

Funding Status

Appeal Sector	2022 HAC Requirements (US\$)	Funds available		2022 Funding Gap	
		Humanitarian resources received in 2022	Resources available from 2021 (carry-over)	\$	%
Nutrition	204,095,521	18,512,098	16,415,409	169,168,015	82.89%
Health	334,457,872	83,873,826	102,985,464	147,598,582	44.13%
WASH	768,889,756	25,564,919	20,324,488	723,000,349	94.03%
Child protection, GBViE and PSEA	71,920,805	5,811,885	8,921,048	57,187,871	79.52%
Education	440,853,967	156,379,956	27,879,531	256,594,480	58.20%
Social Protection/HCT	208,504,821	8,263,926	21,796,912	178,443,982	85.58%
Adolescents/Youth/Gender	3,853,594	1,710,689	991,150	1,151,754	29.89%
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	911,245	5,496,697	240,432	3.62%
Program Management Unit	8,500,000	5,246	1,596,478	6,898,276	81.16%
Total	2,047,724,710	301,033,791	206,407,177	1,540,283,742	75.22%