

Afghanistan Humanitarian **Situation Report** Report #5 1-30 April 2022



Highlights

Health

- Children face extreme violence in Afghanistan with targeted attacks against schools and mosques, as well as air-strikes and explosive remnants of war (ERW) killing at least 34 children in April.
- Measles cases continue to rise with 41,085 cases and 270 deaths since the start of the year, as do acute watery diarrhoea (AWD) cases with a heightened risk of cholera outbreaks as the weather warms.
- UNICEF continues to increase its AWD/Cholera preparedness and prevention activities reaching 299,431 people with AWD/Cholera messaging and 328,130 people with critical hygiene supplies.
- Over 4.6 million people were reached at UNICEF supported primary health care facilities including 1.52 million children under-five and 219,245 persons with disabilities.
- During the reporting period, 40,758 children were treated for Severe Acute Malnutrition (SAM) - a 14% increase since March.
- UNICEF-supported mobile health and nutrition teams reached around 130,000 people in remote and hard to reach areas in April.
- With UNICEF support more than 175,000 children and caregivers received life-saving child protection services including psycho-social support and case-management.

24.4 M People in need of humanitarian assistance (HNO 2022) 1.1 M Acutely Malnourished Children under the age of five years (HRP

Situation in Numbers

UNICEF Appeal 2022

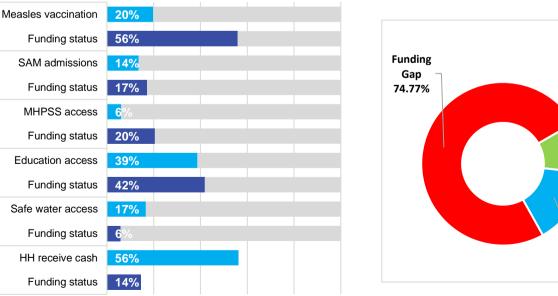
US\$2,047,724,710

Carry over

10.08%

Funds

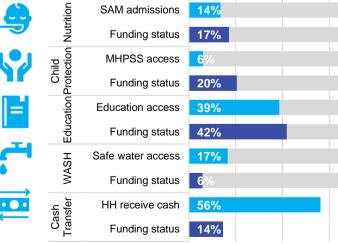
Received 15.15%



80%

100%

UNICEF's Response and Funding Status*



0%

20%

40%

60%

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 continue to enable implementation in 2022, together with additional support received this year. UNICEF is grateful to the government of Canada, the Afghanistan Humanitarian Fund (AHF), and the UNICEF's 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

Children in Afghanistan continue to face extreme violence and grave rights violations. On 16 April, at least 20 children were killed in their homes as they slept due to airstrikes that hit the provinces of Khost and Kunar. In Khost, twelve girls and three boys were killed in the airstrikes; while in Kunar, three girls and two boys were killed. On 19 April, at least nine children were reportedly killed and more than fifty injured in coordinated attacks targeting two education facilities in western Kabul - Mumtaz Tuition Center and Abdul Raheem Shaheed High School. On 29 April, a deadly explosion at the Khalifa Sahib mosque, located in the Darulaman area in the west of Kabul killed at least 10 people. Local hospitals reported far higher casualty figures, with dozens said to be killed and injured, including an unconfirmed number of children. The day before, coordinated attacks killed at least nine people, and wounded 15 in separate blasts on two minibuses in the city of Mazar-e-Sharif in northern Afghanistan. In another incident, on 1 April, five children (one girl and four boys) were killed when an explosive remnant of war (ERW) detonated in Marjah District, Helmand Province. Two other children, a boy and a girl, were also injured in the explosion. In Afghanistan, in the last seven months, 301 children were either killed or injured by explosive remnants of war and landmines. The real figure is thought to be much higher.

In April, the delay on secondary education for girls remained in place. However, in nine provinces, some schools were open for girls at secondary level. Inconsistency in the adoption of this policy was evident with differences in school attendance between districts reported within provinces. In some districts, pressure from local communities led to girls from grade 7 - 12 being allowed to return to school. It is estimated that around 70% of the children are back in primary education, and over 80% of the boys in secondary education (perception data). These numbers seem to be consistent with previous statistical data. In general, the key factor pushing children out of education is poverty. Children that are not in school are more at risk to be exposed to child labour, recruitment into armed forces, child trafficking and child marriage.

Measles cases continue to rise with 41,085 cases of measles and 270 deaths recorded since the start of 2022. The most affected provinces are Kunduz (12.0%), Badakhshan (10.4%), Kabul (8.3%), Nangarhar (8.0%), Helmand (6.9%) and Herat (5.2%). The number of suspected measles cases in the 49 districts where the measles outbreak campaign was conducted in March shows a decline over a four-week period. Under this intervention, 1.28 million children aged 6-59 months were vaccinated against measles. Discussions are underway between UNICEF, WHO and the Ministry of Public Health (MoPH) to extend the campaign to other districts in the country for a nationwide vaccination campaign. Additional infectious diseases were also reported, including acute watery diarrhea (AWD) with Kabul, Kapisa, Zabul, Kandahar, Laghman and Logar provinces remaining the most affected. Central, Southern and Northern Regions face a heightened risk of a significant increase in AWD/Cholera cases as the weather warms and access to safe water remains challenging. UNICEF estimates that 3.2 million children in Afghanistan will suffer from acute malnutrition in 2022, and a million severely malnourished children are at risk of death, if immediate action is not taken. Diarrheal diseases worsen the nutrition situation putting children with severe acute malnutrition at further risk of death. Acute malnutrition and diarrheal diseases create a vicious cycle, each making the other more severe and more likely to occur.

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. A total of 2,215 health facilities were supported to provide a basic package of health services across the country reaching over 4.6 million people with out-patient consultations (including 1.5 million children under-5 and 219,245 persons with disabilities). UNICEF continued to reach remote and underserved areas through the mobile health

and nutrition teams (MHNTs). An additional ten MHNTs started service delivery during the reporting period, bringing the total number of UNICEF-supported MHNTs to 147 out of the 350 teams supported by all health cluster partners across the country. These teams continued to provide health and nutrition services in 30 provinces reaching almost 130,000 people in April.

UNICEF continues to strengthen health service provision through the training of health workers. Following the training of 45 master trainers on community-based health care in March, 35 Primary Health Care officers from various provinces were trained on coordination and management of community-based health care in April. The 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 is ongoing. The training series is expected to be completed by July 2022.

In April, UNICEF extenders and staff conducted 352 monitoring visits to health facilities to assess their functionality. It was found that maternal and child health services were available in 99 percent of these, while immunization services were available in 98 percent of the facilities (up from the 90 percent reported in March 2022).

COVID-19 vaccination is also ongoing at health facilities with 130,194 eligible beneficiaries fully vaccinated in April. The community-based outreach campaign for COVID-19 vaccination awaits the approval of MoPH.

Nutrition

In April 2022, UNICEF and implementing partners provided life-saving treatment to 40,758 children with Severe Acute Malnutrition (SAM) (18,233 boys & 22,525 girls) - a 14% increase from March 2022. This followed the screening of 985,252 children (6 to 59 months) for acute malnutrition. Areas of concern are Helmand, Kandahar, Urozghan, Hirat, Ghor, Nangarhar and Paktika which make up 50% of all cases. In some areas there are very worrying gender trends, where girls make up 60% of SAM cases. This will require a social behaviour change response to explore the gender issues for nutrition including focus group discussions with women. A total of 75,009 caregivers were provided with counselling services through health facilities and mobile services across the country. Furthermore, a total of 283 additional Health Sub Centres (HSCs) were scaled-up with SAM treatment services; bringing the number of HSCs that can deliver a full package of nutrition services to 987, up from 704 in March. Through the ongoing scale-up, 2,387 health facilities across the country now provide SAM treatment services. 147 integrated MHNTs were functional in the 30 provinces during April with an additional 24 MHNTs to be established in June for a period of 12 months in Logar, Wardak, Nangarhar and Kunar provinces. The scale-up of nutrition services into private clinics and Family Health Houses (FHHs) is ongoing in eight targeted provinces (Badakhshan, Bamyan, Ghor, Urozgan, Daykundi, Faryab, Badghis and Herat).

A total of 106 health workers were provided with the training on the Integrated Management of Acute Malnutrition (IMAM) in the central, western, and southern regions in April. This training is ongoing and aims to train a total of 6,000 health workers by June 2022. Similarly, 1,144 health workers were trained on the Maternal Infant & Young Child Nutrition (MIYCN) across the country in April. Moreover, the data collection for the provincial level SMART surveys has been completed for four out of the eight target provinces and the report is expected in May. In April, 280 monitoring field visits were conducted in health facilities in the 34 provinces by UNICEF nutrition extenders. The outcomes of the monitoring visits are discussed with concerned partners through different channels including IMAM Working Group and actions agreed upon to address identified issues. In terms of supplies, in April 130,000 cartons for RUTF were received in country and 113,000 cartons were distributed.

Child Protection, GBViE and PSEA

During April, around 175,00 people (including 45,916 girls and 51,116 women) were reached with life-saving protection services including, Mental Health and Psychosocial Support (MHPSS), Explosive Ordnance and Remnant of War Risks Education (EORE), gender-based violence (GBV) response, risk mitigation, and prevention and case management services for extremely vulnerable children.

More than 89,400 children and caregivers (47 percent girls and women) benefited from MHPSS services (recreational activities mainly for children, awareness-raising activities, case referrals and informational messaging on child well-being). Of these, 8,589 were reached through the integrated mobile health teams. A total of 4,894 children (986 girls and 3,908 boys) benefited from case management services across the country, including family tracing and reunification (FTR) services for 1,679 unaccompanied and separated children (1,675 boys and 4 girls). UNICEF and partners reached 36,715 (4,471 girls, 14,350 boys, 3,413 women, and 14,481 men) with messaging on EORE. The risk of explosive ordnance has posed a significant danger to children since August 2021 resulting in high child casualties.

In April, UNICEF reached 133,343 children and caregivers with GBV risk mitigation activities. Furthermore, 14,626 children on the move (6,077 girls) received protective services through UNICEF-supported programs, while 10,907 vulnerable children (5,252 girls) received cash assistance as a component of case management in the Central Region.

During the reporting period, UNICEF continued to raise awareness around PSEA for women and girls, despite the restrictive environment. In April, PSEA roll-up banners and PSEA posters with prevention and response messages were distributed in Women and Girls' Safe Spaces, inserted in Dignity kits and integrated in cash distributions enabling women and girls' access to information on safe reporting channels. As a result, there was an increase in the number of calls received through the UNICEF PSEA hotline and U-report chat-box in April. Further awareness sessions on PSEA were conducted targeting the displaced population in Shura Qalin Bafan IDP camp in Mazar and Kabul with 40 male IDPs, and 90 female IDPs and community members involved.

UNICEF continued to conduct PSEA training sessions, reaching 305 UNICEF staff and implementing partners. The trainings continue to improve staff and partner awareness of PSEA and reporting channels.

In April, the PSEA U-Report survey was launched, reaching 45,400 people (an 85% response rate from U-Reporters). The poll aims to understand the level of awareness of affected populations on PSEA prevention and response and whether the existing reporting mechanisms are functional and accessible. The survey results will be used to shape the scale up plan for PSEA in Afghanistan.

Education

In April, 286,000 children were provided education opportunities through 9,887 community-based education (CBE) classes supported by UNICEF and partners. CBE classes support children in grade 1-3 through community-based schools and children over the age of 10 through the accelerated learning programme. In addition, the remaining 3.15 million textbooks (out of 6 million) were distributed in 770 schools in Kabul province benefitting 700,000 children. Distribution in the western part of the country has also started.

In April, the second round of emergency cash support (US\$100/month) was carried out for teachers who had difficulties accessing their bank account, as well as those without an account. The full cycle of the second round will be completed in May. Further payment of incentives is on hold. A total of around 1 million children were reached with direct support for their education through public schools and community-based education, benefitting from teachers that were paid, books received, and community centres kept open.

WASH

In April, 560,117 people had access to safe water with support from UNICEF. 373,128 people were reached with hygiene promotion ^[1] and 325,086 people with hygiene supplies. More than 77,800 people had access to improved sanitation and three schools were supported with improved WASH facilities in Nangahar and Kunar covering 3,856 students and 58 teachers. Nine health care facilities in Kunduz, Balkh and Khost were supported with WASH facilities while 311 healthcare facilities were supported with infection, prevention and control supplies and 112 staff in healthcare facilities were trained on the preparation and use of disinfection materials.

UNICEF continues to increase its AWD/Cholera preparedness and prevention activities reaching 299,431 people with specific AWD/Cholera messaging and 328,130 people with critical hygiene supplies and continues to support the AWD/Cholera Task Force led by the MoPH. To reduce the levels of open defecation in Kabul, UNICEF also met with the Municipality of Kabul to explore sanitation options and identify high risk areas for intervention. UNICEF will prioritise the construction of sanitation facilities in market areas and areas of open defecation.

In addition to AWD/Cholera, UNICEF continues to support populations affected by drought and displacement reaching 21,135 drought affected people and 8,857 IDPs and 3,920 refugees with durable water supplies and 76,034 drought-affected people with temporary solutions in Uruzgan, Kabul, Balkh and Kunduz.

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

In April, more than 84,600 people were engaged in preventive behavioural interventions, including the dissemination of lifesaving messages on Acute Watery Diarrhoea (AWD) ¹, Dengue Fever, Measles prevention and COVID-19. On

¹WASH figure includes SBC achievements

AWD/Cholera, people were mobilized to handle drinking water safely, treat drinking water at homes, avoid open defecation, and practice hygiene in their daily lives. More than 6,590 members of community structures and influencers, such as religious leaders, Community Health Workers (CHW), School Management Shura (SMS), community influencer, and others, were mobilized and trained on COVID-19 activities through risk communication and community engagement (RCCE) approaches. People's concerns were addressed by the provision of correct and prompt information on the benefit of COVID-19 vaccination and the harm of not taking the vaccine.

During the reporting period, UNICEF continues to support accountability for affected populations and 3,893 people provided feedback through different platforms and channels on health, nutrition, cash, and education. These were shared during community engagement sessions conducted by trained social mobilizers. In addition, 714 people shared their concerns and feedback through the Information Feedback Centre (IFC) in the East region. The concerns of the affected population centred around unsafe drinking water, absence of centres for COVID-19 vaccination, low vaccine uptake, lack of medicine in health centres, unemployment, and the need for other services such as food.

Gender and Adolescent Development and Participation

In April, UNICEF and partners reached 10,163 people (6269 women and girls) with targeted awareness sessions on gender and protection issues and available services for women and girls through 99 community dialogue sessions conducted by local NGOs in Kabul, Daikundi, Kunduz, Helman, Kandahar, Herat, Farah, Parwan and Balkh. Through 18 radio programmes, an estimated 13,000 people in Kandahar, Helmand and Nimroz provinces received awareness messages on GBV prevention and child marriage.

UNICEF distributed 3,058 dignity kits to women in Parwan, Daikundi, Kabul, Balkh provinces to support their sanitation and dignity needs in emergencies. Dignity kits were also used as an entry point for awareness raising on GBV prevention, PSEA and maternal Health, which has in turn increased access to PSEA information among beneficiaries through UNICEF hotline and U-report chat box

UNICEF currently supports 68 women and girls' friendly spaces in Kabul, Parwan, Daikundi, Herat, Kunduz, Mazar, Helmand, Zabul, and Kandahar provinces with over 6,424 of women and girls accessing the spaces in April. Through these spaces, 212 women and girls were referred to other specialised services based on needs that included health, nutrition, protection and livelihood services.

During reporting period, UNICEF conducted four mentorship sessions with women-led community-based organisations on how to effectively run women and girls' spaces and on GBV case management to strengthen capacity building and quality services at the provincial level. Nine NGOs were reached with this training in Herat, Farah, Parwan, Nimroz, Helmand, Kandahar, Daikundi, Balkh, Badakhshan Nuristan and Langhman provinces. While 224 frontline workers (118 male and 106 female) were trained on gender norms and gender transformative programming and integration of women and girls protection concerns in health and nutrition services in Nimroz, Helmand, Kandahar, Balkh, Mazar provinces.

In April ,765 adolescent girls and boys participated in life skills training session that focused on building their agency through Multipurpose Adolescent groups in Kandahar, Helmand. 200 women and girls from Kandahar, Helmand and Nimroz were enrolled in livelihood opportunities, including a course on making dishwashing liquid to improve the women and girl's employability or their access to income. While peer to peer sessions were successfully facilitated for 4,494 out of school children on violence against women and girls and child marriage in Herat.

Social Protection and Humanitarian Cash Transfers (HCT)

In April, UNICEF's scale up of Humanitarian Cash Transfers (HCT) continued with 12,178 households in Wardak receiving the second round of regular cash transfers to help meet basic needs, following the harsh winter months. In Logar, first-round cash transfers were completed in early April, reaching a cumulative total of 18,824 households, followed by the start of the Post Distribution Monitoring (PDM). In Nuristan, beneficiaries in nearly all districts received the combined round two and round three transfers to help meet their basic needs. Payment rounds were combined in Nuristan, given the access challenges in February due to heavy snowfall and winter conditions. In April, 11,425 households received their combined transfer in Nuristan.

In Badghis, UNICEF completed round one payment of the HCT programme, followed by a full PDM. The PDM showed largely positive results of the programme outcomes, including improving households' ability to meet their basic needs, compared to January 2022. Thanks to the cash assistance, 30% of the respondents reported to have positively shifted their ability to cover the households' basic needs (from "very poor" and "poor" to "good"). More than 90% of the respondents reported to have increased their ability to cover their children's specific needs and they can now access goods and services (such as more food, medical expenses and better clothing) that they would otherwise not have access to without the grant.



UNICEF field monitoring mission of the cash distribution assistance in Kawmay Health Facility <u>Kiti</u> district of Daikundi province Photo credit by Wahidi 01/03/2022

The unconditional cash transfer for pregnant women was carried

out in April in Daikundi province. A total of 6,210 pregnant women have received two rounds of cash payments, since it started in March. Around US\$1.13 million was disbursed to the households to encourage access to health services and ease economic hardships. The third round of payments in May 2022 will conclude the project with the follow-up assessment informing plans for further scale up in the country in the prioritized areas.

Humanitarian Leadership, Coordination and Strategy

On 3 April, the Humanitarian Country Team held a retreat where an HCT Action Plan was developed to move forward key strategic issues and approaches to the humanitarian response scale-up. The HCT is reviewing the sub-national coordination system and options are being explored with UN agencies and partners to strengthen clusters at the sub-national level.

The Afghanistan Humanitarian Fund (AHF) released US\$114 million on 26 April to address the spring related risks, as well as needs in the under-served and newly accessible locations – following the inter-cluster prioritization exercise carried out in March. The allocation is divided between Education (US\$4.9m), Emergency Shelter/Non-Food Items (US\$24m), Food Security and Agriculture (\$23.1), Health (\$13.4m), Nutrition (US\$16m), Protection (US\$6.2m), CP (\$1.1m) and WASH (US\$26m).

External Media, Statements & Human-Interest Stories

EXTERNAL MEDIA

- Tolonews: UNICEF, Schools Should Be Havens of Protection and Peace
- Daily Hunt: UNICEF distributes cash to over 6,000 families in Daikundi province
- Ariana News: UNICEF confirms death of 20 children in Khost and Kunar airstrikes

STATEMENTS

- Statement by Mohamed Ag Ayoya on children killed by an explosive remnant of war in Afghanistan
- Statement by UNICEF Executive Director Catherine Russell on attacks against schools in Kabul, Afghanistan

HUMAN-INTEREST STORIES

- Education: Waiting for a lifeline
- WASH: When the water truck arrives, we celebrate like Eid

SOCIAL MEDIA

- UNICEF Executive Director Catherine Russell on education
- Paloma Escudero, Director for Global Communication and Advocacy on nutrition
- UNICEF ROSA Regional Director tweet on children killed in the mosque
- UNICEF ROSA Deputy Regional Director tweet on WASH
- UNICEF Afghanistan Representative Dr. Mohamed Ag Ayoya tweet children killed during airstrike

Next SitRep: 15 June 2022

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

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Annex A

Summary of Programme Results

		UNICEF	JNICEF and IPs Response		Cluster/Sector Response		
Sector	Total needs	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	1,935,226	537,745			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	13,293,44 2	2,790,233			
Nutrition							
Number of children 6-59 months with SAM admitted for treatment.	1,078,804	1,078,804	146,473	40,758	539,402	146473	40,758
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	318,024	75,009	2,136,438	318,024	75,009
Number of children aged 6-59 months who received vitamin A supplements in semester one ²	6,759,823	5,407,859	41,822	7,316	5,407,859	41,822	7,316
Number of children aged 6-59 months who received MNP ³	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	269,736	89,406	1,370,000	332,521	93,701
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	6,320	1,679	14,000	6,499	1,679
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	0	13,500	201	127
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions		63,590	176,004	133,343		-	-
Number of children and adults accessing explosive weapons-related risk education		1,000,000	78,433	36,715		-	-
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA		1,000,000	152,266	133,343			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	646	110			
Education							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	3,063,217	980,882	1,500,000	373,536	62,421
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	189,696 ⁴	37,500	12,316	3,185
Number of teachers male/ female trained (inservice/pre-service)	37,500	101,935	9,096	5,225	15,326	5,636	0
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	2,543,181	1,492,105	10,429,585	1,614,00 7	1,042,762

 $^{^2\,}$ Emergency campaign to be launched in May $^3\,$ MNP supplies expected to arrive in May according to plan

 $^{^{\}rm 4}$ 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	310,666	214,764	898,513	335,160	56,336
Number of people (M/F) reached with hand- washing behavior change programmes	15,302,274	11,537,160	1,744,116	1,053,662	10,429,585	1,435,21 4	731,253
Number of people (disaggregated by sex &age) reached with critical WASH supplies	9,695,738	9,210,951	1,571,731	910,134	3,942,068	507,593	386,295
HCT/Social Policy							
Number of households reached with UNICEF- funded humanitarian cash transfers		160,000	90,0165	8,095			
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	23,097	4,607			
Number of people reached with key behavior change messages and lifesaving information on humanitarian situations and outbreaks (disaggregated by age, sex)		7,000,000	559,573	84,680			
Gender, Youth, and Adolescent							
Development							
Number of women and girls accessing Safe spaces		9,400	75,912	42,412			
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	97,950	45,596			
Number of adolescents (girls and boys) who actively participated in life skills or comprehensive sexuality education interventions to address child marriage		120,000	20,802	15,332			

⁵ only includes unique households; counting households that have been reached with multiple rounds of cash transfers in 2022 only once.

Annex B

Funding Status

		Funds ava	ailable	2022 Funding Gap		
Appeal Sector	2022 HAC Requirements (US\$)	Humanitarian resources received in 2022	Resources available from 2021 (carry -over)	\$	%	
Nutrition	204,095,521	22,582,162	16,415,409	165,097,950	80.89%	
Health	334,457,872	87,373,826	102,985,464	144,098,582	43.08%	
WASH	768,889,756	26,080,301	20,324,488	722,484,967	93.96%	
Child protection, GBViE and PSEA	71,920,805	6,811,885	8,921,048	56,187,872	78.12%	
Education	440,853,967	156,379,956	27,879,531	256,594,480	58.20%	
Social Protection/HCT	208,504,821	8,288,528	21,796,912	178,419,381	85.57%	
Adolescents/Youth/ Gender	3,853,594	1,710,689	991,150	1,151,755	29.89%	
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	1,009,245	5,496,697	142,432	2.14%	
Program Management Unit	8,500,000	5,246	1,596,478	6,898,276	81.16%	
Total	2,047,724,710	310,241,838	206,407,177	1,531,075,695	74.77%	