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Reporting Period: 1 to 31 May 2022

Myanmar Country Office

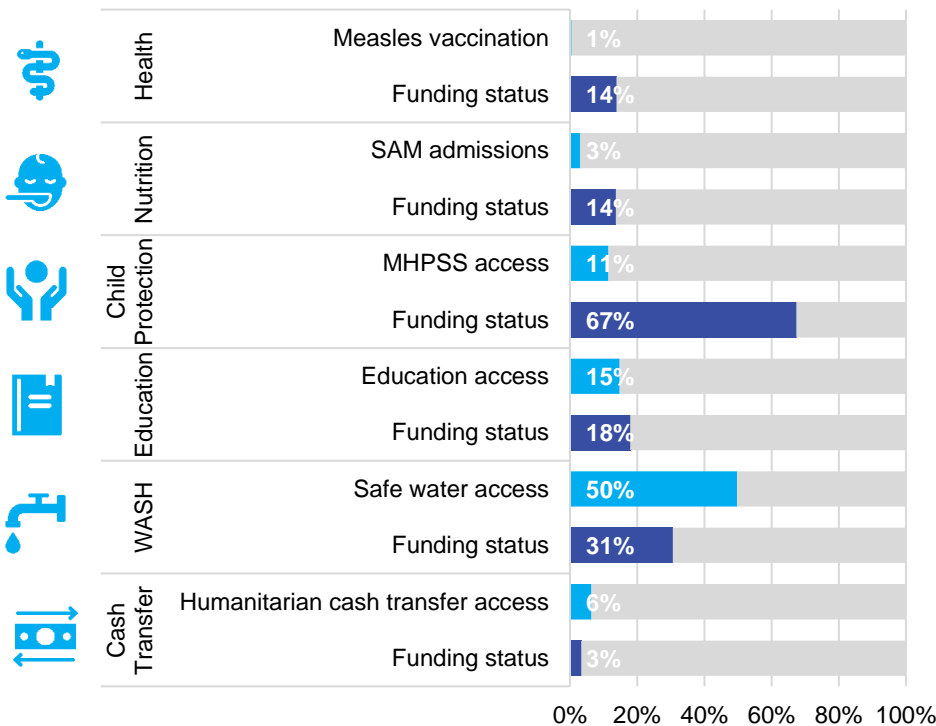
Humanitarian Situation Report No. 4



Highlights

- The conflict in Myanmar has caused many areas to become contaminated with landmines and explosive remnants of war, with the number and frequency of casualties propelling Myanmar into becoming one of the most mine-affected countries in the world. UNICEF is protecting children from this risk by ensuring that Explosive Ordnance Risk Education is integrated across all relevant sectors of its humanitarian response.
- As of 23 May, a reported 694,300 civilians have been displaced nationally by the conflict, more than double that of the figure of 320,900 at the end of 2021.
- June will mark the traditional start of the academic year, and safe access to education for all children remains an urgent priority across the conflict-affected areas.
- The reporting period usually sees the onset of water shortages, especially in Rakhine. To ensure an uninterrupted water supply for internally displaced people (IDPs) and the host communities, UNICEF has initiated a scarcity response to meet the daily water needs of 28,078 IDPs in Pauktaw in Sittwe, and at Ah Agnu IDP site in Meybon township.

UNICEF's Response and Funding Status*

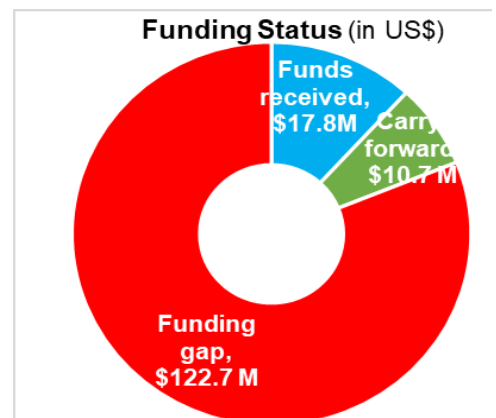


Situation in Numbers

- 5,000,000** children in need of humanitarian assistance (HRP 2022)
- 14,400,000** people in need (HRP 2022)
- 694,300** Internally displaced people since 1 February 2021 (UNHCR)
- 40,200** People displaced to neighbouring countries since 1 February 2021 (UNHCR)
- 346,600** people living in protracted displacement before February 2021 (OCHA)

UNICEF Appeal 2022

US\$ 151.4 million



*Funding available includes: Funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.

Funding Overview and Partnerships

The UNICEF Myanmar Country Office is appealing for US\$ 151.4 million to respond to the multi-sectoral humanitarian needs of the targeted 1.1 million children in Myanmar in 2022. The Myanmar Humanitarian Needs Overview estimates that, in 2022, a total of 14.4 million people are in need of assistance, including 5 million children. UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank the generous support received this year from the governments of Japan, Norway, Denmark and the United Nations office for the Coordination of Humanitarian Affairs (UN OCHA). These funds will contribute to delivering services to affected populations, notably for Child Protection, Water Sanitation and Hygiene, Education, Health and Nutrition programmes and responses. Although 19 per cent of the UNICEF Humanitarian Action for Children requirements were received, the funding gap of 81 per cent is severely affecting the capacity to respond. Without these resources, targeted populations, especially children, who need basic social services will not be able to receive assistance. Continued donor support is critical to continue scaling up the response. UNICEF is thankful for the commitment and dedication of all its partners and colleagues in Myanmar who continue to stay and deliver lifesaving assistance to affected children and women, amidst an incredibly challenging context.

Situation Overview & Humanitarian Needs

Children in Myanmar continue to face unprecedented needs, compounded by the national political, security and humanitarian crises, limiting access to services. During the last few weeks, the conflict has continued to deteriorate in the northwest regions of Sagaing, Magway and Chin, with armed clashes between the Myanmar Armed Forces, local People's Defence Forces and Chinland Defence Forces, resulting in an escalation in the displacement of children and their families. At the end of 2021, more than 320,900 civilians had reportedly been displaced. However, in the first quarter of 2022 this figure has more than doubled and, as of 23 May, approximately 694,300 people have been internally displaced in Myanmar since the military coup, with nearly 49 per cent of them (336,600 people) within the Sagaing region. The support from humanitarian partners to civilians in new areas of conflict remains limited to urban zones, as constraints on access to rural conflict-affected regions are resulting in lower coverage there.

The Mine Action Area of Responsibility (AoR) reports that, as a direct result of the conflict, many areas have become contaminated with landmines and explosive remnants of war. The consequent number and frequency of casualties have propelled Myanmar into becoming one of the most mine-affected countries in the world. To protect children against these risks, the Mine Action AoR is working towards supporting the integration and mainstreaming of Explosive Ordnance Risk Education across sectors of the humanitarian response, in order to teach children and adults how to identify, report and protect themselves against explosive hazards. Although a recent survey in Rakhine has highlighted the dangers of mines and explosive remnants of war in six villages, a national mapping has demonstrated the gaps across all regions in mine action interventions.

To reach the children in dire need of assistance, improved and unimpeded access is necessary, including secured physical access, reduced bureaucratic impediments, lessened scrutiny, functioning telecommunication networks and alleviated banking restrictions. Nevertheless, UNICEF and its partners continue to scale up their response and adapt their activities through prioritizing strengthening capacity and tailoring programming modalities to cope with the security risks and severe travel restrictions.

Summary Analysis of Programme Response

Health

Continuing its effort to expand access to oxygen care, UNICEF and its partner Karuna Mission Social Solidarity (KMSS) have started to install oxygen plants in Hinthada and Kalay. In Loikaw, there are challenges in implementing the plant due to the conflict, causing the groundwork to be put on hold. In Taunggyi, necessary actions are being made to obtain approval for the installation, while UNICEF is working on dispatching the plant.

In Kayah, UNICEF and its implementing partners, the Royal College of Paediatric and Child Health, and Suwannimit Foundation have dispatched 81 community health worker kits, 4 primary health care facility newborn kits and essential newborn resuscitation equipment to support the health services in the area. These supplies are also planned to be distributed to the conflict-affected area of Kayin to support ethnic health organizations (EHO) and health care providers with much-needed health services. Capacity-building remains a priority in affected areas, and primary health care training has been provided to Kayin EHO staff, with 54 people trained on providing essential health services, including HIV care. During the reporting period, UNICEF and its partners have provided 25,328 people with primary health care services across Rakhine, Kachin, Shan, Kayin, Chin and Yangon peri-urban area, and 1,594 children aged 9 to 18 months were vaccinated against measles in Rakhine, Kachin and Shan. UNICEF continued providing partners with supplies including 60 first aid kits, 52 inter-agency emergency health kits, and essential medicines. The stock is estimated to cover the needs of approximately 26,000 children.

Nutrition

UNICEF partners have provided nutrition services in Rakhine, Yangon, Kachin, Kayin and Shan. A total of 28,226 children were screened for malnutrition. A total of 168 children with severe acute malnutrition (SAM) were admitted for treatment, and 4,654 children and 2,381 pregnant women received micronutrient supplements. For the first quarter of 2022, only 1,146 children suffering from SAM were reached, out of the annual target of 37,501. UNICEF and partners are facing multiple challenges in responding to nutritional needs, including a lack of technical capacity for such treatment, limited resources and access constraints. However, UNICEF, as a technical lead, continues to support capacity-building; notably with the Integrated Management of Acute Malnutrition (IMAM) programme. It has delivered the second batch of virtual IMAM training, benefiting 154 participants from 26 organizations. This session provided much-needed support to partners in strengthening their technical capacity for the SAM treatment programme. The nutrition programme needs additional funding to ensure more children are reached with life-saving interventions, including the treatment of malnutrition.

Despite transportation challenges in Chin, UNICEF was able to distribute nutrition supplies, infant and young child feeding counselling (IYFC) pamphlets to an estimated 2,500 people in Hakha. Additionally, World Vision, through its partnership with UNICEF, has reached 154 caregivers with its newly implemented IYFC counselling, providing much-needed knowledge and skills on recommended feeding practices for children.

Cluster

Through the national and sub-national coordination mechanisms in Rakhine, the southeast, Kachin and northern Shan, cluster members were supported to improve the effectiveness of the nutrition response while strengthening coordinated activities among partners. The Strategic Advisory plus (SAG+) meeting was also held to support the cluster coordination team on strategic and policy issues and improve the cluster governance.

The cluster participated in the inter-cluster coordination group with donors to highlight critical needs, gaps, consequences of inaction and the impact on women and children, should the funding requirements not be met. Apart from the anticipated break in supplies in September 2022 caused by the funding gap and the complications over the tax exemption of supplies in bonded warehouses, it is projected that failure to provide adequate supplies when they are needed exposes up to 20 per cent of children below the age of 5 to avoidable mortality and morbidity. In addition, there are gaps in the latest information on the nutritional status in Myanmar. Representative surveys and assessments have not been carried out recently in the country and, despite the challenging environment to carry out assessments, everything is being done to rectify this. Nevertheless, UNICEF is organizing widespread screening and active case finding of children in need through mid-upper arm circumference screening. The Nutrition Cluster is supporting a cross-sectoral multi-sector needs assessment (MSNA) and crucial questions for the remote survey across the country have been designed. The results of the screening and MSNA will be shared once completed.

Child Protection

During the reporting period, UNICEF and the International Legal Foundation convened the Community of Practice workshop as a part of capacity-building programme for more than 80 local lawyers. An international expert speaker addressed the meeting on age-verification procedures and the extent to which lawyers can help to accurately determine the age of a child in conflict with the law. Since the coup, legal aid services and other humanitarian assistance have been given to 2,933 clients including 1,485 detained children (48 per cent girls) and 1,448 young people (36 per cent females). Some face migration-related charges; others are accused of belonging to PDFs.

UNICEF and its partners conducted child protection trainings in camps for internally displaced people (IDP) in Rakhine, Kayah, south Shan and the southeast, reaching 3,333 people (46 per cent women), including teachers, parents, caregivers, community volunteers and staff from implementing partners. The topics covered included child protection, Convention on the Rights of the Children, alternative care, child protection in emergencies, minimum standards, monitoring and reporting mechanism of grave violations of child rights and parenting techniques notably positive parenting skills, diversity and inclusion. Since the beginning of 2022, a total of 73,056 people (26,522 girls, 25,697 boys, 15,039 women, 5,798 men) were reached nationally through 28 partners with critical child protection services including access to mental health and psychosocial support, gender-based violence risk mitigation, prevention and response interventions as well as Explosive Ordnance Risk Education (EORE). A total of 429 boys and girls affected by violence, sexual abuse, physical abuse, and neglect have been provided with case management support and have received individual care from UNICEF partners in Kayin, Kayah, southern Shan and Mon state.

Cluster

The Child Protection Area of Responsibility (CP AoR) organized the collection of 5W inputs (Who does What, Where, When and for Whom) from partners across the country to track the progress of delivery against the Humanitarian Response Plan (HRP) indicators. Following the first-quarter inputs, the system of collection has been streamlined to provide partners with an online reporting system. A report on gaps in child protection services and priority funding was

presented to a group of donors through the inter-cluster coordination. This included highlighting the increased needs in the conflict-affected regions of northwest and southeast, in addition to the much-needed legal services for children. The CP AoR reviewed the current MSNA indicators and questions in support of the cross-sectoral remote survey, and ensured child labour, MHPSS and early and forced child marriage were included.

Mine Action AoR

The Mine Action AoR (MA AoR) coordination continues to support partners across the different pillars of mine action including EORE for everyone. While the MA AoR is gathering momentum in terms of funding and delivering risk education programmes, a key area currently overlooked is mine victim assistance. Children across Myanmar are in dire need of physical rehabilitation, prosthetics and assistive devices as a result of accidents caused by explosive ordnance, including landmines. The families of child survivors, particularly those with physical impairments, face great difficulty in adapting and facing the future. The MA AoR is therefore advocating for increased awareness for victim assistance. UNICEF understands the importance of launching and maintaining a centralized database for gathering, verifying and reporting information on mines and explosive remnants of war, casualties and accidents. There is also a continued need to ensure funding for victims who need to make long-distance travel for treatment and emergency care. The AoR has developed an action plan for supporting mine victims including economic and social benefits for child victims.

Education

The ongoing conflict and instability continued to disrupt the delivery of education activities nationwide, particularly in terms of transporting supplies, partners access to communities and the movement of IDPs. Nonetheless, UNICEF and its partners are preparing for the traditional start of the academic year in June. Education needs remain high nationally, triggered by inadequate learning materials for children and the need for educators to be trained on alternative teaching methods. Furthermore, ensuring safe access to education for all children remains an urgent priority. With the start of the academic year, UNICEF and partners will support children to access learning in the community and at home, as well as at school.

UNICEF maintains its efforts in improving access to basic education services and supporting the most vulnerable children to continue learning, through a range of formal and non-formal ways. During the reporting period, UNICEF and its partners supported an additional 54,524 children aged 3 to 17 (28,896 girls) to access education, including early learning. This was achieved by providing teaching and learning materials, rehabilitation and maintenance of learning facilities, capacity building and incentivization of volunteer teachers/facilitators/caregivers, and recreational activities. UNICEF and its partners also provided individual essential learning packages to 9,306 children, including 4,845 girls. An additional 2,014 children and adolescents (1,086 girls) were reached through UNICEF-supported skills development schemes.

Cluster

The Education Cluster continues to hold regular monthly meetings at national and subnational levels. The change to dedicated subnational coordinators has revitalized coordination in areas which had less frequent meetings, such as in Kayah state. During the week of 16 May, representatives from Education Cannot Wait assessed the eligibility of Myanmar for the Multi-Year Resilience Programme (MYRP). This included a two-day workshop which initiated the first steps to develop the MYRP. It was agreed at the workshop that the programme would draw primarily from the Education Cluster strategy. The cluster is also taking steps to continue strengthening its support for partners' planning and response. This includes the development of a community consultations template for use across Myanmar, and planning the next steps to improve localization and data-monitoring.

WASH

As displacements are increasing across the country, UNICEF has expanded its humanitarian water, sanitation and hygiene (WASH) assistance, focusing on regions with the highest IDP populations, notably the northwest and southeast. Through new partnerships in Chin, Kayah and the southeast, UNICEF has begun expanding its WASH response with the generous support of donor partners. Four partnership projects including with KMSS, Ar Yone Oo and the Community Development Association have been initiated to deliver life-saving assistance to an additional 94,000 affected people in Chin, Sagaing, Kayin, southern Shan and Kayah. Four more projects are under development with Mercy Corps, Suwannimit Foundation, Relief International and Mi Organization for southern Shan and Kayin. The WASH response includes the provision of safe drinking water, gender-segregated sanitation services, life-saving WASH supplies, hygiene behaviour-change programmes and the provision of WASH services in the health care centres and temporary learning centres.

This reporting period usually sees the onset of water shortages, especially in Rakhine. To ensure an uninterrupted water supply to the IDPs and host communities, UNICEF initiated its scarcity response to meet the daily water needs of 28,078 internally displaced people in Pauktaw (23,105 IDPs) in Sittwe, and at Ah Agnu IDP site (4,973 IDPs) in Meybon

township. UNICEF WASH Humanitarian Action for Children appeal remains one-third funded although, as funding becomes available, priority will be given to life-saving WASH assistance for an additional 800,000 people living in protracted camps and temporary displacement sites and host communities.

Cluster

WASH interventions planned under the 2022 HRP are severely underfunded. To date, only US\$ 5.6 million has been received of the US\$ 135 million HRP requirements to reach 2.1 million vulnerable and crisis-affected people with improved access to safe water and sanitation facilities. In Kachin, funding gaps are triggering some WASH partners to hand over their wash activities in IDP camps to other organizations recommended by the cluster. Shortage of contingency stock to respond to the upcoming monsoon season will be one of the main challenges, prompting the cluster to update the emergency response plan and contingency stock for the first quarter of the year. In addition, cluster members are still affected by cumbersome bureaucratic impediments, creating challenges for operational staff, both national and international, to obtain travel authorization access to areas where they are needed. In some locations, cluster members are using a low-profile approach to implement interventions, although most partners are still grappling with the problems of limited access, delays in the transportation of supplies, and insecurity in reaching affected populations.

Social Protection and Cash-based Programming

During the reporting period, UNICEF helped train civil society organization staff on Interpersonal Communication (IPC) to deliver the Social Behaviour Change Communication (SBCC) session and community engagement of the community mobilizers. A total of 30 field staff completed three days of IPC training, where participants learned about active listening, ways and methods of communication, SBCC theory and its application. The participants were field staff and community mobilizers engaged with mothers as well as child caregivers.

UNICEF also continued the Humanitarian Child Grant programme in peri-urban Yangon, where 5,789 people took part in SBCC sessions, including 2,061 girls, 2,065 boys, 216 children with disability, and 1,663 pregnant women. The grievance handling has been conducted via the hotlines set up by UNICEF partners for the cash transfer programme. A total of 269 complaints were received, recorded and resolved under the Complaint and Feedback Response Mechanism. Most of the feedback and complaints are related to participants changing the way they can be contacted, to ensure they receive their cash transfer.

UNICEF pilot programme “Bright Start: Mobile-based Health Microinsurance” for primary health care services has now been rolled out to 10,091 participants, including 9,084 children under 7, and 1,007 pregnant women in Yangon peri-urban area, Hlaing Thar Yar and Shwe Pyi Thar townships. The expanded programme to peri-urban townships of Shwe Pyi Thar, North Okkalar, North Dagon, South Dagon and Dagon Seikka has reached an additional 18,981 children under 5 who had already started receiving primary health care services.

Communications for Development (C4D), Accountability to Affected Population (AAP)

UNICEF continues to co-lead the Risk Communication and Community Engagement (RCCE) Working Group, with the objective of sharing information related to COVID-19 and monitoring social media reports on myths, rumours and concerns around the COVID-19 vaccine. Frequently asked questions and answers, a factsheet for children and training modules for health workers are being prepared to support COVID vaccination. In partnership with Parami Development Network (PDN), SBCC interventions have been carried out through community mobilization activities in six townships of southern Shan, aiming to reach more than 40,000 people. The activities covered promoting awareness and good practices around Maternal, Newborn and Child Health (MNCH), nutrition, the expanded programme on immunization, COVID-19 prevention and promotion of vaccination. IPC trainings were also provided for three implementing partner organizations to strengthen their capacities in community mobilization activities around MNCH, nutrition, immunization and COVID-19.

An AAP mapping exercise was initiated for each UNICEF programme section and the information collected will inform the plan for mainstreaming AAP and providing contextualized support. A technical working group for the accountability and quality assurance initiative will be established at national level, with the aim of providing the information and protocols to allow national WASH partners to manage the response in a way that maximizes quality and accountability in real time. A self-paced AAP training has been designed and developed by the national AAP working group. The modules were created in Burmese and work is being done on the digital course planning. UNICEF will be providing support in reviewing and testing the digital course plan and the recording of audio files as required.

Humanitarian Leadership, Coordination and Strategy

UNICEF’s humanitarian coordination and strategy in Myanmar are aligned with the Humanitarian Needs Overview and the Humanitarian Response Plan, as well as clusters and programmes priorities. In response to the political crisis and its impact, four clusters have been activated since 21 August 2021 for nutrition, food security, education and protection.

UNICEF is the lead for the Nutrition and WASH Clusters, as well as the Child Protection AoR, while co-leading the Education Cluster with Save the Children. Since January 2022, UNICEF is also leading the Mine Action AoR.

UNICEF continues to work in coordination with the Myanmar Humanitarian Country Team while also collaborating with UN agencies, INGOs and local organizations to efficiently coordinate and deliver life-saving services. In addition to taking part in the Inter-Cluster Coordination Group led by OCHA, UNICEF facilitates the in-country inter-agency prevention of sexual exploitation and abuse (PSEA) network with the United Nations Population Fund (UNFPA) and is an active participant in the Humanitarian Access Working Group. UNICEF ensures, through its nine offices across Myanmar, the monitoring of its programme implementation, and coordinates its activities in Yangon and Nay Pyi Taw, Lashio and Taunggyi in Shan, Sittwe and Maungdaw in Rakhine, Myitkyina in Kachin, Hakha in Chin and Hpaan in Kayin.

Human Interest Stories and External Media

Stories

[Cash transfers lift poor families out of despair](#)

Tweets

<https://twitter.com/UNICEFMyanmar/status/1526438626908942336>

<https://twitter.com/UNICEFMyanmar/status/1526117777878269952>

<https://twitter.com/UNICEFMyanmar/status/1524940004614610944>

Facebook posts

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5327169094017239/>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5305214156212733/>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5302101796523969/>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5299540616780087/>

Next SitRep: July 2022

UNICEF Myanmar HAC Appeal: <https://www.unicef.org/appeals/myanmar>

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Annex A

Summary of Programme Results

Indicator	Sector Disaggregation	UNICEF and IPs			Cluster Response		
		2022 targets	Total results	Change ▲▼	2022 targets	Total results	Change ▲▼
NUTRITION							
# children aged 6-59 months with SAM admitted for treatment	Girls	37,503	628	▲168	39,477	628	▲168
	Boys		518			518	
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women (PLW)	291,068	15,352	▲3,652	363,835	18,874	▲4,137
# children aged 6-59 months receiving multiple micronutrient powders and Vitamin A supplementation	Girls	529,215	39,163	▲8,760	661,519	39,163	▲8,760
	Boys		40,048			40,048	
HEALTH							
# children 9 to 18 months vaccinated against measles		760,000	4,008	▲1,594			
# of children and women accessing primary health care in UNICEF-supported facilities		158,951	93,819	▲25,328			
# of pregnant women received HIV testing and post-test counselling*		75,000	0	0			
WATER, SANITATION AND HYGIENE PROMOTION							
# male and female accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		434,468	216,281	▲65,938	1,163,474	369,796	▲60,705
# male and female use safe and appropriate sanitation facilities		271,632	118,071	▲46,400	701,921	251,535	▲26,070
# of people reached with handwashing behaviour change programmes**		635,683	49,185	▲37,129	548,070	188,515	▲62,189
# male and female reached with critical WASH supplies		998,710	358,169	▲229,511	1,317,325	483,904	▲205,019
CHILD PROTECTION							
# children, adolescent boys and girls and male and female caregivers accessing mental health and psychosocial support	Girls	303,000	14,887	▲10,385	348,000	47,428	▲10,684
	Boys		14,575				
	Women		4,274				
	Men		1,012				
# women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	Girls	133,000	2,643	▲1,766	150,000	7,629	▲2,145
	Boys		2,420				
	Women		2,097				
	Men		0.00				

# people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Girls	148,000	628	▲ 335	170,000	6,489	▲ 335
	Boys		518				
	Women		2,096				
	Men		656				
# children who received individual case management	Girls	2,850	680	▲ 429	4,400	1624	▲ 588
	Boys		671				
# children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Girls	386,485	7,684	▲ 6,809	444,000	127,482	▲ 27,056
	Boys		7,513				
	Women		6,572				
	Men		4,130				
EDUCATION***							
# of children accessing formal and non-formal education, including early learning		1,151,160	170,593	▲ 54,524	1,326,250	29,247	▲ 29,247
# of children receiving individual learning materials		1,078,000	32,516	▲ 9,306			
# of children/ adolescents accessing skills development programmes		18,000	10,346	▲ 2,014			
SOCIAL POLICY							
# households reached with UNICEF funded multi-purpose humanitarian cash transfers		90,000	5,789	N/A			
AAP (NOTE: C4D/RCCE included in sectors)							
# people with access to established accountability mechanisms	Women	30,000	394	N/A			
	Men		427				

* HIV testing and post-test counselling data to be reported quarterly.

** Education Cluster results to be reported quarterly.

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2021 (Carry-over)	\$	%
Health	34,578,000	759,500	4,040,180	29,778,320	86%
Nutrition	23,645,813	217,054	1,052,874	20,422,393	86%
Child protection	9,870,753	5,802,784	851,505	3,216,464	33%
Education	22,020,965	1,117,129	2,834,082	18,069,754	82%
WASH	29,808,821	7,886,963	1,234,970	20,686,888	69%
Social protection	24,879,956	147,187	697,548	24,035,221	97%
Cross-sectoral (AAP)	28,250		32,029	-	0%
Cluster Coordination	6,546,432		-	6,546,432	100%
Total	151,378,990	17,884,110	10,743,187	122,751,693	81%