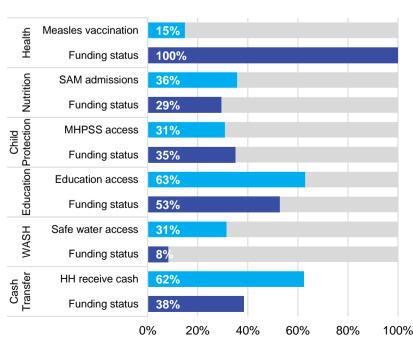


Highlights

- Flash floods have affected almost 16,000 people across the country.
 UNICEF has provided critical WASH, health, and nutrition support to affected households.
- Access challenges are increasing due to bureaucratic impediments affecting the delivering of humanitarian assistance.
- In August, there was a 25% increase in admitted severe acute malnutrition (SAM) cases, indicating higher levels of malnutrition, particularly in Helmand and Kandahar due to the ongoing effects of drought and acute watery diarrhoea (AWD).
- During the reporting period, over 170,000 children under-five were vaccinated against measles and 430,229 people were reached with safe water
- A UNICEF Winter response strategy was developed targeting over 100,000 households with humanitarian cash transfers throughout the harsh winter months. Funding needs amount to US\$ 75 million.

UNICEF's Response and Funding Status*



Indicators Achieved Needs

Afghanistan

Humanitarian Situation Report Report # 9 1 – 31 August 2022



for every child

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)

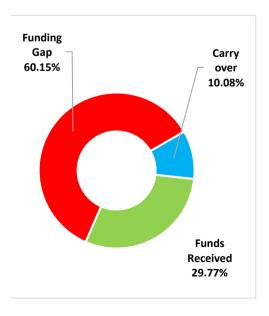
1.1 M Severel



Severely acutely malnourished children under the age of five years expected to need SAM treatment (HRP 2022)

UNICEF Appeal 2022

US\$2,047,724,710



Funding Status

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 generous contributions from partners, the appeal is currently around 40 percent funded. This includes flexible emergency funding from both public and private partners, which will allow UNICEF to continuously 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 Afghanistan Humanitarian Fund, the Governments of Liechtenstein and Bulgaria, and the UNICEF's family of National Committees for contributions received in 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. UNICEF developed and disseminated a winter strategy, seeking US\$ 75 million for key winter activities and funding needs ahead of the onset of the harsh winter season.

Situation Overview & Humanitarian Needs

In August 2022, Afghanistan was severely affected by flash flooding in central, eastern, and southern regions. Floods affected an estimated 15,875 people with over 5,600 houses either destroyed or damaged across Kunar, Laghman, Logar, Maidan Wardak, Nangarhar, Nuristan, Paktya, Kandahar, Zabul, Uruzgan, and Parwan provinces.¹

UNICEF released a 2022-2023 winter strategy to ensure an integrated approach in targeted locations. The strategy outlines response activities as well as key preparedness initiatives including prepositioning of critical supplies in areas cut off by winter weather. The primary response modality is the use of humanitarian cash transfers to enable households to meet their survival needs throughout the harsh winter months in a dignified way.



The month of August was one of the most volatile in the past year. According to the United Nations Assistance Mission in Afghanistan, August had the highest monthly number of civilian casualties over the last year. A series of explosions killed and injured more than 250 people, including children. In one incident, a massive explosion on 17 August, during evening prayers at the Abu Bakar Mosque in Kabul city, left 21 dead and at least 33 injured.²

Acute watery diarrhoea (AWD) outbreaks continue across the country. 40,410 new cases with dehydration were reported bringing the total to 141,361 since the outbreak began in May 2022. While the cases are spread across the country, the impact in August has primarily been in Baghlan, Parwan, Kabul, Paktya, Khost, Kandahar, and Helmand. However, as the warm season recedes, the numbers reported are decreasing. In the last week of August, the cases have decreased from 12,940 to 5,575. Measles cases continue to be reported with 3,021 suspected cases reported across Badakhshan, Nangarhar, Kabul, Kunduz, Helmand, Takhar and Herat during the month of August. Since January 2022, there have been 7,269 samples collected with 3,371 laboratory confirmed cases.

Food insecurity and malnutrition continue to affect the majority of the population of Afghanistan; for ten consecutive months, more than 90 per cent of the population has experienced insufficient food consumption. Household incomes continue to shrink while household food expenditure share increases amidst rising inflation and a global surge in food prices.³ The food security situation has a serious impact on the nutrition status of children across the country. In August, SAM admissions increased by a total of 25 percent from previous months, with Helmand and Kandahar provinces in the southern region being the worst affected. Both provinces continue to record the highest cases for SAM and contributed to 23 per cent of the total admission across the country, likely driven by weak infant and young child (IYCF) practices, drought, acute food insecurity, poor WASH practices and AWD/cholera outbreaks.

 $^{{}^{1}\,\}underline{\text{https://reliefweb.int/report/afghanistan/afghanistan-flash-update-5-flash-flooding-central-eastern-western-and-south-eastern-regions-24-august-2022}$

² https://news.un.org/en/story/2022/08/1124942

³ https://reliefweb.int/report/afghanistan/wfp-afghanistan-situation-report-30-august-2022

Summary Analysis of Programme Response

Health

UNICEF continued its support to primary, secondary, and tertiary health care delivery, including primary health care delivery to populations that have poor access to health facilities and response to acute emergencies including outbreaks and natural disasters.

UNICEF continued to work through Non-Governmental Organization partners, in all 34 provinces as part of the Health Emergency Response (HER) project, ensuring continued health service delivery in 2,300 health facilities and continued support to 24,000 health care workers who provide health care services. During the reporting period, more than 6.3 million people were provided with in and out-patient health care including 1,969,850 children under-five by UNICEF supported partners in all 34 provinces. UNICEF staff and extenders conducted monitoring visits to 979 health facilities to assess the functionality of the facilities and reported functional Maternal and Child Health services and immunization services in over 90 percent of the visited health facilities. The remaining facilities will be provided with additional capacity building to ensure functionality.

During August 2022, 171 mobile health and nutrition teams (MHNTs) continued providing services in the remote and hard to reach mountainous areas as well as previously inaccessible areas. Through these MHNTs over 192,000 people were provided with out-patient consultations including 87,571 children under-five. As these MHNTs are critical to the provision of services in underserved areas, UNICEF completed the selection process for 49 new teams to commence in September. A country wide MHNT performance assessment of the service provided was completed by UNICEF. The findings indicated that UNICEF supported mobile health and nutrition teams are operating in 94.55 per cent of the previously inaccessible areas indicating strong coverage in critical areas. The quality of service delivery was found to be satisfactory in most provinces except six where improvement plans have been developed.

UNICEF also continued its emergency health response to disease outbreaks and natural disasters across the country. During the reporting period, over 170,000 children under-five were vaccinated against measles through routine immunization programmes. Planned measles campaigns in 85 new high-risk districts in 25 provinces have been rescheduled to September due to overlapping campaigns and ongoing training of health workers. In response to the ongoing AWD outbreak, UNICEF has established 33 integrated emergency response teams providing rapid health, WASH, and hygiene promotion support in hotspot locations. Since the beginning of the outbreak in May 2022, UNICEF has established a total of 322 cholera treatment centres/units in health facilities and over 1,885 oral rehydration points at both health facilities and at community level to facilitate access to AWD treatment.

Nutrition

Following the screening of more than 1.2 million children in August, 68,609 children were provided with life-saving severe acute malnutrition (SAM) treatment. To address increases in malnutrition, UNICEF is prioritizing a broad service scale-up in key locations particularly in the Southern Region, which accounts for over 23 per cent of the total admissions in the country. This includes 2,300 basic package of health services (BPHS) facilities, 171 MHNTs and 63 UNFPA-funded family health-house sites providing malnutrition prevention and treatment services across the country. This includes additional 40 day-care centres in Kabul.

Through the above-mentioned facilities, 271,151 caregivers were provided with infant and young child counselling services, 140,350 children aged 6-59 months were provided with micronutrient powder (MNP), 13,204 children aged 6-59 months were provided with Vitamin A supplementation, 623 health workers were trained on Integrated Management of Acute Malnutrition (IMAM) and 1,502 health workers were trained on maternal, infant, and young child nutrition (MIYCN) across the country.

A full national scale-up of a simplified treatment protocol, was initiated and treatment of the most severe MAM cases will start in September with UNICEF support as a measure to prevent the deteriorating nutrition and an increase of SAM cases.

Child Protection, GBViE and PSEA

In August, a total of 646,359 children and caregivers (189,896 boys, 146,001 girls, 165,983 men, and 144,479) women including 1,636 persons with disabilities were reached with child protection preventive and responsive services across the country. This includes 430,725 children and caregivers (45 per cent girls and women) benefiting from mental health psychosocial support (MHPSS) and psychosocial first aid (PFA) services through structured activities and messages. While 12,281 extremely vulnerable children (4,827 girls and 7,454 boys) benefited from case management services in all regions, including family tracing and reunification services for 971 unaccompanied and separated children (144 girls and 827 boys).

Through integrated programming, 237,288 children and community members (59,423 girls, 74,408 boys, 49,532 women, and 53,925 men) were reached with sessions on explosive ordinance risk education (EORE) to help prevent injuries and deaths caused due to explosive remanent of war (ERWs).

In the earthquake zone, 41,309 children (16,970 girls and 24,339 boys) received MPHSS through child-friendly spaces and community outreach work by social workers. Also, a total of 1,279 vulnerable children (504 girls and 775 boys) were supported through case management while 131 unaccompanied and separated children received family tracing and reunification services, including cash assistance to their caregivers. 33,424 people (12,309 female and 21,115 male) were sensitised on the risk of explosive ordinance and remnants of war, protection of children from gender- based violence (GBV) and sexual exploitation and abuse (SEA). Over 100 frontline workers (51 female), including social workers, NGO members and UNICEF field staff were trained on case management and referral for GBV and SEA for child and adolescent survivors.

During the reporting period, the Country Task Force on Monitoring and Reporting (CTFMR) verified 76 violations affecting 65 children (57 boys and 8 girls). Killing and maiming (63 incidents) remain the highest reported incidences among reported violations, mainly due to improvised explosive devices and unexploded ordinance.

Education

In August, UNICEF continued supporting 283,000 children (55 per cent girls) with educational opportunities through 9,887 community-based education (CBE) classes. UNICEF also distributed classroom materials and teaching and learning materials to CBEs and public schools, benefitting a total of 322,491 students. UNICEF also supported the training of 695 teachers, including the training of 105 new female teachers through the Girls' Access to Teacher Education (GATE) programme in Ghor Province of the Western Region

While the end of the school year approaches in November, schools have not officially reopened for secondary school girls. However, UNICEF continued to monitor the situation through staff, technical extenders, and partners, and found that despite restrictions, secondary schools remained open for girls in 11 provinces, with secondary schools fully open in five provinces and partially open in six provinces.

Water, Sanitation and Hygiene (WASH)

During the month of August, 430,229 people were reached with safe water: 386,294 through emergency interventions such as water trucking and chlorination activities and 43,935 people through durable water supply systems. 300,110⁴ people received support with hygiene promotion and 292,207 people were reached with critical WASH supplies such as hygiene kits and soap, and 89,393 people were supported with access to new or rehabilitated sanitation facilities. Furthermore, 17 schools and six healthcare facilities were supported with new and rehabilitated WASH facilities.

In response to the floods, UNICEF chlorinated 688 contaminated water sources for 47,270 people and provided 4,200 people with critical hygiene supplies and hygiene promotion to in Jalalabad and Nangahar.



9-year-old Shafiq sits in the rubble of his home in Jalalabad, Nangarhar Province, eastern Afghanistan, which was destroyed during a flash flood that swept through the neighborhood on 15 August 2022.

UNICEF also provided safe water through emergency water trucking to drought-affected communities in the northern region, supporting 97,993 people in Marydan and Aqcha Districts of Jawzjan Province, 8,750 people in Chaharbolak District in Balkh Province in addition to further 187,950 people in Sholgara, Kishinde, Zari and Alborz Districts of Balkh.

UNICEF also continued to provide support to AWD/cholera affected communities reaching 403,277 people with hygiene promotion and 71,910 people with critical WASH supplies in Nangahar, Kunar, Ghor, Farah and Herat. 15,000 people in Samangan and 5,711 people in Takhar were supported with emergency water trucking as part of the AWD/Cholera response.

⁴ 54,457 people were reached with WASH support to SBC section

20,020 people were supported with access to newly improved sanitation facilities in high-risk AWD areas while 7,350 returnees and IDPs in Farah Province and 1,190 IDPs in Mazar and Balkh Province were supported with water trucking services.

UNICEF continued to provide support to earthquake affected populations in Paktika and Khost with the provision of critical WASH supplies, rehabilitation and construction of new durable water systems, latrine construction and social behaviour change activities to prevent AWD reaching up to 100,000 affected people.

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

In August 2022, 9,226,100 people were reached through national awareness campaigns with key behaviour-change messages and lifesaving information related to humanitarian situations and disease outbreaks. In addition, 286,213 people were engaged in two-way dialogue through community engagement sessions on prevention of malnutrition, promotion of routine immunization, prevention of AWD and COVID-19, handling and treating drinking water safely, avoiding open defecation and practicing personal and environmental hygiene in their daily lives. These sessions were conducted by 570 social behaviour change (SBC) social mobilizers in different provinces of Afghanistan. During this reporting period, 10,416 people from different community structures were trained on key behaviour change messages and lifesaving information related to household and community-based hygiene, routine immunization, mother and child health, importance of reporting to health facilities and prevention of AWD. Through the SBC integrated programme interventions, social mobilizers in coordination and collaboration with programme partners and community structures, have conducted 2,531 community engagement and awareness sessions on prevention of COVID-19 and demand generation for vaccination.

As part of Accountability to Affected Populations (AAP) and strengthening the humanitarian response mechanisms, SBC supported an integrated community engagement system composed of various platforms. This was done through a two-way dialogue with communities supporting the programme design, the delivery, collection of community insights and feedback. A total of 23,356 people shared their feedback and concerns through various channels such as Social Mobilizers, Community Engagement & Feedback Centres (CEFCs) and AWAAZ on their needs and access to existing services. Most people expressed their concerns and feedback on teachers' salaries, cash assistance, AWD/Cholera, lack of safe drinking water, girls' education (grade 6-12), and lack of medicine and nutrition supplies in health facilities. The received complaints and feedbacks were addressed by the provision of accurate and timely information and by referring to the relevant sections and clusters.

Gender and Adolescent Development and Participation

In August, a total of 4,320 people (2,459 women and 1,861 girls) visited Women and Girls' Safe Spaces (WGSS) and received life-saving information and services. Among them, 758 women and 701 girls are currently participating in different classes such as literacy, computer, and English language classes. A total 402 GBV cases were reported at WGSS where they received psychosocial support and were referred to health centres for further treatment. Through community dialogue and awareness raising sessions, 51,782 people (23,829 women, 7,484 men, 16,645 girls and 3,824 boys) were reached with GBV prevention and overall women and girls' protection messages in addition to messages on the prevention of cholera and polio.

7,911 people (7,576 adolescent girls and 335 adolescent boys and youth) were provided with life skills training and peer-to-peer mentoring sessions. Key challenges facing adolescents and youth were also discussed during International Youth Days which was celebrated by implementing partners in project provinces. 100 religious leaders/Mullahs received training on maternal and child health, child marriage and parenting in Kandahar with messages being publicly disseminated during Friday sermons.

A six-day training on preventing and responding to GBV, SEA, referral mechanisms and women and human rights was provided to 96 Men and Boys Network (MBN) members. Five training sessions were conducted for 250 MBN members (126 men and 124 boys) on gender, positive masculinities, GBV, women's rights, child marriage in Laghman province. Five additional MBNs were established with 250 members (126 men and 124 boys) in five villages in Alishang and Alingar districts of Laghman Province totalling 85 MBNs with 1,577 members across 12 provinces. MBN monthly meetings were held with 944 members in project districts and discussed on the various issues pertaining women and girls' access to lifecritical services.

A training on emergency psychosocial support and safe referrals was conducted in Balkh, Ghazni and Parwan provinces to a total of 110 (59 women, 30 girls, 16 men and five boys) who are community health workers, Nutrition Counsellors,

psychological counsellors, and staff from the maternity department. In Kandahar, Laghman and Nuristan provinces, 227 (135 men and 92 women) frontline workers, and social workers were trained on community-based structure, health, education, GBV, case management, PSEA, confidential referral and youth and adolescent friendly services.

Advocacy meetings were held in Herat, Kandahar, and Nuristan and 190 (90 female and 100 male) representatives of community members, leaders, and community development council members where joint advocacy plans on women's issues were developed. UNICEF-supported 12 radio episodes were aired in Kandahar province to raise awareness on women's rights and role, reaching over 16,700 community members. A total of 2,954 dignity kits and 2,770 bars of soap were distributed to vulnerable women and girls in Daikundi, Parwan, Herat and Paktia provinces to support them with their personal hygiene, and home hygiene needs, and 50 dignity kits were distributed to 50 flood-affected families at Gardez.

Social Protection and Humanitarian Cash Transfers (HCT)

In August, UNICEF completed the final round of cash assistance in Logar province across all districts, supporting households with pregnant and lactating women, children with disabilities, and female-headed households, to help meet their basic needs. In the final round of cash transfers in Logar province a total of 19,022 households received the assistance, of which 14,499 households were reached. In addition, UNICEF coordinated with relevant international organizations to cover the gap of households not yet reached with Multi-Purpose Cash Assistance (MPCA), in response to the earthquake in Spera district, Khost Province. Distributions of MPCA to more than 1,200 affected households in Spera will take place in early September.

UNICEF provided training to 24 social mobilizers for the nutrition-sensitive Humanitarian Cash Transfers (HCT) in Daikundi Province. The programme is targeting 18,000 households with pregnant and lactating women and new-borns up to six months across Pato, Ashtarlay, Khadir, Miramor Kiti and Kajran districts with the aim of increasing access to health and nutrition services. Lastly, UNICEF is providing MPCA to over 30,000 households in Badghis Province, completing round two of assistance in August, reaching 9,028 households in Jawand and Ghormach districts to enable households to meet their critical needs.

Humanitarian Leadership, Coordination and Strategy

Challenges with Memorandum of Understandings (MoUs) with various line ministries continue to impede the delivery of life saving services for all humanitarian actors. Several meetings have been held with the De-facto Authorities to agree on a way forward to allow for a more flexible and agile response. Strategies for the 3rd reserve allocation for the Afghanistan Humanitarian Fund were developed to provide funding opportunities and allow agencies to preposition critical stock ahead of winter.

The nutrition cluster finalized the recruitment and deployment of four dedicated subnational cluster coordinators to four of the zonal offices while the recruitment of the 5th is being finalized. The IYCF - E advisor deployed by the Global Nutrition Cluster Technical Alliance presented her mission findings and recommendations to the core team established under the MIYCN TWG. The feedback from members will be accounted for in the finalization of the report, and, more importantly, will guide the development of the action plan for filling IYCF-E capacity gaps. Data collection has been completed for 22 of the 34 provincial SMART surveys with support for the team deployed by ACF Canada. The surveys are meant to inform the next IPC Analysis and the Humanitarian Needs Overview exercise for 2023. Through a series of meetings with the IPC Technical Working Group, the nutrition cluster made decision to run an IPC acute malnutrition alongside the usual IPC Acute Food Insecurity to take place from 19th September to 3rd October.

External Media, Statements & Human-Interest Stories

EXTERNAL MEDIA

- "Cholera Outbreak Increases After Recent Earthquake in Khost Province, UNICEF"
- Reuters (incl. interview with UNICEF Chief Nutrition): "Children of Afghanistan bear brunt of economic woes"
- Eight children dead, more missing as flooding destroys Afghan homes
- ITV: UNICEF Rep 'put politics aside and focus on the needs of children in Afghanistan

STATEMENTS AND PRESS RELEASES

Press release: <u>Depriving girls of secondary education translates to a loss of at least US\$500 million for Afghan economy in last 12 months</u>

- Statement from the UNICEF Afghanistan Representative: We see you; we hear you; we're staying here with you
- Press release: Government of Germany, through KfW, contributes €20 million to ensure better nutrition of children and women in Afghanistan
- Press release: European Union provides additional €25 million for polio vaccines and €15 million for child protection in Afghanistan

HUMAN-INTEREST STORIES

- UNICEF Changemaker Hadisa: "My dreams are shattered"
- UNICEF Changemaker Fatima: "My future is uncertain and worrying"
- Blog by 24-year-old illustrator, Mozhdah: "Our situation is like sad music"
- <u>"Saving Lives, Securing Futures: Together for Children in Afghanistan" Comprehensive multimedia content</u> package, including human-interest stories, videos, b-roll, and user-generated content
- "In the middle of the flood, I was shouting for someone to rescue me."
- New toys, new friends and a new start

SOCIAL MEDIA

- UNICEF establishes 140 new community-based education classes in earthquake affected areas
- 1,500 gain access to safe water in earthquake affected Khost Province
- Thread: UNICEF Representative offers condolences to families who lost children in floods in Southern Region
- Thread: UNICEF Representative saddened at loss of 2 children in detonation of unexploded ordnance
- UNICEF #PostcardsFromAfghanistan campaign collects digital art from young Afghan illustrators
- UNICEF response in areas affected by floods
- MHNTs are providing first aid & counselling to children and families affected by the floods.

Next SitRep: 15 October 2022

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

Who to contact for further information:

Dr. Mohamed Ayoya Representative UNICEF Afghanistan Tel: +93 79 998 7101 Email: mayoya@unicef.org Mr. Abdulkadir Musse Chief of Field Service UNICEF Afghanistan Tel: +93 79 998 7131 Email: amusse@unicef.org

Ms. Sam Mort Chief of Communication UNICEF Afghanistan Tel: +93 79 998 7110 Email: smort@unicef.org

Summary of Programme Results*

		UNICEF and IPs Response			Cluster/Sector Response		
Sector	Total needs	2022* target	Total results (Jan- Aug)	Change (Aug) ▲ ▼	2022 target	Total results (Jan- Aug)	Change (Aug) ▲ ▼
Health							
Number of children aged 6 to 59 months vaccinated against measles	9,790,030	10,465,896	1,555,104 ⁵	10,000			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	14,190,580 ⁶	-			
Nutrition							
Number of children 6-59 months with SAM admitted for treatment. Number of primary caregivers of children aged 0	1,078,804	1,078,804	386,277	68,609	539,402	386,277	68,609
to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	1,992,000	271,151	2,136,438	1,992,00	271,151
Number of children aged 6-59 months who received vitamin A supplements in semester one	6,759,823	5,407,859	8,425,663	8,358,453 ⁷	5,407,859	8,425,66	8,358,453
Number of children aged 6-59 months who received MNP ⁸	2,959,419	2,959,419	226,065	140,350	1,602,628	226,065	85,715
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing mental health and psychosocial support	4,460,000	4,237,000	1,308,661	430,725	1,370,000	1,372,149	430,725
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	11,056	971	14,000	11,235	971
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	2,501	310	13,500	2,616	298
Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions		63,590	361,127	48,382		-	-
Number of children and adults accessing explosive weapons-related risk education		1,000,000	831,606	237,288		-	-
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA		1,000,000	358,298	54,858			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	10,433	5,262			
Education							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	4,739,384	322,491	1,500,000	475,112	22,485
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	202,3319	0	37,500	16,158	1,775
Number of teachers male/ female trained (inservice/pre-service)	37,500	101,935	11,937	695	15,326	6,387	682
WASH							

 $^{^{\}rm 5}$ Total results revised due to ongoing data cleaning exercises by implementing partners

 $^{^{\}rm 6}$ Total results revised due to ongoing data cleaning exercises by implementing partners

 $^{^{\}rm 7}$ Vitamin A distribution through polio vaccination campaigns

⁸ MNP distribution only began recently. Results will be reported in the next Situation Report.

⁹ Number of public-school teachers who were supported by UNICEF emergency cash payments so far and the number of CBE teachers' payments made in July.

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

274 11,537,160	3,974,416	430,229	10,429,585	5,258,960	575,844
7,478,621	496,647	89,393	898,513	722,332	337,723
274 11,537,160	3,374,338	300,110	10,429,585	6,000,921	1,413,631
738 9,210,951	4,186,009	292,207	3,942,068	5,436,681	1,501,214
160,000	99,957 ¹⁰	0			
20,000	73,187	23,356			
7,000,000	9,226,100	0			
9,400	114,780	4,320			
1,000,000	235,321	51,782			
120,000	31,111	7,911			
,	7,478,621 11,537,160 738 9,210,951 160,000 20,000 7,000,000 9,400 1,000,000	812 7,478,621 496,647 ,274 11,537,160 3,374,338 738 9,210,951 4,186,009 160,000 99,957¹0 20,000 73,187 7,000,000 9,226,100 9,400 114,780 1,000,000 235,321	812 7,478,621 496,647 89,393 ,274 11,537,160 3,374,338 300,110 738 9,210,951 4,186,009 292,207 160,000 99,957¹0 0 20,000 73,187 23,356 7,000,000 9,226,100 0 9,400 114,780 4,320 1,000,000 235,321 51,782	812 7,478,621 496,647 89,393 898,513 ,274 11,537,160 3,374,338 300,110 10,429,585 738 9,210,951 4,186,009 292,207 3,942,068 160,000 99,957¹0 0 20,000 73,187 23,356 7,000,000 9,226,100 0 9,400 114,780 4,320 1,000,000 235,321 51,782	812 7,478,621 496,647 89,393 898,513 722,332 2,74 11,537,160 3,374,338 300,110 10,429,585 6,000,921 738 9,210,951 4,186,009 292,207 3,942,068 5,436,681 160,000 99,957¹0 0 20,000 73,187 23,356 7,000,000 9,226,100 0 9,400 114,780 4,320 1,000,000 235,321 51,782

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	43,728,526	16,415,409	143,951,586	70.53%	
Health	334,457,872	231,472,408	102,985,464	0	0.00%	
WASH	768,889,756	44,543,992	20,324,488	704,021,276	91.56%	
Child protection, GBViE and PSEA	71,920,805	16,326,833	8,921,048	46,672,924	64.89%	
Education	440,853,967	204,850,544	27,879,531	208,123,892	47.21%	
Social Protection/HCT	208,504,821	58,210,400	21,796,912	128,497,509	61.63%	
Adolescents/Youth/ Gender	3,853,594	2,394,820	991,150	467,624	12.13%	
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	1,151,677	5,496,697	0	0.00%	
Program Management Unit	8,500,000	6,903,522	1,596,478	0	0.00%	
Total	2,047,724,710	609,582,723	206,407,177	1,231,734,810	60.15%	

¹⁰ Only includes unique households, counting households reached with multiple rounds of cash transfers in 2022 only once.