



© UNICEF/UN0678791/Naftalin

Afghanistan

Humanitarian Situation Report

Report # 11

1–31 October 2022



Reporting Period: 1 – 31 October 2022

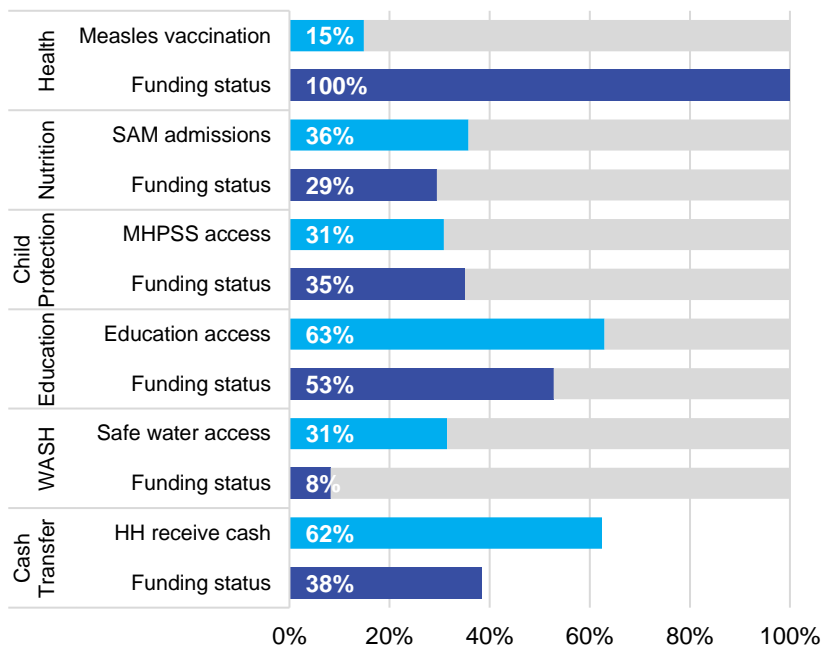
Highlights

- Despite considerable operational challenges, with UNICEF support, 4.7 million people received essential health and nutrition services in health facilities, while mobile health and nutrition teams reached over 170,000 people in remote areas.
- A total of 68,272 children received life-saving treatment for severe acute malnutrition (SAM), following screening of over 1.26 million children 6-59 months.
- Protracted drought across the country continued to impact access to safe water. Through emergency WASH interventions, UNICEF reached 730,000 people with safe water.
- In preparation for winter, UNICEF prepositioned lifesaving supplies including 34,000 newborn kits, in locations which will be cut-off during winter.

Situation in numbers

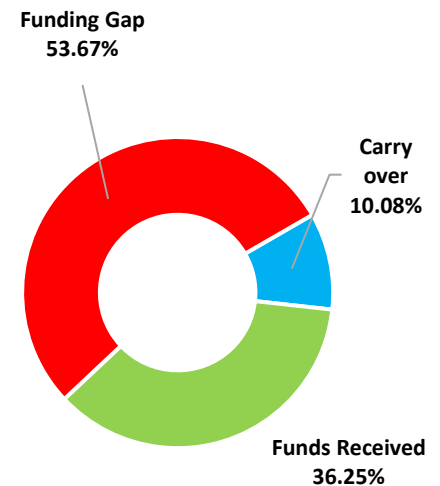
- 24.4 M**
People in need of humanitarian assistance (HNO 2022)
- 13.1 M**
children in need of humanitarian assistance (HNO 2022)
- 1.1 M**
Severely acutely malnourished children under the age of five years expected to need SAM treatment (HRP 2022)

UNICEF Response and Funding Status



UNICEF Appeal 2022

US\$2,047,724,710



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

Funding Overview and Partnerships

The UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal is the largest single-country appeal in the history of the organization, valued at US\$ 2 billion for 2022. Thanks to generous contributions from partners, the appeal is currently around 46 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 World Bank, FCDO, Japan, and 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.

Situation Overview & Humanitarian Needs

Prolonged drought across the country, felt hardest in the Southern, Northern, and Western Regions, continued to impact the availability of and access to safe drinking water. A third consecutive La Niña weather event is likely to persist into the 2022-2023 winter, worsening drought conditions. According to the recent Whole of Afghanistan Assessment, 79 per cent of households reported they do not have sufficient water for their daily needs, including for drinking, cooking, bathing or hygiene. In addition, 64 per cent of households reported that they experienced drought in the six months prior to data collection and 54 per cent experienced economic shock. The impact of both drought and economic shock is having a devastating effect on food security and family coping mechanisms. Results from a special edition WFP Food Security Update¹ found that on average, 92 percent of household income is spent on food, while 51 percent of households rely on coping strategies to meet their basic food needs. Nine in ten households continue to face insufficient food consumption. WFP survey, on average, 92 per cent of household income is spent on food, while 51 per cent of households rely on coping strategies to meet their basic food needs. Households headed by women remain especially vulnerable, as 96 per cent face insufficient food consumption amid restrictions on women and girls. Currently, an estimated 18.9 million people in Afghanistan are acutely food-insecure, with 6 million in IPC Phase 4 (Emergency), and 13 million in IPC Phase 3 (Crisis). The food security situation will likely worsen in the upcoming lean season (November-March), with the number of people projected to be in IPC 3+ expected to increase.

According to OCHA, October saw the highest number of access constraints and operational challenges of any month this year, with 184 access incidents reported, resulting in the temporary suspension of 91 programmes reported by humanitarian partners. Access incidents in October demonstrated an 87 per cent increase from the same time last year, and a 23 per cent increase from September 2022. Most of these incidents were interference in the implementation of humanitarian activities, or violence against humanitarian personnel, assets and facilities. The detention of humanitarian workers is a growing concern, with 34 aid workers detained in October, representing an 80 per cent increase from September 2022.¹ Female humanitarian workers continued to face restrictions. In Helmand Province, there has been a complete ban on female workers with or without Mahram (except in the health sector) in all districts in October. This is having a devastating consequence for female-affected beneficiaries, who rely on female aid workers to be able to access life-saving assistance and services.

As winter sets in, cases of acute watery diarrhoea (AWD) continued to decrease across the country. However, outbreaks remain. In October, 23,983 cases of AWD with dehydration were reported, bringing the total since the beginning of the outbreak in May to 209,055 cases, with around 55 per cent of cases in children under five years old. The highest number of new cases were reported from Kabul, Helmand, Badakhshan, and Nangarhar Provinces. Measles cases were also reported, with 2,078 suspected measles and two associated deaths, representing the lowest number of new cases in a month since the start of the year.

Summary Analysis of Programme Response

Health

Despite an increasingly challenging operational environment, through UNICEF support, more than 4.7 million people received essential health and nutrition services in 2,310 health facilities across all 34 provinces of Afghanistan. Mobile health and nutrition teams (MHNT) continued to provide services in remote, hard-to-reach and previously inaccessible areas, reaching over 170,000 people, including 73,000 under-five children. However, due to issues relating to Memorandums of Understanding (MoU) between NGO partners and the authorities, 95 of the 171 UNICEF-supported MHNTs (covering 13 NGO partners) were forced to slow or cease operations altogether in 21 provinces. Further challenges hindering the provision of emergency health care include negotiations with the Ministry of Public Health on the service

¹ <https://reliefweb.int/report/afghanistan/wfp-afghanistan-situation-report-31-october-2022>

provider selection process for Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) contracts, as well as rapid dispatch of supplies due to delays in issuing quality certification of pharmaceuticals from the Afghanistan Drug Authority. UNICEF is staggering the procurement of medicines to ensure a robust supply chain lest a crisis arise.

UNICEF continued its health response to disease outbreaks and natural disasters in October. More than 125,000 children under five were vaccinated against measles through routine immunization, and 274 immunization health care workers were trained in the assessment of cold chains for the immunization programme, following a training-of-trainers exercise in September. In response to AWD, UNICEF continued its support for 33 Integrated Emergency Response Teams (IERTS) in AWD hot-spot locations and 302 Cholera treatment units (CTUs)/ cholera treatment centres (CTCs) in health facilities, as well as 1,922 oral rehydration points at the health facility and community levels to treat AWD. From November 2022, UNICEF will draw down the use of IERTs as the AWD caseload is significantly reduced. In response to the upcoming winter, UNICEF pre-positioned 34,000 newborn kits with health care workers in parts of the country that become inaccessible during the harsh winter months.

Nutrition

A total of 68,272 children received lifesaving treatment for severe acute malnutrition (SAM), following screening of over 1.26 million children aged 6 to 59 months. UNICEF scaled up nutrition services in urban areas of Kabul, leading to a 250 per cent increase in SAM admissions in October compared to September. In addition, 50 new day-care centres were established in October, while 60 health facilities in urban Kabul, and 11 outpatient SAM sites in the Southern Region were scaled up with nutrition services in urban areas.

In October, 620 health workers were trained on integrated management of acute malnutrition (IMAM), 144 health workers were trained on maternal, infant, and young child nutrition, 117 health workers were trained on inpatient SAM management, and 220 were trained on infant and young child feeding in emergencies. In addition, 17 community health supervisors (CHS) and 3,765 community health workers were trained on micronutrient powder (MNP) distribution at the community level.

Additionally, in October micronutrient supplementation campaigns were conducted through partners and as a result around 752,387 children aged 6-59 months received micronutrient powder, 262,177 caregivers received counselling services, and 23,923 children aged 6-59 months received vitamin A supplements via MHNTs. UNICEF is also developing a joint UN plan with WHO and WFP to build capacities of health workers on IMAM all over the country. In agreement with WFP and the Public Nutrition Directorate (PND), UNICEF has started treatment of moderate acute malnutrition (MAM) with ready-to-use therapeutic food (RUTF) across the country until December, when the supply gap will be filled by WFP.

Consistent interference by the de facto authorities in the provision of nutrition services resulted in the suspension of some MHNTs – with Eastern region the most affected, suspension of the national scale up of the Simplified Treatment Protocol (SAM treatment with reduced RUTF dosage), delays in some construction activities, and a ban on nutrition counsellors operating in health facilities in Kunduz Province. Due to suspension of MHNTs in some locations, an estimated 420 children were unable to access life-saving SAM treatment in October.

Child Protection, GBViE and PSEA

In October, UNICEF provided lifesaving child protection services to over 2.5 million children and caregivers (605,425 boys; 508,322 girls; 870,384 men; and 559,488 women), including 17,313 children with disabilities.

Through social and mass media campaigns, almost 2.5 million children and caregivers (605,060ys; 497,229 girls; 832,484 men; and 514,458 women) were reached with messages on mental health and psychosocial support (MHPSS) and psychological first aid (PFA) services. A total of 15,029 extremely vulnerable children (5,887 girls and 9,142 boys) received case management services, including 1,020 unaccompanied and separated children (86 girls and 934 boys) who benefited from family tracing and reunification services. Furthermore, 1,577 children on the move (375 girls and 1,202 boys) received protective services through UNICEF-supported programmes.

UNICEF reached 529,307 children and caregivers (169,594 girls, 253,493 boys, 44,692 women, and 61,528 men) with gender-based violence (GBV) risk mitigation activities. To address the challenges women and girls face in physically accessing GBV services and information through facilities, UNICEF is piloting “virtual safe spaces” (VSS) platform.

Through integrated programming, more than 900,000 children and community members (269,809 girls, 367,963 boys, 105,639 women, and 156,592 men) received explosive ordnance risk education (EORE) to prevent injuries and deaths caused by explosive ordnances.

In October, 24,000 (4,000 female and 20,000 male) were sensitized on prevention of sexual exploitation and abuse (PSEA). The UNICEF PSEA focal point received 20 calls related to SEA and humanitarian assistance through the PSEA hotline. A PSEA poll survey was conducted via the U-report platform, which aimed to identify the risks of SEA and how to mitigate them. A total of 44,107 people responded (10% were women and girls). Of the respondents, 41% said they know someone who has complained about harassment, exploitation or abuse by UN or NGO staff, while only 26 % said they know where to report SEA. The survey findings will be shared internally with UNICEF sections to improve response interventions. In October, PSEA orientation sessions were conducted with staff and partners on the roles and responsibilities of PSEA focal points, receiving SEA complaints and investigation of SEA allegations. In the Western Region, UNICEF conducted PSEA capacity building for 150 UNICEF staff, partners, and extenders. Similar sessions will be conducted in other field offices to equip staff with knowledge and understanding of PSEA and where staff is expected to comply with the UNICEF Zero Tolerance Policy around PSEA.

Education

UNICEF supported 490,199 children (58 per cent girls) with education opportunities through more than 16,000 community-based education (CBE) classes, an increase from 299,430 children supported in September. Of these, 101,308 were new students who gained access to education through the establishment of new CBE classes in October. In the Southern Region, UNICEF supported the reopening of previously closed public schools, as well as improving existing public schools, reaching more than 123,000 new students.

UNICEF supported distribution of classroom materials, teaching and learning materials, and textbooks to CBEs and public schools, benefitting a total of 1,299,844 students across the country, of which 809,645 were children in public schools.

In October, UNICEF completed emergency cash support payments for 5,237 public school teachers (US\$ 100 per month) and addressed outstanding grievances and supported payments for TVET teachers. UNICEF also supported the training of 4,127 teachers, of which 3,275 were CBE teachers and 852 were public school teachers.

UNICEF continued monitoring the situation of secondary girls' education through staff, technical extenders and partners, and found that despite restrictions, secondary schools remained open for girls in 12 provinces, with schools fully open in five provinces and partially open in seven provinces.

Water, Sanitation and Hygiene (WASH)

In October, UNICEF continued to support emergency WASH interventions in parts of the country affected by floods, earthquakes, drought, and disease outbreaks. More than 730,000 people gained access to safe water through water trucking, rehabilitation of water supply systems, installation of solar systems, construction of new water supply systems, and water quality monitoring and chlorination.

Across the country, over 1.79 million people received hygiene supplies and 401,577 people were reached with hygiene promotion through social mobilizers, the Global Handwashing Day celebration, and Community-Led Total Sanitation (CLTS) facilitators. Hygiene promotion activities were integrated with distribution of WASH supplies in AWD/Cholera-affected areas and families with SAM children. UNICEF celebrated Global Handwashing Day on 15 October in schools across Afghanistan. Hygiene awareness raising sessions were conducted with school children.

In addition, more than 513,276 people gained access to improved sanitation through emergency latrines and implementation of CLTS processes in the Western and Eastern Regions. A total of 65 communities were certified as open defecation-free (ODF) in the Eastern Region. In the Western Region, 143 communities were post-triggered as part of the CLTS process to eliminate open defecation.

In Ghor Province, around 76,750 individuals around the catchment area of five healthcare facilities benefited from construction or rehabilitation of WASH facilities. In one school, 775 students and teachers (200 girls and 500 boys) benefited from newly constructed. In addition, WASH facilities were completed in five health facilities in Laghman and

Nangarhar Provinces and in six schools in Laghman, Kunar and Nangarhar Provinces. These WASH facilities included latrines, handwashing facilities, distribution of soap bars, chlorine bleaching powder, and hygiene promotion.

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

In October, 9.2 million people were reached countrywide with awareness raising campaigns on key behaviour change messages and lifesaving information related to the humanitarian situation and disease outbreaks. A further 262,053 people were engaged in two-way communication through community engagement sessions on prevention of malnutrition, uptake of routine immunizations, prevention of AWD and COVID-19, handling and treating drinking water safely, avoiding open defecation, and practicing personal and environmental hygiene. These sessions were conducted by social mobilizers in different provinces.

SBC interventions reinforced an integrated community engagement system composed of various platforms for strengthening Accountability to Affected Populations (AAP) in humanitarian response. This was done through two-way dialogue with communities supporting programme design, delivery, and community feedback. In October, 30,590 people shared feedback through social mobilizers, Community Engagement and Feedback Centres (CEFCs), and the AWAAZ hotline on humanitarian assistance. Most people expressed concerns and gave feedback on AWD/Cholera, lack of safe drinking water, girls' education, and lack of medicine in health facilities. The complaints and feedback were addressed by providing information and by referring to the relevant sections and clusters.

Gender and Adolescent Development and Participation

In the month of October, 20,719 women and girls accessed Women and Girls' Safe Spaces (WGSS). Six new WGSS were established in Kandahar Province, bringing the total number of WGSS to 97 across 16 provinces. In these spaces, 849 women and girls reported GBV cases and received PSS, while some cases were referred to health centres for further treatment. Through community dialogue and awareness raising sessions, 59,444 people (27,044 women, 11,847 men, 16,392 girls, and 4,161 boys) were reached with GBV prevention and protection messages.

A total of 3,245 people (3,056 adolescent girls and 189 adolescent boys) received life skills training and peer-to-peer mentoring sessions. A total of 122 people (81 women and 41 girls) received livelihood training and received relevant materials and tools to continue their trade. Six new men and boys' networks (MBN) for 304 members were established in Alingar and Alishang Districts of Laghman Province. MBN monthly meetings were held with 4,067 members (1,986 men and 2,081 boys) where issues pertaining to women's and girls' access to life-saving services were discussed. Through Friday sermons by Islamic scholars (Mullahs), 520 community members (289 men and 231 boys) received awareness training on maternal and child health, child rights, positive parenting practices and ending child marriage (Khutbas) in Alingar and Alishang Districts in Laghman Province. In Kandahar Province, UNICEF aired six radio episodes on promoting women's rights and positive roles, reaching over 10,011 community members.

In October, 347 frontline workers, including health workers, livelihood trainers, teachers, and mobile health workers received training on GBV, confidential referrals, case management, women's rights, child protection, safety audits on nutrition and WASH, mental health and PSEA.

A total of 576 dignity kits and 5,500 bars of soap were distributed to vulnerable women and girls in Badakhshan, Daikundi, Ghazni, Parwan and Paktia Provinces to support them with their personal hygiene needs.

Social Protection and Humanitarian Cash Transfers (HCT)

In October, UNICEF completed the final round of multi-purpose cash assistance (MPCA) to 15,140 households in Ab Kamari, Muqur, Qadis, and Qala-e-Naw Districts of Badghis Province. The remaining targeted households in Bala Murghab, Ghormach, and Jawand Districts of Badghis Province will receive their final round of cash assistance during the first week of November. In addition, UNICEF provided MPCA to 3,130 households with pregnant and lactating women to access antenatal care, institutional delivery, and post-natal care in Ashtarlay District of Daikundi Province.

As part of UNICEF's winter response for 2022-23, MPCA will be provided to vulnerable households to meet their basic needs in high priority districts severely affected by harsh winter conditions. Preparation for the winter cash response is underway, with registration of households beginning in early November, targeting households headed by women or disabled persons, households with pregnant and lactating women, and households with children below two years.

Humanitarian Leadership, Coordination and Strategy

The HCT has endorsed the 2023 Humanitarian Needs Overview (HNO) planning numbers, with 28.3 million people projected to be in need in 2023. Under the 2023 Humanitarian Response Plan, 23.7 million people will be assisted with a financial ask of US\$4.6 billion. In October, Clusters submitted their narrative inputs for the HNO and will develop their HRP narratives in November. A discussion on the provision of durable solutions and the need for development interventions is taking place in parallel to the development of the HRP. However, progress on the development of the Strategic Framework is slow in comparison to the HRP; compounded by the difficult circumstances of an unrecognized government, sanctions, and limited donor engagement in development sectors.

The de facto authorities finalized their procedure on coordination and regulation of the activities of domestic and international organisations. This procedure (also referred to as the Code of Conduct) provides guidelines for NGOs on their operations and coordination with the authorities. Discussions are underway within the humanitarian community on the implementation of the new procedures and the impact of the procedures on the work of implementing partners.

Issues around signing MoUs persist within the clusters. Some clusters met with their ministerial counterparts to discuss these issues; however, the issues remain largely unresolved and advocacy with the de facto authorities across the humanitarian community is ongoing. Strategic and operational engagement at the regional levels continued to be reinforced in October through Regional Humanitarian Teams and activation of Access Working Groups. These mechanisms will continue to advocate for humanitarian principles and access issues and will troubleshoot operational challenges.

External Media, Statements & Human-Interest Stories

Press Releases

- [The Government of Japan contributes \\$5.5 million to strengthen health systems and vaccine delivery across Afghanistan](#)

Social Media

- [UNICEF celebrated the World Mental Health Day](#)
- [With the support of Irish Aid, UNICEF renovated the newborn ward at Indira Gandhi Hospital](#)
- [Germany's trusted partnership contributed €10 M to UNICEF humanitarian work in Afghanistan](#)
- [Polio campaign in some selected areas of Afghanistan](#)
- [UNICEF initiated the #UnicefAfghChampions program under the umbrella of SBC](#)
- [The Government of Japan contributes \\$5.5 million to strengthen health systems and vaccine delivery](#)
- [Korea donated \\$5 million to improve children's learning outcomes through better-prepared & supported teachers in Afghanistan](#)
- [The Government of Denmark contributed \\$5 million to establish 600 new CBEs & support 275 existing ones](#)

Next SitRep: 15 November 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*

Sector	Total needs	UNICEF and IPs Response			Cluster/Sector Response		
		2022* target	Total results (Jan-Oct)	Change (Oct) ▲▼	2022 target	Total results (Jan-Oct)	Change (Oct) ▲▼
Health							
Number of children aged 6 to 59 months vaccinated against measles	9,790,030	10,465,896	1,633,563	41,3982			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	17,867,989	1,043,646			
Nutrition							
Number of children 6-59 months with SAM admitted for treatment.	1,078,804	1,078,804	526,743	68,272	539,402	386,277	68,609
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	2,556,818	274,110	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	8,358,453 ³	0	5,407,859	8,425,66	8,358,453
Number of children aged 6-59 months who received MNP ⁴	2,959,419	2,959,419	978,452	752,387	1,602,628	978,452	752,387
Child Protection, GBVIE and PSEA							
Number of children and caregivers accessing mental health and psychosocial support	4,460,000	4,237,000	5,860,188	2,449,244	1,370,000		
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	14,298	1,020	14,000		
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	4,544	607	13,500		
Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions		63,590	949,028	529,307		-	-
Number of children and adults accessing explosive weapons-related risk education		1,000,000	2,276,859	900,003		-	-
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA		1,000,000	513,982	79,287			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	22,384	5,810			
Education							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	3,817,808 ⁵	910,953	1,500,000	517,838	42,726
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	216,897 ⁶	5237	37,500	17,002	844
Number of teachers male/ female trained (in-service/pre-service)	37,500	101,935	18,754	4127	15,326	7,502	1,115

² Newly reached for the first time in October

³ Vitamin A distribution through polio vaccination campaigns

⁴ MNP distribution with polio campaign increased reach in October significantly compared to previous months.

⁵ Total results revised due to ongoing data cleaning exercise.

⁶ 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.

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	6,001,644	730,056	10,429,585	6,224,480	261,680
Number of people gain access to gender and disability-sensitive sanitation facilities	8,503,812	7,478,621	1,300,751	513,276	898,513	1,338,993	403,305
Number of people (M/F) reached with handwashing behaviour change programmes	15,302,274	11,537,160	8,475,140	3,401,577	10,429,585	7,457,986	1,022,410
Number of people (disaggregated by sex & age) reached with critical WASH supplies	9,695,738	9,210,951	7,924,531	1,791,135	3,942,068	8,930,647	2,854,804
HCT/Social Policy							
Number of households reached with UNICEF-funded humanitarian cash transfers		160,000	111,484 ⁷	3,130			
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	110,984	30,590			
Number of people reached with key behaviour change messages and lifesaving information on humanitarian situations and outbreaks (disaggregated by age, sex)		7,000,000	9,226,100	0			
Gender, Youth, and Adolescent Development							
Number of women and girls accessing safe spaces		9,400	89,870	19,030			
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	151,296	49,444			
Number of adolescents (girls and boys) who actively participated in life skills or comprehensive sexuality education interventions to address child marriage		120,000	36,619	11,437			

Annex B

Funding Status

Appeal Sector	2022 HAC Requirements (US\$)	Funds available		2022 Funding Gap	
		Humanitarian resources received in 2022	Resources available from 2021 (carry-over)	\$	%
Nutrition	204,095,521	41,547,895	16,415,409	146,132,217	71.60%
Health	334,457,872	264,632,121	102,985,464	-33,159,713	-9.91%
WASH	768,889,756	67,976,421	20,324,488	680,588,847	88.52%
Child protection, GBVIE and PSEA	71,920,805	16,211,586	8,921,048	46,788,171	65.06%
Education	440,853,967	283,726,228	27,879,531	129,248,208	29.32%
Social Protection/HCT	208,504,821	57,644,288	21,796,912	129,063,621	61.90%
Adolescents/Youth/Gender	3,853,594	2,522,019	991,150	340,425	8.83%

⁷ Only includes unique households, counting households reached with multiple rounds of cash transfers in 2022 only once.

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	742,315,759	206,407,177	1,099,001,774	53.67%