

Afghanistan

Humanitarian Situation
Report
Report # 12
1–30 November 2022



for every child

Reporting Period: 1 – 30 November 2022

Highlights

- UNICEF's winter response is ongoing with the continued prepositioning of lifesaving supplies for health facilities including 34,000 newborn baby kits and heating materials
- The restrictions on women by the de facto authorities continue to increase, including restrictions on women's movement and access to public spaces, including parks, which is having detrimental impact on women and children's safety and well-being.
- Despite the challenging education environment, UNICEF supported 522,524 children (57 per cent girls) with education opportunities through 14,981 community-based education (CBE) classes.
- The UNICEF supported mobile health and nutrition teams were able to reach over 180,000 people in remote areas in November including over 75,000 under-five children.

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)

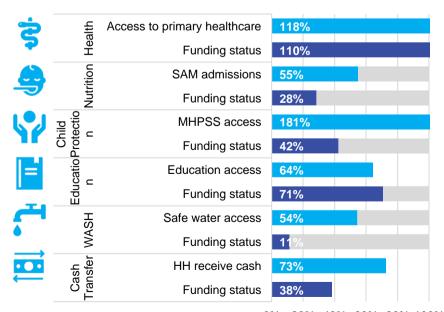


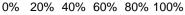
1.1 M

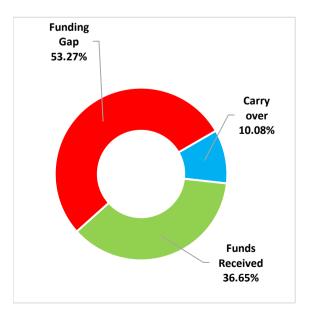
Severely acutely malnourished children under the age of five years expected to need SAM treatment (HRP 2022)

UNICEF Response and Funding Status

UNICEF Appeal 2022 US\$2,047,724,710







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 47 per cent 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. UNICEF is grateful to the Government of the Republic of Korea, Government of Italy and UNICEF's extensive 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

Decades of conflict, coupled with the current deteriorating economic situation, drought, food insecurity, and recurring floods from July through to September has contributed to increasing vulnerability of the Afghan people to cope with the upcoming winter. This winter will be particularly harsh for communities affected by flooding, earthquakes and other natural disasters. In Logar alone 3,000 homes were destroyed due to flooding in August. According to the Whole of Afghanistan (WoA) Assessment, around 56 per cent of households living in partially damaged shelters and some 18 per cent in significantly damaged shelters. Moreover, 77 per cent of households reported reliance on inadequate heating sources like waste (paper, plastic, carton board, etc.) as their main source of energy for heating, while 42 per cent of households reported having less than one blanket per household member. It is expected that there will be urgently needed support for shelter, heating materials, and clothing during the early onset of winter to avert people's exposure to health risks and other hazards.¹

The restrictions on women by the de facto authorities continue to increase, including restrictions on women's movement and access to public spaces, such as parks. These restrictions have regional variations, in Helmand in Southern Region women have been banned from working altogether, except for the health sector. A report² released by 10 UN Special Rapporteurs for human rights described how "in recent months, violations of women and girls' fundamental rights and freedoms in Afghanistan, already the most severe and unacceptable in the world, have sharply increased". The experts noted that "banning women's access to parks also denies children the opportunity for leisure and exercise and their right to engage in play and recreational activities". The report further states that confining women to their homes is tantamount to imprisonment and is likely leading to increased levels of domestic violence and mental health challenges.

Following ongoing advocacy efforts by UNICEF, in November 2022, the Ministry of Public Health (MoPH) started granting exceptional approvals for mobile health and nutrition teams (MHNTs) operate. By the end of November 2022, only nine MHNTs supported by two NGOs did not have MoUs; compared to the 92 that had their operations suspended or partially suspended in October. However, challenges remain on incorrect mapping and identification of the 'white areas' (previously inaccessible areas) and delays in supplies availability due to significant delays in issuance of quality certification of pharmaceuticals from the Afghanistan Drug Authority. In response, based on advocacy by UNICEF, the Ministry of Public Health formed a committee for identification of the white areas. The committee consists of members from the health cluster, nutrition cluster, UNICEF, as well as MoPH.

Afghanistan remains one of the most unsafe places in the world for children. On 30 November, an attack on Al-Jihad Madrassa, in Samangan province in northern Afghanistan, left dozens killed and maimed (including 12 children maimed and 9 killed).³ In November, a total of 15 children were killed and 35 maimed as a result of explosive ordnances in the country.

Summary Analysis of Programme Response

Health

In November, more than 4.7 million people received essential health and nutrition services in 2,310 health facilities across all 34 provinces of Afghanistan. Sixty per cent of the those using the services were women. UNICEF staff and extenders conducted monitoring visits to 536 health facilities to assess their functionality. Mobile health and nutrition teams (MHNT) continued to provide services in remote, hard-to-reach and previously inaccessible areas, reaching over 180,000 people, including 75,000 under-five children.

¹ Afghanistan: ICCT Winter Prioritisation - August 2022

 $^{^2\} https://www.ohchr.org/en/statements/2022/11/afghanistan-latest-taliban-treatment-women-and-girls-may-be-crime-against and the statement of the property of the property$

³ https://8am.media/eng/blast-in-samangans-al-jihad-madrassa-leaves-35-killed-dozens-injured/

As part of the winter response, UNICEF identified 54 fully inaccessible districts and 84 partially inaccessible districts that require further support in winter. As newborn babies are most vulnerable for hypothermia, UNICEF prepositioned 34,000 newborn kits with health workers and health facilities in these inaccessible districts. These kits contain warm clothes for the newborn babies and are mostly targeted towards births at home. The provision of these kits will continue through February and March 2023. Furthermore, UNICEF prepositioned heating materials and health supplies, including pharmaceuticals, with mobile health and nutrition teams and in health facilities in inaccessible districts to maintain a lifeline of health and nutrition services through the winter months.



©UNICEF/UN0746688/Naftalin. Health care worker distributing newborn care kit in Badakhshan province

Afghanistan reported 2,396 suspected measles cases from 30 October to 26

November 2022 and seven associated deaths, around 20% increase in cases compared to last month.⁴ During November, 75,056 children under-five were vaccinated against measles through the routine immunization programme. A nationwide measles preventive immunization campaign started on 26 November 2022 and ran through to early December. Preliminary coverage during the first five days of the campaign indicates that over 2 million children⁵ were vaccinated against measles. All 34 provinces were covered in the campaign.

Nutrition

In November, 65,271 children received lifesaving treatment for severe acute malnutrition (SAM) following the screening of more than 1.2 million children aged 6 to 59 months. In addition, UNICEF admitted 5,126 children with moderate acute malnutrition (MAM) for treatment with ready to use therapeutic foods 'RUTF' in targeted health facilities during November. This is in accordance with the agreement with WFP to support the treatment of MAM children with RUTF in 765 health facilities not covered by WFP's Targeted Supplementary Feeding Program.

In terms of capacity building in November, 334 health workers were trained on integrated management of acute malnutrition (IMAM) and 612 health workers on maternal infant and young child nutrition. In addition, 1,170 community health workers and 1,170 community volunteers were trained on the community-based nutrition services package and weekly iron folic acid supplementation at community level.

In November, 193,063 children aged 6-59 months received multiple micronutrient powders, 258,652 caregivers were provided with counselling services and 29,048 children aged 6-59 months were provided with Vitamin A supplements through MHNTs. In addition, 8 out of 34 provinces are supported by community-based nutrition programmes (implemented by NGOs) with an on-going weekly iron folic acid supplementation in those 8 provinces as well as 52 health facilities were equipped with anthropometric measurement tools in November.

Child Protection, GBViE and PSEA

UNICEF continued to scale up lifesaving child protection services reaching over 1.67 million children and caregivers (506,957 boys, 423,473 girls, 107,563 men, and 641,378 women including 40,414 persons with disabilities) in November.

14,435 extremely vulnerable children (6,380 girls and 8,055 boys) received case management services addressing different child vulnerabilities. 615 children (27 girls and 588 boys) identified as unaccompanied and/or separated benefited from family tracing and reunification services. Additionally, 256,721 children and caregivers (75,677 girls, 128,842 boys, 33,917 women, and 18,285 men) benefited from gender-based violence (GBV) risk mitigation activities. Furthermore, 1,795 children on the move (519 girls) received protective services during their return particularly following deportation, transport and return to their communities, including reunification follow up and reintegration support.

In November, with UNICEF support, 1.8 million people (491,125 boys, 424,370 girls, 186,295 men, and 707,103 women) received mental health and psychosocial support (MHPSS), psychosocial first aid (PFA), and psychosocial support through social and mass media including TV, radio, Instagram, Twitter, and Facebook across the country, including at district level.

UNICEF's child protection team continues to work with other programme sectors to support an integrated approach to programme delivery and increase the number of children reached. Through integration with Polio and Education, 618,129 children, caregivers and other community members (136,349 girls, 205,651 boys, 130,048 women, and 146,081 men)

 $^{^{4}\} https://www.emro.who.int/afg/information-resources/infectious-disease-outbreak-situation-reports.html$

⁵ Final reports to come next month

have gained knowledge and are awareness of the risks of the explosive ordinance and how to prevent injuries and deaths caused by explosive remnants of war.

UNICEF supported the recruitment of 258 additional social workforce service providers (71 female and 187 male) and building their capacity of on MHPSS, PFA, case management and GBV.

During the reporting period, UNICEF worked with partners to ensure adequate safeguards and appropriate actions related to sexual exploitation and abuse (SEA). Seven UNICEF partners were provided with protection from sexual exploitation and abuse (PSEA) capacity support. In addition, 50 extenders, partners, and UNICEF staff in the central and southern regions were trained on PSEA prevention, reporting, and mitigation measures. UNICEF partners in the Southern and Western Regions also conducted community PSEA awareness sessions at the safe space for women and girls. More than 20,000 community members (1,850 boys, 4,343 girls, 4,470 men, and 9,406 women) were reached with messages on the prevention and reporting of SEA.

Education

During the reporting period, UNICEF supported 522,524 children (57 per cent girls) with education opportunities through 14,981⁶ community-based education (CBE) classes. Of these, 32,325 were new students who gained access to education through CBEs in November. In the Southern Region, UNICEF continued to support the reopening of previously closed public schools as well as improving existing public schools, reaching 18,529 new students in November. In the Central Region, UNICEF also supported the improvement of public schools and supported 53,147 students in November.

UNICEF also supported distribution of classroom materials, teaching and learning materials (TLMs) and textbooks to CBEs and public schools, benefitting a total of 1,021,608 students across the country, of which 989,283 were children in public schools. UNICEF continued salary payments to CBE teachers, supporting the payment of 4,142 new CBE teachers in November. UNICEF also supported the training of 4,672 teachers, of which 3,030 were CBE teachers and 1,642 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 5 provinces and partially open in 7 provinces. Public schools in 28 cold climate provinces have completed their academic school year as of the end of November and are now closing for winter break. Currently, UNICEF is supporting 550 girls with catch up and university exam preparations in an effort to support secondary school level girls return to school.

Water, Sanitation and Hygiene (WASH)

In November, UNICEF continued to support key emergency WASH interventions across the country, reaching 281,908 people with access to safe water. The interventions include water trucking, rehabilitation of the existing water supply systems including the installation of solar systems, construction of new water supply systems and support for fuel for the operation of the existing water supply systems. In addition, 12,653 people were reached with hygiene promotion and 297,829 people with hygiene supplies. The awareness sessions were conducted through social mobilizers and community-led total sanitation (CLTS) facilitators in coordination with the Social Behaviour Change section. The sessions focused on personal hygiene, safe water use and construction of latrines. The hygiene promotion activities were integrated with the distribution of WASH supplies in the acute watery diarrhea (AWD)/Cholera affected areas and with families with severely malnourished children.

In addition, more than 84,209 people had access to improved sanitation through the construction of emergency latrines in the Southern and Central Regions, implementation of CLTS and certification of 51 communities as open defection free (ODF) in the Eastern Region. The construction of WASH facilities was completed in 24 schools including the provision of latrines, handwashing facilities, distribution of soap bars and chlorine bleaching powder, and hygiene promotion in Kandahar, Laghman and Nangarhar provinces. The construction of WASH facilities was also completed in 24 health facilities including the provision of latrines, handwashing facilities, distribution of soap bars, and hygiene promotion in different provinces.

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 $^{^{\}rm 6}$ Number of CBEs revised following ongoing data cleaning exercises.

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

In November, around 9.5 million people were reached through national awareness campaigns on key behaviour change messages and essential lifesaving information related to humanitarian situations and disease outbreaks. In addition, 217,897 people were engaged in two-way communication through the community engagement sessions on prevention of malnutrition, uptake of routine immunizations, prevention of acute watery diarrhoea (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 UNICEF social mobilizers and programme partners in different provinces of Afghanistan. During the reporting period, 29,338 people from different community structures such as community health workers, nutrition councillors, school management shuras, youth networks and community-led total sanitation networks were oriented on key behaviour change messages and essential lifesaving information related to household and community-based hygiene, routine immunization, measles, mother and child health, prevention of AWD, COVID-19 and the importance of reporting to health facilities if the child is sick or underweight.

In November, 50,357 people shared their feedback and concerns through various channels such as SBC social mobilizers, community engagement and feedback centres (CEFCs) and AWAAZ Afghanistan hotline on humanitarian assistance/services. Most people expressed their concerns and feedbacks on AWD/Cholera, lack of safe drinking water, girls' education (grade 6-12), cash assistance and lack of medicine 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 November, 37,553 people (14,246 women, 23,307 adolescent girls) visited UNICEF-supported women and girls safe spaces (WGSS) in 16 provinces. At the WGSS, 759 cases (645 women, 114 girls) of GBV - physical and domestic violence - were registered and supported with psychosocial counselling, and some were referred to health centres for further medical treatment. A total of 47,541 people (27,868 women, 7788 men, 9102 girls, 2783 boys) were reached through community dialogue and community outreach activities. Community dialogues include interactive discussion, exchanging and sharing of opinions and experiences on GBV, different behaviours and cultural acts impacting either positively or negatively on the children and their families.

In Ghazni, Herat, Kabul, and Paktia provinces, 3,493 (3,326 adolescent girls) and 386 multi-purpose adolescent group (MAG) members (326 girls and 60 boys) were trained on life skills, conflict resolution and interpersonal skills. During November, a total of 3,306 men and boys participated in men and boys network (MBN) meetings in project provinces; discussing various issues pertaining to women and girls' access to life-critical services in the targeted locations.

In Nimroz province, 25 religious leaders (20 men and 5 women) received a 3-day training on prevention of violence against women and girls (VAWG), child marriage and PSEA and 20 frontline workers (10 women and 10 men) received a 2-day training on GBV, PSEA and service provision. In Kandahar and Paktika provinces, 100 community-based structure members (50 women and 50 men), 360 CBE teachers and School Shuras members (161 women and 99 men) and 210 MHNT members, received training on safe handling and disclosures of GBV incidents, supporting survivors to access available specialized services and GBV prevention.

Furthermore, 11 radio episodes were aired through local radio stations in Kandahar and Nimroz reaching around 20,000 community members with messages around gender dynamics in relationships and the role of women in the family and the relationship between husband and wife, contribution of women and their role in the family. In Badakshan, Kunduz, Daikundi, Ghazni, Parwan, Kandhar and Nimros provinces, 6,938 dignity kits were distributed to women and girls and in Paktia, 1,800 bars of soap were distributed to the participants in community dialogues together with awareness raising sessions on personal and menstrual hygiene and health.

Social Protection and Humanitarian Cash Transfers (HCT)

In November, UNICEF provided the first round (second phase) of nutrition sensitive cash assistance to 4,847 households in Khadir and Pato districts of Daikundi province. The programme is targeting 18,000 households with pregnant and lactating women and newborn children up to six months of age across Pato, Ashtarlay, Khadir, Miramor, Kiti, and Kejran districts. The targeted households in the remaining four districts will receive assistance in early December.

UNICEF is also providing multi-purpose cash assistance to over 30,000 households in Badghis province. In November, 5,139 households were reached in Jawand district of Badghis province. In addition, UNICEF began registration of

households in Panjshir, Badakhshan, and Ghor provinces, targeted households will be provided by multi-purpose cash assistance enabling them to access basic needs and services during harsh winter.

Humanitarian Leadership, Coordination and Strategy

The 2023 Global Humanitarian Overview (GHO) was launched with a record 28.3 million people projected to be in need of humanitarian and protection assistance in Afghanistan next year, up from 24.4 million in 2022 and 18.4 million in 2021. Humanitarian partners have prioritized 23.7 million people to receive well-coordinated multi-sectoral assistance in 2023, for which US\$4.62 billion is required. Work on the Humanitarian Response Plan for 2023 is ongoing with the Clusters, which will be launched towards the end of December or early January 2023.

The UNICEF Clusters launched the Cluster Coordination Performance Monitoring (CCPM) exercise of all its partners to better understand the challenges and constraints, as well as identify best practice and course corrections moving forward. CCPM exercise findings will be out in December and January.

In November, the child protection area of responsibility (CP AOR) launched the unaccompanied and separated children (UASC) programming SOP and the data protection and information sharing protocols to facilitate comprehensive and quality case management services for children. It is being rolled out by 10 case management taskforce members in preparation for the establishment of interagency child protection information management system (Primero) in the first quarter of 2023.

During the reporting period, the OCHA-led lessons learned exercise was launched to look at the earthquake response in Paktika and Khost provinces in an effort to strengthen interagency preparedness for sudden onset disasters in 2023. The key findings will be reported in December. Also in November, the humanitarian hubs set up in Bermal, Giyan and Khost in response to the earthquake were closed due to the draw-down of the emergency response phase and in view of the area being cut off in winter. However, relief operations such as shelter, winterization and WASH, health and education support to the communities will continue. Partners have been supported to find alternative living arrangements to enable the response to continue without the hubs.

External Media, Statements & Human-Interest Stories

Human interest Stories

- Parwana, one year on.
- A day in the life of one of UNICEF Afghanistan's most remote outposts.
- <u>Learning</u>, <u>earning</u>, <u>healing</u> and <u>giving</u> <u>back</u>.
 A new 24-hour clinic in Afghanistan is a prescription for good health.

Social Media

- In Sept., more than 192,000 ppl were provided with health services through mobile health & nutrition teams across #Afghanistan thanks to our partners @UKaid @eu echo @MOFAkr eng @MofaJapan en @ADB HQ @WorldBankSAsia
- Thanks to the flexible contributions provided by the government of Kuwait @MoFAKuwait @KuwaitMissionUN, we can be more agile and steer resources quickly.
- With thanks to @FCDOGovUK, @UNICEFAfg has supported 131,000 Afghans with cash assistance this year.
- At Afghanistan's border, @UNICEF is there to welcome returning children with a hot meal. We help them feel safe at the @EUinAfghanistan-supported transit centre in Herat, where they can destress with new friends, connect with a counsellor, and reunite with their families.

Next SitRep: 15 December 2022

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

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Summary of Programme Results*

	UNICEF and IPs Response			Cluster/Sector Response			
Sector	Total needs	2022* target	Total results (Jan- Nov)	Change (Nov) ▲ ▼	2022 target	Total results (Jan-Nov)	Change (Nov) ▲ ▼
Health							
Number of children aged 6 to 59 months vaccinated against measles	9,790,030	10,465,896	1,651,830	18,267			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	18,087,627	219,638 ⁷			
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	592,014	65,271	539,402	451,554	65,271
to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	2,815,470	258,652	2,136,438	258,652	258,652
Number of children aged 6-59 months who received vitamin A supplements in semester one	6,759,823	5,407,859	8,358,453	0	5,407,859	8,358,453	0
Number of children aged 6-59 months who received MNP ⁸	2,959,419	2,959,419	1,171,515	193,063	1,602,628	1,171,515	193,063
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing mental health and psychosocial support (**media reached 3,428,105 with wellbeing messaging)	4,460,000	4,237,000	7,669,081	1,808,893	1,370,000	7,680,141	1,808,893
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	14,913	615	14,000	15,314	615
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	4,764	220	13,500	4,764	220
Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions		63,590	1,205,749	256,721		-	-
Number of children and adults accessing explosive weapons-related risk education		1,000,000	2,894,988	618,129		-	-
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA		1,000,000	670,832	156,850			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	24,463	2,079			
Education							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	4,839,416	1,021,608	1,500,000	552,661	34,823
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	221,039 ⁹	4,142	37,500	17,851	849
Number of teachers male/ female trained (inservice/pre-service)	37,500	101,935	23,426	4,672	15,326	8,497	995
WASH							

 $^{^{\}rm 7}\,{\rm These}$ are newly reached beneficiaries accessing health facilities in November

 $^{^8}$ MNP distribution with polio campaign increased reach in October significantly compared to previous months.

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

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

Number of people (M/F) accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene	15,302,274	11,537,160	6,283,552	281,908	10,429,585	6,484,545	260,065
Number of people gain access to gender and disability-sensitive sanitation facilities	8,503,812	7,478,621	1,238,172	84,209	898,513	1,383,383	44,390
Number of people (M/F) reached with handwashing behaviour change programmes	15,302,274	11,537,160	4,241,448 ¹⁰	12,653	10,429,585	8,100,586	642,600
Number of people (disaggregated by sex &age) reached with critical WASH supplies	9,695,738	9,210,951	7,701,883	297,829	3,942,068	9,178,642	247,995
HCT/Social Policy							
Number of households reached with UNICEF- funded humanitarian cash transfers		160,000	116,331 ¹¹	4,847			
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	161,341	50,357			
Number of people reached with key behaviour change messages and lifesaving information on humanitarian situations and outbreaks (disaggregated by age, sex)		7,000,000	9,593,670	367,570			
Gender, Youth, and Adolescent							
Development							
Number of women and girls accessing safe spaces		9,400	127,423	37,553			
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	198,837	47,541			
Number of adolescents (girls and boys) who actively participated in life skills or comprehensive sexuality education interventions to address child marriage		120,000	40,498	3,879			

Annex B

Funding Status

Appeal Sector		Funds avai	ilable	2022 Funding Gap		
	2022 HAC Requirements (US\$)	Humanitarian resources received in 2022	Resources available from 2021 (carry - over)	\$	%	
Nutrition	204,095,521	41,546,203	16,415,409	146,133,909	71.60%	
Health	334,457,872	264,910,189	102,985,464	0	0%	
WASH	768,889,756	69,228,884	20,324,488	679,336,384	88.35%	
Child protection, GBViE and PSEA	71,920,805	21,515,459	8,921,048	41,484,298	57.68%	
Education	440,853,967	283,726,228	27,879,531	129,248,208	29.32%	
Social Protection/HCT	208,504,821	58,241,261	21,796,912	128,466,648	61.61%	
Adolescents/Youth/Gender	3,853,594	3,240,863	991,150	0	0%	
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	1,151,677	5,496,697	0	0%	
Program Management Unit	8,500,000	6,903,522	1,596,478	0	0%	
Total	2,047,724,710	750,464,287	206,407,177	1,090,853,246	53.27%	

The data was cleaned and revised
 Only includes unique households, counting households reached with multiple rounds of cash transfers in 2022 only once.