



Reporting Period: 1 to 30 April 2022

Myanmar Country Office Humanitarian Situation Report No. 3



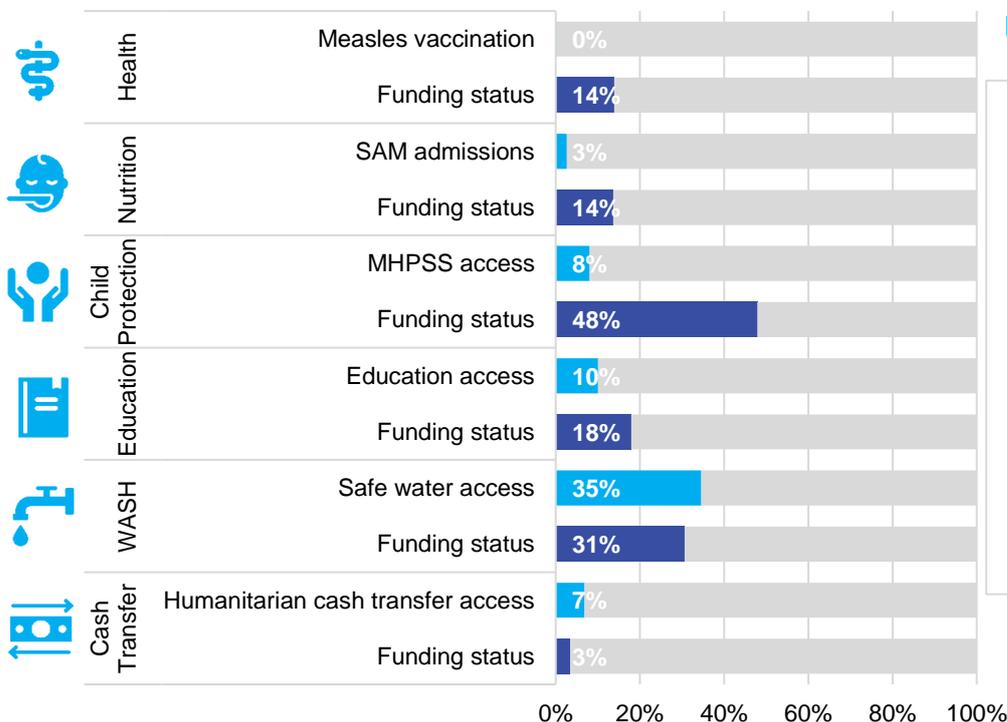
Highlights

- Escalation of conflict in the northwest and southeast regions resulted in increased numbers of internally displaced person (IDP), to 327,400 and 186,200 IDPs in these two regions respectively. The ongoing clashes and movement restrictions in the northwest are impeding access and delivery of humanitarian assistance.
- As of 25 April 2022, 578,200 people were displaced nationally since the 1 February 2021 military takeover.
- 9,084 children under the age of 7 and 1,007 pregnant women in peri-urban Yangon benefited from primary health care services through the “Bright Start: Mobile-based health microinsurance” pilot programme.
- Since the beginning of 2022, a total of 53,332 people, including 36,258 children, have accessed critical child protection services nationally through 28 partners. Services include access to mental health and psychosocial support, gender-based violence risk mitigation, prevention and response interventions as well as explosive ordnance risk education.

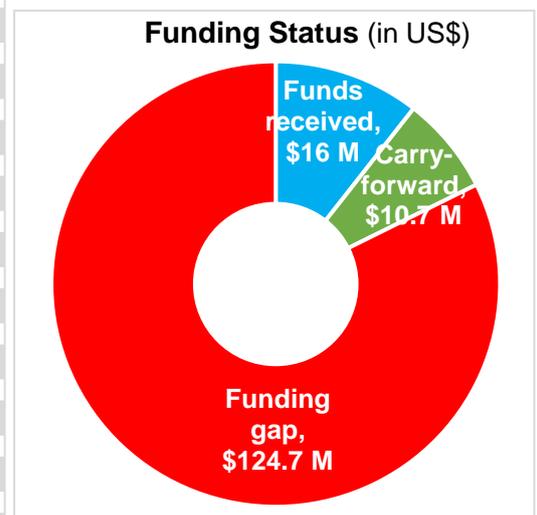
Situation in Numbers



UNICEF’s Response and Funding Status*



UNICEF Appeal 2022 US\$ 151.4 million



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

Funding Overview and Partnerships

The UNICEF Myanmar Country Office is appealing for US\$ 151.4 million to deliver humanitarian assistance to displaced populations across the country. The Myanmar Humanitarian Needs Overview estimates that a total of 14.4 million people are in need of assistance this year. In 2022, UNICEF received generous support from the governments of Japan, Denmark and UN OCHA Global Humanitarian Thematic funding to support Child Protection, Water Sanitation and Hygiene, Education, Health and Nutrition programme and response. These funds will contribute to delivering services to affected populations. The UNICEF Humanitarian Action for Children (HAC) currently has a funding gap of 82 per cent. Without this funding, targeted populations especially children who need basic social services will not be able to receive assistance. UNICEF expresses its gratitude to all donors, private and public, for their contributions to supporting the children of Myanmar.

Situation Overview & Humanitarian Needs

The humanitarian situation in Myanmar continues to deteriorate with intense clashes between the Myanmar Armed Forces (MAF), Ethnic Armed Organizations (EAOs) and the People's Defence Forces (PDFs). Intensified clashes between MAF and PDFs were reported in the northwest and southeast region where MAF used heavy artillery, airstrikes, and torched and destroyed civilian properties. As of 25 April 2022, an estimated 578,200 people were internally displaced including more than 327,400 people in the northwest and 186,200 in the southeast, accounting for almost 89 per cent of the national displacement figures since the military takeover of 1 February 2021¹. Increased use of landmines and explosive ordnance in conflict-affected areas has been reported. More than 8,200 houses and public places such as churches, monasteries and schools were destroyed or burned down, mainly in Sagaing (4,416), Magway (1,751), and Chin (1,071), Kayah (819)².

In the northwest region, frequent displacements of IDPs have been reported, as children and their families are struggling to escape the surge of conflict affecting the area. In Sagaing, one of the most affected regions, an estimated 240,600 people are in need of humanitarian assistance. However, numerous challenges are being faced such as the security risks posed by the escalation of conflict, the increased number of checkpoints, the travel restrictions and transportation of supplies, and the limited number of humanitarian partners, all factors severely hampering the humanitarian response capacity to reach the people in need.

Summary Analysis of Programme Response

Health

UNICEF continues to implement its health programme through partnerships in Rakhine, Kachin, Shan, Kayin, Chin, Kayah and Yangon peri-urban area. Since the beginning of 2022, 29,762 people received primary health care services in these areas, and 1,522 children aged 9 to 18 months were vaccinated against measles in Rakhine, Kachin and Shan. To enhance access and quality of care, UNICEF collaborated with partners in providing a seven-day virtual training for frontline workers on New-born Care and Integrated Management of Newborn and Childhood Illness. Around 130 health care providers from 21 organizations including international non-governmental organizations (INGOs), non-governmental organizations (NGOs) and ethnic health organizations (EHOs) participated. This training supported the improvement of partners' capacity in care and management of newborns and sick children, ensuring guidelines in service provision are followed and supporting the expansion of access to health services for vulnerable communities. UNICEF also continued delivering health supplies to partners with 55 first aid kits, 17 Interagency Emergency Health Kit and medicines such as oral rehydration salt, zinc and amoxicillin dispatched to Community Partner International and Karuna Mission Social Solidarity (KMSS). The stock is expected to cover the needs of approximately 21,000 children in Chin, Shan, Kachin, Kayin and Kayah including areas looked after by EHOs.

UNICEF is partnering with INGOs and NGOs to provide greater access to HIV testing services among pregnant women and lactating women, especially in the IDP community. Training sessions for implementing partners on the prevention of mother-to-child transmission of HIV were held with the participation of 25 health care providers, followed by a practical session on the HIV testing service. More training is expected to be organized for other implementing partners to ensure capacity reinforcement.

Nutrition

UNICEF partners continued to implement nutrition programmes in Rakhine, Yangon, Kachin, Kayin and Shan North to ensure the provision of essential nutrition services and response. To expand nutrition services access in Ayeyarwaddy region, UNICEF has extended its partnership with World Vision International (WV) in three townships, notably Patheingyi, Kangyidaung and Tharpaung. The transportation of supplies to Chin state remained a challenge and UNICEF

¹ [UNHCR Myanmar Emergency Overview](#)

² [OCHA Myanmar Humanitarian Update No.17](#)

coordinated with KMSS to successfully send supplies such as nutrition bowls, posters, and pamphlets to targeted beneficiaries in Hakha township. During the reporting period, UNICEF also provided 136 cartons of Ready to Use Therapeutic Food to its partners, intended to cover the needs of an estimated 130 children with severe acute malnutrition (SAM). UNICEF prepositioned 273 packages of multiple micronutrient tablets to meet the needs of 1,500 PLWs in Sittwe, Rakhine.

UNICEF provided technical support to nutrition partners and organized a simplified approach training on the Integrated Management of Acute Malnutrition with 173 participants. A total of 987 children aged 6-59 months with SAM were admitted for treatment, the majority of whom were from Rakhine. Additionally, 11,700 primary caregivers of children aged 0 to 23 months received infant and young child feeding counselling. 70,451 children aged 6-59 months received multiple micronutrient powders and vitamin A supplementation.

Cluster:

The Nutrition Cluster coordination platform is operational in Southeast, Kachin, Rakhine, and Shan, supporting partners in the response according to the set targets in the Humanitarian Response Plan (HRP). Further support is being provided to ensure dedicated cluster staff and consistent leadership through the recruitment of staff in the remaining regions. The cluster has heightened its vigilance on the potential violation of the code for the marketing of breastmilk substitutes. Resultantly, two joint statements were drafted and issued with support from the Infant and Young Child Feeding - Integrated Management of Acute Malnutrition technical working group. The statements were issued following violations of the code and the need to promote and sustain optimal breastmilk messaging and practices.

The Nutrition Cluster continues to provide leadership to the response needs of the humanitarian crisis in Myanmar and is coordinating the status update of preventive and therapeutic nutrition supplies. To date, less than 2 per cent of the US\$ 61 million needed for the 2022 Nutrition Cluster portion of the Myanmar HRP has been mobilized. These funding gaps result in several repercussions for the humanitarian response. For instance, UNICEF procured supplies of therapeutic nutrition and micronutrients are expected to run out in September 2022 without increased funding support. Going forward, the cluster intends to finalize the consolidation of the emergency preparedness and response plan whose drafting has already been initiated in Rakhine and other regions in preparation for the impending flooding season.

Child protection

In 2022, a total of 53,332 individuals (18,388 girls, 17,870 boys, 12,634 women, 4,440 men) were reached nationally through 28 partners with critical child protection services including access to mental health and psychosocial support (MHPSS), gender-based violence (GBV) risk mitigation, prevention and response interventions as well as Explosive Ordnance Risk Education (EORE). A total of 518 children (50 per cent girls) affected by violence, sexual abuse, physical abuse, and neglect have been provided with case management support and have received individual care from UNICEF partners in Kayin, Kayah, southern Shan and Mon state. Monitoring, verification and reporting of grave violations of child rights, and service in response to this have continued in situations of armed conflict. In the first quarter of 2022, the number of grave violations had already reached 67 per cent of the entire 2021 caseload.

UNICEF and partners conducted child protection trainings in IDP camps in Taunggyi, Hpa-pun, Mawlamyine and Myawaddy reaching 1,939 individuals including teachers, parents, caregivers and community volunteers and staff from implementing partners (46 per cent women), including 153 children and adolescents (40 per cent girls). The training and awareness-raising sessions increased their skill sets and strengthened their ability to provide critical protection services and to equip children and adolescents with the life skills to protect themselves. The topics covered detecting child protection concerns, identifying MHPSS referral services, prevention of and response to child abuse, COVID-19 prevention and understanding prevention of sexual exploitation and abuse (PSEA), parental education, child safeguarding, anti-trafficking sessions, EORE, alternative care and paralegal awareness sessions.

UNICEF and partners organized an online human rights training series for more than 80 lawyers across Myanmar. UNICEF and its partners also provided legal aid support to 667 children (376 girls) and 480 young persons (266 female) for migration, detention and PDF-related cases. A total of 9,164 posters and fliers with messages on MHPSS, justice fact sheets and PSEA posters were distributed in Mon and Kayin states including Tanintharyi and Bogo-East. PSEA community posters were translated into Karen and Burmese languages.

Cluster:

The Child Protection Area of Responsibility (CP AoR) expanded its coordination system to include the launch of the Yangon subnational CP coordination group. During the reporting period, the CP AoR focused on raising awareness on the different risks and issues children face in contact with the law and the referral pathways available for legal

representation. The CP AoR coordinator participated in a series of training on needs assessment and preparedness conducted by the Global CP AoR and Education in Emergency. Internal consultations with the Global CP AoR were conducted on the upcoming multi-sector needs assessment to ensure that the indicators reflect the main child protection risks and issues in Myanmar.

Mine Action AoR:

UNICEF, as lead of the Mine Action Area of Responsibility (MA AoR), marked the International Day for Mine Awareness and Assistance in Mine Action under the theme "Safe Ground, Safe Steps, Safe Home". A number of advocacy events were organized nationally and internationally to mark this day. It should be noted that as the twenty-second anniversary of the International Day for Mine Awareness passes, Myanmar is not a signatory to the Ottawa Treaty, the Anti-Personnel Mine Ban Convention and that parties to the conflict continue to use landmines indiscriminately, causing death and injury to boys, girls, men and women. The MA AoR is calling on all parties to the conflict to cease using landmines.

In Myanmar, the MA AoR members continue to advocate for scaling up EORE by all humanitarian actors who can be trained to deliver it and increasing financial support for the AoR members for urgently needed EORE activities. Additionally, the MA AoR coordinator, DanChurch Aid, Mine Free Myanmar and Humanity and Inclusion outlined the Mine Action sector needs and gaps to donors at the UNICEF presentation on Delivering for Children. Meanwhile, victim assistance delivered by UNICEF and MA AoR members continued through case management, cash assistance and referral. MA AoR coordination at subnational and national level is now well established and organizations are contributing towards a Mine Action plan based on the Mine Action strategic plan for Myanmar. Support is needed to fund the action plan in line with the Humanitarian Response Plan.

Education

UNICEF and partners prioritized the provision of education services to children affected by conflict across Myanmar, especially those in the northwest and southeast regions. The ongoing conflict has resulted in frequent movements of IDPs, severely hindering access to the most affected children and their families. During this reporting period, UNICEF and partners managed to reach 47,341 children (24,216 girls) aged 3-17 years in Chin, Kachin, Sagaing, Kayin, Rakhine, Shan and Kayah states through different education interventions. A total of 9,986 children (5,211 girls) received essential learning packages to continue their learning and 6,048 adolescents/children (2,913 girls) benefited from skills development interventions. In Shan South and Kayah, early learning storybooks, education in emergency supplies, and short-term open learning materials were provided to a total of 4,320 IDP children (2,080 girls). Similarly, 18,895 (more than 9,000 girls) benefited from education interventions in Chin and Sagaing.

National level matriculation examination was administered from 31 March to 9 April 2022 with varying degrees of participation. For example, in Chin, the examination was conducted in 5 out of 9 townships with 2,960 students registering but only 2,259 students turning up. In Sagaing, the examination was administered in 34 out of total 45 townships, with 16,828 students registering and 13,825 appearing on the day. In the northwest, due to widespread military action in Sagaing, the IDP caseload increased resulting in a greater demand for education. One of the partners had originally targeted 2,575 students, with 4,211 enrolling due to demand from parents. Similarly, the movement of IDPs continued in the southeast. The IDP student caseload in Kayah state reduced by 40 per cent as people moved to different townships in Shan South. Overall, education needs are increasing but access remains a challenge due to the expansion of the conflict as well as travel authorization being denied or delayed as education is not considered lifesaving.

Cluster

The Education Cluster held its monthly national and subnational coordination meetings across the country. During the reporting period, cluster partners finalized the multi-year (2022-2025) Education Cluster strategy aligned to the Joint Response Framework. The strategy outlines a common approach for providing a humanitarian response to support children and youth to re-engage in quality, protective education. The cluster is strengthening its capacity for subnational coordination, as 3 dedicated, full-time subnational coordinators will be on board by early May. This will strengthen preparedness efforts and quality of the response. The coordinators are each co-hosted by two organizations, including a UNICEF and Save the Children co-funded position for Rakhine coordination and Chin, Magway, Sagaing coordination. The cluster organized the first meeting between Education Cannot Wait (ECW) colleagues and education partners in Myanmar to discuss the development of ECW and facilitated the first Multi-Year Resilience Programme for Myanmar.

The Education Cluster is actively supporting a multi-sector needs assessment to take place in Myanmar in 2022 and will complement these efforts with a joint education needs assessment. A first round of training for education needs assessment was completed by cluster staff and over 15 partner staff.

WASH

During the reporting period, UNICEF delivered clean drinking water to 150,343 people affected by the conflict in Chin, Kachin, Kayah, Kayin, Rakhine, northern Shan, and Yangon. This includes 28,145 people in the martial law townships receiving purified bottled drinking water through partnerships with Terre des Hommes, Water Aid and the engagement of private companies. 71,671 affected populations in Chin, Kachin, Kayah, Kayin, Rakhine and northern Shan were reached with gender-segregated sanitation services. Lifesaving WASH supplies were distributed to 89,263 people in Kachin, Rakhine and Yangon, and 11,725 people were reached with a handwashing behaviour-change programme in Kachin, Rakhine and Yangon.

In Rakhine, UNICEF partners Solidarités International, Community Development Association (CDA), Community Family Service International and Consortium of Dutch NGOs continued to deliver WASH services. This included reaching 40,246 people with a supply of drinking water, 38,651 people with sanitation services including latrine maintenance and safe excreta disposal, 24,113 people with WASH supplies and 2,528 people with the handwashing behaviour-change programme. In Chin, Sagaing, Kayah and Kayin, 43,437 temporarily displaced people were reached with lifesaving WASH supplies and 13,305 people were supplied with drinking water. The temporarily displaced people are in the forest or have taken shelter in host communities and monasteries. The disruption of banking services and the constraints on access have continued to affect UNICEF and its partners' response. New partnerships are being developed with KMSS, Ar Yone Oo, People in Need, Suwannimit Foundation, Mercy Corps, Adventist Development and Relief Agency, CDA and Peace Winds Japan to strengthen and expand the humanitarian WASH response in Chin, Sagaing, Magway, Kayah and Kayin.

Cluster:

The WASH Cluster organized the monthly coordination meetings, collecting the funding matrix and contingency stock of cluster members for the first quarter of 2022. Only 1 per cent of the HRP budget has been received by members up to the end of March, which severely hindered the national WASH response. Partners' responses were implemented in a low-profile approach despite the limited access and insecurity in reaching the affected populations. Partners have reported incidents of staff arrested, including those who are locally based, especially in Chin, Sagaing and Magway. In Kachin, WASH Cluster partners updated their Emergency Preparedness and Response Plan for 2022 and the final version, agreed with partners, will be circulated in May. In Rakhine, operational staff, both national and international, have faced challenges in gaining access to camps. The cluster is monitoring the situation to improve access and partners are currently working through camp-based staff to ensure the delivery of activities in the meantime. Furthermore, the Rakhine WASH cluster and humanitarian actors have engaged with key stakeholders to discuss other challenges in the Sittwe protracted camps, particularly related to land issues for infrastructure work and other humanitarian facilities for which fees are perceived by landowners. The cluster, with the support of the Intercluster Coordination Group, is taking forward advocacy on this issue at different levels.

Social Protection and Cash-based Programming

UNICEF and its partners continue the Humanitarian Child Grant programme in peri-urban Yangon. The total number of programme participants is 6,194 (comprising 2,172 girls, 2,143 boys, 216 children with a disability, and 1,663 pregnant women) with the provision of Social Behaviour-Change Communication sessions. Home visits were held and have reached 646 mothers and caregivers of children under 2 years while telemessaging reached 34 mothers and caregivers. Grievance handling has been conducted via the hotlines set up by UNICEF partners in the cash transfer programme. A total of 244 complaints were received and recorded on the complaint and feedback response mechanism database. UNICEF continued to provide the "Bright Start: Mobile-based health microinsurance" pilot programme for primary health care services in Yangon peri-urban area, Hlaing Thar Yar and Shwe Pyi Thar townships. As of the end of this reporting period, services have been provided to 10,091 participants, including 9,084 children under 7 and 1,007 pregnant women. To date, participants have received 65,034 follow-up and telemedicine consultation services together with 10,342 prescriptions, 2,599 investigations, 2,098 referrals, and 626 hospital cash grants. In addition, there are also 388 appointments for outpatient antenatal care for pregnant women and 1,356 outpatient appointments for early childhood care for children under 7.

UNICEF is expanding this programme to an additional 20,000 participants including pregnant women and children under the age of 5 from the peri-urban townships of Shwe Pyi Thar, North Okkalar, North Dagon, South Dagon and Dagon Seikkan. So far, this phase has reached 9,539 participants who have already started to receive primary health care services. Participants from this cohort have received 3,117 telemedicine consultation services, together with 668 outpatient services on antenatal care and early childhood health care, and 60 hospital cash grants.

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

The AAP approach is mainstreamed in the community consultation process of education programming. The main areas of interest include community information channels about education service provision, community opportunities to provide feedback and existing channels to provide feedback. A briefing was held with civil society organization partners taking part in a PSEA assessment on the importance of including AAP components in their programme. The WASH Cluster developed an AAP strategy note with the aim of supporting cluster partners in a systematic and collective process of setting standards, effective quality monitoring, taking action to address issues and learning for continuous improvement.

COVID-19 prevention and vaccine-related key messages are being developed and disseminated through UNICEF social media channels. Regular social media monitoring on myths, rumors and concerns around the COVID-19 vaccine are conducted in collaboration with the World Health Organization. The social media monitoring update reports were shared with Risk Communication and Community Engagement partners to address them. Frequently asked questions and answers were prepared for the Sinovac vaccine as part of the COVID-19 vaccine roll-out in targeted EHO areas of Shan state. Social behaviour change action plan and communication materials will be developed to promote the vaccine demand in the identified EHO areas, with the collaboration with implementing partner.

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian coordination and strategy in Myanmar is aligned with the Humanitarian Needs Overview, the Humanitarian Response Plan, as well as Clusters and programme priorities. In response to the political crisis and its impact, four clusters have been activated since 21 August 2021, namely Nutrition, Food Security, Education and Protection. UNICEF is leading three clusters and two Area of Responsibility (AoR), notably the Nutrition and WASH Cluster, while co-leading both the Education Cluster and the Child Protection AoR with Save the Children. Since January 2022, UNICEF is also leading the Mine Action AoR. UNICEF continues to work in coordination with the Myanmar Humanitarian Country Team while collaborating with UN agencies and INGOs to efficiently coordinate and deliver life-saving services. In addition to taking part in the Inter-Cluster Coordination Group led by OCHA, UNICEF facilitates the in-country interagency PSEA network with UNFPA and is an active participant in the Humanitarian Access Working Group. Through nine offices across Myanmar, UNICEF ensures monitoring of its programme implementation and coordinates its activities in Yangon and Nay Pyi Taw, Lashio and Taunggyi in Shan, Sittwe and Maungdaw in Rakhine, Myitkyina in Kachin, Hakha in Chin and Hpaan in Kayin.

Human Interest Stories and External Media

Stories

[Child landmine survivors receive critical assistance](#)

Tweets

<https://twitter.com/UNICEFMyanmar/status/1515872823738314754>

<https://twitter.com/UNICEFMyanmar/status/1513713567031336961>

<https://twitter.com/UNICEFMyanmar/status/1511229671140212736>

Facebook posts

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5219542331446583/>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5190706424330174/>

<https://www.facebook.com/unicefmyanmar/photos/a.416623888405142/5187702831297200/>

Next SitRep: 30 May 2022

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

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Summary of Programme Results

Sector Indicator Disaggregation		UNICEF and IPs			Cluster Response		
		2022 targets	Total results	Change ▲▼	2022 targets	Total results	Change ▲▼
NUTRITION							
# children aged 6-59 months with SAM admitted for treatment	Girls	37,503	523	▲413	39,477	523	▲413
	Boys		455			455	
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women (PLW)	291,068	11,700	▲4,211	363,835	14,737	▲6,794
# children aged 6-59 months receiving multiple micronutrient powders and Vitamin A supplementation	Girls	529,215	34,666	▲18,081	661,519	34,666	▲18,081
	Boys		35,785			35,785	
HEALTH							
# children 9 to 18 months vaccinated against measles		760,000	1,522	▲937			
# of children and women accessing primary health care in UNICEF-supported facilities		158,951	29,762	▲6,609			
# of pregnant women received HIV testing and post-test counselling*		75,000	N/A	N/A			
WATER, SANITATION AND HYGIENE PROMOTION							
# male and female accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		434,468	150,343	▲18,753	1,163,474	309,091	▲167,644
# male and female use safe and appropriate sanitation facilities		271,632	71,671	▲12,478	701,921	225,465	▲140,519
# of people reached with handwashing behaviour change programmes		635,683	12,056	▲11,725	548,070	126,326	▲105,305
# male and female reached with critical WASH supplies		998,710	128,658	▲89,263	1,317,325	278,885	▲204,398
CHILD PROTECTION							
# children, adolescent boys and girls and male and female caregivers accessing mental health and psychosocial support	Girls	303,000	9,818	▲11,128	348,000	36,744	▲22,411
	Boys		9,746				
	Women		3,941				
	Men		858				
# women, girls and boys accessing GBV risk mitigation, prevention and/ or response interventions	Girls	133,000	1,956	▲3,727	150,000	5,484	▲3610
	Boys		1,599				
	Women		1,839				
	Men		0				

# people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Girls	148,000	552	▲ 1,204	170,000	6,154	▲ 1,347
	Boys		434				
	Women		2,004				
	Men		573				
# children who received individual case management	Girls	2,850	460	▲ 518	4,400	1036	▲ 598
	Boys		462				
# children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Girls	386,485	5,602	▲ 6,220	444,000	100,426	▲ 69,018
	Boys		5,629				
	Women		4,850				
	Men		3,009				
EDUCATION**							
# of children accessing formal and non-formal education, including early learning		1,151,160	116,069	▲ 31,307	1,326,250	N/A	N/A
# of children receiving individual learning materials		1,078,000	23,210	▲ 9,986			
# of children/ adolescents accessing skills development programmes		18,000	8,332	▲ 6,048			
SOCIAL POLICY							
# households reached with UNICEF funded multi-purpose humanitarian cash transfers		90,000	6,174	N/A			
AAP (NOTE: C4D/RCCE included in sectors)							
# people with access to established accountability mechanisms	Women	30,000	394	▲ 287			
	Men		427				

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

** Education Cluster results to be reported quarterly.

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2022	Resources available from 2021 (Carry-over)	\$	%
Health	34,578,000	759,500	4,040,180	29,778,320	86%
Nutrition	23,645,813	217,054	1,052,874	20,422,393	86%
Child protection	9,870,753	3,877,056	851,505	5,142,193	52%
Education	22,020,965	1,117,129	2,834,082	18,069,754	82%
WASH	29,808,821	7,886,963	1,234,970	20,686,888	69%
Social protection	24,879,956	147,187	697,548	24,035,221	97%
Cross-sectoral (AAP)	28,250		32,029	-	0%
Cluster Coordination	6,546,432		-	6,546,432	100%
Total	151,378,990	15,958,382	10,743,187	124,677,422	82%