

# Consolidated Emergency Report **2022**

UNICEF Afghanistan  
March 2023

**Cover Photo:** In November 2022, 9-year-old Bibi Amina plays with stuffed animals at her child-friendly space in Badakhshan Province, northern Afghanistan. She says, “I have never played with a stuffed animal before, but this one is so cuddly and cute.” 60 children attend this UNICEF-supported child-friendly space each day, facilitated by two women selected from the community.

**Caption:** © UNICEF/UN0748253/Naftalin

### **EXPRESSION OF THANKS**

*The 2022 UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal for US\$ 2 billion was the largest single country appeal in the history of the organization. Thanks to generous contributions from partners, the appeal was funded at around 51 per cent by the end of 2022. UNICEF expresses its sincere gratitude to partners that have provided support towards UNICEF humanitarian response in Afghanistan. UNICEF also extends special thanks to the governments of Australia, Belgium, Canada, Denmark, Germany, Japan, the Netherlands, Norway, Sweden, Switzerland, USA, and UK, as well as private sector partners for contributing flexible resources. Going into 2023, with humanitarian needs continuing to remain high, such donor commitment would be crucial to alleviate acute suffering and preventable deaths.*

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## Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ACO	Afghanistan Country Office
ADB	Asian Development Bank
AFDA	Afghanistan Food and Drug Administration
AGE	Anti-Government Elements
AHF	Afghanistan Humanitarian Fund
ANP	Afghanistan National Police
AIHRC	Afghanistan Independent Human Rights Commission
AOR	Area of Responsibility
ARTF	Afghanistan Reconstruction Trust Fund
AWD	Acute watery diarrhoea
BCC	Behaviour Change Communication
BPHS	Basic Package of Health Services
CAAC	Children Affected by Arm Conflict
CBA	Cash Based Assistance
CBE	Community Based Education
CCS	Common Cash System
CBCPN	Community Based Child Protection Network
CBNP	Community Based Nutrition Programme
CDC	Community Development Council
CEFC	Community engagement and feedback centre
CFS	Child Friendly Space
CHW	Community Health Worker
COVID-19	Coronavirus disease of 2019
CP	Child Protection
CPAN	Child Protection Action Network
CSS	Community Systems Strengthening
CSO	Civil Society Organization
CTFMR	Country Taskforce on Monitoring and Reporting
CVA	Cash and Voucher Assistance
CVWG	Cash and Voucher Working Group
DACAAR	Danish Committee for Aid for Afghan Refugees
DfA	De facto authorities
DoLSA	Department of Labour and Social Affairs
DoRR	Department of Repatriation and Refugees
ECW	Education Cannot Wait
EiE	Education in Emergencies
EiEWG	Education in Emergencies Working Group
EORE	Explosive ordinance remnant education
EPHS	Essential Package of Health Services
EPP	Emergency Preparedness Plan
EPI	Expanded Program on Immunization
EPR	Emergency Preparedness & Response
ERW	Explosive Remnants of War
FHH	Family Health House
FTR	family tracing and reunification

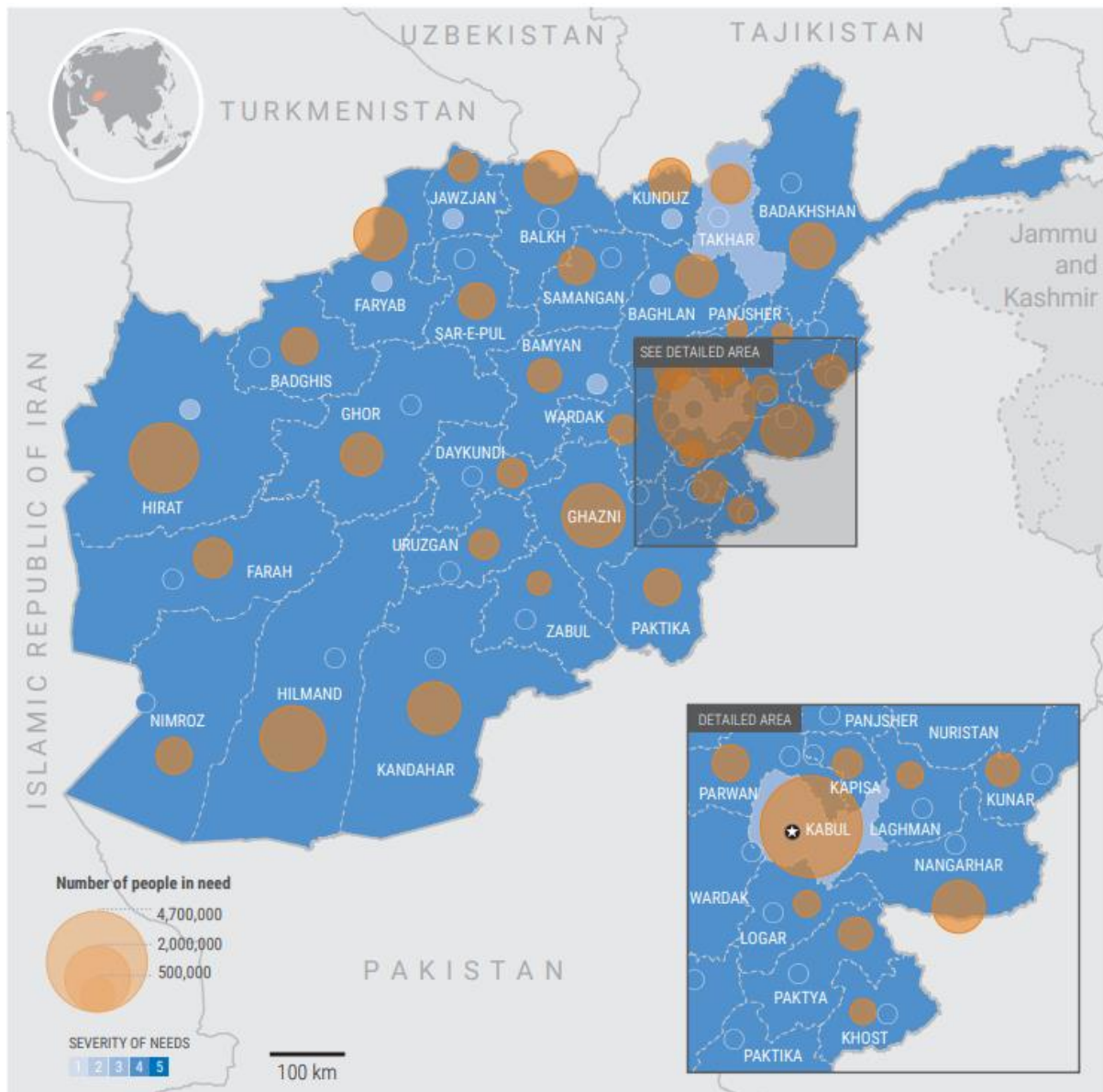
GATE	Girls' Access to Teacher Education
GBV	Gender-Based Violence
GBViE	Gender-Based Violence in Emergency
HAC	Humanitarian Action for Children
HCT	Humanitarian Cash Transfer
HER	Health Emergency Response
HMIS	Health Management Information System
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HSC	Health Sub-Centres
HTR	Hard to Reach
IACP	Inter-Agency Contingency Plan
ICCT	Inter-Cluster Coordination Team
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition
IMC	International Medical Corps
IMNCI	Integrated Management of New-born and Childhood Illnesses
IOM	International Organization for Migration
IP	Implementing Partners
IPD	Inpatient department
IRC	International Rescue Committee
ITAD	International Fund for Agriculture Development
IYCF/E	Infant and Young Child Feeding/ in Emergency
KAP	Knowledge, Attitudes and Practices
KYC	Know Your Customer
MCH-HB	Maternal and Child Health – Handbook
MHNT	Mobile Health & Nutrition Team
MAM	Moderate Acute Malnutrition
MAG	Multi-purpose Adolescent Group
MHM	Menstrual Hygiene Management
MHPSS	Mental Health and Psychosocial Support
MEB	Minimum Expenditure Basket
MoE	Ministry of Education
MoLSA	Ministry of Labour and Social Affairs
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MoU	Memorandum of Understanding
MRRD	Ministry of Rural Rehabilitation and Development
MPC	Multi-purpose cash
MUAC	Middle Upper Arm Circumference
MIYCN	Maternal and Infant & Young Child Nutrition
NFI	Non-Food Item
NGO	Non-governmental organization
OPD	Outpatient departments
PDM	Post Distribution Monitoring
PED	Provincial Education Directorate



PHCC	Provincial health Coordination Committee
PMU	Project Management Unit
PND	Public Nutrition Directorate
PRRD	Provincial Rural Rehabilitation and Development Directorates
PSEA	Protection from Sexual Exploitation and Abuse
PSS	Psychosocial Support
RCCE	Risk Communication and Community Engagement
RMNCAH	Reproductive, Maternal, New-born, Child and Adolescent Health
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SBC	Social and Behaviour Change
SDP	Services Delivery Point
SMS	School Management Shura
TVET	Technical Vocational and Education Training
TLM	Teaching and Learning Material
UNAMA	United Nations Assistance Mission in Afghanistan
UNCCS	UN Common Cash System
UNCT	United Nations Humanitarian Country Team
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	UN Office for the Coordination of Humanitarian Affairs
UASC	Unaccompanied and Separated Children
US\$	United States Dollar
WASSA	Women-Activities-Social-Services-Association
WIFS	Weekly Iron Folic Acid Supplementation
WGSS	Women and Girls' Space
WoAA	Whole of Afghanistan Assessment
YHDO	Youth Health and Development Organization

## Map of Afghanistan

*Severity of Humanitarian Conditions and Number of People in Need in Afghanistan (Humanitarian Needs Overview – HNO 2023)*<sup>1</sup>



<sup>1</sup> HNO 2023, available at: <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2023-january-2023>

## A. Executive Summary

Since the August 2021 political crisis, Afghanistan has experienced increasing humanitarian needs across all areas of programme intervention. In 2022, the country was significantly impacted by multiple emergencies including earthquakes, disease outbreaks and flash floods, compounding existing vulnerabilities of the Afghan population. Violations of women's and girls' fundamental rights sharply increased – from denying girls access to secondary school, to barring women from walking in parks, and banning Afghan women from working in NGOs. As conflict-related security incidents reduced, physical access opened to many previously inaccessible parts of the country. This allowed for an increase in programming to locations with no humanitarian or development programming for over 20 years.

To enable this expansion, UNICEF launched the largest single-country Humanitarian Action for Children (HAC) appeal in the history of the organization at US\$ 2 billion. Thanks to generous contributions from partners, the appeal was funded at around 51 per cent by the end of 2022. This includes flexible emergency funding from both public and private partners, which allowed UNICEF to continuously respond to rising and sudden needs and initiate an office wide decentralization plan to bring the response closer to communities in need, and actively influence and contribute to key inter-agency strategies.

UNICEF Afghanistan Country Office (ACO) adopted a decentralized approach to enhance operational efficiency and respond to needs on the ground in a timely and context specific way. Decentralization allowed for a more contextualized response, strengthened engagement with the local authorities, and provided more oversight as well as empowered the field offices to enable more accountability and rapid decision making.

In 2022, UNICEF scaled up life-saving humanitarian services across Afghanistan to meet unprecedented and growing needs, while ensuring critical basic services did not collapse. UNICEF prioritized life-saving activities in underserved areas with multiple needs throughout 2022, including WASH, health, nutrition, education, and child protection, as well as cash-based assistance. Across all programme areas, UNICEF delivered a holistic, gender-sensitive, inclusive response to the most vulnerable people, and expanded work to prevent sexual exploitation and abuse, while strengthening accountability to affected populations (AAP) through an integrated community engagement system composed of various platforms.

Throughout 2022, there were many challenges with the scale-up, including bureaucratic impediments put in place by the de facto authorities (DfA) and increasing restrictions on women humanitarian workers, which had a significant impact on the operational capacity of NGO implementing partners, multiple hazards, and lack of coherence between key UN agencies on engagement with the DfA. These challenges required an agile, principled, and coordinated approach, adapting response approaches to the evolving environment, while strengthening interagency coordination, building capacity of partners and our extensive workforce of extenders, and improving engagement with the DfA.

UNICEF continued to support health service delivery through non-governmental organization (NGO) partners that covered all 34 provinces across Afghanistan as part of the Sehatmandi project reaching 18 million people. In 2022, around 662,870 children under-five suffering from severe acute malnutrition (SAM) were provided with lifesaving treatment services through mobile teams and basic package of health services (BPHS) health facilities across the country and more than 6.5 million people accessed a sufficient quantity of safe water for drinking, cooking, and personal hygiene. Moreover, UNICEF supported 556,160 children (55 per cent girls) with education opportunities through 15,252 community-based education (CBE) classes and around 9.6 million people were reached through the national awareness campaigns on key behaviour change messages and essential life-saving information related to humanitarian situations and outbreaks. 124,523 households were reached with UNICEF-funded humanitarian cash transfers and more than 8.4 million children and caregivers accessed mental health and psychosocial support (MPHSS).



UNICEF is the lead cluster agency for the nutrition, WASH, education and the child protection area of responsibility (AOR). Throughout 2022, UNICEF supported the interagency humanitarian response implemented through our cluster partner organizations, as well as providing strategic oversight to the clusters, and strengthened the cluster capacity at the sub-national level through the recruitment of sub-national cluster coordinators for nutrition located in the UNICEF field offices.

Moreover, the increase in physical access translated into improved data collection; ensuring a more evidenced based approach to programming. This resulted in a better understanding of the large-scale burden of Acute Watery Diarrhoea (AWD)/Cholera. To address this challenge, UNICEF conducted a lesson learned analysis of the 2022 response and build on this to develop an integrated interagency preparedness and response plan for 2023 AWD/Cholera season - including areas where UNICEF can intervene from a prevention perspective, as well as locations to prioritize for a coordinated and integrated response.

As the context shifted dramatically from 2021 to 2022 there were a many new opportunities and lessons learned. As security improved and physical access opened, UNICEF was able to assess and respond to needs previously not met; however, it also highlighted the challenges of providing services in remote and previously inaccessible areas. While the response to the June 2022 earthquake was rapid and UNICEF was commended for its timely, multi-sectoral, life-saving response, it highlighted the need to be better prepared to deliver emergency services in remote areas, lacking any infrastructure. Building on this lesson, UNICEF is strengthening its emergency preparedness at the local level with a series of field office trainings which will be rolled out in 2023, and in addition, prioritizing cash as a response modality within the first 72 hours of the emergency.

Heading towards 2023, the economic crisis is expected to continue, with 64 per cent of households unable to meet their basic needs. This is coupled with a historic third La Niña drought, harsh winters and other climate-related risks. Vulnerable populations will be pushed to the brink. UNICEF will continue to prioritize life-saving activities in underserved areas with multifaceted needs. Interventions will focus on WASH, health, nutrition, education and child protection. The UNICEF response will include gender-based violence (GBV) services and the use of cash-based assistance to respond to sudden-onset disasters, avert catastrophe and meet existing humanitarian needs.

US\$1.65 billion is urgently needed to meet the humanitarian needs of 19 million people in Afghanistan.

## **B. Humanitarian/Strategic Context**

Afghanistan remains one of the world's worst humanitarian crises; even prior to the Taliban takeover in August 2021, the situation was at crisis levels. Following the takeover, the situation worsened due to rapid economic decline, heightened food insecurity and malnutrition, a near-collapse of the national public health system, recurring flooding and other natural disasters, and almost-total exclusion of women and girls – almost half the population – from public life. By the end of 2022, there were an estimated 28.3 million people projected to be in need of humanitarian assistance, including 15.3 million children (2023 Humanitarian Needs Assessment); up from 24.4 million people at the start of the year.

In 2022, the key drivers of humanitarian need in Afghanistan were multidimensional; they included drought, natural disasters, extreme winter, economic shock, disease outbreaks, and protection threats, especially for women and girls. This indicated a shift from 2021 when the main drivers of need were conflict and COVID-19. Throughout 2022, households' vulnerabilities were compounded by these multi-emergencies and economic shocks<sup>2</sup>. Nearly 20 million people in Afghanistan are acutely food-insecure (IPC 3+), including more than 6 million people on the brink of famine-like conditions in IPC Phase 4 (Emergency), according to preliminary projections for November 2022 to March 2023. An

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<sup>2</sup> <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2023-january-2023>

estimated 4 million vulnerable people will likely suffer from acute malnutrition in 2023, including 875,227 children with Severe Acute Malnutrition (SAM) and 804,365 pregnant and lactating women (PLW) with acute malnutrition<sup>3</sup>. According to a WFP Food Security Update,<sup>4</sup> nine in 10 households consumed insufficient food, with little change over the past 12 months. On average, 90 per cent of household income is spent on food, while 50 per cent of households rely on coping strategies to meet their basic food needs. The same report found that female-headed households are disproportionately affected, as 84 per cent are unable to consume sufficient food and women are twice as likely than men to sacrifice their meals so their families can eat.

In addition to the ongoing economic crisis, ruptures in basic services, and high food insecurity, 2022 saw a five-year high in the prevalence of natural disasters, including floods, drought, earthquakes and an extreme winter. These had a devastating impact on the lives of many, particularly children and women. Between January and December 2022, around 228,100 people were affected by natural disasters across the country, with 33 out of 34 provinces experiencing a climate-related disaster during the year. On average, such disasters affect 200,000 people in Afghanistan every year.<sup>5</sup>

On 22 June 2022, a 5.9 magnitude earthquake struck south-eastern Afghanistan centred around Paktika and Khost provinces. Barmal and Gayan Districts in Paktika Province, as well as Spera District in Khost Province, were the most impacted. An estimated 1,036 people were killed and 2,924 were injured. At least 4,500 homes were fully or partially damaged in Paktika and Khost.<sup>6</sup> The Joint Assessment Teams (JATs) assessed around 200,000 people (more than 29,000 families) in nine earthquake-affected districts in three provinces, and as a result, more than 100,000 people were identified for emergency humanitarian assistance. The earthquake response also revealed high levels of deprivation, unmet needs, and systemic gaps. These were either not previously documented or not adequately considered due to the areas being cut-off for over two decades to humanitarian and development actors.

In July and August, significant heavy rains and atypical summer flooding across Afghanistan affected several provinces in the western, eastern, southern, and central regions. Some 3,398 homes are estimated to have been damaged or destroyed as a result of the floods –3,000 in Logar, 195 in Maidan Wardak, 188 in Parwan and 15 in Ghor provinces. Around 8,246 families were affected across 13 provinces; the most affected province was Logar (3,000), followed by Nangarhar (1,376), Laghman (1,327) and Khost (446). Livelihoods were also seriously impacted with around 7,000 livestock killed; and businesses, crops, farmland, and irrigation systems destroyed in at least nine provinces. Roads, bridges, and irrigation systems were also impacted.<sup>7</sup>

Afghanistan is also facing a water scarcity crisis due to recurrent drought and continuing La Niña weather patterns, resulting in higher-than-normal temperatures and lower than average precipitation, significant reliance on ground water to address water needs, poor integrated water resource management, low water storage infrastructure, and fragmented institutional arrangements. The Whole of Afghanistan Assessment (WoAA) for 2022 found that 80 per cent of the rural population reported insufficient access to water for domestic use and 23 per cent report water, sanitation and hygiene (WASH) as one of their top three priorities. Lack of or limited access to safe and sufficient water is mostly associated with a shrinking economy in urban and pre-urban areas, and far distances in rural areas, along with poor access to sanitation services and poor hygiene, which increases the vulnerability of the population to disease outbreaks. A survey conducted by the WASH cluster between August and November 2022 found that 67 per cent of households surveyed were not able to access essential means and supplies for maintaining personal hygiene. As Afghanistan's population

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<sup>3</sup> <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156185/?iso3=AFG>

<sup>4</sup> <https://reliefweb.int/report/afghanistan/wfp-afghanistan-situation-report-22-december-2022>

<sup>5</sup> <https://response.reliefweb.int/afghanistan/natural-disasters-dashboard>

<sup>6</sup> [Earthquake Damage Assessment - Khost, Paktika and Paktya Provinces, Afghanistan \(July 2022\) - Afghanistan | ReliefWeb](#)

<sup>7</sup> <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-5-flash-flooding-central-eastern-western-and-south-eastern-regions-24-august-2022>

continues to grow, there is increasing pressure to further exploit groundwater for further development. This trend will cause further negative consequences on the qualitative and quantitative impacts on groundwater that will challenge their socio-economic development and environmental security.

There were several infectious disease outbreaks in 2022. Since the start of the outbreak in May 2022 to December 2022, 242,562 cases of AWD with dehydration were reported. Of these, 134,192 (55.3 per cent) were children below 5 years and 121,167 (50.0 per cent) were females. There were 101 deaths associated with this outbreak. The nationwide peak of cases was reached in June 2022. The most affected provinces were Kabul (22.9 per cent), Helmand (17.5 per cent), Baghlan (7.3 per cent), Nangarhar (5.4 per cent), Kandahar (5.3 per cent), Jawzjan (3.9 per cent) and Paktya (3.6 per cent). In 2022, measles outbreaks were also reported around the country. A total of 77,210 cases and 388 associated deaths were reported during the year, with Badakhshan (11.5 per cent), Kabul (10.9 per cent), Nangarhar (9.8 per cent), Helmand (8.4 per cent), Kunduz (7.4 per cent), Takhar (5.1 per cent) and Herat (4.9 per cent) the most affected provinces.<sup>8</sup> The surge in measles cases occurred in the first four months of the year, when more than half the annual cases were reported. This country-wide epidemic was likely linked to the lack of measles vaccination campaigns in 2021, which was largely due to the COVID-19 pandemic and the political transition.

The number of Afghans vaccinated against COVID-19 increased from approximately 4.3 million at the beginning of 2022 to a cumulative number of 11.3 million adults by end of November 2022, representing 58.2 per cent of the total targeted population in the country; of which about 10.83 million are fully vaccinated (54.75 per cent of the target population).

The operating environment in Afghanistan remains highly complex. While physical access largely improved across the country in 2022, allowing UNICEF and partners to scale-up and respond in remote and previously inaccessible areas, bureaucratic impediments, threats and intimidation of humanitarian workers, and restrictions on female humanitarian workers increased significantly, which hindered the delivery and monitoring of critical life-saving services. From the second half of the year there was a steady increase in access related incidents with interference in the implementation of humanitarian activities the highest access constraint reported ranging from 'interference into beneficiary selection', 'interference with programming', and 'pressure to sign Memorandum of Understanding (MoU)'. In December 2022, humanitarian access incidents doubled from November 2022, and tripled from the same time in 2021<sup>9</sup>. This was largely related to the decree issued by the DfA on 24 December 2022 which barred all national female employees of national and international non-governmental organizations (NGOs) from going to work.

According to an initial survey conducted in December 2022, the ban on women NGO workers had dire consequences on women's access to assistance. Two-thirds of 151 organizations surveyed (both international and national NGOs) had stopped more than 70 per cent of their activities in the last week of December. The impact assessment also revealed that service provision (such as protection) was most affected by this directive. There were negotiated exemptions to this ban under the health sector, which allowed female health and nutrition workers to operate in health facilities across the country. Exemptions in the education sector allowed female teachers to continue teaching in primary schools and in community-based education classes.

Afghanistan also continued to face an education crisis, particularly for girls. An estimated 4 million children (60 per cent girls) were already out of school at the beginning of 2022. The ban on girls' access to secondary education since March 2022 affected over one million girls. The recent decree which banned girls and women from attending public and private universities further restricted their educational opportunities. At the national level, secondary school enrolment rates for boys appeared

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<sup>8</sup> <https://www.emro.who.int/afg/information-resources/infectious-disease-outbreak-situation-reports.html>

<sup>9</sup> <https://response.reliefweb.int/afghanistan/humanitarian-access-snapshot>

stagnant in rural areas and declined in urban areas, as older boys dropped out of school to seek jobs in an increasingly difficult labour market.

Child Protection remains a major concern in Afghanistan with 7.5 million children and caregivers in need of mental health and psychosocial support (MHPSS)<sup>10</sup>. The economic and security situation together with the recent decisions banning girls and women from education and work, increased the risk of violence, exploitation, and exposure to negative coping mechanisms such as child marriage, child recruitment and child labour. The WoAA report of 2022 indicates that at least 59 percent of households assessed confirmed at least one family member experiencing protection risks in the past 30 days before the assessment. The study also found that 73 per cent of households surveyed reported that at least one household member had shown signs of behaviour change in the six months prior to data collection<sup>11</sup>, prompting UNICEF to intensify a holistic response to MHPSS.

### C. Humanitarian Results<sup>12</sup>

In 2022, the operating environment remained highly complex with bureaucratic impediments, threats, detention, intimidation of humanitarian workers, and restrictions on female humanitarian workers increased significantly, hindering the delivery and monitoring of critical life-saving services. In this volatile environment, UNICEF managed to scale up its critical lifesaving interventions and supported provision of basic services, benefitting from increased geographical access and continued engagement with the de facto authorities. To fulfil its core commitments to children, UNICEF prepared for, and responded to multiple emergencies and humanitarian crises.

Over 24 million people needed humanitarian assistance in 2022<sup>13</sup> representing a 25 per cent increase in needs from 2021. Vulnerable communities were affected by economic crises, ruptures in basic services, high food insecurity and natural disasters such as floods, drought, and earthquakes. In 2022, UNICEF targeted 15.3 million people, including 8.1 million children. Through its five Zonal Offices (Herat, Jalalabad, Mazar-e-Sharif, Kandahar, and Kabul) and eight outposts (Ghor, Badghis, Daikundi, Bamyan, Badakhshan, Paktya, Helmand, and Uruzgan) in partnership with National and International NGOs, the Clusters, other UN Agencies, civil society and community-based organizations and donors, UNICEF **reached over 18 million people, including 9.7 million children** through different interventions.

UNICEF reached more than 18 million people with primary **health** care services. UNICEF also reached 1.6 million people with life-saving health services in hard-to-reach areas through mobile teams, managed outbreaks of AWD/Cholera, implemented vaccination campaigns across the country, and ensured health services continued in harsh winter months.

In the first half of the year, the country was overwhelmed with multiple outbreaks of measles and 385 deaths in children. UNICEF procured measles vaccines in response to the outbreak and strengthened the cold chain system, contributing to measles vaccination of 1,651,830 children of 6-59 months age in 49 districts in March and 1,246,866 in September in 85 high risk districts. The measles outbreaks were followed by series of outbreaks of AWD across the country. In close coordination with World Health Organisation (WHO), UNICEF's prepositioned supplies of 1,270 AWD kits of various types was a key lifeline to the response. In addition, 33 integrated emergency response teams swiftly responded to the outbreaks in the field. For rehydration of the cases, 1,885 BPHS and EPHS health facilities and all mobile health and nutrition teams (MHNT) established oral rehydration points. To rehydrate

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<sup>10</sup> 2023 Humanitarian Action for Children (HAC), UNICEF Afghanistan.

<sup>11</sup> Behavioural changes include but are not limited to: excessive sad mood or crying, bedwetting, decrease in appetite or sleep, significant social withdrawal, angry or aggressive or violent behaviour.

<sup>12</sup> (i) Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.  
(ii) Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

<sup>13</sup> HNO, 2022



severely dehydrated cases, 349 diarrhoea treatment centres/units providing intravenous rehydration facilities were established in BPHS and EPHS facilities.



*Nurse Nasiba listens to the heart of 6-month-old Zabiullah, at the UNICEF-supported provincial hospital in Nili. Zabiullah is suffering from medical complications alongside his malnutrition. © UNICEF/UN0779727/Naftalin*

Through partnership with national and international organizations, UNICEF continued delivery of lifesaving **nutrition** services, providing 662,870 children aged under-five (260,125 boys & 177,499 girls) with SAM treatment services against a target of 1,078,804 through more than 3,200 Services Delivery Points (SDPs). In-addition, a total of 4,985 children aged 6-59 months with Moderate Acute Malnutrition (MAM) were treated with Ready to Use Therapeutic Food (RUTF).

Despite economic challenges, outbreaks, drought, malnutrition crises, low emergency funding compared with the need and deteriorating WASH services, UNICEF made progress in advancing the rights to basic water, basic sanitation, and hygiene in rural and urban settings. **WASH programmes** provided comprehensive gender sensitive life-saving interventions to emergency affected populations and contributed to more than 96 per cent of the WASH cluster response in-country in the provision of a sufficient quantity of safe water for drinking, cooking, and personal hygiene, around 90 per cent of the targeted people reached with critical WASH supplies and 100 per cent of the targeted people provided with basic sanitation facilities. UNICEF scaled up emergency WASH activities during 2022 compared to previous years both in rural and urban areas in response to the multiple crises affecting the population and this was largely achieved through life-saving assistance, including the provision of drinking water supply, adequate sanitation along with essential WASH supplies, integrated hygiene promotion and capacity building. UNICEF reached over 5,500,505 people in need of humanitarian assistance (of which 2.7 million are children) with safe and sustained access to drinking water supply.

In 2022, despite the lack of data to report progress at sector level on learning or out-of-school children numbers, access to primary-level **education** has been sustained within public schools and doubled within community-based schools. Through emergency payments to all public-school teachers in the country in January and February, and distribution of necessary school supplies to all primary school children to enable continuous learning, UNICEF prevented the total collapse of the public education



system, and revitalized technical assistance to sector governance through the recruitment of 40 national technical advisors to increase the capacity within key departments.

As part of the scale up of the emergency response, UNICEF continued the provision of **child protection** life-saving services to children. As a result, 9.2 million people (including 1.8 million girls, 2.2 million women and 79,391 children with disabilities) received child protection services in 2022, including GBV prevention, case management including family tracing and reunification (FTR), and explosive ordinance remnant education (EORE). Child protection specialized response services reached 1,238,730 children and caregivers with GBV prevention, risk mitigation and response services. UNICEF strengthened its role in coordination, which enhanced timely and quality emergency responses and improved the quality of case management of vulnerable children and at risk.

UNICEF scaled up **humanitarian cash transfers** (HCT), providing multi-purpose cash (MPC) to support 124,523 households in meeting their basic needs and services during shocks, including the high-level poverty resulting from worsening economic situation in the country.

As part of UNICEF's **Accountability to Affected Populations** (AAP) and strengthening humanitarian response mechanisms, UNICEF supported an integrated community engagement system composed of various platforms, including two-way dialogue with communities to support programme design and delivery, and to collect community feedback on programme interventions.

## C.1 HEALTH

### Summary of Health Programme Results

Health	UNICEF 2022 Target	UNICEF Total Results	Cluster / sector 2022 Target	Cluster / sector Results
Number of children aged 6 to 59 months vaccinated against measles	10,465,896	6,640,188		
Number of children and pregnant women accessing primary health care in UNICEF-supported facilities	15,338,868	18,537,896		

UNICEF's exemplary contributions in 2022 ensured continuity of health service delivery in public health facilities in Afghanistan, provided life-saving health services to underserved populations through mobile teams, managed outbreaks of AWD, cholera, and measles, vaccination campaigns, and winterization.

UNICEF extended support from 17 provinces to all 34 in February 2022 towards BPHS in health facilities to ensure continuation of health care services in Afghanistan. As a result, UNICEF, through its NGO implementing partners, increased its support from 1,031 BPHS health facilities, where services were provided by 10,200 health workers at the beginning of the year, to 2,214 BPHS health facilities and 96 EPHS health facilities, where services were provided by more than 24,000 health workers at year-end. More than 18.5 million people gained access to primary health care, against a 2022 target of 15 million people. During mid-year, with ADB (Asian Development Bank) and other partners' support, UNICEF started delivery of high impact value added interventions in nine provinces.



*Fatima Adeli, doctor with a UNICEF-supported mobile health and nutrition team, prescribes medication and discusses its use with a mother. She says, "Most cases I see are flu and throat diseases." © UNICEF/UN0733564/Naftalin*

UNICEF also continued efforts to reach vulnerable populations in underserved and previously inaccessible areas by increasing the number of MHNT. From 70 MHNTs in 15 provinces at the start of the year, UNICEF scaled up its operations to 171 MHNTS across all provinces. These teams provided a package of vital health and nutrition services in often remote mountainous areas and, in some cases, in camps for internally displaced persons (IDPs). A total of 1.6 million consultations, including more than 700,000 for children under the age of five, were conducted by mobile teams. UNICEF also helped improve patient care and quality of services by training more than 11,000 community health workers (CHWs), 180 primary health care officers and 108 family midwives on topics such as integrated community case management, community-based nutrition counselling, integrated management of acute malnutrition, adolescent health, GBV prevention and mental health and psychosocial support.

With continued economic hardships linked to loss of livelihood and increasing poverty, access to health services, particularly for pregnant women – some of the most vulnerable, remained a challenge. To overcome this, UNICEF conducted a pilot project of unconditional cash transfers for pregnant women in Daikundi Province. These cash transfers helped women overcome financial barriers to accessing antenatal, delivery and post-natal care, and vaccination for their children. More than US\$ 6 million was disbursed to 24,000 pregnant women with an aim to encourage access to health services and ease economic hardship. Maternal and Child Health Handbooks (MCH-HB) were distributed to 2 million pregnant women and mothers of children under two years of age across the country. The expansion of MCH-HB was completed in 32 private hospitals in eight provinces through close coordination between UNICEF and Afghan Private Hospital Association. A total of 221 private sector health professionals were trained in the use of the manual, which was distributed to private hospitals.

Some 73,590 cases of measles and 388 associated deaths were reported during the year. The measles epidemic had engulfed the entire country; however, the surge in cases was in the first four months

where more than half of the annual cases were reported. UNICEF, through its implementing partners of health facilities and MHNTs provided treatment and referral of cases. The country-wide epidemic was postulated to be due to missing of measles vaccination campaigns in 2021 – largely due to the COVID-19 pandemic and political transition. Hence UNICEF supported outbreak response vaccination campaigns and one countrywide preventive vaccination campaign in 2022, which led to vaccination coverage of 6.6 million children aged 6 to 59 months. In addition, a total of 2.5 million children received measles vaccines through routine immunization. UNICEF also supported COVID-19 vaccinations through health facilities and campaigns which led to 7.2 million eligible beneficiaries fully vaccinated in 2022, taking the total of fully vaccinated in the adult population to 10.8 million. UNICEF's support to routine immunization and vaccination campaigns included procurement and distribution of vaccines, strengthening the cold chain and social and behaviour change (SBC). In October 2022, UNICEF led the nationwide assessment of the cold chain equipment inventory from over 2,500 vaccine storage points.

As in each of the last three years, more than 2 million cases of diarrhoea were reported in 2022, 10% of which involved dehydration. Outbreaks of AWD with dehydration were reported in 189 districts, with 101 associated deaths. The nationwide peak of cases was reached in June 2022. In response, UNICEF, through its implementing partners, has set up 1,922 oral rehydration points in health facilities and health centres and 349 cholera treatment centres. In addition, UNICEF established 33 integrated emergency response teams that provided rapid health, water, sanitation and hygiene support in hot spots. A total of 419 oral rehydration kits were used.

UNICEF and its' supported implementing partners were the first responders to road traffic accidents (such as at the snow-affected Salang Pass) and natural disasters like floods and earthquake – where the health facilities provided trauma care and the MHNTs were quickly repurposed to respond to the emergency on the ground. For example, the MHNTs from UNICEF were the first responders to the devastating earthquake of 22 June 2022 in Paktika and Khost, providing first aid and referral services in a matter of hours to the far-flung remote villages. Within the first crucial 48 hours of the earthquake, first aid and trauma care were provided to 1,696 injured people and 187 critical patients were referred to provincial hospitals. These services were provided through 12 UNICEF supported health centres and seven MHNTs. Up until September 2022, there were 13,340 out-patient consultations, 4,796 consultations for injuries and trauma and 301 patients were admitted, treated and discharged. The teams from the health centres and MHNTs also conducted 2,680 individual and group counselling sessions, providing psychological first aid. UNICEF prepared a bill of quantities with a construction company for the repair and reconstruction of the Gayan Community Health Center, which was damaged by the earthquake. This centre was the fulcrum of medical assistance to the affected population. UNICEF assistance led to 138,696 children between six months and 14 years old being vaccinated against measles. In total, more than 30 metric tons of medical supplies were delivered by UNICEF towards the earthquake response.

As part of the winter preparedness and response, UNICEF identified 54 fully inaccessible districts and 84 partially inaccessible districts that required bolstered support in winter. As new-born babies are most vulnerable for hypothermia, UNICEF prepositioned 34,000 new-born kits with health workers and health facilities in these inaccessible areas. These kits contain warm clothing for new-borns and are primarily intended for home deliveries, and their distribution will continue through February and March 2023. Furthermore, UNICEF prepositioned heating materials and health supplies, including pharmaceuticals, with MHNTs and in health facilities in inaccessible districts to maintain a lifeline of health and nutrition services through the winter months. This support was carried out on a no-regrets basis even although the duration of the contracts with the implementing partners was uncertain.





*Bahara vaccinates children under five against polio at their homes in Herat Province, Afghanistan during a nationwide polio vaccination campaign. © UNICEF/UN0648282/Bidel*

Major challenges faced by UNICEF during 2022 included uncertainty of contracts with implementing partners managing health facilities; delayed issuance of quality certification of medicines from Afghanistan Drug Authority (AFDA), leading to cascading delays in provision of supplies to the MHNTs; incorrect mapping and identification of under-served areas; and inadequate numbers of beds for management of outbreaks. UNICEF managed to mitigate these challenges through dialogue with Ministry of Public Health (MoPH), Health Cluster, WHO and Donors. From July through the end of the year, UNICEF periodically extended the contracts of the implementing partners who managed the health facilities by 1-2 months, as the process of selecting new partners was underway.

UNICEF initiated the staggering of procurement of medicines to ensure a robust supply chain lest a crisis arise due to delayed clearance by AFDA. This led to distribution of medical supplies including vaccines valued at US\$ 45.7 million by UNICEF. To manage the shortage of beds during epidemics, UNICEF has successfully treated cases in tents. Also, through UNICEF's insistence a committee was formed by the MoPH to identify the under-served areas. In October to November due to issues relating to the MoU between NGO partners and the DfA, 95 of the 171 UNICEF-supported mental health centres were forced to slow down or completely cease operations in 21 provinces. However, this challenge eased following dialogue with the MoPH who issued the MoUs and towards the end of year, only two MHNTs had ceased operations altogether. On December 28, 2022, the DFA Ministry of Economy issued a letter barring woman from working in international and national NGOs, causing 23 MHNTs from four implementing partners to suspend their activities.

## C.2 NUTRITION

### Summary of Nutrition Programme Results

Nutrition	UNICEF 2022 Target	UNICEF Total Results	Cluster / sector 2022 Target	Cluster / sector Results
Number of children 6-59 months with SAM admitted for treatment	1,078,804	662,870	539,402	662,870
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	2,136,438	3,084,580	2,136,438	3,084,580
Number of children aged 6-59 months who received vitamin A supplements in semester one	5,407,859	8,358,453	5,407,859	8,358,453
Number of children aged 6-59 months who received MNP	2,959,419	1,645,608	1,602,628	1,645,608
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

In 2022, 662,870 (376,444 girls and 286,426 boys) children under five were treated for severe wasting. The number of severely wasted children identified and treated in 2022 increased by about more than 200 percent compared to 2021, when 320,523 children (177,449 girls and 143,074 boys) under-five suffering from SAM were treated. This increase can be attributed to the scale up in the number of static nutrition sites and outreach nutrition services through mobile teams. The Southern Region had the largest number of cases relative to the population of children under five.

UNICEF scaled up nutrition sites providing nutrition counselling and treatment services from 1,000 sites in January 2022 to 3,218 sites by December 2022. To cover underserved populations in rural areas, UNICEF expanded nutrition services through support of other agency platforms, providing supplies and training to 196 UNFPA-funded family health houses (FHH) in the Central, Northern, Southern, and Western Regions. In addition, UNICEF deployed 171 MHNTs in all 34 provinces to deliver integrated health, nutrition and psychosocial counselling services, as well as therapeutic nutrition supplies to ensure treatment in hard-to-reach areas. Furthermore, UNICEF supported the construction of the inpatient department (IPD) to treat SAM in Nangarhar Regional Hospital, which will be completed in early 2023. About 30 IPD SAM sites were equipped in the Northern Region, 22 additional staff were hired in the IPD SAM wards in the Western Region, and all staff in IPD SAM wards were trained in the Southern Region. Between November and December 2022, in collaboration with the DfA MoPH, WFP and the Nutrition Cluster, UNICEF supported the treatment of 12,818 children with moderate wasting using RUTF as a stop gap measure amidst supply gaps of ready-to-use supplementary food (RUSF).





*At an outpatient department in Daikundi, a baby's height is measured at a UNICEF-supported provincial hospital to screen him for signs of malnutrition. © UNICEF/UN0726628/Naftalin*

In 2022, 6,011 health workers were trained (of 6,163 planned) on integrated management of acute malnutrition (IMAM) and 6,215 health workers were trained (of 4,195 planned) on maternal, infant, and young child nutrition (MIYCN). In addition, 25,658 CHWs and community volunteers were trained (of the planned 7,398) on the community-based nutrition package (CBNP) and weekly iron and folic acid supplementation (C-WIFS) at community level. In 2022, more than 1.6 million children aged 6-59 months received multiple micronutrient powders and over 3 million caregivers received nutrition counselling. A further 262,785 children aged 24-59 months received deworming tablets while 237,718 aged 6-59 months were provided with vitamin A supplements through MHNTs. 1,052,079 cartons of RUTF were procured in 2022, of which 606,581 cartons were received in-country and 572,000 cartons distributed to implementing partners to treat children with severe wasting. The 445,498 cartons in the pipeline will be delivered to Afghanistan in 2023 to cover the nutrition supply needs for that year.

Establishment of urban scale-up activities remains a challenge, including construction of new outpatient departments (OPD) and nutrition day care sites. Engineering assessments are currently underway, with UNICEF oversight, but the quality of implementing partners is weak, hence the urgent need for further capacity building. Similarly, hiring additional staff for hospitals where new facilities are not funded by UNICEF has been slow. During the reporting period, UNICEF supported 13 SMART surveys in Afghanistan. Five surveys targeted the larger cities with a dense urban population (Herat, Kabul, Kandahar, Jalalabad and Mazar-e-Sharif), while eight surveys were provincially representative (Ghor, Herat, Badghis, Faryab, Badakhshan, Urozgan, Daikundi, and Bamyan provinces). Among the eight provincially representative surveys, the level of child wasting was highest (above emergency levels) in Urozgan at 18.3 per cent, followed by Badakhshan (16.6 per cent), Faryab (15.5 per cent), while the other locations were slightly below the threshold with Herat at 11.7 per cent, Badghis (10.7 per cent), Ghor (9.7 per cent), Daikundi (9.6 per cent), Bamyan (9.3 per cent). The level of child wasting in urban areas was highest in Kandahar at 11.3 per cent, followed by Herat city at 6.7 per cent, Jalalabad at 4.9 per cent, Kabul at 4.4 per cent and Mazar at 3.5 per cent.



*A baby boy in Kandahar, Afghanistan eats a sachet of ready-to-use therapeutic food. He is being treated for severe acute malnutrition at Mirwais Regional Hospital. © UNICEF/UN0594778/Karimi*

Interference by DfA posed a significant challenge to the implementation of nutrition programming in 2022, including an initial ban on data collection from nutrition SMART surveys. The surveys were banned in the data collection phase in Badakhshan, Urozgan, Bamyan, and Daikundi provinces in June, even though approval had already been granted by the DfA to conduct these assessments. After further discussions with the DfA, additional approval was obtained with certain conditions; for example, field staff had to be selected in coordination with the provincial health departments. This allowed to overcome the delays and collect data from August 2022.

Additional challenges included halting operations and prohibiting nutrition services in private hospitals, as well as banning FHHs in Badakhshan Province. In addition, the DfA MoPH imposed administrative conditions on nutrition extenders, including daily attendance reporting, which was not tenable and caused delays in service delivery. The lack of space in health facilities also limited effective nutrition service delivery, such as nutrition counselling and treatment for wasting.

### ***C.3 CHILD PROTECTION, Gender-Based Violence in Emergency (GBViE) and Prevention of Sexual Exploitation and Abuse (PSEA)***

#### **Summary of Child Protection, GBViE and PSEA Programme Results**

<b>Child Protection, GBViE and PSEA</b>	<b>UNICEF 2022 Target</b>	<b>UNICEF Total Results</b>	<b>Cluster / sector 2022 Target</b>	<b>Cluster / sector Results</b>
Number of children and caregivers accessing mental health and psychosocial support (**media reached 3,428,105 with wellbeing messaging)	4,237,000	8,434,701	1,370,000	8,445,761

Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	42,750	16,245	14,000	16,646
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	41,610	5,164	13,500	5,164
Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions	63,590	1,238,730		
Number of children and adults accessing explosive weapons-related risk education	1,000,000	3,126,432		
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA	1,000,000	781,331		
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms	700	26,003		
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively				

The lack of protection systems, collapse of the justice and welfare system, and the movement of qualified staff outside Afghanistan, contributed to the fragile protective environment for children in the country. UNICEF has been able to provide timely and quality CP services and extend its reach to more children in previously inaccessible and hard-to-reach areas with preventive and responsive child protection services. UNICEF developed a costed Social Workforce Scale Up strategy, that supported the recruitment and deployment of 5,009 social and para-social workers compare to 519 in 2021.

UNICEF expanded service delivery by integrating it with other sectors and training 7,274 teachers, MHNTs, and psychosocial support counsellors in child rights, child protection, MHPSS/FA, GBV, and Explosive Remnants of War (ERW) risk mitigation. This qualified workforce, together with the use of innovative approaches such as strengthening existing community mechanisms and diversifying partnerships with national and international NGOs and UN agencies, resulted in increased child protection outcomes and exceeded the targets set under UNICEF's HAC.

In response to growing protection needs in 2022, specialized child protection prevention, risk mitigation and response services were scaled up, reaching 9.2 million children and caregivers (including 1.8 million girls, 2.2 million women and 79,391 children with disabilities). With more than 87 per cent of Afghans suffering from mental health and psychosocial problems, including 41 per cent of children, UNICEF intensified a whole response to MHPSS. Through capacity building of MHPSS service delivery partners and partnership with more than 26 INGOs and NGOs, UNICEF reached 8.4 million children and caregivers with structured messages and information on psychosocial well-being.

Violations of women's and girls' fundamental rights sharply increased – from denying girls access to secondary school, to barring women from walking in parks, and banning women national NGO workers. The economic and security situation together with the recent decisions banning girls and women from education and work, increased the risk of violence, exploitation, and exposure to negative coping mechanisms such as child marriage. These repressive crackdowns have affected nearly every area of life for Afghan women and girls – compromising their ability to pursue education, generate income for their families, participate in public life, and even access basic lifesaving healthcare. UNICEF managed to reach out to 1,238,730 children and caregivers (387,404 girls, 466,260 boys, 240,653 women and 144,413 men) with GBV prevention, risk mitigation and response services.



This has led to greater involvement of women and girls in gender mainstreaming and service delivery through Women and Girls Spaces (WGSS) and CFSs. In collaboration with UN agencies and the GBV working group, UNICEF developed an orientation pathway which clearly identifies the roles and responsibilities of all stakeholders and promotes the delivery of timely and professional services.



*At a UNICEF-supported child friendly space in Badakhshan, 9-year-old Mohammad Yusef says, "I love coming here for learning and playing with my friends". © UNICEF/UN0748254/Naftalin*

UNICEF continued to support community engagement to address negative social norms, including child marriage. More than 40,410 community members (20,737 men and 19,673 women) participated in community dialogues on preventing and ending child marriage. Several measures were adopted in these communities to support families facing difficult economic circumstances. Moreover, 54,719 adolescents (50,348 girls and 4,371 boys) - compared to 13,269 in 2021 - received enhanced life skills training which enabled them to benefit from life skills, social enterprise and vocational training opportunities; and adolescent girls received comprehensive sexual education interventions to address harmful practices including child marriage.

Four decades of war have left Afghanistan riddled with landmines and other ERW; millions of people in Afghanistan live within areas polluted with explosive hazards, landmines, improvised explosive devices (IEDs), and roadside bombs, and need immediate support. Prevention and mitigation measures to reduce the number of children affected by explosive devices have become essential. UNICEF managed to reach 3,126,432 children, caregivers, and other community members (740,227 girls, 985,122 boys, 621,855 women, and 779,228 men) with ERW prevention messages through integrated approaches with polio and education programmes.

UNICEF continued its leading role in the Child Protection AOR and as co-lead to the Case Management Task Force in working closely with all child protection actors to improve collaboration and coordination at national and field levels.

In 2022, UNICEF developed, funded, and operationalized a scale-up plan and engagement strategy for the PSEA. As part of the PSEA scale-up plan, U-report was used to reach affected people with PSEA critical messages: in 2022, over 3 million messages on PSEA were sent out via U-report. In addition, 80,000 PSEA IEC materials were printed and distributed to UNICEF field offices and partners. Additionally, 79 per cent of the targeted population was reached with PSEA messages during community mobilization and awareness sessions. 371,471 implementing partner staff were trained on SEA prevention, risk mitigation, and reporting mechanisms.

One of the innovations and lessons learned in 2022 is the implementation of the Child Protection Information Management System (CPIMS), which tracks programme progress and implementation and has been instrumental in providing a district-level overview and supporting planning and fundraising. In addition, the partnerships with academic institutions have improved the quality-of-service delivery and the identification of qualified social workers with university degrees and extended the partnership to regional universities in the Eastern Regions.

#### C.4 EDUCATION

Education	UNICEF 2022 Target	UNICEF Total Results	Cluster / sector 2022 Target	Cluster / sector Results
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,525,707	5,089,526	1,500,000	554,414
Number of female and male teachers receiving incentives (salaries) as a stop gap measure in CBEs and public schools (6 months)	203,870	221,082	37,500	18,011
Number of teachers male/ female trained (in service/pre-service)	101,935	23,484	15,326	8,497
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively				

In 2022, UNICEF supported 556,160 children (55 per cent girls) with educational opportunities through 15,252 community-based education (CBE) classes. UNICEF expanded CBE classes from 9,981 classes in 19 provinces in 2021 to approximately 5,271 additional CBE classes in 2022, supporting 15,252 CBE classes in 32 provinces. UNICEF also provided support for the rehabilitation of public schools for the first time, helping to keep schools open and children learning. Through these interventions supporting public schools, UNICEF supported a total of 226,043 students in the Southern and Central Regions.

In 2022, UNICEF Afghanistan also implemented the world's largest education supply programme, distributing classroom materials, teaching and learning materials, high-performance tents, and textbooks to CBEs and public schools, benefiting 5,089,526 students nationwide, including 4,533,366 children in public schools. For the first time, UNICEF engaged in the printing of textbooks for students in grades 1-12 in public schools. Due to the suspension of textbook printing by partners, UNICEF took over the payment of printing and distribution of 38,687,331 textbooks for an estimated 4,956,384 students (39 per cent girls) and 29,893 teachers (17,936 women and 11,957 men) to public school students in 34 provinces. Out of the five lots, the books of lots 1, 3 and 4 have already been distributed (about 19 million books) and out of the remaining 20 million books of lots 2 and 5, nine million books have arrived in Afghanistan while the rest will be delivered in January and March 2023.





*Dawlat Khan teaches young survivors of June's devastating earthquake at a new UNICEF-supported community-based education centre in Gayan District, Paktika Province. UNICEF and partners established 140 CBEs in areas affected by the earthquake, providing education for girls for the first time in this area. © UNICEF/UN0678772/Naftalin*



*In Maidan Wardak Province, a girl smiles outside her accelerated learning centre, one of the community-based education classes supported by UNICEF in her community. When she enrolled, she also received a backpack and learning supplies like notebooks and pens to complete her assignments. © UNICEF/UN0609167/Karimi*

In 2022, UNICEF facilitated two months of emergency support payments (January and February) to approximately 204,047 primary and secondary public-school teachers (more than 30 per cent female) and technical vocational and education training (TVET) teachers nationwide. This intervention aimed to support teachers who had been unpaid (or irregularly paid) for months after August 2021, and to provide incentives for their return to school and continued employment in the education sector. In a post-payment verification of the emergency support, 93 per cent of teachers surveyed (based on a representative sample) responded that they were either strongly satisfied (70 per cent) or satisfied (23 per cent) with the emergency payment. Moreover, UNICEF also centralized salary payments to CBE teachers in 2022 and supported payments for 17,035 CBE teachers. UNICEF also supported the training of 23,484 teachers in 2022. Of these, 1,189 were female students and in-service female teachers who received training through 133 classes in the Girls' Access to Teacher Education (GATE) programme in 18 provinces in the Central, Eastern, Western and Southern Region. The remaining were 17,113 CBE teachers and 5,182 public school teachers.

The biggest challenge in 2022 was the ban on secondary school girls' education, despite much anticipation that schools would reopen for secondary school girls in 2022. Throughout the year, UNICEF continued monitoring the situation 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 for most of 2022. On 7 December 2022, grade 12 schoolgirls were allowed to sit their graduation exams, even in provinces where education was banned for secondary girls. However, on December 20, the DfA Ministry of Education announced a ban on women attending university until further notice, further restricting their educational opportunities.

## C.5 WASH

WASH	UNICEF 2022 Target	UNICEF Total Results	Cluster / sector 2022 Target	Cluster / sector Results
Number of people (M/F) accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene	11,537,160	6,582,895	10,429,585	6,799,910
Number of people gain access to gender and disability-sensitive sanitation facilities	7,478,621	1,331,773	898,513	1,701,633
Number of people (M/F) reached with handwashing behaviour change programmes	11,537,160	4,575,475	10,429,585	8,573,836
Number of people (disaggregated by sex & age) reached with critical WASH supplies	9,210,951	8,929,527	3,942,068	12,001,605
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				





*55-year-old Najeeb lost 3 children to drought, but UNICEF now trucks clean water to his community. He says that when the water truck arrives, he and his 4 surviving children “celebrate like Eid”. UNICEF/UN0629387/Gripiotis*

Since the collapse of the government in mid-August 2021, UNICEF has focused on strengthening WASH services in urban and rural areas to meet the country's immediate needs.

In 2022, UNICEF significantly increased its emergency WASH operations from previous years in both rural and urban areas. This scaling up was achieved by providing WASH services to 180 districts in 33 provinces, responding to multiple crises such as earthquakes, floods, AWD/cholera and drought in underserved and newly accessible areas. Results were largely achieved through life-saving and resilient WASH assistance, including the provision of safe water, adequate sanitation, and essential WASH supplies integrated with hygiene promotion and capacity building activities.

UNICEF reached almost 6.6 million people in 2022 (1,717,823 girls, 1,774,632 boys, 1,517,982 women, and 1,572,458 men) with safe drinking water. This was achieved through rehabilitation, operation, and maintenance of the existing water supply system, as well as emergency water trucking, water quality assessment, and chlorination of contaminated water supply sources in urban and rural areas.

A total of 1,331,773 people (347,530 girls, 359,022 boys, 307,100 women, and 318,121 men) gained access to safe excreta disposal in humanitarian settings through the rehabilitation and construction of emergency latrines, solid waste management, and slum clearance campaigns. Moreover, 4,575,475 people (1,193,980 girls, 1,233,470 boys, 1,055,080 women and 1,092,945 men) benefited from hygiene promotion activities, which were conducted through house-to-house visits, community meetings, and mass media campaigns. Hygiene promotion was integrated with distribution of WASH supplies where possible.



*Following the June 2022 earthquake in south-eastern Afghanistan, UNICEF distributed soap to over 2 million people to help improve hygiene. UNICEF also brought safe water to over 8,000 people in the area. © UNICEF/UN0678790/Naftalin*

To increase the reach of essential WASH supplies, UNICEF acted as a Core Pipeline Supply Hub agency, providing essential WASH supplies to WASH Cluster partners in accordance with the WASH Cluster's WASH Supply Access Procedure. UNICEF supported the distribution of WASH supplies to more than 8.9 million people (2,330,182 girls, 2,407,242 boys, 2,059,105 women and 2,132,998 men).

In addition, UNICEF supported the provision of WASH services in 116 health centres and 228 schools through the construction and rehabilitation of water supply systems, the installation and upgrading of sanitation facilities, and the provision of handwashing stations. To address the root cause of the 2022 AWD/Cholera epidemic, UNICEF supported water quality monitoring in 13 provinces with the most cases of AWD/Cholera. UNICEF has also focused on climate-resilient WASH programming.

At the operational level, delays in the processing of MoUs by DfA for NGO partners, the ban on females working with NGOs and limited local market capacity, as well as logistical difficulties in procuring WASH supplies from overseas, have been impediments for UNICEF and WASH cluster partners.

## C.6 HUMANITARIAN CASH TRANSFER /SOCIAL POLICY

### Summary of HCT/Social Policy Programme Results

HCT/Social Policy	UNICEF 2022 Target	UNICEF Total Results	Cluster / sector 2022 Target	Cluster / sector Results
Number of households reached with UNICEF funded humanitarian cash transfers	160,000	124,523		

With 70 per cent of households unable to meet their basic needs according to the 2022 first round of the World Bank Monitoring survey, UNICEF scaled up HCT, providing Multi-purpose Cash (MPC) to support households in meeting their basic needs and services during shocks, including the high-level poverty resulting from worsening economic situation in the country.

In 2022, UNICEF provided MPC assistance to 124,523 households in Badghis, Logar, Daikundi, Samangan, Wardak, Nuristan, Panjshir, Ghor, and Khost provinces. Prioritized vulnerable households included female headed households, families with children with disabilities or headed by a disabled person, and households with pregnant and lactating women. For the 2021-2022 winter response, UNICEF provided multi-purpose cash assistance enabling vulnerable families to meet their basic needs during the harsh winter. Targeted provinces included Logar, Wardak, and Nuristan, with a cumulative coverage of 64,054 households (486,810 people). As part of UNICEF's current winter response (2022-23), UNICEF initiated registration of vulnerable families in Panjshir, Ghor, and Badakhshan provinces. Registration was completed in Ghor and Panjshir and 7,277 households in need were provided with the first round of MPC assistance in December 2022.

Moreover, UNICEF implemented its nutrition sensitive HCT programme providing cash transfers to 17,708 households with pregnant and lactating women, as well as households with children up to two years of age in Daikundi Province, which will contribute to achieving nutritional outcomes for the first 1,000 days of the child. UNICEF has provided three rounds of child protection cash assistance to more than 32,000 vulnerable households in Badghis, enabling families to meet their basic needs and avoid negative coping mechanisms such as marriage and child labour. UNICEF also provided cash assistance to households affected by natural disasters, including drought and earthquake.

In all its HCT programmes, UNICEF ensured a coordinated approach with other humanitarian actors. As an active member of UN Common Cash System and the Cash and Voucher Working Group (CVWG), the main coordinating body for HCT in Afghanistan, UNICEF harmonizes transfer values in line with the Minimum Expenditure Basket (MEB). Activities are coordinated at the provincial and district level through regular reporting, to avoid duplication of assistance. Through these coordination mechanisms, UNICEF ensures that cash assistance does not overlap with other UN or NGO partner interventions; and that when there are ongoing cash interventions in common service areas, that the programmes are delivered in a coherent and complementary approach.





*A woman receives cash assistance from UNICEF at a distribution event Logar Province. During this distribution, 500 families received cash assistance. © UNICEF/UN0609816/Karimi*

The delivery of cash transfers in a high-risk conflict environment requires mitigation measures to be in place to ensure that the money reaches the intended beneficiaries. This requires a foundational risk-informed approach covering a determination of feasibility, design of data collection, registration, targeting, payment, safety and security, a monitoring mechanism and prevention of resource diversion. UNICEF has set up a Project Management Unit (PMU) to strengthen UNICEF Afghanistan Country Office daily operational delivery and risk management in light of the complex operational context. The PMU is a dedicated unit within the UNICEF ACO designed to manage complex operations, by providing predictable, consistent, and efficient operational delivery capacity using standard approaches, including a comprehensive payment system, beneficiary data management system, risk management, and monitoring approaches. The PMU adopts an agile risk mitigation framework that is updated on a regular basis to ensure timely delivery of assistance. In 2022, UNICEF managed the delivery of US\$ 300 million across sectors, ensuring risk informed, transparent management of large-scale donor funding and supporting delivery of cash transfers.

The target for 2022 could not be met due to budget constraints. Nevertheless, a coverage of 78 per cent of planned target was achieved in the period under review.

### **C.7 SOCIAL BEHAVIOUR CHANGE (SBC) /ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)**

SBC/AAP	UNICEF 2022 Target	UNICEF Total Results	Cluster / sector 2022 Target	Cluster / sector Results
Number of people (disaggregated by age & sex) who shared their concerns and asked	20,000	223,466 (50% F)		

questions/clarifications to address their needs through established feedback mechanisms			
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 (45% F)	

The Social and Behaviour Change (SBC) interventions in Afghanistan seek to increase community participation, engagement, and accountability among affected populations. In 2022, SBC team supported demand creation for essential services and provided timely responses to emergencies such as disease outbreaks, floods and earthquakes. In doing so, the SBC team advocated for and applied synergy and an integrated community engagement approach. As a result, capacity of community systems was strengthened, more than 9.6 million people were reached, 2.6 million engaged and 223,466 shared their feedback.

From January to December 2022, approximately 9.6 million people were reached through national community engagement campaigns on key desired behaviours and life-saving information related to humanitarian needs, natural disasters and disease outbreaks, including COVID-19. Furthermore, approximately 2.6 million people (women and men, including youths and adolescents) participated in two-way communication through community engagement sessions on malnutrition prevention, immunization uptake, prevention of AWD and COVID-19, safe drinking water handling and treatment, avoiding open defecation, and practicing personal and environmental hygiene.

UNICEF remains committed to ensuring that at-risk and vulnerable affected populations including displaced people, women and girls, people with disabilities, and other marginalized groups, have access to trusted feedback mechanisms and life-saving information. This is operationalized through two-way dialogue with communities that supported program design, delivery, and the collection of community insights and feedback on UNICEF-supported program interventions. From January to December, 223,466 people (women and men, including youths and adolescents) shared their feedback and concerns via hybrid platforms coordinated by SBC such as the Inter-agency call centre (AWAAZ), 15 Community Engagement and Feedback centres (CEFCs), the network of 700 social mobilizers and the one million U-reporters. Most people expressed concerns and feedback about lack of safe drinking water, girls' education (grades 6-12), cash assistance, and a lack of medicine in health facilities. Complaints and feedback were addressed by providing accurate and timely information and referring to the appropriate sections and clusters. Furthermore, SBC invested in local capacity building, focusing on implementing partners and authorities; a total of 2,814 participants were trained on AAP.

SBC invested and supported the Community Systems Strengthening (CSS), leveraging new community engagement and partnerships, and created two major flagships platforms: the TAAVON (FBOs & religious leaders' network); and QAHRAMANAN (Youth & young people Network). Both networks took community mobilization and engagement to the next level, where advocacy and awareness efforts are supported by influential members of the communities themselves. In addition, SBC interventions contributed to strengthened and improved coordination for AAP and COVID-19 (RCCE) response and repositioned UNICEF as co-lead and convener in these two areas.

Moreover, SBC team operated an extended network of 700 social mobilizers to ensure long-term sustained engagement of communities. As a result, a total of 256,725 people (social mobilizers and frontline workers, programme partners and community structures), 10,000 religious leaders and 5,000 community leaders were mobilized and oriented on key behaviour change messages, essential lifesaving information and practices, preventive behavioural skills, and interpersonal communication.

UNICEF SBC team in Afghanistan is a key player in several coordination platforms, including the National RCCE Working Group, the National AAP Working Group, and the National AWD Task Force. UNICEF SBC team provided support to strengthen and ensure that the multi-sectorial humanitarian and emergency response coordination bodies are functional at all levels in order to respond to several sporadic health outbreaks, including COVID-19. Moreover, SBC team collaborated closely with MoPH

(NEPI&HPD), RCCE counterparts, WHO, and other in-country partners to promote COVID-19 vaccine uptake in the country. An integrated approach guided by the National RCCE strategy for 2022 was deployed to engage communities on COVID-19, AWD, Dengue Fever, and Measles, reaching and engaging nine million people. In Afghanistan, RCCE practice is blended, maximized, and contextualized by mobilizing various tiers of community networks to promote positive behaviours, such as media, health workers, religious leaders, community influencers, school management Shuras, child protection action network, youth volunteers in informal networks, vaccinators, mobile health, nutrition counsellors. SBC furthermore invested in capacity development to educate and skill 76,000 community members and health workers on RCCE tactics and key messages.

SBC team continues to support evidence generation for various programmes while also fine-tuning the integrated office-wide SBC strategy aimed at scaling up SBC practice across the country. The strategy will be backed up by a set of operational tools and system documents focusing on emergency response, capacity development, evidence generation, community engagement, and AAP.

## C.8 GENDER, YOUTH, AND ADOLESCENT DEVELOPMENT

Gender, Youth, and Adolescent Development	UNICEF 2022 Target	UNICEF Total Results	Cluster / sector 2022 Target	Cluster / sector Results
Number of women and girls accessing safe spaces	9,400	223,943		
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	384,741		
Number of adolescents (girls and boys) who actively participated in life skills or comprehensive sexuality education interventions to address child marriage	120,000	57,705		

In 2022, UNICEF scaled up services for women and girls through establishment of 44 new WGSS in the Northern and Western Regions. By the end of 2022, there were 117 WGSS across 19 provinces. A total of 223,943 women and girls visited one of the 117 WGSS, receiving lifesaving information on risk mitigation and integrated services, as well as PFA, psychosocial support, GBV case management, referrals, life-skills and livelihood training. With UNICEF support, 5,583 cases (4,355 women and 1,228 adolescent girls), including GBV, anxiety, stress and depression, were registered and supported throughout the country. Some of these cases were referred to the Child Protection Action Network (CPAN) and health clinics for medical treatment.

54,548 adolescents (44,489 girls and 10,059 boys) actively participated in life skills training and peer-to-peer mentoring sessions to build their agency and support the realization of their rights. In Herat, Farrah, Kandahar and Paktia provinces, 161 multi-purpose adolescent groups (MAG) were established with 3,157 members. These groups conducted life skills trainings that focus on building adolescent empowerment. In addition, training of trainers on life skills was conducted in Kabul and Jalalabad with 33 participants (16 women and 17 men) of eight women-led partner organizations from 12 provinces. UNICEF and partners reached 384,741 (179,736 women, 76,057 men, 95,167 adolescent girls, 33,781 adolescent boys) with awareness raising sessions through community dialogues on GBV prevention and women and girls' protection.

In 2022, 102 men and boys' networks were established with 2,237 members (1,538 men and 699 boys). These networks promoted positive parenting and positive masculinity to facilitate access for

women and girls to critical life-saving services, contesting negative gender norms and sharing positive developments as regards women and girls' empowerment in the targeted locations.

UNICEF, through partners, conducted awareness raising sessions with 154,577 key community influencers, women, girls, and their families on safety and reducing vulnerability of women and girls as they access basic services. A total of 1,918 frontline workers (men and women) were trained on planning, implementation, coordination, monitoring for the prevention and mitigation of GBV, case management, PSEA and youth and adolescent friendly services. UNICEF supported airing of 92 radio programmes on child marriage, women's rights in Islam and GBV through local radio stations, reaching 197,743 people in Herat and Kandahar. UNICEF also distributed 14,724 dignity kits and 14,567 soaps to vulnerable women and girls to support their personal hygiene.

Despite many achievements, interference by the DfA impeded programme implementation due to lengthy administrative processes, including signing MoUs with partners. In some provinces, especially in remote areas, female staff could not travel without a Maharam, which impacted their ability to provide awareness raising and training activities. There is also a high demand for dignity kits compared to the available supply. Throughout the year, the operational space for NGO/CSOs working to promote gender equality and girls' and women's empowerment -specifically GBV-related activities- continued to shrink, culminating in the ban on women NGO workers in December 2022. A more detailed assessment of the impact will be included in the next Situation Report. Unavailability of a proper legislative body to safely refer and address GBV cases is also an ongoing challenge.

## **D. Results Achieved from Humanitarian Thematic Funding**

### **D.1 HEALTH**

Humanitarian Thematic Funding enabled UNICEF to reach under-served populations with life-saving health services through mobile teams, manage outbreaks of Acute Watery Diarrhoea (AWD)/ Cholera in Jawzjan provinces, and establish a cash transfer programme for pregnant and lactating women in Daikundi province.

UNICEF also continued efforts to reach vulnerable populations in underserved and previously inaccessible areas by increasing the number of MHNTs. The thematic funds were utilised for procurement of essential medical supplies to the 171 MHNTs operational across the country. These lifesaving supplies were delivered by mobile teams to remote mountainous areas and to some IDP camps.

With continued economic hardship due to loss of livelihoods and increasing poverty, access to health services, especially for pregnant women-one of the most vulnerable groups-remains a challenge. To address this, UNICEF piloted unconditional cash transfers for pregnant women in Daikundi province. These transfers helped women overcome financial barriers to accessing prenatal, delivery and postnatal care, as well as immunization for their children. More than US\$6 million was provided to 24,000 pregnant women to promote access to health services and alleviate economic hardship.

Moreover, UNICEF supported the response to the AWD outbreak in the provinces of Parwan, Kapisa and Jawzjan, with the establishment of three integrated emergency response teams in Kapisa; these teams quickly reached the outbreak sites, investigated, and implemented an emergency response. In coordination with the Health Cluster, UNICEF has set up 181 oral rehydration points for the treatment of AWD cases with no or partial dehydration and 31 cholera treatment centres for the treatment of severe dehydration cases in the three provinces. Some 57 UNICEF AWD kits were used in these oral rehydration and cholera treatment, keeping the morality rate below one percent. UNICEF contributed to train health staff at these treatment centres in clinical management, infection prevention and control, and relevant prevention and treatment messages.



## **D.2 NUTRITION**

In 2022, UNICEF scaled up nutrition sites providing both counselling and wasting treatment services from 1,411 in January 2022 to more than 3,200 by December 2022. To cover underserved populations in rural areas, UNICEF expanded its nutrition services by building on the platforms of other agencies. Approximately 150 UNFPA-funded public health sites in the Central, Northern, Southern and Western Regions received supplies and training. In addition, UNICEF deployed 171 MHNTs in all 34 provinces to provide integrated health, nutrition and psychosocial counselling services, as well as therapeutic nutritional products to provide treatment services in hard-to-reach areas.

Humanitarian thematic funding was essential for the continuation of vital nutrition services in 2022 and allowed UNICEF to scale up the following key activities:

### **Screening campaign to strengthen early detection of acutely malnourished children aged 0 – 59 months**

Thanks to the flexible humanitarian funding, UNICEF supported three days screening campaigns in the four provinces of Eastern Region, namely Nangarhar, Nuristan, Laghman and Kunar. The objective of these campaigns was to improve the detection of acute malnutrition in children under five and to strengthen early detection and referral of acutely malnourished children to appropriate treatment services. The campaigns also helped the IMAM program expand its coverage.

A total of 237,900 children (146,087 boys and 91,813 girls) aged 0-59 months were screened for nutrition in remote and hard-to-reach areas, of whom 5,739 children (2,552 boys and 3,187 girls) aged 0-59 months were severely acutely malnourished and were referred to appropriate treatment centres for necessary therapeutic services. Furthermore, 21,810 children aged 6-59 months were moderately acutely malnourished and were therefore referred to the supplementary feeding program supported by WFP.

### **Capacity building of the frontline health workers and implementing partners**

UNICEF trained a total of 2,908 CHWs (50 per cent female) and 133 community health supervisors on community-based IMAM guidelines. The trained CHWs then conducted three-day screening campaigns in Nuristan, Kunar, Laghman, and Nangarhar provinces, which significantly contributed to the detection of a large number of acutely malnourished children, who were referred to appropriate treatment centres to obtain necessary treatment services. To strengthen coordination at the local level, UNICEF also supported the organization of sub-national coordination meetings in the Eastern Region.

Moreover, UNICEF trained 4,405 frontline health workers in IMAM and MIYCN guidelines in the Northern Region to improve the quality of malnutrition prevention and SAM case management services at the health facility level. Trained health workers helped treat 11,454 children (4,755 boys and 6,699 girls) aged 6 to 59 months affected by SAM.

UNICEF strengthened supply chain management for essential commodities (RUTFs) in the Eastern Region and trained a total of 101 partner staff (33 women and 68 men) in essential components of supply chain management to avoid stock-outs and misuse of RUTFs at the provincial level. UNICEF also helped cover the cost of inland transportation of therapeutic supplies needed to treat children with SAM.

### **Human resource and operational support to the overcrowded health facilities**

To improve the quality of services and avoid missed opportunities among children attending overcrowded health centres in urban areas of western and northern Afghanistan, UNICEF supported the recruitment of 109 additional nutrition counsellors and nutrition nurses to support existing health centres screen and detect acutely malnourished children. The recruitment of additional staff helped

implementing partners provide counselling services to 179,629 caregivers (all women) of children aged 0-23 months in Herat, Ghor, Badghis, Farah and Balkh provinces.

### **Field monitoring visits and supportive supervisions**

Field visits, monitoring, and supportive supervision were conducted by Nutrition Extenders and UNICEF core staff to assess the quality of services, appropriateness, adequacy, and use of strategic supply and RUTF. UNICEF used its network of nutrition "extenders," who are trained and experienced nutrition experts who can make regular monitoring visits to facilities in areas where UNICEF staff travel is limited.

### **Contribution to the SMART surveys**

In 2022, UNICEF supported 13 SMART surveys in Afghanistan. Five surveys targeted the larger cities with dense urban population (Hirat, Kabul, Kandahar, Jalalabad and Mazar Sharif) while eight surveys were provincially representative and were conducted in Ghor, Herat, Badghis, Faryab, Badakhshan, Urozgan, Daikundi, Bamyan. Among the eight provincial representative surveys, the level of child wasting was highest in Urozgan at 18.3 per cent, followed by 16.6 per cent in Badakhshan, 15.5 per cent in Faryab, 11.7 per cent in Herat and 10.7 per cent in Badghis. While levels were at 9.7 per cent in Ghor, 9.6 per cent in Daikundi and 9.3 per cent in Bamyan. Similarly, the level of child wasting in the urban areas was highest in Kandahar at 11.3 per cent, followed by Herat at 6.7 per cent, Jalalabad at 4.9 per cent, Kabul 4.4 per cent and Mazar 3.5 per cent. Under this contribution, UNICEF fulfilled the funding gap and completed the SMART survey in Urozgan province.

The Humanitarian Thematic Funding also supported the provision of emergency nutrition services to Afghan returnees from Pakistan. This included the provision of a package of nutrition services including Middle Upper Arm Circumference (MUAC) and oedema screening for children under five, and referral of acutely malnourished cases; provision of two weeks of RUTF for SAM cases with a referral to facilities; Vitamin A supplementation for children aged 6 to 59 months; deworming for children 24 to 59 months and IYCF counselling services for pregnant and breastfeeding mothers and caregivers. As a result, a total of 134 children (76 girls and 58 boys) aged 6-59 months were screened for severe acute malnutrition and referred to facilities delivering SAM services, 188 children (97 boys and 91 girls) aged 6 to 59 months received Vitamin A supplementation and deworming tablets and 200 pregnant and breastfeeding women and caregivers received IYCF counselling services.

Overall, the interference by the DfA posed a significant challenge to the implementation of nutrition activities, as SMART nutrition survey data collection has been prohibited, MHNT services have been halted due to the lack of a MoU with the MoPH, and nutrition services have been prohibited in private hospitals and family health centres in Badakhshan province. The lack of space in health facilities also limits the effectiveness of nutrition services (nutritional counselling and wasting treatment services).

### **D.3 CHILD PROTECTION, GBViE and PSEA**

UNICEF has been successful in reaching vulnerable children and their caregivers with child protection services in provinces and thematic areas of intervention that have no donor funding or interest. This has ensured that the principle of equity is applied and that as many vulnerable children as possible receive the services they need, without discrimination.

UNICEF provided MHPSS in underserved areas through CFSs and referrals to specialized services on a case-by-case basis, and psychosocial first aid to 113,969 children and caregivers (41,455 girls, 49,139 boys, 13,604 women and 9,771 men), including 1,620 boys and 1,356 girls with disabilities. UNICEF and its partners supported reaching out 475,629 children and care givers (87,759 girls, 96,709 boys; 129,171 women and 161,990 men) with structured and information messaging on child rights, child protection and MHPSS, increasing their knowledge on mental health and the availability of services.

As the country opened and people moved into previously inaccessible areas, the risk of injury and death from ERW is more pronounced. Consequently, UNICEF reached 311,028 children and caregivers (66,066 girls, 80,940 boys, 70,368 women and 93,654 men out of which 1,636 girls and 2,047 boys are children with disability) with information on the risks of explosive ordinance and remnants education (EORE) and prevention of injuries and deaths caused by explosive remnants of war (ERW).

Challenges in GBV programming due to the high levels of discrimination against women and girls in the country have been mitigated by adapting GBV programming at the community level and, where possible, integrating it into health services. GBV prevention, risk mitigation and response services in WGSS, CFSs and CBEs, helped 112,090 children and care givers (30,843 girls, 35,459 boys, 31,771 women and 14,017 men) received timely and appropriate services. A total of 24,265 children including 9,489 girls and 800 children with disabilities, benefited from case management and referral services.

As a result of the change in the government, the capacity to provide social work services was undermined. Through partnership with Kabul and other regional Universities, 1,097 social workers were trained and deployed. Additionally, 1,318 frontline education, SBC, Health workers were trained as part of the integrated approach from SBC, education and health sectors which enabled them to provide CP services to children and their caregivers.

Due to the change in government, the ability to provide social work services was jeopardized. Through a partnership with Kabul and other regional universities, 1,097 social workers were trained and deployed. In addition, 1,318 frontline education, SBC, and health workers were trained in the integrated approach of SBC, education, and health sectors, enabling them to provide holistic child protection services to children and their caregivers.

#### **D.4 EDUCATION**

Through the generous and flexible support of the global thematic funds, UNICEF supported children in public schools and in CBE classes to continue their learning through the distribution of student learning kits. In 2022, UNICEF Afghanistan comprised the biggest education supply distribution globally, which contributed to ensuring continuity of learning for children in public schools amid socio-economic challenges, and to providing access to education for out-of-school children through CBEs at a wide scale. Through this intervention alone, UNICEF supported more than 1.5 million children in learning, of which approximately 500,000 students were in CBEs and 1 million were children in public schools. The global thematic fund also contributed to this critical intervention by procuring and supporting domestic transportation of essential learning materials and directly contributed to supporting CBEs in 5 provinces in the Northern, Southern and Central Regions and to supporting public schools in 6 provinces in the Southern, Western, Eastern and Central Regions. The contribution of the global thematic fund was important as in 2022 UNICEF significantly expanded its CBE programme in 2022 through increased geographical access and funding opportunities, and because UNICEF for the first time supported public schools through large-scale TLM procurement. As 55 per cent of children supported through CBEs are girls, the global thematic fund also contributed to supporting girls' education in Afghanistan, especially given that in the current context, CBEs have become an increasing important means to access education for girls in particular.

#### **D.5 WASH**

The contribution from Humanitarian Thematic fund was used to reach 853,569 people with water through a wide spectrum of activities, including support to rehabilitation, operation and maintenance of the existing water supply system as well as water trucking, water quality assessment and chlorination of contaminated water supply source in Urban and Rural areas. In addition, 27,615 people accessed safe means of excreta disposal in humanitarian situations through the rehabilitation and construction of emergency latrines and solid waste management and cleaning campaigns in urban slums. Some 1,086,275 people benefited from hygiene promotion programs. The hygiene promotion

activities were conducted through house-to-house visits, community meetings and mass media campaigns in coordination with SBC. Hygiene promotion was integrated with the distribution of WASH supplies where possible. To increase the reach of affected people to essential WASH supplies, UNICEF acted as a Core Pipeline Supply Hub agency, able to provide essential WASH supplies to WASH Cluster partner in line with WASH cluster procedures of accessing core pipeline supplies for a more timely and effective response. Additionally, UNICEF used the contribution for provision of WASH services in eight healthcare centres and 22 schools through construction and rehabilitation of water supply systems, installation/upgrading of sanitation facilities and installation of handwashing stations.

### **Lessons Learned and Innovations**

- WASH section engagement with state-owned Urban Water Supply and Sewage Corporation which provides services in 22 provinces and 11 districts across the country to improve their operational capacity and to rehabilitate selected water supply systems and prevented the total collapse of water supply provision.
- Work through Community Development Councils (CDCs) is a great opportunity to accelerate WASH program implementation, especially rural water supply which is cost-effective (20-30 per cent) compared to NGOs.
- Having a technical third-party monitor has a positive impact on program quality, timely implementation and feedback from communities, especially on the WASH Non-Food Items (NFI) distributed.
- Integration with education has helped to increase awareness on AWD/Cholera, Menstrual Hygiene Management (MHM) and other water borne diseases and to practice hygiene behaviour.
- Distribution of WASH supplies (including hygiene kits) in health and nutrition centres to caregivers of SAM cases, during vaccination campaigns/COVID-19 enhanced WASH capacity to reach more needy people.
- Provision of safe drinking water from one water source to people in communities, schools and health centres, fuel for running of water supply systems in Urban areas and drilling of new wells and their connections with the existing water supply network has improved WASH interventions Value for Money (VfM).

### **D.6 HCT/SOCIAL POLICY**

The thematic funding has facilitated the significant scale up of UNICEF cash-based assistance especially in the early parts of 2022 when there was a lot of uncertainties in the donor environment. CBA intervention was part of the overall emergency response (Cash plus) in Badghis Province and the winter response 2022 in Panjshir, Ghor and Badakhshan provinces. In order to enable families to meet basic needs and avoid negative coping mechanisms such as child marriage and child labour, UNICEF provided three rounds of child protection focused cash assistance to 32,258 vulnerable households in Badghis. Badghis Province was selected due to high levels of multi-dimensional poverty and effects of drought. Further, Badghis Province had a high level of child marriage, and a reported increase in negative coping mechanisms affecting children due to the worsening of the humanitarian situation in the country. Where needed, the short-term multi-purpose cash assistance was accompanied by complementary services and activities i.e., case management for children.

In addition, the thematic funds were used to support implementation of UNICEF's integrated winter strategy to support 815,000 people as the winter season is likely to exacerbate existing vulnerabilities. This strategy looks to provide affected households with three-month worth of multi-purpose cash assistance, in addition to a one-off top-up to access winter items such as warm clothes, shoes, and blankets for children. The cash payments were initiated in November and will cover households until March 2023 in the top-three most winter prone provinces; Badakhshan, Ghor, and Panjshir. The thematic funds enabled the organization to provide emergency assistance to families with children at



risk on time, and to prepare a timely winterization response, protecting children during the cold winter months by providing lifesaving humanitarian assistance to support families struggling to survive. One major lesson in the implementation of humanitarian cash transfers during the year was that increased vulnerabilities coupled with improved access has resulted in more eligible beneficiaries during registration. To manage the caseload due to the limited budget, UNICEF had to reduce the geographical coverage for its cash programme to ensure impact by not spreading resources thinly.

To mitigate the high operational risk, UNICEF has developed an innovative risk mitigation framework embedded in its corporate Humanitarian Cash Operations and Programme Ecosystem (HOPE) to ensure accountability, timely and accurate delivery of assistance to beneficiaries. Managed by UNICEF's PMU, HOPE allows secure digital handling of beneficiary data from collection, cleaning and verification, de-duplication, targeting, payment list creation (to FSPs), payment reconciliation, payment verification, dealing with grievances, feedback and reporting.

#### **D.7 SBC/AAP**

The SBC programme achieved tangible results due to the integrated and innovative SBC approaches fostered due to the receipt of flexible funds. It allowed to swiftly generate evidence based on identified gaps in the Programmes and adjust SBC strategies for integrated and sectoral priorities, particularly Health, Nutrition, Emergency, WASH and Child Protection Programmes to support scaling up and addressing public health outbreaks and humanitarian emergencies in Afghanistan. The flexibility of the funds enabled the SBC section to:

- Reach 9.6 million people in 34 provinces of Afghanistan through national awareness campaigns on key behaviour change messages and life-saving information related to humanitarian situation and outbreaks.
- Deploy the field level work forces (SBC Extenders, Social Mobilizers and CSO Programme Partners) to regions and districts affected by natural disasters (earthquake, floods and public health emergencies and outbreaks (Measles, COVID-19, AWD/cholera, Dengue). Reach 2.6 million affected population in 34 provinces through two-way communication and community engagement sessions on prevention of malnutrition, uptake of immunizations, prevention of acute watery diarrhoea (AWD) and COVID-19, handling and treating drinking water safely, avoiding open defecation and hygiene promotion.
- Generate key SBC data and provide technical support to programme priorities, including KAP study on AWD in outbreak districts, FGDs on Nutrition/Health and WASH focused on wasting and health-seeking behaviours that ultimately contributed to designing evidence-based SBC interventions.
- Train/orient 256,724 people (female, male, including youth and adolescents) particularly the key SBC field workforce and community groups/networks (CHWs, NC, SMS, community/religious leaders) on IPC (Interpersonal Communication), AAP (Accountability to Affected Population) and lifesaving practices for disseminating the key messages to the wider community members.
- Establish CEFCs (Community Engagement and Feedback Centres) in the affected areas to collect feedback from communities on the services they receive and demand they had for services. 223,466 people shared their feedback, questions, concerns and requested information through different feedback mechanisms related to UNICEF supported programme interventions.

In addition, when the geographic accessibility became possible the availability of flexible funds created opportunities to scale up SBC interventions, particularly for engaging communities in hard-to-reach areas to have access to key-life saving behaviours and hear their feedback on available services and/or creating demand for their needed services.

## **D..8 GENDER, YOUTH, AND ADOLESCENT DEVELOPMENT**

The Gender, Youth and Adolescent Team achieved some significant results in the year under review. Against the backdrop of the continued deterioration of the situation of women and girls, characterised by continued exclusion from school, mobility restrictions as a result of the Maharam policy and the ban on female humanitarian workers, thematic funding allowed UNICEF to adapt and respond to this rapidly evolving context for women and girls. What has become clear is that women and girl' empowerment must be at the centre of humanitarian interventions in Afghanistan and the work supported by thematic funds is demonstrating how this might be done and the opportunities for talking this to scale across all 34 provinces.

The flexibility of the funds enabled differentiated support to women and girls through safe spaces, where they were able to access an integrated package of services including GBV support and information on referrals, PSEA information, psychological first aid, nutrition counselling, information on immunisation and vaccinations including for polio among other services. Women and girls were also supported with dignity kits and information on menstrual health and hygiene.

Due to restrictions in access to public spaces, work and education, women and girls have been confined more and more to their homes, resulting in isolation, which is resulting in ever increasing mental health problems. Beyond the concrete services offered, UNICEF partners were able to offer critical support to women through safe spaces, allowing 223,943 women and girls to break the social isolation imposed by mobility restrictions, allowing them, through the 117 WGSS safe spaces to maintain contact with the outside world, nurture their friendships and social networks for strategizing, solidarity and support. Thematic funding has enabled UNICEF to invest in programmes that promote the empowerment of women and girls providing a safe space where they can be consulted on their humanitarian needs and concerns, thus allowing them to input into humanitarian priorities.

In addition, thematic funds have also enabled UNICEF to establish the model of setting up community-based spaces, that are near their homes and engage men and boys and community leaders as gender equality allies and champions and hence promote social acceptability of the spaces. A significant lesson learnt is that the spaces have the potential to be utilised for truly integrated, multi-sectoral packages of community-based interventions reaching women and girls in ways that respond to the severe mobility challenges. There is scope to scale up this approach beyond the current 117 spaces across 19 of the 34 provinces in Afghanistan.

Thematic funding allowed establishment of an action-oriented forum under the Protection Cluster, which was established jointly by UNICEF and UNFPA and which works toward advancing youth agenda in humanitarian settings in line with the [Global Compact for young people in Humanitarian Action](#). As part of the commitment to strengthen interagency capacity on working with and for young people, UNICEF partners applied guidelines to facilitate more meaningful participation of young people from planning, implementing and monitoring in their ongoing activities. In addition, UNFPA and UNICEF are supporting a Training of Trainers on Youth-responsive Humanitarian Action (Unpacking the IASC Youth Guidelines).

## E. Assessment, Monitoring, and Evaluation

Since August 2021, UNICEF Afghanistan scaled up across the country primarily through partnerships with local and international CSOs, extenders, as well as through community mechanisms (such as CDCs) and the private sector. However, capacity limitations and numerous risks have been identified in these implementation modalities, and in order to further scale up, alternative approaches will need to be explored and implemented. At a national level, capacity is also likely to be impacted by bans or restrictions on women providing social services, increasing the reliance on direct implementation modalities, as well as limiting women's access to these services.

UNICEF Afghanistan Country Office managed to roll out the Multiple Indicator Cluster Survey (MICS) plus, a mobile data collection platform that supports collection of key indicators for children typically found in a MICS survey. Engagement with partners for solutions towards agile data collection has continued to be prioritized in 2022 in parallel with the ongoing country-wide MICS survey.

As a cross-cutting programme strategy implementation, the CO is continuing to use the dedicated PMU capacity to support the operational delivery of key activities including humanitarian cash transfer programmes reaching over 1 million people, supporting implementing partnership management and process monitoring for the national primary and secondary health services under the World Bank funded health interventions, payments of emergency incentives to 192,000 public teachers and 20,000 community based education teachers, beneficiary data management, setup of grievance redressal mechanisms, and supporting an overall agile risk management mechanism.

UNICEF Afghanistan continues to lead the Nutrition and WASH Clusters and co-leads the Education Cluster and Child Protection AOR both at national and sub-national level. UNICEF Afghanistan Country Office has four dedicated Cluster Coordinators at the national level, as well as dedicated Information Management Officers for Nutrition, WASH and Education clusters. At the sub-national level there are dedicated nutrition cluster coordinators in all five field offices with plans underway to recruit dedicated staff for the other UNICEF led clusters, as programme staff are currently double hatting. However, further cluster expansion at sub-national level is pending funding.

UNICEF ACO started the decentralization approach in order to be more operationally efficient and to respond to needs on the ground on a timely way. In many aspects, this modality has been successful in contextualizing the response, having more oversight as well as empowering the FOs to enable more accountability and rapid decision making. Decentralization enabled UNICEF to be closer to the field and the programmes allowing for a more contextualized, appropriate monitoring and response. It enabled UNICEF to respond rapidly to crises, address challenges as they arose and provided better oversight to programmes. Capacitating and empowering the field offices assisted in greater accountability and quicker decision making allowing for a smoother response.

Additionally, UNICEF was well represented in key meetings/working groups and worked to develop strategies and guidance documents where relevant. UNICEF worked closely with OCHA to develop and revise the HCT benchmarks, the development of the 2023 HNO/HRP and feedback into other key initiatives.

## F. Financial Analysis

**Table 1: 2022 Funding status against the regular HAC appeal (non-COVID-19) by sector (US\$)**

This shows the funding status against appeal targets by sector. The “Overall Funds Received in 2022” and “Carry-Over” columns reflects overall amounts including cost recovery. The table includes all resource partners and all types of funding received and available for emergency activities.

Appeal Sector	2022 Requirements (US\$)	Funds Available		Total Funds Available in 2022	Funding Gap	%
		Funds Received in 2022	2021 Carry Forward			
Nutrition	204,095,521	55,132,706	16,415,409	71,548,114	132,547,407	64.94%
Health	334,457,872	259,516,431	102,985,464	362,501,894	0	0.00%
WASH	768,889,756	82,653,582	20,324,488	102,978,069	665,911,687	86.61%
Child protection, GBViE and PSEA	71,920,805	28,302,923	8,921,048	37,223,971	34,696,834	48.24%
Education	440,853,967	285,781,228	27,879,531	313,660,760	127,193,207	28.85%
Social Protection/HCT	208,504,821	46,626,447	21,796,912	68,423,359	140,081,462	67.18%
Adolescents/Youth/Gender	3,853,594	3,064,127	991,150	4,055,278	0	0.00%
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	26,975,047	5,496,697	32,471,743	0	0.00%
Program Management Unit	8,500,000	8,401,030	1,596,478	9,997,508	0	0.00%
<b>Total</b>	<b>2,047,724,710</b>	<b>796,453,521</b>	<b>206,407,177</b>	<b>1,002,860,698</b>		<b>51.38%</b>

*Note: This shows the funding status against appeal targets by sector. The “Funds Received” and “Carry-Over” columns reflects overall amounts including cost recovery.*

*The discrepancy between the Dec. 2022 Sitrep and this table is because an ACT-A grant was mistakenly included in the Dec. 2022 Sitrep.*



**Table 2: All funding Received and available in 2022 by donor and funding type (US\$)**

Donor Name/Type of funding	Grant reference	Overall Amount <sup>14</sup>
<b>I. Humanitarian funds received in 2022<sup>15</sup></b>		
<b>a) Thematic Humanitarian Funds</b>		
Country Humanitarian Thematic Fund <sup>16</sup>	SM229930	40,585,275
<b>b) Non-Thematic Humanitarian Funds</b>		
Bureau for Humanitarian Assistance USAID BHA	SM220826	35,000,000
UK Foreign and Commonwealth Office (FCO)	SM220472	32,888,146
European Commission / ECHO	SM210487	21,690,393
The United Kingdom of Great Britain and Northern Ireland	SM210931	20,053,762
Bureau for Humanitarian Assistance USAID BHA	SM210976	19,756,539
Canada	SM220140	12,623,263
United Nations Multi Partner Trust Fund (AHF)	SM220206	10,652,588
German Federal Foreign Office	SM220661	10,020,040
United Nations Multi Partner Trust Fund	SM220646	5,501,821
Republic of Korea	SM220689	5,000,000
Italy	SM220782	4,985,045
SIDA - Sweden	SM220159	3,706,057
United Nations Multi Partner Trust Fund	SM220273	3,500,000
Japan	SM220092	3,000,000
AHF	SM220050	2,213,064
France	SM220320	2,173,913
Global Partnership for Education	SC200598	2,055,000
Republic of Korea	SM220778	2,000,000
Norway	SM220200	1,677,852
United Nations Multi Partner Trust Fund	SM220814	1,500,000
United Nations Multi Partner Trust Fund (AHF)	SM220562	1,000,009
United Nations Multi Partner Trust Fund	SM220274	1,000,000
United Nations Multi Partner Trust Fund (AHF)	SM220024	700,000
New Zealand	SM220469	627,353
Republic of Korea	SM220489	526,870
Ireland	SM220490	526,870
US Fund for UNICEF	SM220174	294,000
US Fund for UNICEF (The Church of Jesus Christ)	SM220475	294,000
United States Fund for UNICEF	SM220618	294,000
German Committee for UNICEF	SM210685	266,711
United Nations Multi Partner Trust Fund	SM220461	249,995
Belgium	SM210890	216,000

US Fund for UNICEF	SM220036	196,000
Luxembourg Committee for UNICEF	SM220329	163,043
Switzerland c/o Swiss Agency for Development	KM220028	159,124
Canadian UNICEF Committee	SM220071	132,928
Netherlands Committee for UNICEF	SM220065	122,631
Liechtenstein	SM220543	101,937
French Committee for UNICEF	KM220093	60,498
The United Kingdom of Great Britain and Northern Ireland	SM170463	54,000
United States Fund for UNICEF	KM220096	33,323
Bulgaria	SM220549	20,877
Danish Committee for UNICEF	SM220333	11,293
UNICEF Slovakia FOUNDATION	SC2299350020	39
<b>Total Non-Thematic Humanitarian Funds</b>		<b>207,048,984</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b>		
<b>(ii) Other Pooled funds</b> - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF	SM220480	3,750,000
Consolidated Funds from NatComs	SM220244	61,223
PSFR - consolidated pool funding	N/A	
<b>d) Other types of humanitarian funds</b>		
<b>e) Other resources – development funding towards HAC (SH grant)</b>		
Asian Development Bank	SH220008	180,000,000
World Bank - Washington D.C. Att. M William Marke	SH220010	150,000,000
World Bank	SH220015	100,000,000
European Commission/EC	SH220001	56,379,956
USAID US Dept of Treasury	SH220011	40,000,000
World Bank - Washington D.C. Att. M William Marke	SH220009	19,000,000
<b>f) Other resources – development funding towards HAC (SC grant)</b>		
Education Cannot Wait Fund	SC190225	3,908,133
<b>Total humanitarian funds received in 2022<sup>17</sup></b>		<b>14,575,000</b>
<b>II. Carry-over of humanitarian funds available in 2022<sup>18</sup></b>		
<b>g) Carry over Thematic Humanitarian Funds</b>		

<sup>14</sup> Based on HAC funding status report, recovery rate is part of the amount.

<sup>15</sup> Total for this section's points a) to d) is equal to the total Humanitarian funding received in 2022 SitRep table, e) and e) are equal to the total of the other resources regular in SitRep table.

<sup>16</sup> Country-level humanitarian thematic fund

<sup>17</sup> This total equals Funds Available Against Appeal as of 31 December 2022 in the SitRep table

<sup>18</sup> Programmable amount, total equals to the carry-forward total in the SitRep table

Thematic Humanitarian Funds	SM189910	22,118,121
<b>h) Carry-over of non-Thematic Humanitarian Funds<sup>19</sup></b>		
World Bank - Washington D.C.	SM210938	95,238,095
European Commission / ECHO	SM210487	29,005,237
Bureau for Humanitarian Assistance	SM210976	13,888,889
Japan	SM210800	7,681,823
Italy	SM210973	5,254,971
European Commission / ECHO	SM200147	5,182,310
Bureau for Humanitarian Assistance	SM210154	3,653,636
Republic of Korea	SM210923	2,777,778
Spain	SM210952	2,617,201
Japan	SM200796	2,597,089
Ireland	SM210822	2,288,873
Canada	SM210815	2,168,445
Switzerland	SM210942	2,002,002
Norway	SM210658	1,720,165
Canada	SM210195	1,479,541
UNOCHA	SM210763	1,321,134
Republic of Korea	SM210922	1,116,553
Republic of Korea	SM210921	638,240
European Commission / ECHO	KM210133	500,000
German Committee for UNICEF	SM210685	453,019
UNICEF-Indonesia	SM210819	405,848
USA (State) BPRM	SM210612	363,644
USA CDC	SM210715	289,759
USA CDC	SM210550	258,333
Germany	KM210137	250,000
Denmark	SM210087	197,810
Czech Republic (The)	SM210668	158,419
Japan	SM210074	134,645
New Zealand	SM210691	127,540
Poland	SM210829	116,792
German Committee for UNICEF	SM210944	116,279
GAVI The Vaccine Alliance	SC200764	84,109
Norway	SM210181	82,066
United Nations Multi Partner Trust	SM210709	42,786
UNOCHA	SM210212	34,146
Bulgaria	SM210989	26,068
The United Kingdom	SM170463	10,049
Romania	SM210292	5,765

<sup>19</sup> Same list as it was prepared for the Q1 FTS reporting

<b>Total carry-over non-Thematic Humanitarian Funds</b>	<b>184,289,056</b>
<b>Total carry-over humanitarian funds</b>	<b>206,407,177</b>
<b>III. Other sources</b>	
N/A	
<b>Total other resources</b>	<b>N/A</b>

\*2022 loans have not been waived; COs are liable to reimburse in 2023 as donor funds become available.

**Table 3: Thematic Humanitarian Contributions Received in 2022 (US\$)**

<b>Donor Name/Type of funding</b>	<b>Grant Reference</b>	<b>Total Contribution Amount (in US\$)</b>
<b>GHTF (if any):</b>		
n/a*		
<b>Sub-total (received from EMOPS/HQ):</b>		
<b>Regional thematic (if any):</b>	<b>N/a</b>	<b>0</b>
<b>Sub-total (received from RO):</b>		<b>0</b>
<b>Country thematic contributions:</b>		
Australian Committee for UNICEF	SM2299300138	198,612
	SM2299300190	4,750
Austrian Committee for UNICEF	SM2299300104	93,147
Belgian Committee for UNICEF	SM2299300004	39,409
Canadian UNICEF Committee	SM2299300078	85,049
Czech Committee for UNICEF	SM2299300067	5,397
	SM2299300124	40,158
Danish Committee for UNICEF	SM2299300027	496,268
	SM2299300035	45,942
Estonia	SM2299300136	36,765
Finnish Committee for UNICEF	SM2299300014	606,809
France	SM2299300001	9,324,009
French Committee for UNICEF	SM2299300168	316,122
German Committee for UNICEF	SM2299300005	11,161,621
Iceland National Comm for UNICEF	SM2299300121	17,269
International On-line Donations	SM2299300022	47,651
Italian Committee for UNICEF	SM2299300135	579,424
Japan Committee for UNICEF	SM2299300089	4,062,338
Korean Committee for UNICEF	SM2299300070	170,015
Kuwait	SM2299300160	1,000,000
Lithuania	SM2299300003	112,613
Luxembourg Committee for UNICEF	SM2299300143	256,651
Netherlands Committee for UNICEF	SM2299300024	256,784
New Zealand Committee for UNICEF	SM2299300123	199,576
Norwegian Committee for UNICEF	SM2299300146	98,121
Polish National Comm for UNICEF	SM2299300086	77,301
Portuguese Committee for UNICEF	SM2299300097	28,772



Swedish Committee for UNICEF	SM2299300012	412,716
	SM2299300068	3,992
Swiss Committee for UNICEF	SM2299300045	821,170
	SM2299300046	374,532
UNICEF Ireland	SM2299300180	682,633
UNICEF-Argentina	SM2299300010	48,259
UNICEF-Brazil	SM2299300071	5,100
UNICEF-Guyana	SM2299300210	1,158
UNICEF-Indonesia	SM2299300188	3,319
UNICEF-Singapore	SM2299300019	37,633
UNICEF-THAILAND	SM2299300131	941
UNICEF-United Arab Emirates	SM2299300021	36,130
UNICEF-United Arab Emirates	SM2299300187	4,053
United Kingdom Committee for UNICEF	SM2299300032	3,400,975
United States Fund for UNICEF	SM2299300007	5,173,907
	SM2299300069	148,080
	SM2299300189	70,106
<b>Sub-total (received directly at CO level):</b>		<b>40,585,275</b>
<b>Total:</b>		<b>40,585,275</b>

*\*Global Humanitarian Thematic Funding contributions are pooled and then allocated to country and regional offices by UNICEF's Office of Emergency Programmes. A detailed list of grants will be available in the 2022 Humanitarian Action Global Annual Results Report, and you may also contact PPD Humanitarian team for the allocations to your office.*

## G. Future Work Plan

UNICEF will continue to scale up life-saving humanitarian services in Afghanistan to meet unprecedented and growing needs, while ensuring critical basic services do not collapse. Emergency response interventions to acute needs will be prioritized while investing in nexus programming where feasible, particularly in drought-affected areas to prevent drought induced displacement, reduce disease outbreaks and malnutrition. UNICEF's cluster leadership and extensive field presence through five zonal offices and eight outposts allows for a decentralized, targeted and rapid response. UNICEF will deliver a holistic, gender-sensitive, inclusive response to the most vulnerable people in all programme areas.

UNICEF is also enhancing its emergency preparedness and response through robust risk analysis and mapping to strengthen its risk informed approach to programming; ensuring interventions prioritize high-risk/hot-spots locations with multi-faceted needs. In 2023, UNICEF is also prioritizing capacity building of field teams to enhance our preparedness and early warning capacity, and that of our partners, to respond rapidly to future shocks. This will be done through trainings and simulation exercises across all regions, and through the establishment of rapid deployment teams for cash-based assistance to respond to sudden-onset disasters. UNICEF is working closely with the Clusters and the Humanitarian Country Team to monitor and report on the impact of the 'ban', as part of the IASC Monitoring Framework. Monitoring includes permissiveness of the access environment, sectoral and local arrangements / exemptions, and humanitarian partners' ability to operate under the ban. Guided by our Core Commitments for Children and the humanitarian imperative to save lives, UNICEF remains on the ground and resolute in our commitment to deliver critical services to children, women and families. Female staff are key to every aspect of UNICEF's humanitarian response in Afghanistan; their participation in aid delivery must continue. They have access to populations that their male colleagues cannot reach. UNICEF will not accept any practice which discriminates against women and girls. We continue to place women and girls at the centre of our programming and deliver programmes that benefit girls and women.

As the situation remains very dynamic, operational impacts vary by sector, activity and location. UNICEF continues, together with the UN, to engage with the de-facto authorities at all levels to: i) advocate to overturn the ban; ii) find practical solutions/workarounds that enable the continued delivery of principled life-saving assistance; iii) explore opportunities for sector-specific and/or geographical exemptions; iv) explore alternative response modalities to ensure women are reached and women staff safeguarded.

UNICEF is requesting US\$1.65 billion for 2023 to meet the critical humanitarian needs of 19 million people in Afghanistan, including 10.3 million children. With needs increasing in all UNICEF programme areas of intervention, it is crucial to provide this support to alleviate acute suffering and preventable deaths. While needs are high and growing, funding requirements are reduced from the 2022 requirement of US\$2 billion due to better costing methodologies, alternative response strategies and implementation measures adopted by UNICEF.

The 2023 funding requirement takes into account global inflation, household purchasing power, global and regional shocks and such context-specific factors as the requirement that female humanitarian workers be accompanied by a Maharam (male family member). Funding support will help 9 million people gain access to safe water, provide more than 800,000 people with life-saving support during harsh winters and enable 600,000 children to attend community-based education classes.

Funding will also enable UNICEF to respond to sudden-onset disasters in a rapid and dignified manner with cash assistance and other life-saving services, as well as providing targeted multisectoral support to areas that are at high risk for famine and disease outbreaks. Without sufficient, flexible and timely funding, UNICEF will be unable to support the national response to the country's continuing crises and climate-related emergencies – including in drought affected areas to improve resilience in an effort to prevent displacement and reduce malnutrition burdens. Children in Afghanistan will continue to live

in a steady state of threats to their rights without the continuation of critical life-saving funding and the principled humanitarian response it enables.

UNICEF remains positive and solution oriented and sees negotiated exemptions to the ban as effective pragmatic measures to assist and serve women and children. While UNICEF welcomes fragile breakthroughs in provinces and sectors, and the resumption of some services, it is concerning that these efforts are inconsistent which may put female workers, service providers and beneficiaries at risk. As a result of private advocacy with decision-makers at the national, provincial, and local levels, UNICEF is making steady progress with additional authorizations that expand the operating space beyond sector-wide exemptions.

In this environment, UNICEF is deeply concerned about the potential risks of increases in SEA. Without female staff on the ground, and reduced community sensitization and awareness, we will see a rise in cases of SEA and GBV, and further underreporting. Currently over 70% of facilities providing GBV services are not operational. Yet, we continue providing GBV services in health facilities and through female social workers.

In response, UNICEF is adapting the country-level PSEA strategy and a scale-up plan to the current context and will put in place additional measures to mitigate the risks, with a focus on AAP and safeguarding systems. Practically, this includes a code of conduct for all including frontline workers, a PSEA sector risk mitigation checklist for partners, functional referral mechanisms, and child safeguarding policies for partners.

## Annex 1. Case Studies – Non-thematic Funding

*The following stories were funded primarily through non-thematic resources. However, it is possible that portions of Humanitarian Thematic Funding or Thematic Funding from other pools also contributed to the successes reported.*

**Social Protection: Cash assistance gives parents dignity and flexibility. UNICEF's cash assistance is providing a lifeline for families facing multiple threats to their health and well-being.**

Malnutrition in pregnant and breastfeeding women has doubled in the last year. For their babies, this means they are born underweight or become malnourished in their first 6 months of life.

UNICEF has been providing targeted [cash transfers to pregnant women](#) in multiple provinces of Afghanistan. This programme supports households with pregnant and lactating women to meet their basic needs. It gives them



freedom to buy the things they need the most. With thanks from United Kingdom Foreign, Commonwealth and Development Office (FCDO), UNICEF completed the third round of cash distribution in Daikundi Province, reaching 6,231 families with pregnant and lactating women across three districts, supporting them to access antenatal care, institutional delivery, and post-natal care.

**Adolescent and Youth: Redesigning their futures, one stitch at a time. How vocational training in rural Afghanistan is sewing hope into the fabric of girls' lives.**



Six months ago, Arifa and 14 other girls in the tightly knit community of Shish, Daikundi province were selected to train as tailors. In a country in which girls' and women's basic human rights are increasingly restricted, even participating in such a course is a bold move. Before being [selected for the training course](#), 19-year-old Arifa sat at home bored, hopeless, and stressed. It felt like her life was coming apart at the seams. As a result of this training, their monthly income has increased to

4000-5000 Afghani (\$70) each per month. After she pays rent and overheads, Arifa is left with around 3,500 Afghani (\$40). Thanks to UNICEF Afghanistan's partnership with the European Union and the Movement for Protection, they've done all of that and more. Into the tapestry of 15 girls' lives, this



course has woven financial independence, creativity, stability, empowerment, confidence, and hope for a brighter future. Priceless.

**WASH: Safe drinking water for returnees in remote Afghanistan. No matter how high the mountain, UNICEF provides essential services for families.**

Nestled in the mountains of eastern Kunar Province, Garang Village is hilly in parts, but covered mostly by dry desert. The rough mountain peaks are treacherous and covered with snow for most of the year. Afghans live in the fertile valleys between mountains, where they grow vegetables and citrus fruits, selling them in local markets and along highways to earn a living. Before construction of the new water system, residents especially children of Garang Village had to walk long distances to collect water for daily use.



With funding support from the United Nations Central Emergency Response Fund (CERF), UNICEF partnered with the Danish Committee for Aid to Afghan Refugees (DACAAR) to bring clean, piped water into 88 homes in Garang Village. In addition to supporting new [water systems](#), UNICEF trained community mobilisers who taught 307 families in Garang Village about critical hygiene practices, including personal hygiene, safe water storage and how to keep their homes clean. These hygiene awareness sessions were complemented by distribution of ‘hygiene kits’ which included items like bath and laundry soap, toothbrushes, and sanitary pads for girls.

## **Annex 2: Case Studies: Humanitarian Thematic Funding**

### ***CP Case Study for CER report 2022:***

***Title: Provision of comprehensive child protection and integrated life-saving services to children and families affected by unsafe migration, drought, conflict, poverty, and the COVID-19 pandemic in the Western Region of Afghanistan.***

#### **Top Level Results:**

Humanitarian Thematic Funding, combined with other funding sources, enabled UNICEF and implementing partners to provide screening, interim care arrangement, PSS, case management and family tracing and reunification services to unaccompanied and separated children deported from Iran.

#### **Issue/Background:**

The economic hardship caused by violent conflicts and the impact of climate change has left many households in absolute poverty and in dire need of protection. This has led to significant losses in livelihoods, downsizing of businesses, and a dysfunctional cash system and, eventual adoption of negative coping mechanisms which includes unsafe cross-border migrations, family separation, abuse,

exploitation and violence. Children undertaking illegal migration to Iran to seek livelihood and employment opportunities are exposed to the risk of being arrested, tortured and deported. Through this initiative, UNICEF and its partners War Child UK (WCUK) managed to improve the provision of quality interim care, PSS, case management, and FTR services for the well-being of unaccompanied and separated children deported from Iran.

### **Strategy & Implementation:**

UNICEF and WCUK promoted a holistic approach to prevent and respond to the needs of the UASC deported from the neighbouring country. This included case management and FTR in coordination with Community Based Child Protection Networks (CBCPNs) and CPANs at community level who are responsible for tracing and raising awareness on unsafe migration. The process involved screening, provision of accommodation, food, protective hygiene kits, case-based need clothing, medical, PSS through CFS and individual/group counselling and family tracing and reunification.

**Resources Required/Allocated:** To respond to these needs, a total amount of US\$ 1,803,981 was allocated for the project from the UNICEF fund including Thematic funds.

### **Progress and Results:**

- The thematic action supported a total of 2,741 (21 girls and 2,720 boys) UASC deported from Iran with screening, psychosocial support, interim care arrangement, case management and FTR services right from the border point of Islam Qala to transit centre and in the community with the support of the War Child UK's child protection team and the community-based structures including the CPANs and CBCPNs. The PSS including recreational activities helped the UASCs to recover from psychological distress resulting from physical, emotional and other forms of abuse experienced when travelling to Iran and during their journey back to Afghanistan.
- 2,200 at-risk individuals from extremely vulnerable households received multipurpose cash to meet their household's basic needs in Herat, Badghis, Ghor and Farah provinces.
- Non-Food Items (NFIs) from UNICEF's stocks were distributed to vulnerable households: 986 households received family kits, 4,549 received blankets, 1,159 received winter clothes kits, and 128 received tarpaulins in Herat, Badghis, Ghor and Farah.
- All activities were closely monitored by the WCUK MEAL department including post-reunification monitoring of each UASC and quarterly by a joint team including key government stakeholders including the Department of Labour and Social Development (DoLSA), the Department of Repatriation and Refugees (DoRR) and the Department of Education (DoE).

### **Challenges and lessons learned:**

- Difficulty tracing family in the absence of family contacts or children with a weak social network. Approximately 15 per cent of UASC did not have contact numbers for their families or were from areas without telephone service.
- Due to the early closure of the reception centre at Islam Qala ground zero and the continuation of deportations until late hours, the team encountered difficulties in receiving children arriving at border crossings at night. With the ban of women to work, current services are limited to only male UASC. In response to the premature closure of the reception centre at Islam Qala ground zero, WCUK expanded coordination with partners, including key partners active at Islam Qala ground zero, such as DoRR, IOM, UNICEF, and UNHCR, which helped resolve the issue.
- The importance of creating a reporting database by collecting phone numbers in all areas where children have been reunited and strengthening communication with provincial, district, and village CPANs and other local shuras/community committees that could help social workers trace UASC families. This highlights the impact of community structures on FTR.

- The Taliban's ban on female aid workers has had a significant impact on some child protection interventions. UNICEF applied different modalities to overcome the impact of that decision including getting exemptions from DfA, more focus on working with national NGOs, remote support using phones and home to home visits using social workers from within the communities.

**Future work plan:**

In 2023, UNICEF will continue to deliver integrated services for the UASC in collaboration with the respective stakeholders. The continued engagement with DoRR and MoE to issue exemptions for female workers to return to work will be critical.

### Annex 3: Human Interest Stories and Communication Materials

#### New toys, new friends and a new start

*Naghma finds fun and healing in a UNICEF child-friendly space after the earthquake*



GAYAN, AFGHANISTAN – “I am here!” Naghma called. “I afraid!”

A few moments prior, Naghma’s house shook violently as a powerful earthquake rippled through her little village. She had been sleeping but woke up crying and hugged her knees to her chest. She could see nothing in the black night.

“I started to cry and felt frozen in place,” she recalls. “My siblings were in another room. Their ceiling collapsed and I did not know what was happening anymore.”

4-year-old Naghma would come to learn that the 5.9 magnitude earthquake that rattled her family’s walls had also devastated the community around her. In the early hours of 22 June, a powerful quake shook three districts in Paktika and Khost in the southeast, killing over 1,000 people and injuring over 3,600.



© UNICEF/UN0697228/Bidel  
When the earthquake shook Gayan District on 22 June 2022, Naghma was asleep. She woke up to a collapsed roof.



“I think I fainted when the roof collapsed,” Naghma says, unsure. “And when I woke up, I could see my uncle. He called to me repeatedly, ‘Naghma, are you alive?’”

There were tears in Naghma’s eyes as she called to him from under the rubble, “I’m here! And I am afraid!”

Naghma’s uncle pulled her from under the bricks, mud and wood beams. She cried, insisting that her mother and father had been right there next to her. They searched for her parents and rescued her mother, injured, but alive. Her father was killed in the collapse.

“Every day I felt so sad. I was afraid the earthquake would come again and take the rest of my family.”



© UNICEF/UN0697230/Bidel

*Naghma runs to the child-friendly space each morning, excited to see her friends.*

Naghma brightens a bit, remembering a detail from the last few weeks.

“After five days of feeling sad, I remember that I saw people from UNICEF in my village. They were putting up tents, and there were lots of toys inside,” she says. “They had created something like a classroom for us and enrolled me there.”

Now each morning, Naghma wakes up early, throws a bright scarf around her hair, and runs to the new child-friendly space. Here she is surrounded by puzzles, games, colouring books and pencils, and dozens of other children to play with.

UNICEF supports 12 child-friendly spaces in Paktika and Khost, like the one where Naghma enrolled. These spaces provide a safe, stimulating, and healing environment for children affected by trauma, helping restore a sense of normality to their disrupted lives.

“We get to learn poetry, painting, the alphabet...” Naghma smiles, emphasizing again with a smile, “...and there are a lot of toys.”



© UNICEF/UN0697229/Bidel

*In the new child-friendly space in Gayan District, Naghma and her friends spend their mornings playing, learning, and remembering the simple joys of childhood.*

Naghma’s family is still feeling from the loss of her father, and Naghma had been feeling quite depressed since the earthquake. But Naghma’s mother, Zarghona, noticed small glimmers of positivity in her daughter.

“She is much happier since UNICEF opened these spaces,” says Zarghona.

Within the child-friendly spaces, UNICEF is also placing social workers to provide crisis counselling and mental health support to Naghma and her new friends.

“I feel happy here, and I feel better because I am learning,” says Naghma.

“My friends here make me laugh, and we get to play and read,” she says, emphasizing again, “Now I feel better.”

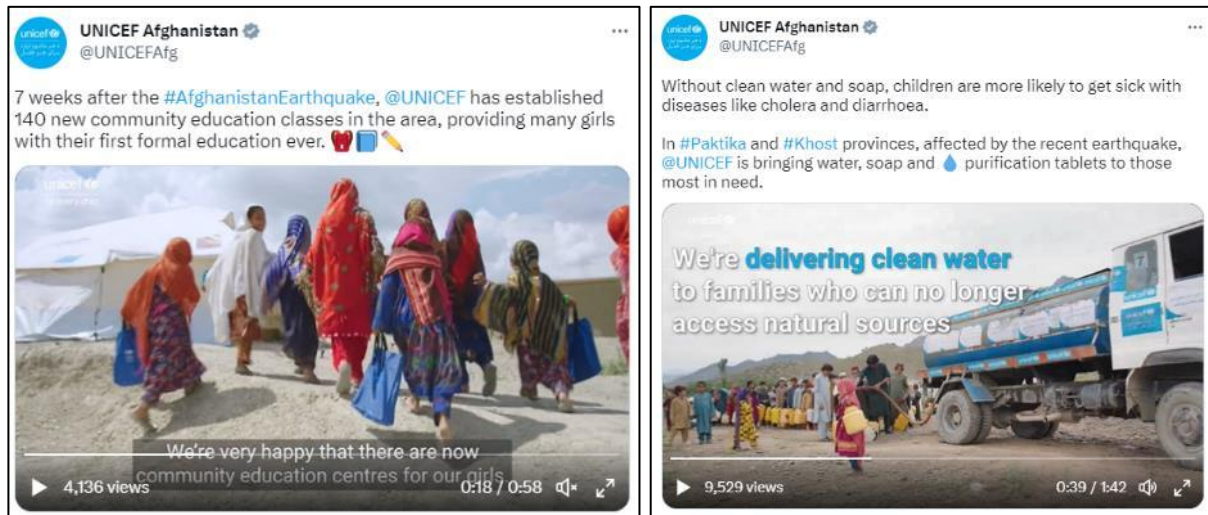
### **Additional human-interest stories and recognition:**

- [A lifetime of hardship](#): Fatima and her grandchildren at risk in the freezing Afghan winter
- [Loaves of bread and warm blankets](#): An Afghan woman’s wish for her children
- [Life after the earthquakes in Badghis](#): A family’s story of survival in Afghanistan
- [“When the water truck arrives, we celebrate like Eid”](#): On the road with UNICEF, bringing water to drought-afflicted villages in Afghanistan’s Southern Region



- [“In the middle of the flood, I was shouting for someone to rescue me”](#): Recent flooding in central Afghanistan has left thousands of children and families vulnerable.
- [“I felt my sister’s hand beside me”](#): Trapped under her collapsed home for five hours after the devastating earthquake in Afghanistan, young Gulaba emerged to even more devastation
- [Safe drinking water for returnees in remote Afghanistan](#): No matter how high the mountain, UNICEF provides essential services for families like Nuria’s

## Videos:



In Paktika and Khost Provinces, following the deadly June 2022 earthquake, UNICEF established seven new [community-based education classes](#), and ensure thousands of people had [access to clean water](#). See the full videos at the links above.



Cash assistance gives parents the dignity and flexibility to provide for their families in the ways they know best. For Anar Gul, UNICEF-supported cash assistance means healthy food for her children, checkups at the local clinic, and new school supplies for her daughter. See the [full video here](#).

## Social media:



## Donor Feedback Form

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