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Reporting Period: 1–28 February 2022

Afghanistan Humanitarian Situation Report Report # 3 1-28 February 2022



Highlights

- UNICEF began the distribution of emergency cash support for an estimated 194,000 public teachers with 113,868 teachers paid in February.
- UNICEF estimates 3.2 million children in Afghanistan will suffer from acute malnutrition in 2022, and a million severely malnourished children are at risk of death, if immediate action is not taken.
- During the reporting period, more than 31,000 children were treated for severe acute malnutrition (SAM) following the screening of nearly one million children.
- There has been a sharp rise of more than 13,400 measles cases this year, bringing the total since Jan 2021 to 43,988 cases (80 per cent among children under five). UNICEF is working with partners on a measles-outbreak campaign as an immediate response.
- With UNICEF support, more than 99,580 people received life-saving protection services including 1,435 separated and unaccompanied children who benefitted from family-tracing and reunification services.

Situation in Numbers



24.4 M
People in need of humanitarian assistance (HNO 2022)

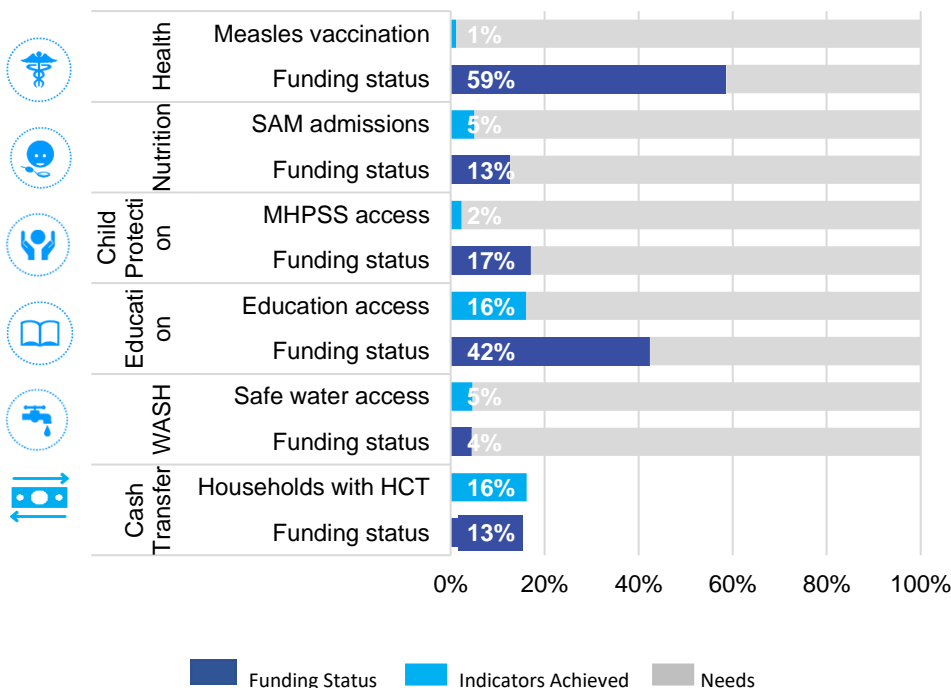


13.1 M
children in need of humanitarian assistance (HNO 2022)



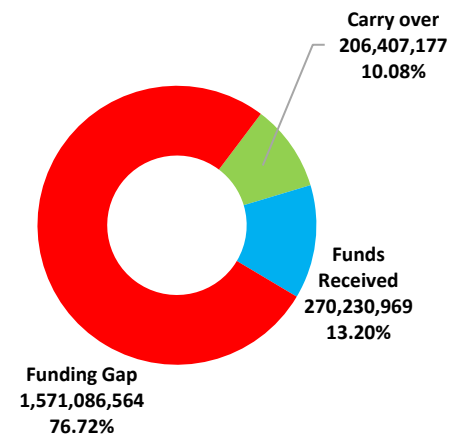
1.1 M
Acutely Malnourished Children under the age of five years (HRP 2022)

UNICEF's Response and Funding Status



UNICEF Appeal 2022

US\$2,047,724,710



Funding Overview and Partnerships

The UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal is the largest in the history of the organization, valued at US\$ 2 billion for 2022. Thanks to partners' generous contributions, the appeal is currently 24 per cent funded. This includes flexible emergency funding from both public and private partners, which will enable UNICEF to utilize resources to respond to rising and sudden needs. Some contributions received in 2021 will continue to support implementation in 2022, including funds from the Afghanistan Reconstruction Trust Fund, the European Union (International Partnerships and Humanitarian Aid), and the governments of the United States, United Kingdom, and France. UNICEF is grateful to the Asian Development Bank, the USAID Bureau for Humanitarian Assistance (BHA), the Government of the United Kingdom, Foreign, Commonwealth & Development Office, the Government of Japan, the Afghanistan Humanitarian Fund (AHF) and the UNICEF family of National Committees for contributions received during the last month. UNICEF will continue to partner with donors to ensure sufficient resources are mobilized to address the needs of children and communities in Afghanistan.

Situation Overview & Humanitarian Needs

More than half of Afghanistan's population (22.8 million people) are acutely food insecure, according to the Integrated Food Security Phase Classification (IPC) report, while more than 24.4 million people are in need of humanitarian support. UNICEF estimates that 3.2 million children in Afghanistan will suffer from acute malnutrition in 2022, and a million severely malnourished children are at risk of death, if immediate action is not taken. The nutrition situation is further compounded by the significant rise in measles cases. Between 1 January 2021 and 26 February 2022, 43,988 cases of measles and 232 measles-related deaths were reported across the country with Helmand, Kandahar, Balkh, Paktika, Ghor and Ghazni the most affected provinces.¹ Of the reported cases, 80 per cent were among children under five. In response, UNICEF is supporting a measles campaign in 49 high-burden districts planned for March. Additional infectious diseases cases were also reported, including 74 new cases of acute watery diarrhoea (AWD) with a heightened risk of increasing AWD cases as the weather warms and access to safe water remains challenging. Two-thirds of the population of Afghanistan are now resorting to crisis-level coping strategies to feed their families. This is an eight per cent point increase from December and a sixfold increase since August 2021. Almost 100 per cent of female-headed households are facing insufficient food consumption². In Kabul, wheat flour prices in early February 2022 were 81 per cent above the five-year average.

On February 24th, eight polio health workers, including four women, were shot and killed in separate attacks by unidentified gunmen in the northern provinces of Kunduz and Takhar. Local officials in Kunduz confirmed that seven workers providing polio vaccinations were killed in three separate attacks by the unidentified gunmen in Kunduz's capital city, as well as in Imam Sahib district. One member of the vaccination transit team was killed in Taloqan district in Takhar province. This highlights the security risks facing health workers across the country and puts millions of Afghan children at risk of contracting polio due to the suspension of the vaccination campaign by the de facto authorities.³

Summary Analysis of Programme Response

Health

UNICEF extended its support in health service delivery through Non-Governmental Organization (NGO) partners to cover all 34 provinces across Afghanistan as part of the *Sehatmandi* project. The expansion of geographical coverage (up from 17 provinces in January 2022) helped ensure continued service delivery in 2,214 health facilities. Close to four million people were reached with essential health services through these facilities⁴. In addition, UNICEF continued to reach vulnerable populations in hard-to-reach and previously inaccessible areas through mobile health and nutrition teams (MHNT). In February, 137 mobile teams were deployed to provide health and nutrition services in 29 provinces with more than 73,000 people benefitting from consultations through the MHNTs.

¹ National Disease Surveillance Report, from Ministry of Public Health, for weeks 7 and 8).

² WFP's Food Security Update for Afghanistan (February 2022).

³ <https://news.un.org/en/story/2022/02/1112612>

⁴ The Health Management Information reports for February 2022

UNICEF continued to support improved patient care and quality of services through the ongoing training of more than 11,000 community health workers and 108 family midwives on topics such as integrated community case management, community-based nutrition counselling, adolescent health, GBV prevention and mental health and psychosocial support. Furthermore, the registration of 7,000 pregnant women in Daikundi province for unconditional cash transfer was completed, and 473 women received their first payments as part of a pilot project aiming to help women overcome financial barriers to accessing antenatal, delivery and post-natal care, and vaccination for their children. In February, over 399,000 people were reached with COVID-19 vaccine through the deployment of 300 vaccinators, while over 67,000 children were vaccinated against measles and over 161,000 infants were vaccinated with the pentavalent 3 vaccine.

Nutrition

In February, UNICEF and implementing partners provided lifesaving treatment for SAM for 31,210 children aged 6-59 months (13,732 boys and 17,478 girls) and counselling services for 168,967 mothers and primary caregivers through health facilities and mobile services across the country. During the reporting period, the scale up of SAM treatment services continued. An additional 220 Health Sub Centers (HSCs) started providing services; bringing the total number of HSCs to 500 (up from 280 in January).

Operationalization of the urban nutrition expansion strategy started in February in eight targeted provinces (Badakhshan, Bamyán, Ghor, Urozgan, Daikundi, Faryab, Badghis and Herat). Under this strategy, critical nutrition services will be available in urban centers, including the establishment of sites for prevention and treatment. Growth monitoring, social and behaviour change (SBC) and in-patient space, where needed, will also be expanded. These will be integrated with CP and WASH target areas.

Furthermore, preparations are ongoing for SMART surveys in the eight USAID/BHA-targeted provinces listed above. The data collection is expected to take place in March 2022. Four hundred field monitoring visits were conducted at health facilities in 34 provinces by nutrition extenders in February. The outcomes of the monitoring visits are discussed with concerned implementing partners through different channels and action were agreed upon to address identified issues. Urban SMART survey data results will be available in March.

UNICEF has around 48,000 cartons of Ready-to-Use Therapeutic Food (RUTF) in the warehouses. A total of 568,201 cartons are in the pipeline, which are expected to meet the needs of around 627,000 children with SAM and are due to arrive in the country between March and August 2022 in different batches. The stock and pipeline amount will cover Q2-Q3 2022. In addition, in February, a temperature-controlled warehouse was constructed in Kabul with the capacity to accommodate 40,000 cartons of RUTF. The construction of a warehouse in Kandahar also started. Integrated management of acute malnutrition (IMAM) trainings continued with 517 health workers trained in the central and western regions of Afghanistan in February. The training series is ongoing with around 6,000 health workers expected to be trained by June 2022. Similarly, 462 health workers were trained on the maternal infant and young child nutrition across the country in February. A consolidated strategy including prevention and treatment was finalized in which extensive prevention as well as treatment activities are expanded to both urban and community levels to cover gaps existed.

Child Protection, GBViE and PSEA

During February, UNICEF and partners reached 99,583 people with life-saving child protection services, including 36,314 boys, 40,668 girls, 12,205 men and 10,396 women. Of these, 72,111 people (54 per cent girls and women) benefited from mental health and psychosocial support through recreational activities, awareness raising activities and case referrals, as well as informational messaging on child well-being.

In addition, 4,807 children (3,485 boys and 1,322 girls) received case management services across the country including family tracing and reunification services for 1,435 unaccompanied and separated children (1,346 boys and 89 girls. A further 10,323 people were reached with Gender-Based Violence (GBV) response, prevention and risk mitigation services.

Furthermore, 6,186 children (2,260 girls) on the move received protective services through UNICEF-supported programs. Life-savings supplies including warm clothes and hygiene kits were provided to 3,837 vulnerable children (1,451 girls).

UNICEF and partners reached 9,156 individuals (1,586 boys, 1,740 girls, 3,490 men and 2,340 women) with educational messages on explosive ordnances to help prevent injuries and death. This will scale up in the coming months through integration with other sectors.

UNICEF continued implementing the prevention of sexual exploitation and abuse (PSEA) scale up plan. In February, 257 personnel including 60 UNICEF programme staff, 81 extenders, 64 partners staff and 30 community mobilizers were trained on the Trainer of Trainers for the integration of PSEA and safeguarding in the humanitarian response. Furthermore, 7,349 community members were reached with prevention efforts including 400 women and girls with information on SEA safe reporting mechanisms as part of the targeted dignity kits distribution to women and girls in safe spaces.

Education

The de facto Ministry of Education has not made an official announcement that all girls in secondary school are guaranteed to return to school, however, there are unofficial preparations at the provincial level. For example, in Nangarhar, four girls' secondary schools have reopened, while in other provinces the Provincial Education Departments (PEDs) are mobilizing female teachers and school directors. In terms of community-based education (CBE), currently there are more than 9,000 CBE classes that provide education to around 286,000 students. In February, UNICEF completed the first round of identification of implementing partners for CBE expansion to open an additional 8,000 CBE classes. New CBE classes are expected to open on 1 April 2022.

In February, UNICEF started the distribution process of emergency cash support (USD\$100/month) for an estimated 194,000 public teachers nationwide, retroactively covering two months (January and February 2022). By the end of February, 113,868 teachers were paid via bank transfers with the remainder expected to be completed in March. Physical verification of teachers lists will be completed by the third week of March as part of the school census. UNICEF has also completed the distribution of 6,349,632 textbooks benefiting 813,476 students (496,220 boys and 317,256 girls) at 770 public schools in Kabul city and Kabul province.

WASH

UNICEF and partners continued to scale up water, sanitation and hygiene (WASH) activities, reaching 684,557 people with essential WASH supplies and hygiene promotion services. A total of 93,955 people were reached with hygiene supplies, 54,882 people with hygiene promotion and 93 hygiene promoters were trained, 2,362 people gained access to sanitation facilities and 20,214 children and 432 teachers benefited from improved WASH facilities in 11 schools.

Out of the total number of beneficiaries reached with WASH activities in the reporting period, 549,403 people were reached with access to safe water through the provision of fuel to keep water systems functioning in in Kabul, Paktiya, Khost, Ghazni, Logar and Parwan, as well as through the provision of a critical generator in Kabul. Across Central region, 71,353 people were reached with hygiene supplies, 27,470 reached with hygiene promotion and 81 hygiene promoters trained.

In February, 5,100 people were reached with hygiene promotion and 850 hygiene kits in Laghman, while 12 hygiene promoters were trained. In Nangarhar, 15 communal latrines with handwashing facilities were constructed for 1,550 people who also received support with hygiene promotion.

In Uruzgan and Kandahar, 26,334 drought affected people continue to be provided with safe drinking water through water trucking, while 101,750 people are being supported with access to safe water through the provision of fuel to ensure water systems can continue to function in Zaranj district in Nimroz. 617 returnees were provided with sanitation facilities and 725 returnees with hygiene awareness-raising information at Spin Boldak Zero Point. 13,075 people in Kandahar, Zabul and Uruzgan were also provided with critical hygiene supplies of which 10,850 people were reached with hygiene promotion.

In Herat, 2,306 people benefited from hygiene promotion and 518 people received hygiene kits and soap in Injil district. Meanwhile 6,881 people received hygiene promotion and hygiene kits in Mogar district of Badghis province. A total of 20,214 children and 432 teachers were supported with seven new and one rehabilitated solar water systems, 28 new toilets, 66 rehabilitated toilets and eight handwashing stations in 11 schools in Herat, Farah, Ghor and Badghis. A total of 7,070 people gained access to safe and climate resilient water services through the completion of durable water projects in Balkh and Jawzjan, while 2,800 IDPs in Balkh gained access to safe water through water trucking. 2,128 people were reached with hygiene kits in Badakhshan, while 50 latrines were rehabilitated for 300 people in Jawzjan.

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

Around 54,380 people were engaged with key messages on acute watery diarrhea (AWD)/Cholera and COVID-19 vaccination. Messages on COVID-19 vaccination focused on the benefit of receiving the vaccine and debunking rumours and myths. On AWD/Cholera, messages focused on water treatment at the household level, collecting water from safe available sources and practicing regular good hygiene. Approximately, 1,300 health facility staff, 444 community health workers, and 10,841 community influencers were also engaged on COVID-19 activities through risk communication and community engagement approaches.

Around 12,220 people across regions used various feedback mechanisms to share their concerns, asked questions/clarifications, provided feedback and complaints on health, nutrition, cash distribution and education to address their needs during community engagement sessions on disease outbreaks and prevention. This includes COVID-19 prevention and vaccine acceptancy, AWD, dengue fever and measles prevention. Some critical concerns by the communities were on unsafe drinking water from rainwater and open ponds, absence of centres for COVID-19 vaccination low vaccine uptake, lack of medicine in health centers, non-iodized salt, unemployment, and demand of other services such as food.

Gender and Adolescent Development and Participation

During the reporting period, UNICEF focused on capacity building of partners and key frontline workers with 193 people from partner organizations trained on GBV case management including how to conduct safety audits, GBV risk mitigation, psychosocial first aid (PFA), confidential safe referrals in Kandahar and Ghazni provinces. In Jalalabad, 50 midwives received targeted awareness training on addressing gendered barriers in accessing nutrition and health services for women and children in Jalalabad. The expected impact of this intervention is that the midwives and other nutrition actors will devise and implement mitigation mechanisms to address the gendered barriers which will in turn increase access to nutrition services.

Women and girls continued to utilize safe spaces to access critical information and services with 13,144 women and girls accessing safe spaces in Nimroz, Kabul, Parwan, Daikundi and Helmand including 93 women and adolescent girls who received psychosocial support while at the safe spaces. Of these, 12 were referred for specialized support in Daikundi and Parwan provinces. Seven new women and girls safe spaces in Helmand and Nimroz provinces in the southern region were established in an effort to scale up alternative pathways for women and girls' access to life saving GBV services. Furthermore, awareness raising sessions were conducted on available services and referral pathways to 3,047 beneficiaries (1,786 women, 1,150 girls, 18 boys, 93 men) in Daikundi, Ghazni and Kabul provinces and 400 dignity kits were distributed to women and girls in Kabul and Balkh province. The Dignity kit distribution was also used as an entry point to reach women and girls with SEA safe reporting mechanisms.

Over 4,689 community members (2,415 male, 709 female, 1,316 boys and 249 girls) in Kandahar, Helmand, Nimroz, Parwan, Balkh, Daikundi, Kunduz and Zabul provinces were reached through community dialogue on GBV prevention and child marriage. UNICEF supported the airing of 12 radio programmes on child marriage, women protection issues and inheritance rights of widows; reaching approximately 31,000 community members in Kandahar, Helmand and Nimroz provinces.

Social Protection and Humanitarian Cash Transfers (HCT)

In February, UNICEF continued to deliver Humanitarian Cash Transfers (HCT) in several provinces in Afghanistan. As part of UNICEF's winter response, the delivery of cash transfers continued in Wardak and Logar provinces, reaching a total of 15,539 households (113,434 people, including 69,925 children). A market assessment was completed in Nuristan province, with positive findings showing adequate market functionality. Furthermore, post distribution monitoring (PDM) findings from Nuristan and Wardak provinces found very strong community preference for cash as an assistance modality. A PDM survey was completed in Samangan province, providing valuable insights for UNICEF's Social Cash Transfer response in Samangan province, which is starting in March 2022.

In February, UNICEF also started cash distribution in Badghis province, delivering HCT for a period of three months, targeting households with pregnant and lactating women (PLW), female-headed households, and households with children with disabilities. The response in Badghis is targeting 33,000 households (240,900 people), with distributions starting at the end of February reaching the first 429 households, with the remaining households receiving their first cash transfer in March 2022. In February, UNICEF also delivered HCT in Daikundi province, providing cash transfers to PLW to overcome financial barriers to institutional delivery, ante-natal care and post-natal care to support maternal and newborn health outcomes.

Humanitarian Leadership, Coordination and Strategy

The Afghanistan Education Sector Transitional Engagement Framework (AESTEF) was finalized at the end of February by both the cluster and the Development Partners Group. In the absence of a National Education Strategic Plan, this will be the main document used to give direction, and highlight priorities, in education for Afghanistan. The WASH Cluster strategic workshop was held on 15 February where a Strategic Operational Framework was drafted including five strategic shifts for expanded cluster coordination, cross-sectoral integration, fine-scale gap analysis, core pipeline expansion, and urban focus. Similarly, the child protection area of responsibility is leading discussions with the wider protection sector on reports of child and organ selling as part of negative coping strategies in Herat province. The aim is to develop key recommendations to be consolidated as a jointly from protection cluster and shared with key stakeholders.

External Media, Statements & Human Interest Stories

[UNICEF provides support to families affected by the earthquake in Badghis.](#)

[UNICEF Germany's executive director talks to UNICEF Afghanistan's chief of education about education needs in the country.](#)

[Press Release: UNICEF provides support to all public school teachers for 2 months.](#)

[UNICEF humanitarian cash distribution in Logar.](#)

[Press Release: The international community and the de facto authorities must find ways to work together – for the sake of the children of Afghanistan.](#)

[UNICEF Executive Director visits Afghanistan.](#)

[AP: UNICEF chief: Taliban committed to let girls back to school.](#)

Next SitRep: 15 April 2022

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

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Annex A

Summary of Programme Results

Sector	Total needs	UNICEF and IPs Response			Cluster/Sector Response		
		2022* target	Total results	Change	2022 target	Total results	Change
Health							
Number of children aged 6 to 59 months vaccinated against measles	9,790,030	10,465,896	117,481	63,793			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	6,438,407	3,962,872			
Nutrition							
Number of children 6-59 months with SAM admitted for treatment.	1,078,804	1,078,804	54,551	31,210	539,402	63,060	37,660
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	168,967	53,246	2,136,438	168,967	34,885
Number of children aged 6-59 months who received vitamin A supplements in semester one ⁵	6,759,823	5,407,859	19,153	19,153	5,407,859	16,239	16,239
Number of children aged 6-59 months who received MNP ⁶	2,959,419	2,959,419	-	-	1,602,628	-	-
Child Protection							
Number of children and caregivers accessing mental health and psychosocial support	4,460,000	4,237,000	104,196	72,111	1,370,000	79,807	3,368
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	2,202	1,435	14,000	1,080	313
Number of girls and boys who have suffered from grave child rights violations (including former CAAFAG & children in detention) benefitted from social and economic reintegration and life skill assistance.	43,800	41,610	70	6	13,500	64	-
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions		63,590	10,323	9,913		676	210
Number of children and adults accessing explosive weapons-related risk education		1,000,000	17,155	9,156		7,999	-
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA		1,000,000	6,905	22			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	486	185			
Education							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	1,267,859	987,557	1,500,000	244,534	
Number of female and male teachers receiving incentives (salaries) as a stop gap measure in CBEs and public schools (6 months)	203,870	203,870	194,100	188,223	37,500	8,704	
Number of teachers male/ female trained (in-service/pre-service)	37,500	101,935	3,871	3,282	15,326	5,428	
WASH							
Number of people (M/F) accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	15,302,274	11,537,160	823,513	684,557	10,429,585	361,120	154,029

⁵ Emergency campaign to be launched in May

⁶ MNP supplies expected to arrive in May according to plan

Number of people gain access to gender and disability-sensitive sanitation facilities	8,503,812	7,478,621	17,645	2,362	898,513	136,891	123,414
Number of people (M/F) reached with hand-washing behavior change programmes	15,302,274	11,537,160	309,167	54,882	10,429,585	476,900	202,969
Number of people (disaggregated by sex & age) reached with critical WASH supplies	9,695,738	9,210,951	325,536	93,955	3,942,068	201,439	39,059
HCT/Social Policy							
Number of households reached with UNICEF-funded humanitarian cash transfers		160,000	25,868	16,141			
SBC/AAP							
Number of people (disaggregated by age & sex) who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		20,000	12,220	10,129			
Number of people reached with key behavior change messages and life saving information on humanitarian situations and outbreaks (disaggregated by age, sex)		7,000,000	360,987	281,250			
Gender, Youth, and Adolescent Development							
Number of women and girls accessing Safe spaces		9,400	13,114	12,559			
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	51,954	49,141			
Number of adolescents (girls and boys) who actively participated in life skills or comprehensive sexuality education interventions to address child marriage		120,000	944	784			

Annex B

Funding Status

Appeal Sector	2022 HAC Requirements (US\$)	Funds available		2022 Funding Gap	
		Humanitarian resources received in 2022	Resources available from 2021 (carry-over)	\$	%
Nutrition	204,095,521	7,849,217	16,415,409	179,830,895	88.11%
Health	334,457,872	83,958,527	102,985,464	147,513,881	44.11%
WASH	768,889,756	12,766,442	20,324,488	735,798,826	95.70%
Child protection, GBViE and PSEA	71,920,805	2,567,296	8,921,048	60,432,461	84.03%
Education	440,853,967	156,379,956	27,879,531	256,594,480	58.20%
Social Protection/HCT	208,504,821	2,508,963	21,796,912	184,198,946	88.34%
Adolescents/Youth/Gender	3,853,594	862,874	991,150	1,999,570	51.89%
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	743,697	5,496,697	407,980	6.14%
Program Management Unit	8,500,000	2,593,997	1,596,478	4,309,525	50.70%
Total	2,047,724,710	270,230,969	206,407,177	1,571,086,564	76.72%