



Afghanistan

Humanitarian Situation Report

1 January – 31 December 2022

Report # 13






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Reporting Period: 1 January – 31 December 2022

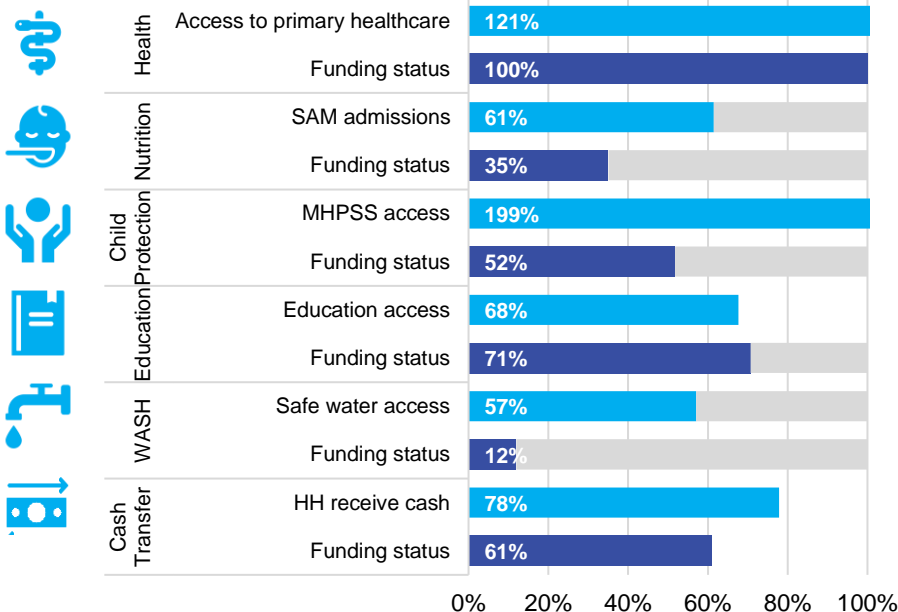
Highlights

- In 2022, Afghanistan remained one of the world's worst humanitarian crises. Already strained by decades of conflict and natural disasters, and distanced from the global community, the situation nationwide deteriorated in 2022.
- Physical access improved to some of the most remote and rural areas, but bureaucratic impediments, threats, and intimidation of humanitarian workers – including detentions and restrictions on female humanitarian workers – increasingly hindered UNICEF's ability to deliver critical services.
- 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 NGO workers.
- 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 to respond to sudden onset disasters and help families meet their basic needs.
- In 2022, with UNICEF support, more than 18 million people accessed primary healthcare and 662,866 children under five received life-saving treatment for severe wasting. More than 556,000 children (55% girls) accessed education through community-based education classes, while over 9 million people received child protection services.

Situation in numbers

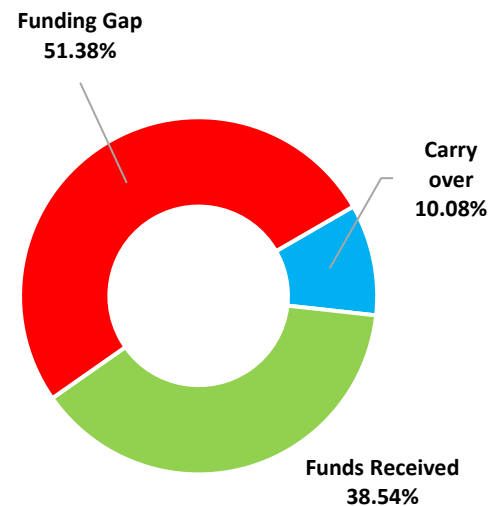
-  **24.4 M**
People in need of humanitarian assistance (HNO 2022)
-  **13.1 M**
Children in need of humanitarian assistance (HNO 2022)
-  **1.1 M**
Severely acutely malnourished children under the age of five years expected to need SAM treatment (HRP 2022)

UNICEF Response and Funding Status*



UNICEF Appeal 2022

US\$2,047,724,710



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

**Media reached 3,428,105 with wellbeing messaging)

Funding Overview and Partnerships

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 49 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. UNICEF is grateful to the Governments of Belgium, Bulgaria, Canada, Estonia, France, Germany, Ireland, Italy, Japan, Liechtenstein, Lithuania, New Zealand, Norway, the Republic of Korea, Sweden, the European Union (International Partnerships and Humanitarian Aid), the United Kingdom, the United States of America, and the State of Kuwait, as well as the Asian Development Bank, the World Bank, the Afghanistan Humanitarian Fund, the Afghanistan Reconstruction Trust Fund, the Central Emergency Response Fund, the Education Cannot Wait Fund, the Global Financing Facility for Women, Children and Adolescents Multi-Donor Trust Fund, the Global Partnership for Education, and UNICEF's extensive family of National Committees for contributions received throughout the year, and some granted in 2021 that continued to support implementation in 2022. UNICEF deeply appreciates the continued commitment by donors to support the response in Afghanistan. Going into 2023, with humanitarian needs continuing to remain high, such donor commitment would be crucial to alleviate acute suffering and preventable deaths.

Situation Overview & Humanitarian Needs

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 where the main drivers of need were conflict and COVID-19. Throughout 2022, households' vulnerabilities were compounded by these multi-emergencies and economic shocks¹. 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 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 malnutrition². According to a WFP Food Security Update,³ 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, and earthquakes. 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.⁴

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.⁵ 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

¹ <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2023-january-2023>

² <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156185/?iso3=AFG>

³ <https://reliefweb.int/report/afghanistan/wfp-afghanistan-situation-report-22-december-2022>

⁴ <https://response.reliefweb.int/afghanistan/natural-disasters-dashboard>

⁵ [Earthquake Damage Assessment - Khost, Paktika and Paktiya Provinces, Afghanistan \(July 2022\) - Afghanistan | ReliefWeb](#)

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, there were significant heavy rains and atypical summer flooding across Afghanistan, affecting 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 and 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.⁶

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 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 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. The impact of these multifaceted issues is illustrated by the outbreak of acute watery diarrhoea (AWD)/ cholera, which began on 12 September 2021, less than one month after the Taliban takeover, and soon spread to all 34 provinces of Afghanistan.

There were several infectious disease outbreaks in 2022. Since the start of the outbreak in May 2022, 242,562 cases of AWD with dehydration were reported by the end of the year. 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 of 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.⁷ 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 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 2021⁸. This was largely related to the decree issued by the de facto authorities (DFA) on 24 December 2022 which barred all female employees of national and international non-governmental organizations (NGOs) from going to work.

⁶ <https://reliefweb.int/report/afghanistan/afghanistan-flash-update-5-flash-flooding-central-eastern-western-and-south-eastern-regions-24-august-2022>

⁷ <https://www.emro.who.int/afg/information-resources/infectious-disease-outbreak-situation-reports.html>

⁸ <https://response.reliefweb.int/afganistan/humanitarian-access-snapshot>

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 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.

Summary Analysis of Programme Response

Health

In 2022, 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 February 2022, UNICEF extended support from 17 provinces to all 34 provinces with the Basic Public Health Services (BPHS) package and Essential Package of Hospital Services (EPHS)⁹ package in health facilities. Through NGO partners, UNICEF scaled-up support from 1,031 BPHS health facilities (with services delivered by 10,200 healthcare workers) to 2,214 BPHS facilities and 96 EPHS facilities (with services delivered by more than 24,000 healthcare workers) towards the end of 2022.

UNICEF also continued efforts to reach vulnerable populations in underserved and previously inaccessible areas by increasing the number of mobile health and nutrition teams (MHNTs) from 70 MHNTs in 15 provinces to 171 MHNTs across all 34 provinces. These teams delivered a package of lifesaving health and nutrition services in remote, mountainous areas and in some camps for internally displaced persons (IDP). The MHNTs conducted 1.6 million consultations (700,000 were for under-five children).

UNICEF also supported interventions to improve patient care and the quality of services by training more than 11,000 community health workers, 180 primary health care officers, and 108 family midwives. These healthcare workers were trained on integrated community case management, community-based nutrition counselling, integrated management of acute malnutrition, adolescent health, gender-based violence (GBV) prevention, and mental health and psychosocial support (MHPSS).

With continued economic hardships linked to losses of livelihood and increasing poverty, access to health services remained a challenge in 2022 – particularly for pregnant women, one of the most vulnerable population groups. 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, as well as vaccination for their children. More than US\$ 6 million was disbursed to 24,000 pregnant women.

Maternal and Child Health Handbooks (MCH-HB) were distributed to 2,000,000 pregnant women and mothers of children under two. This distribution was completed in 32 private hospitals in eight provinces through coordination with the Afghan Private Hospital Association. A total of 221 healthcare workers in the private sector were trained to use this handbook.

In 2022, UNICEF supported routine immunization and vaccination campaigns by procuring and distributing vaccines, strengthening the cold chain, and conducting behaviour change interventions. UNICEF supported one countrywide measles vaccination campaign and outbreak response vaccination campaigns in 2022, resulting in 8.3 million children 6-59 months vaccinated against measles. In addition, 2.5 million children received the measles vaccine through routine

⁹ Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) are part of the Afghanistan Health Emergency Response (HER) project funded by the World Bank to increase the utilization and quality of essential health services.

immunization. UNICEF also supported COVID-19 vaccination through health facilities and campaigns, which led to 7.2 million people fully vaccinated in 2022. There are now 10.8 million adults fully vaccinated against COVID-19 in Afghanistan.

As part of the AWD response, UNICEF through partners established 1,922 oral rehydration points in health facilities, MHNTs, and 349 cholera treatment centres/ units. A total of 419 AWD kits were utilized. In addition, UNICEF established 33 integrated emergency response teams that provided rapid health, WASH, and hygiene promotion support in hotspot AWD/ cholera locations.

UNICEF was also one of the first responding agencies during natural disasters like floods and earthquakes, where health facilities provided trauma care and MHNTs were quickly repurposed to respond. During the June earthquake, seven UNICEF MHNTs were the first responders in Paktika and Khost, providing first aid and referral services in a matter of hours. Within 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. In total, as part of the earthquake response, 4,796 consultations for injuries and trauma were conducted and 301 patients were admitted, treated, and discharged through UNICEF-supported health facilities or MHNTs. In addition, 2,680 individual and group counselling sessions provided psychological first aid (PFA). UNICEF supported repairs to the Gayan district health centre, which was damaged during the earthquake. In earthquake-affected areas, 138,696 children between 6 months and 14 years were vaccinated against measles, and more than 30 metric tons of medical supplies were delivered.

To help prepare for the harsh 2022-2023 winter, UNICEF identified 54 fully inaccessible districts and 84 partially inaccessible districts which required bolstered support. UNICEF prepositioned 34,000 newborn kits with health workers and health facilities in inaccessible districts. These kits contain clothes for newborn babies and are mostly targeted towards home births. UNICEF also prepositioned heating materials and health supplies (including pharmaceuticals) with MHNTs and health facilities in inaccessible districts to maintain a lifeline of health and nutrition services throughout the winter months.

UNICEF faced a number of challenges in the health sector in 2022. There were uncertainties solidifying contracts with some implementing partners managing health facilities under the HER project, due to approval challenges from the DFA on the selection of service providers. The Afghanistan Drug Authority (AFDA) also delayed issuing quality certifications for some medicine, leading to delayed supply provision to MHNTs. UNICEF mitigated these challenges through dialogue with the Ministry of Public Health, the Health Cluster, the World Health Organization, and donors. From July onwards, UNICEF periodically extended some implementing partner contracts for 1-2 months for those managing health facilities, as selection of new partners was ongoing.

UNICEF also began staggering medicine procurement to ensure a robust supply chain. This allowed UNICEF to distribute US\$ 45.7 million of medical supplies – including vaccines – in 2022. To manage the inadequate number of patient beds during disease outbreaks, UNICEF deployed tents to serve as treatment areas. UNICEF also advocated with the Ministry of Public Health to form a committee to identify under-served areas.

In October and November, there were significant issues finalizing MoUs between NGO partners and the DFA. As a result, 95 of the 171 UNICEF-supported MHNTs were forced to slow or cease operations altogether in 21 provinces. This challenge was largely resolved through dialogue with the Ministry of Public Health, and MoUs were issued for some NGO partners, and by December 2022 only two MHNTs ceased operations altogether due to lack of an MoU. However, following the ban on women NGO workers on 24 December 2022, 23 MHNTs under four implementing partners stopped working, including the two MHNTs that were not issued MoUs.

Nutrition

In 2022, 662,870 children under five were treated for severe wasting. The number of severely wasted children identified and treated in 2022 increased by 100 per cent compared to 2021, when 320,523 children 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 3,262 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 therapeutic nutrition supplies to deliver treatment in hard-to-reach areas. Furthermore, UNICEF supported construction of the inpatient department (IPD) to treat severe acute malnutrition (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 for the IPD SAM ward 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 Ministry of Public Health, World Food Programme (WFP) and the Nutrition Cluster, UNICEF supported treatment of 6,432 children with moderate wasting using ready-to-use therapeutic food (RUTF) as a stop gap measure amidst supply gaps of ready-to-use supplementary food (RUSF).

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 community health workers (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 the 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 were distributed to implementing partners for treating 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 2023. 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 quality of external 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.

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 services. After additional discussion with the DFA, an additional approval was obtained with



*In Daikundi Province, a child is screened for malnutrition by a UNICEF-supported mobile health and nutrition team.
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consideration given to some conditionalities; for example, field staff had to be selected in coordination with the provincial health directorates. This helped overcome delays and data collection for these surveys, which began in August.

Additional challenges included halting operations of some MHNTs (see health section challenges) and banning nutrition services in private hospitals, as well as banning FHHs in Badakhshan Province. In addition, the Ministry of Public Health put additional 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.

Child Protection, GBViE and PSEA

In response to growing protection needs in 2022, specialized child protection services were scaled up through integration, strengthening existing community mechanisms and expanding partnerships with new NGOs. 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 gender-based violence (GBV) prevention, case management including family tracing and reunification (FTR), and explosive ordinance remnant education (EORE).¹⁰ UNICEF also reached more than 8.4 million children and caregivers with messaging on wellbeing, MHPSS and PFA through social and mass media campaigns across the country, including at the district level.

Despite considerable challenges and discrimination against women and GBV-related service provision, UNICEF reached around 1.2 million children and caregivers (466,260 boys, 387,404 girls, 144,413 men and 240,653 women) with GBV prevention, risk mitigation and response services. Furthermore, 46,634 'children on the move' identified as at risk for migration (16,368 girls) received protective services. Development and implementation of the Social Workforce Scale Up Strategy saw an increase in the social workforce from 519 in 2021 to 7,451 (including 2,826 women) and strengthened capacity to support children and caregivers in need of child protection services.

The child protection sector faced significant challenges in 2022, including the absence of a formal protection system (after the Taliban take-over the justice and social welfare system collapsed) and lack of funding support and commitment to rebuild that system. This impacted sustainability of interventions and left vulnerable children behind, including children in contact with the justice system. When women in NGOs were banned from going to work, they were unable to deliver some protection services, which resulted in women's decreased participation in these activities, as well as that of their children.

In 2022, UNICEF developed, funded, and operationalized a scale-up plan and engagement strategy for the prevention of sexual exploitation and abuse (PSEA). This scale-up was crucial in the challenging operational context and guided the PSEA response for UNICEF Afghanistan. Fourteen UNICEF PSEA focal points were identified and trained on their roles and responsibilities. In addition, seven regular follow-up and coordination sessions were conducted virtually and through monthly calls. These virtual sessions reminded focal points of their roles and responsibilities, discussed PSEA implementation challenges and the way forward, and revised and contextualized PSEA information materials.

As part of the PSEA scale-up plan, U-report was used to reach affected people with PSEA messages. In 2022, over 3 million messages on PSEA were sent out via U-report. In addition, U-report was used to conduct two surveys on PSEA in April and November. Survey results were significant in addressing gaps. Over 600 calls related to misconduct, aid needs, and clarifications were received through the PSEA hotline and referred accordingly. Through increased awareness and outreach, PSEA awareness was scaled up using U-report polls and chat boxes, bulk SMS, and integration of SEA awareness through dignity kit distributions. In addition, 80,000 PSEA IEC materials were printed and distributed to UNICEF field offices and partners.

Awareness of SEA reporting mechanisms was mainstreamed in selected partner interventions and at women and girls' safe spaces. These efforts increased reach to affected populations, especially women and girls, as was attested through feedback on the PSEA hotline and U-report chat messages. Additionally, 79 per cent of the targeted population was reached with PSEA messages during community mobilization and awareness sessions. A total of 371,471 male and female implementing partner staff were trained on SEA prevention, risk mitigation, and SEA reporting mechanisms. PSEA

¹⁰ A total of 3,126,432 Children, care givers and other community members (985,122 boys, 740,227 girls, 779,228 men, and 621,855 women men) gain knowledge and are aware of the risks of the EORE and how to prevent injuries and deaths caused by explosive remnant of war.

investigation capacity strengthening was also conducted, and 30 UNICEF partners and third-party contractors benefited from a five-day intensive training.

Better guidance was provided on PSEA by developing a guidance note for reporting allegations of SEA and concerns of abuse. The guidance note was simplified into a flow chart for easy reference, and the flow chart was also shared with all UNICEF staff and partners. In addition, PSEA guidance notes for emergency response, PSEA tip sheets, PSEA sector checklist, country-level PSEA scale-up, action plan, and PSEA FAQs were drafted and contextualized.

Education

From January to December 2022, UNICEF supported 556,160 children (55 per cent girls) with education opportunities through 15,252 community-based education (CBE) classes. In 2022, UNICEF expanded CBE classes from having 9,981 classes in 19 provinces in 2021, to establishing approximately 5,271 additional CBE classes in 2022, to support 15,252 CBE classes in 32 provinces. UNICEF also provided support to public school rehabilitation 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.

UNICEF Afghanistan also had the biggest education supply programme globally in 2022, distributing classroom materials, teaching and learning materials (TLMs), high-performance tents, and textbooks to CBEs and public schools, benefitting 5,089,526 students across the country, of which 4,533,366 were children in public schools. For the first time, UNICEF engaged in textbook printing for grade 1-12 students in public schools. Due to suspension of textbook printing by the original partners, UNICEF took over payment of the printing and the distribution of 38,687,331 textbooks for around 4,956,384 students (39% girls) and 29,893 teachers (17,936 female and 11,957 male) to formal school's students in 34 provinces. To date, out of five lots, books under lot 1, 3 and 4 have been distributed already (around 19 million textbooks) and out of the remainder 20 million textbooks from lot 2 and 5, 9 million books reached Afghanistan while the rest will arrive in January and March 2023.

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, 96 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. However, 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 20 December, the DFA announced a ban on women attending university education until further notice, further curtailing their educational opportunities.

Water, Sanitation and Hygiene (WASH)

In 2022, UNICEF significantly scaled up its emergency WASH activities compared to previous years, in both rural and urban areas. This scale-up was achieved by delivering WASH services in 180 districts in 33 provinces, responding to multiple crises like earthquakes, flood, AWD/ cholera, and drought in underserved, newly accessible areas.

UNICEF reached almost 6.6 million people in 2022 (1,517,982 women, 1,717,823 girls, 1,572,458 men and 1,774,632 boys) with safe 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 (307,100 women; 347,530 girls; 318,121 men and 359,022 boys) accessed safe means of excreta disposal in humanitarian situations through rehabilitation and construction of emergency latrines, solid waste management, and cleaning campaigns in urban slums.

4,575,475 people (1,055,080 women; 1,193,980 girls; 1,092,945 men; 1,233,470 boys) 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.

To increase reach of essential WASH supplies, UNICEF acted as a Core Pipeline Supply Hub agency, providing essential WASH supplies to WASH Cluster partners in line with the WASH Cluster procedure of accessing these supplies. UNICEF supported distribution of WASH supplies to over 8.9 million people (2,059,105 women; 2,330,182 girls; 2,132,998 men and 2,407,242 boys).

Additionally, UNICEF supported provision of WASH services in 116 healthcare centres and 228 schools through construction and rehabilitation of water supply systems, installation and upgrade of sanitation facilities, and installation of handwashing stations.

To address the root cause of the AWD/ cholera outbreak in 2022, UNICEF supported water quality monitoring in 13 provinces with higher cases of AWD/ cholera.

On the operational side, delays in processing MoUs by the DfA for NGO partners for implementation, the ban on female NGO workers, and the fragility of the local market, as well as logistical difficulties accessing WASH supplies from abroad, were impediments to WASH cluster partners, including those partnering with UNICEF.

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

In 2022, around 9.6 million people were reached through national awareness campaigns on key behaviour change messages and essential life-saving information. In addition, around 2.6 million people were engaged in two-way communication through community engagement sessions on prevention of malnutrition, uptake of immunizations, prevention of AWD and COVID-19, handling and treating drinking water safely, avoiding open defecation, and practicing personal and environmental hygiene. These sessions were conducted by social mobilizers and partners. A total of 256,725 people (social mobilizers and frontline workers, programme partners and community structures) were oriented on key behaviour change messages, essential lifesaving information and practices, preventive behavioural skills, and interpersonal communication.

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. Between January to December, 223,466 people shared their feedback through social mobilizers, community engagement and feedback centres (CEFCs), and the AWAAZ hotline. Most people expressed concerns on disease outbreaks, lack of safe drinking water, girls' education (grade 6-12), cash assistance, and lack of medicine in health facilities. Complaints and feedback received were addressed by providing accurate and timely information and by referring to relevant sections and clusters.

Challenges faced in 2022 included the restriction of women's movements and the frequent suspension of community engagement interventions by local authorities. UNICEF deployed social mobilizers in pairs to emergency-affected areas, with women accompanied by a male relative, to address the DfA decree that women travel with a *mahram*. UNICEF also expanded partnerships with civil society organizations to strengthen the local capacities in social behaviour change, Accountability to Affected Populations (AAP), and community engagement to ensure sustainability and empowerment of community structures. As part of community systems strengthening, UNICEF invested in two new flagship programmes: TAAVON (a faith-based organization and religious leaders' network) and QAHRAMANAN (a youth network). These new platforms, combined with strengthened AAP and risk communication and community engagement coordination mechanisms, allowed UNICEF to train more than 21,000 network members and orient more than 44,000 community structure members on behaviour change messages, essential lifesaving information, and key practices. These efforts addressed emerging challenges, contributed to preparedness and timely response to emergencies and disease outbreaks, and helped support community resilience.

Gender and Adolescent Development and Participation

In 2022, UNICEF scaled up services for women and girls through establishment of 44 new women and girls' spaces (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, 5,586 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 (410 adolescent boys and 1567 adolescent girls). These groups conducted life skills trainings that focus on building adolescent empowerment. In addition, Training of Trainer (TOT) on life skills was conducted in Kabul and Jalalabad with 33 participants (16 women and 17 men) from 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 *Mahram*, 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. 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.

Social Protection and Humanitarian Cash Transfers (HCT)

UNICEF scaled up humanitarian cash transfers (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 multi-purpose cash 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, UNICEF provided multi-purpose cash assistance enabling families to meet their basic needs. 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 multi-purpose cash assistance.

In 2022, UNICEF provided short-term nutrition-sensitive humanitarian cash transfers to 17,708 households with pregnant and lactating women in Daikundi Province. In addition, 32,258 households were reached with multi-purpose cash

assistance in areas with high child protection risks, including child marriage, child labour, child recruitment, and unsafe migration of children in Badghis Province.

The recent decree on female employees of NGOs had serious negative implications on future implementation of a gender-sensitive social protection and humanitarian cash transfers as female employees are critical in effective targeting of beneficiaries. In addition, with the current economic situation, funding for humanitarian cash transfers remains the greatest challenge, with demand exceeding available resources, including a significant funding shortage for the winter cash response.

Humanitarian Leadership, Coordination and Strategy

In 2022, the Inter-Cluster Coordination Team (ICCT) carried out three seasonal prioritization exercises to identify locations where seasonal risks and underserved locations intersect, therefore indicating where the most acute multi-sectoral vulnerabilities lie for summer, spring, and winter. Prioritization was based on a collective analysis of a seasonal scenarios and assumed risks, an analysis of cluster priorities at the district level, and a realistic assessment of where capacity could be availed.

Another key analytical exercise for the 2022/2023 Humanitarian Planning Cycle was the Whole of Afghanistan Assessment (WoAA), one of the few multi-sectoral assessments that could be conducted to sufficient scale to inform the 2023 Humanitarian Needs Overview (HNO).¹¹ The WoAA covered all 34 provinces and achieved representative results for all urban and rural areas, except for Kandahar City due to access constraints. As such, no data is available to reflect the needs of the Kandahar urban population.

In 2022, humanitarian partners reached 25.3 million people with at least one form of assistance under the Humanitarian Response Plan. This expanded reach was predominantly achieved through blanket distributions (such as soaps, aqua tabs, and teaching and learning materials) targeting vulnerable communities across large geographical areas, and prevention activities (such as awareness raising, counselling, EORE, and hygiene promotion). For most Clusters, these activities constituted more than half of their total response reach. Millions of people who received one form of assistance will need additional rounds of support to survive; often including tailored packages designed specifically to meet individual or household needs in a more comprehensive manner¹². The Interagency humanitarian response in 2022 was enabled by a combination of new funding in 2022 (US\$ 2.3 billion) and funds carried over from 2021 (US\$ 542 million). However, US\$ 2 billion (45 per cent) of the US\$ 4.4 billion required to deliver humanitarian assistance in 2022 remained unfunded.

To strengthen sub-national cluster coordination and overall capacity, the Nutrition Cluster recruited and deployed a dedicated Information Management Specialist and five subnational coordinators, as well as finalized arrangements for the deployment of a Deputy Cluster Coordinator by Action Against Hunger (AAH). The five dedicated subnational cluster coordinators, deployed to each of the zonal offices, underwent a series of orientation and training sessions on cluster coordination related matters. This resulted in the revitalization of the Provincial Nutrition Committees and more systematic coordination mechanisms at zonal level.

In response to the earthquake in June, a multi-sectoral Emergency Earthquake Appeal was developed for the affected provinces in southeastern Afghanistan, covering a three-month period (July to September) and totaling US\$ 110.3 million. UNICEF-led Clusters played a key role in the earthquake response. Overall, the interagency earthquake response reached 203,000 people with health services; 125,000 people with food and agricultural support; 99,000 people with emergency shelter and non-food items (NFIs); 98,000 with multi-purpose cash assistance (MPCA), 75,000 with protection; and 7,000 each with nutrition, and education. A further 410,000 people received blanket WASH assistance – soap & chlorine tabs – as part of measures to prevent spread of Acute Watery Diarrhea (AWD). Three humanitarian hubs were set up in Spera, Barmal, and Gayan Districts providing office space, accommodation, meals, electricity, and internet services with regular UNHAS flights (adapted to the demand) to the humanitarian partners on the ground. The Humanitarian Country Team closed the hubs by mid-November and a transition strategy to accommodate NGOs and projects beyond the emergency response was developed.

In 2022, the DFA finalized their procedure on coordination and regulation of the activities of domestic and international organisations. This procedure (also referred to as the Code of Conduct) provides guidelines for NGOs on their operations

¹¹ <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-needs-overview-2023-january-2023>

¹² <https://reliefweb.int/report/afghanistan/afghanistan-humanitarian-response-plan-2022-response-overview-1-january-30-november-2022>

and coordination with the authorities. Implementation of the procedure varied across provinces and the Humanitarian Access Group monitored the impact of the Procedure. In 2022, in response to increasing bureaucratic impediments and access issues, the Humanitarian Access Group was strengthened with the establishment of the Access Working Group (AWG). AWGs were also set up at the regional level. Throughout the year, humanitarian sensitization and other bilateral engagements took place at the district, provincial and national level with the DfA including through the Regional Humanitarian Teams who led many of the complex advocacy efforts at the provincial level and through the Humanitarian Country Team members at the national level.

External Media, Statements & Human-Interest Stories

EXTERNAL MEDIA

- 18 January: [ITV reports on mounting nutrition crisis facing children in Afghanistan](#)
- 29 January: [CBS news reports on humanitarian crisis in Afghanistan](#)
- 25 February: [Associated Press interviews UNICEF Executive Director on letting girls back to school](#)
- 10 March: [RTE News – Over 1 million children at risk of malnutrition](#)
- 24 March: [AP: UNICEF Afghanistan Chief of Education on girls' education](#)
- 24 March: [TOLONews: UNICEF Chief Communication urges school reopening for girls](#)
- 20 April: [Tolonews: UNICEF, Schools Should Be Havens of Protection and Peace](#)
- 20 April: [Daily Hunt: UNICEF distributes cash to over 6,000 families in Daikundi province](#)
- 20 April: Ariana News: [UNICEF confirms death of 20 children in Khost and Kunar airstrikes](#)
- 20 May: [Daily Hunt: UNICEF distributes cash to over 6,000 families in Daikundi province](#)
- July: [Cholera outbreak after recent earthquake in Khost](#)
- 10 August: [Reuters: Children of Afghanistan bear brunt of economic woes](#)
- 16 August: [ITV: "Put politics aside and focus on the needs of Afghan children"](#)
- 24 August: [Reuters: 8 children dead, more missing in floods](#)
- 18 September: [Voice of America \(Dari\), interview with Zheela Noori and Bahirullah Wyaar on humanitarian situation](#)

STATEMENTS AND PRESS RELEASES

- 11 January: [Statement by Alice Akunga, Representative a.i., on death of eight children due to explosive remnants](#)
- 20 February: [Press release: UNICEF provides support to all public school teachers for 2 months](#)
- 10 March: [Press release: Government of Japan provides support to health, nutrition and protection interventions](#)
- 17 March: [Press release: U-Report Afghanistan reaches 1 million milestone](#)
- 20 March: [Representative Dr. Mohamed Ayoya on death of four children due to explosive remnant of war](#)
- 23 March: [UNICEF Executive Director Russell: Girls in Afghanistan must go back to school without further delay](#)
- 31 March: [UNICEF Executive Director Russell at high-level Afghanistan Conference](#)
- 2 April: [Statement by Mohamed Ag Ayoya on children killed by an explosive remnant of war in Afghanistan](#)
- 19 April: [Statement by UNICEF Executive Director Catherine Russell on attacks against schools in Kabul, Afghanistan](#)
- 19 May: [Press release: Japan contributes US\\$ 10.4 million to UNICEF Afghanistan for essential vaccines](#)
- 3 July: [Press release: European Union provides €25 million for polio vaccines and €15 million for child protection](#)
- 3 August: [Press release: Government of Germany contributes €20 million to nutrition of children and women](#)
- 14 August: [Statement UNICEF Afghanistan Representative: We see you; we hear you; we're staying here with you](#)
- 15 August: [Depriving girls of secondary education translates to a loss of at least US\\$500 million for Afghan economy](#)
- 13 September: [Press release: United Kingdom contributes GBP 24 million emergency support to children](#)
- 30 September: [Statement: UNICEF is appalled by the attack inside the Kaaj Education Center](#)
- 18 October: [Press release: Japan contributes \\$5.5 million to strengthen health systems and vaccine delivery](#)
- 21 December: [Statement condemning decision to ban women from university](#)
- 25 December: [Statement from UNICEF Executive Director on banning female humanitarians from working](#)
- 29 December: [IASC Principals Statement on Afghanistan](#)

HUMAN-INTEREST STORIES

- [A day in the life of one of UNICEF Afghanistan's most remote outposts](#)
- [Blog by youth illustrator: "Our situation is like sad music that plays for a moment"](#)

Health and nutrition

- [Flattening a green floor for her daughter's future](#)

- [Afghan cricketers use sports limelight to advocate for Polio vaccinations](#)
- [A new 24-hour clinic in Afghanistan is a prescription for good health](#)
- [Parwana, one year on](#)
- [Elaha Sayed, Nutrition Extender, for the children in remote Badakhshan](#)

Education

- [Waiting for a lifeline](#)

Child protection

- [To the border and back again](#)
- [New toys, new friends, and a new start](#)
- [Learning, earning, healing, and giving back](#)
- [Abdul Baqee was a migrant. Now he's a mechanic.](#)

Water, sanitation and hygiene

- [Less time collecting water, more time with the family](#)
- [Safe drinking water for returnees](#)
- [When the water truck arrives, we celebrate like Eid](#)

Humanitarian and cash assistance

- [Earthquake: "I felt my sister's hand beside me"](#)
- ["In the middle of the flood, I shouted for someone to rescue me"](#)

SOCIAL MEDIA

- [UNICEF Executive Director Catherine Russell visits Afghanistan](#)
- [HAC 2023 launch, highlight on climate action](#)

Health and nutrition

- [Over 10,000 health workers receive salaries](#)
- [In Sept., more than 192,000 ppl were provided with health services through mobile health & nutrition teams across Afghanistan thanks FCDO, EU, Korea, Japan, and World Bank](#)
- [Mobile health and nutrition teams in flood-affected eastern Afghanistan](#)
- [ARTF and how it helps women and children in Afghanistan](#)
- [UNICEF partners with WHO to vaccinate children against measles](#)
- [With support from Irish Aid, UNICEF renovated the newborn ward at Indira Gandhi Hospital](#)
- [Thanks to Gates Foundation, Rotary, KfW, CDC and Gavi for supporting polio vaccination](#)
- [With support from World Bank, UNICEF builds new neonatal ward](#)

Education

- [UNICEF Germany Executive Director talks to UNICEF Afghanistan Chief of Education about education needs](#)
- [UNICEF Regional Director for South Asia on girls not going back to school](#)
- [UNICEF Afghanistan Representative Dr. Mohamed Ag Ayoya tweets on girls not returning to school](#)
- [UNICEF Executive Director Catherine Russell on education](#)
- [UNICEF establishes 140 new community-based education classes in earthquake affected areas](#)
- [Thanks to Government of Denmark for supporting establishment of 600 new CBEs](#)
- [Government of Korea supports education in Afghanistan](#)
- [Mohamed wants his community to walk shoulder-to-shoulder with the world](#)

Child protection

- [UN Secretary-General condemns grave violations against children in Afghanistan](#)
- [UNICEF Afghanistan Representative on ending grave violations against children](#)
- [FCDO supports child-friendly spaces](#)
- [At Afghanistan's border, UNICEF is there to welcome returning children with a hot meal, helping them feel safe and destress, with support from the EU](#)
- [EU supports children on the move and vocational training in Badghis Province](#)

Water, sanitation and hygiene

- [UNICEF ROSA Deputy Regional Director tweet on WASH](#)

- [1,500 gain access to safe water in earthquake affected Khost Province](#)
- [Safe drinking water for flood-affected families in Parwan](#)

Humanitarian and cash assistance

- [880 vulnerable families receive cash assistance in Kabul](#)
- [UNICEF distributes urgently needed humanitarian cash assistance in Nuristan](#)
- [With support from FCDO, UNICEF supported 131,000 Afghans with cash assistance in 2022](#)
- [UNICEF distributes critical earthquake relief to 78 families in Badghis Province](#)
- [Cash distribution in Logar Province](#)
- [UNICEF response in flood-affected areas](#)
- [Winter cash assistance in Panshjer with support from FCDO](#)
- [Winter cash assistance with support from Sida, FCDO and Germany](#)

Next SitRep: 15 February 2023

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 (Jan-Dec)	Change (Dec) ▲▼	2022 target	Total results (Jan-Dec)	Change (Dec) ▲▼
Health							
Number of children aged 6 to 59 months vaccinated against measles	9,790,030	10,465,896	6,640,188	4,988,358			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	18,537,896	450,269 ¹³			
Nutrition							
Number of children 6-59 months with SAM admitted for treatment.	1,078,804	1,078,804	662,870	70,852	539,402	516,825	65,271
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	3,084,580	269,110	2,136,438	527,762	269,110
Number of children aged 6-59 months who received vitamin A supplements in semester one	6,759,823	5,407,859	8,358,453	0	5,407,859	8,358,453	0
Number of children aged 6-59 months who received MNP ¹⁴	2,959,419	2,959,419	1,645,608	474,093	1,602,628	1,645,608	474,093
Child Protection, GBVIE and PSEA							
Number of children and caregivers accessing mental health and psychosocial support **	4,460,000	4,237,000	8,434,701	765,620	1,370,000	8,445,761	765,620
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	16,245	1,332	14,000	16,646	1,332
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	5,164	400	13,500	5,164	400
Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions		63,590	1,238,730	32,981		-	-
Number of children and adults accessing explosive weapons-related risk education		1,000,000	3,126,432	231,444		-	-
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	110,499			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	26,003	1,540			
Education							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	5,089,526	250,110	1,500,000	554,414	1,753
Number of female and male teachers receiving incentives (salaries) as a stop gap measure in CBEs and public schools (6 months)	203,870	203,870	221,082 ¹⁵	43	37,500	18,011	160
Number of teachers male/ female trained (in-service/pre-service)	37,500	101,935	23,484	58	15,326	8,497	0
WASH							

¹³ These are newly reached beneficiaries accessing health facilities in December

¹⁴ MNP distribution with polio campaign increased reach in October significantly compared to previous months.

¹⁵ Number of public-school teachers who were supported by UNICEF emergency cash payments so far and the number of CBE teachers' payments made since July.

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

**Media reached 3,428,105 with wellbeing messaging)

Number of people (M/F) accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene	15,302,274	11,537,160	6,582,895	281,908	10,429,585	6,799,910	315,365
Number of people gain access to gender and disability-sensitive sanitation facilities	8,503,812	7,478,621	1,331,773	84,209	898,513	1,701,633	318,250
Number of people (M/F) reached with handwashing behaviour change programmes	15,302,274	11,537,160	4,575,475 ¹⁶	12,653	10,429,585	8,573,836	473,250
Number of people (disaggregated by sex & age) reached with critical WASH supplies	9,695,738	9,210,951	8,929,527	297,829	3,942,068	12,001,605	2,822,963
HCT/Social Policy							
Number of households reached with UNICEF-funded humanitarian cash transfers		160,000	124,523 ¹⁷	8,192			
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	223,466	62,125			
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	0			
Gender, Youth, and Adolescent Development							
Number of women and girls accessing safe spaces		9,400	223,943	96,520			
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	185,904			
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	17,207			

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	55,132,706	16,415,409	132,547,406	64.94%
Health	334,457,872	231,472,408	102,985,464	0	0.00%
WASH	768,889,756	74,124,798	20,324,488	674,440,470	87.72%
Child protection, GBVIE and PSEA	71,920,805	28,302,923	8,921,048	34,696,834	48.24%
Education	440,853,967	283,726,228	27,879,531	129,248,208	29.32%
Social Protection/HCT	208,504,821	105,438,877	21,796,912	81,269,032	38.98%
Adolescents/Youth/Gender	3,853,594	2,862,444	991,150	0	0.00%
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	1,151,677	5,496,697	0	0.00%
Program Management Unit	8,500,000	6,903,522	1,596,478	0	0.00%
Total	2,047,724,710	789,115,583	206,407,177	1,052,201,950	51.38%

¹⁶ The data was cleaned and revised

¹⁷ Only includes unique households, counting households reached with multiple rounds of cash transfers in 2022 only once.