



Afghanistan

Humanitarian Situation Report

March 2023
Report # 3

for every child

Reporting Period: 1–31 March 2023

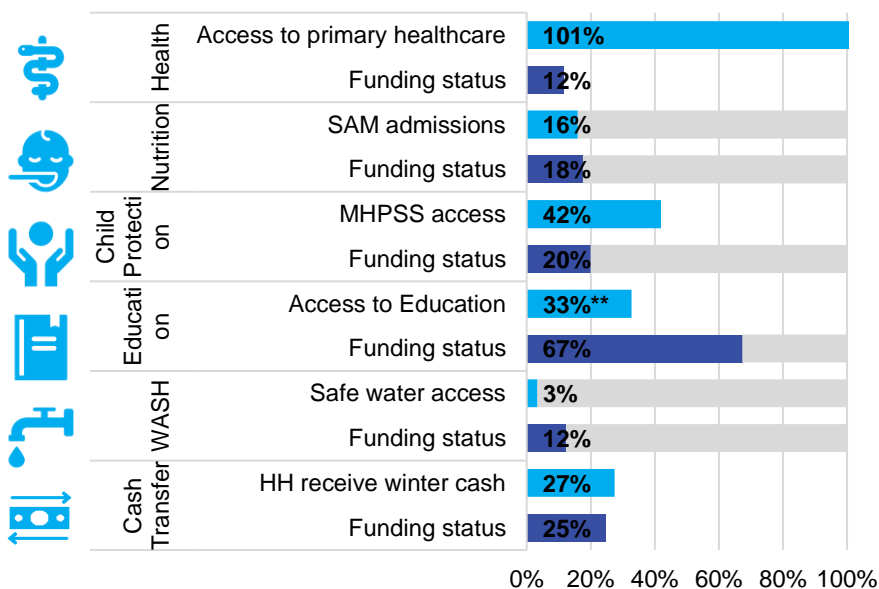
Highlights

- In March, Afghanistan experienced flooding in multiple parts of the country and a 6.5-magnitude earthquake in the north and eastern regions.
- As the weather warms, acute watery diarrhoea (AWD) cases increased. Urgent funding is needed for emergency health and water, sanitation, and hygiene (WASH) activities to prevent the spread of AWD/Cholera.
- Although schools reopened in March, the ban on secondary education for girls remained, with no indication on whether it may be lifted.
- Despite an increasingly challenging operational environment for protection, life-saving case management services continued. Over 7,800 extremely vulnerable children benefited from these services, including 3,158 children provided with family tracing and reunification and alternative care services.
- To support households with adolescent girls (12-17 years) to continue formal institutional learning and meet basic education needs, UNICEF completed registration of 24,502 households in Nuristan and 62,603 households in Jawzjan for cash transfers.

Situation in numbers

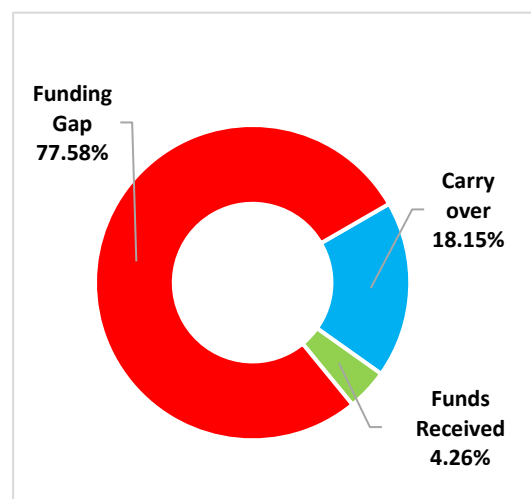
- 28.3 M** People in need of humanitarian assistance (HNO 2023)
- 15.2 M** children in need of humanitarian assistance (HNO 2023)
- 875 K** Severely acutely malnourished children under the age of five years expected to need SAM treatment (HNO 2023)
- 17.6 M** people will need humanitarian health assistance (HNO 2023).

UNICEF's Response and Funding Status*



UNICEF Appeal 2023

US\$ 1,652,134,593



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

** Target and reach calculated as access to education in both CBEs and public schools

Funding Overview and Partnerships

As of 31 March 2023, the UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal for 2023 is 22.4 per cent funded. This includes flexible emergency funding from both public and private partners, which will enable UNICEF to utilise resources to respond to rising and sudden needs. UNICEF is grateful to the Government of Japan and JICA, the Governments of Sweden and Canada, the State of Kuwait, and the extensive family of national committees for UNICEF for contributions received in March. Further, UNICEF extends special thanks to the Governments of Australia, Belgium, Canada, Denmark, Germany, Japan, the Netherlands, Norway, Sweden, Switzerland, USA, and UK, as well as private sector partners for contributing flexible resources. As an extraordinary measure, an internal loan of US\$ 5 million was provided to prevent a pipeline break in life-saving nutrition supplies for the treatment of children suffering from severe wasting. UNICEF will continue to partner with donors to ensure sufficient resources are mobilised to address the needs of children and communities in Afghanistan. Urgent and critical funding gaps threaten to affect UNICEF's ability to reach the most vulnerable children and families with lifesaving interventions, especially in the health; water, sanitation, and hygiene; nutrition; and social protection sectors.

Situation Overview & Humanitarian Needs

Afghanistan is highly prone to natural hazards, such as earthquakes, floods, avalanches, landslides, and drought. The frequency and intensity of these hazards are exacerbated by the effects of climate change and increasing humanitarian needs.

On the 23 March, a 6.5 magnitude earthquake was felt in Badakhshan, Takhar, Panjshir, Parwan, Kabul, Laghman, Nangarhar, and Kunar Provinces. According to the United States Geological Survey, the epicentre registered 40 kilometres (24 miles) southeast of Jurm in the northeast region at 187.6 kilometres (116 miles) deep. Due to the depth of the earthquake, the damage was relatively minimal. Interagency needs assessments indicated that 178 houses in Laghman, 51 in Nangarhar and 5 in Kunar were damaged. In the Eastern Region, there were two deaths and 39 injured in Laghman, 7 injured in Nangarhar and 7 injured in Kunar. In the Northern Region in Takhar Province, 193 houses were destroyed, one person was killed, and four others were injured. In Badakhshan Province, there was one death, 11 were injured and 50 houses were reported damaged. In the Central Region, 75 houses in Parwan and 95 houses in Panjshir provinces were affected.

In the same week, parts of Afghanistan were affected by heavy rain and flash floods. Floods were reported in Zari District in Balkh Province, which affected 15 villages and an estimated 200 households. More than 600 hectares of farmland was reportedly destroyed. The main road between Herat and Kandahar was blocked due to the severe flooding in Zari District. Floods were also reported in Khoram Sarbagh and Hazrat Sultan Districts in Samangan Province, resulting in 100 hectares of farmland destroyed. In Qalat District, Zabul Province, 25 households were affected by flooding. Heavy rain and snow were also reported in Panshir, Paktika, Paktia, Khost, and Ghazni.

As floods increased and the weather warmed, acute watery diarrhoea (AWD) cases increased. Since January 2023, 31,400 AWD with dehydration cases and 13 deaths were reported. In March, 12,074 new cases of AWD were reported. Helmand, Zabul, Baghlan, and Jawzjan Provinces are the worst affected. According to WHO weekly reports, by the end of March, the national epi curve showed an increasing trend in the number of AWD with dehydration cases for four consecutive weeks.

Although schools opened in March after the winter break, the ban on secondary education for girls remained. There is still no indication on whether this ban will be lifted. UNICEF continues to monitor the situation through continuous engagement with de facto authorities (DfA), UNICEF staff, technical extenders, and partners.



On 23 March, a 6.5-magnitude earthquake struck northern Afghanistan in Badakhshan Province.

The December 2022 ban on NGO women humanitarian workers continued to pose challenges. Protection and gender-related activities are the most affected. Exemptions in the health and education sectors, and some regional variations in implementation of the ban, have allowed women to continue working across the humanitarian response, however, with considerable conditionalities. Conditionalities include a strict adherence to *mahram* (male chaperone) and dress code, gender segregation in vehicles, and segregated workstations and distribution points by gender, for both NGO staff and community members accessing services.

On 4 March 2023, the de facto Acting Minister of Public Health issued a letter to World Health Organization (WHO) and other health and nutrition actors, including UNICEF, informing that all mobile health and nutrition teams (MHNTs) must cease to function within one month. The letter also informed that fixed health posts and sites should be established in the underserved areas where MHNTs operate. This was particularly concerning since MHNTs play a key role in preparedness and response to health emergencies, and they provide basic healthcare to people in remote and previously inaccessible areas. MHNTs can also be quickly repurposed to serve areas affected by acute health and nutrition needs. Following extensive negotiation between the Ministry, WHO, UNICEF and the Health and Nutrition Clusters, the DfA agreed to let MHNTs continue operating for another month until the end of April. A task committee was formed to create a detailed plan on MHNT transition to fixed sites.

Summary Analysis of Programme Response

Health

In March, nearly 5.9 million people accessed essential health and nutrition services in 2,399 health facilities, mainly primary and secondary care facilities. UNICEF continued to reach underserved populations, with 162 MHNTs providing health and nutrition services to 362,318 people. Patient consultations by MHNTs represented 11 per cent of total consultations in UNICEF-supported health facilities, both fixed and mobile. UNICEF staff and extenders conducted monitoring visits to 663 health facilities to assess functionality of these facilities.

The assessment of oxygen generation plants was completed in March with operations supervised by UNICEF Afghanistan and the UNICEF Regional Office for South Asia. The oxygen generation plants have been non-functional since installation due to technical issues regarding supply and installation. The assessment will provide a detailed report on gaps and UNICEF will support the plants to become fully functional.

Four comprehensive health centres (CHCs) were assessed for upgrade to CHC+² in Uruzgan Province, aiming to improve availability of critical healthcare services for hard-to-reach populations. A multidisciplinary team of engineers, specialists in health, nutrition, and WASH, and local authorities were involved in the assessment with a view to upgrading the CHCs in the coming months.

In March, 97,272 children were vaccinated against measles as part of the routine immunisation programme. An additional 101,983 children were vaccinated with Pentavalent 3 vaccines. While 295,001 people were fully vaccinated against COVID-19 as part of the routine immunisation programme. In addition, 851,626 people were vaccinated against COVID-19 in 180 districts in 17 provinces as part of the coverage campaign.

Nutrition

In March, 42,843 children were treated for severe wasting (57 per cent girls). More than 1 million children aged 0-59 months were screened in March through mobile and fixed health facilities. This represents a 10 per cent decrease compared to February 2023, which is partly attributed to flooding in March with limited access to health facilities, as well as MHNTs being unable to work in some of Southern Region.

UNICEF distributed multiple micronutrient powders (MNPs) to 7,390 children aged 6-59 months through one campaign in Kapisa Province, cumulatively covering 17 per cent of the annual country target. In addition, UNICEF provided vitamin A supplements to over 3.6 million children aged 6 – 59 months through National Immunization Days in the Western, Southern, and Eastern Regions, which represents 52 per cent of the 6.9 million annual target. UNICEF provided counselling services on maternal, infant, and young child nutrition (MIYCN) for 241,625 caregivers of children 0-23 months.

² CHC+ have caesarean section capacity

UNICEF trained 378 health personnel on MIYCN in Kabul, Nangarhar, Kunar and Kandahar Provinces. To promote optimal nutrition behaviour in households, UNICEF trained 1,879 community health workers (CHW) (50 per cent female) on implementation of the Community-Based Nutrition Package (CBNP). In addition, 2,947 CHWs (50 per cent female) were trained to orient communities on proper use of MNPs and weekly iron and folic acid (IFA) supplements. In addition, 234 CHWs were trained on the Mother MUAC Approach³ (MMA), which was further cascaded to train 18,785 mothers in Nangarhar, Laghman, Kunar and Nuristan Provinces.

Education

In March, 28 cold climate provinces reopened schools for the new academic year. UNICEF continued to support 556,160 children (55 per cent girls) with education opportunities through 15,412 community-based education (CBE) classes. UNICEF supported 715,220 students (39 per cent girls) by distributing teaching and learning materials across the country.

Despite continuing challenges in girls' education, UNICEF supported 10,143 secondary-level girls through alternative learning opportunities in March. This included 1,686 girls supported through CBEs for secondary education. In addition, UNICEF supported 457 grade 12 girls through accelerated learning projects and provided an additional 8,000 girls with alternative learning opportunities. In March, UNICEF continued to support 135 female students with pre-service and in-service teacher training under the Girls' Access to Teacher Education (GATE) programme.

Child Protection, GBViE and PSEA

In March, with UNICEF support, 527,370 children and caregivers (89,773 girls; 156,001 boys; 105,904 women and 175,692 men), including 1,309 children with disabilities (401 girls, 908 boys), received mental health and psychosocial support (MHPSS), case management, explosive ordinance risk education (EORE), and gender-based violence (GBV) services, and protection-related supplies. To help address mental health issues, UNICEF focused on MHPSS and psychosocial first aid (PFA) messaging, reaching 337,751 children and caregivers (66,538 girls, 99,171 boys, 66,306 women and 105,736 men). Of this total, 797 children and caregivers received specialized MHPSS services through referrals to health facilities.

Critical case management services continued, including for children crossing borders from Iran and Pakistan, children living and working on the streets, and children separated from their families. A total of 7,851 extremely vulnerable children (1,969 girls and 5,882 boys) received case management services in all regions, including 3,158 children (380 girls and 2,778 boys) who received family tracing and reunification services and interim or alternative care services.

Reported cases of maiming and killing due to unexploded ordinances continued to increase. In the first quarter of 2023, the Country Taskforce on Monitoring and Reporting verified 157 cases (37 girls, 120 boys) of killing and maiming. Of the 157 child casualties, most occurred in the Southern Region (40), followed by the Central Region (35), Northern (24) and Eastern (20) Regions. The highest number of verified casualties were in Kandahar, followed by Logar and Helmand. In response, UNICEF intensified EORE through community awareness, reaching 375,310 children and community members (53,229 girls; 97,786 boys; 78,293 women; 146,002 men).

The ban on female NGO workers impacted Gender Based Violence (GBV) service provision and some women's and girls' safe spaces (WGSS) remained closed, and female social workers were restricted from providing services. In March, 19,946 children and women (5,085 girls, 7,743 boys and 7,118 women) received GBV prevention, risk mitigation and response services. This is a limited increase from February, when around 15,000 people accessed these services. However, in November 2022, prior to the ban, there were 256,721 children and caregivers accessing these services, representing a significant reduction. In March, 7,456 vulnerable children (2,771 girls and 4,685 boys), received winter kits, recreational kits, solar equipment, and tarpaulins.

In March, UNICEF conducted a five-day session on Sexual Exploitation, Abuse, and Harassment (SEAH) investigation for UNICEF partners. This session was a continuation session from previous sessions in December 2022. During the workshop, 11 participants (6 female and 5 males) were identified as potential investigators within their organizations. This initiative will be coordinated with the interagency Prevention of Sexual Exploitation and Abuse (PSEA) task force to further

³ Mother-MUAC is an approach where the mother or other caregivers of children are trained and empowered to detect earlier signs of malnutrition in their children by using a simple to use Mid-Upper Arm Circumference (MUAC) tape. This is one of the children's screening strategies for early detection and referral of acute malnutrition among children aged 6 – 59 months.

establish, strengthen, and support creation of a pool of investigators. In March 2023, a follow-up coaching session was conducted for 11 selected participants, with an additional six sessions planned by the end of July 2023. In the Central Region, a PSEA focal point provided refresher training to eight male UNICEF staff. Topics included PSEA prevention, risk mitigation, and reporting.

In the current context, and as part of the PSEA risk mitigation scale-up plan, 96 individuals working in UNICEF partner organisations were identified as PSEA focal points within their organisations. These focal points coordinate with the UNICEF PSEA Specialist to provide leadership on PSEA issues within their programmes. UNICEF is also supporting the company CTG, which contracts UNICEF Extenders, to scale up PSEA risk mitigation. As a result, 794 extenders (231 female and 563 male) were trained, and 167 (18 female and 149 male) completed the digital UNICEF PSEA training course. Through the PSEA hotline, 73 calls were received, which related to inquiries on available humanitarian services and on where to report misconduct.

Water, Sanitation and Hygiene (WASH)

In March, UNICEF and partners provided safe drinking water for 52,820 people (51 per cent female) in 16 provinces (Balkh, Daikundi, Faryab, Ghazni, Helmand, Jawzjan, Kapisa, Kunar, Laghman, Maidan, Wardak, Nangarhar, Paktika, Paktya, Parwan, Samangan, Sar-e-Pul). Of these, 51,679 people benefited from construction and rehabilitation of water supply schemes, while 1,141 people received safe drinking water through water trucking.

Hygiene promotion and awareness messages reached 29,841 people (51 per cent female) in seven emergency-affected provinces (Balkh, Bayman, Kunar, Kunduz, Laghman, Nangarhar and Paktika), while 36,495 people (8,393 women, 9,491 girls, 8,393 men, 10,218 boys) received essential WASH supplies. These supplies included family hygiene kits, hygiene consumable kits, water treatment products, buckets, and jerry cans and were distributed in Balkh, Bayman, Kandahar, Kunar, Laghman, Maidan Wardak, Nangarhar, Paktia and Paktika Provinces. UNICEF constructed water supply, sanitation and handwashing facilities in 14 healthcare centres in Daikundi, Ghazni, Khost, and Parwan Provinces, benefiting approximately 2,912 people including 150 health workers.

UNICEF also rehabilitated WASH facilities in 12 schools across the country. WASH initiatives in schools provided durable WASH services to approximately 36,469 schoolchildren and teachers (11,934 female students, 23,668 male students, 564 female teachers, 303 male teachers). It also included installation of eight handwashing stations and 80 taps, and construction and rehabilitation of 78 sanitation facilities. A total of 39,381 people were provided with basic WASH facilities in schools and in health facilities.

In March, 11 villages were certified as open defaecation-free (ODF) in Dawlatbad District, Balkh Province, with 910 new latrines built and 2,765 latrines improved, benefiting 8,316 people. Implementation of the Community-Led Total Sanitation (CLTS) programme was ongoing in Daikundi, Paktika, Bamyan, Ghazni, and Parwan Provinces, which resulted in 270 communities certified as ODF. In the Eastern Region, through UNICEF-supported CLTS mobilisers, 1,941 latrines were improved for use by 14,357 people, and 110 new latrines were constructed.

The ban on female NGO workers affected hygiene promotion and community mobilization. However, female NGO staff were able to resume hygiene promotion activities in some locations by complying with local conditionalities, including *mahram*, gender-segregated vehicles, and Islamic dress code.

In some hard-to-reach areas, communities lack Community Development Councils (CDCs) to implement WASH projects. UNICEF is discussing this issue with the de facto Ministry of Rural Rehabilitation and Development and seeks to mobilise CDCs from surrounding communities to fill this gap.

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

Social and behaviour change (SBC) interventions aim to promote greater community participation, engagement, and accountability to affected populations (AAP) in Afghanistan. In March, around 6.4 million people were reached through mass media broadcasts on uptake of routine immunization and COVID-19 vaccines. Around 55,000 people were reached through dissemination of information, education, and communication materials on malnutrition, breastfeeding, hygiene promotion, and prevention of AWD and COVID-19. In addition, 34,672 people (11,133 women and 23,539 men, including youth and adolescents) were engaged in two-way communication through integrated community engagement sessions on prevention of malnutrition, uptake of immunisation, prevention of AWD, handling and treating drinking water safely,

avoiding open defaecation, and practicing personal and household hygiene. Around 311 frontline workers, members of Community Engagement and Feedback Centres (CEFCs), grandmothers' groups, social mobilisers, and members of TAAVON (faith-based organization and religious leaders' network) and Qaharamanan (youth champion network) were trained on key preventive practices on WASH and health, including COVID-19 vaccinations.

As part of UNICEF's AAP and to strengthen humanitarian response mechanisms, UNICEF supported an integrated community engagement system, including two-way dialogue with communities to support programme design and delivery, and to collect community insights and feedback on UNICEF-supported programmes. In March, 1,759 people shared their feedback and concerns through 39 functioning CEFCs. Most people expressed concern and provided feedback on the lack of safe drinking water, requests for food and non-food items, girls' education (grade 6-12), cash assistance, and lack of quality services and medicines in health facilities. The complaints and feedback related to UNICEF-supported programme interventions were addressed by provision of accurate and timely information and by referring this feedback to relevant sections and clusters for further follow-up.

Gender and Adolescent Development and Participation

In March, 11,074 women and girls (5,083 women and 5,991 girls) visited 50 Women and Girls Safe Spaces (WGSS) in the Central and Northern Regions. WGSS were not operational in the Eastern, Southern and Western Regions in March due to the ban on NGO female workers.

Seven virtual awareness sessions were conducted in Kabul Province for 222 women and girls. These sessions covered topics such as women and adolescent health, hygiene, nutrition, and gender related issues. At WGSS in Parwan Province, 33 GBV cases were registered, and psychosocial counselling and referrals to available services were arranged. Through community dialogues and awareness sessions, 37,578 people (14,239 men, 6,241 boys, 10,373 women and 6,725 girls) discussed harmful gender norms, GBV issues, health, menstrual hygiene, nutrition and overall women and girls' protection in Kandahar, Nimroz, Daikundi, Parwan, Ghazni Provinces and in all nine provinces in the Northern Region. In addition, 17,895 people (7,366 women, 1,992 girls and 7,366 men, 1,171 boys) in these provinces received mental health awareness messages and messages on preventing polio and AWD/cholera.

In Kandahar, nine district-level advocacy meetings were held with 450 influential persons, including community leaders, shura members, and religious leaders. In Kandahar and Nimroz, 100 religious leaders were trained on preventing violence against women and girls, child marriage, and PSEA. In addition, 375 frontline workers and service providers, 125 CBE teachers and school shura members, and 75 MHNT participated in a three-day training on GBV and confidential referrals.

In March, 5,596 members of the Men and Boys Network (MBN) (3,220 men and 1,923 boys), including community elders, local authorities and service providers, were engaged on positive masculinity around parenting, GBV and child marriage. 1,610 people (950 men, 350 women, 230 boys and 80 girls) in Ghor and Herat participated in the conversation run by MBN members regarding GBV, SEA, child marriage and other harmful practices. In Daikundi, Parwan, Ghazni, Balkh, Badakhshan, and Kunduz Provinces, 1,814 dignity kits were distributed to women and girls alongside awareness sessions on menstrual hygiene.

Under the HER programme in the Western Region (Badghis, Farah, Ghor and Herat), 22 master trainers (11 women and 11 men) were trained on gender-responsive healthcare. These master trainers were capacitated to cascade this training in their respective provinces. Master trainers then trained 164 health workers (103 women and 61 men) in Ghor, Badghis and Herat, who will facilitate gender trainings and conversations at the facility level. These trainings build skills among healthcare workers on how to provide health and nutrition services that respond to specific gender-related needs and address challenges and limitations affecting women, girls and children to access and utilise health services.

Social Protection and Humanitarian Cash Transfers (HCT)

In March, UNICEF continued delivering humanitarian cash transfers to vulnerable communities and households, reaching 12,632 pregnant and lactating women in four districts in Daikundi Province (Patoo, Kiti, Kajran, Miramor). UNICEF also delivered cash transfers to 12,067 vulnerable households in Badakhshan Province (Eshkashim, Khash, Shar-e-Buzug, Tagab, Shignan and Zebak Districts) to help families cope with extreme winter conditions.

To support households with adolescent girls (12-17 years) to continue formal institutional learning and meet their basic educational needs, UNICEF registered 24,502 households in Nuristan and 62,603 households in Jawzjan. UNICEF also

registered 30,918 households in Zabul and 22,226 households in Samangan ahead of regular cash transfers to vulnerable households most affected by poverty. These include female-headed households, pregnant and lactating women, households with children under two years, households with children with disabilities, and households headed by a person with disability. Cash distributions for these two areas will commence in April 2023.

Humanitarian Leadership, Coordination and Strategy

In light of the dynamic context and changes in the operating environment, the humanitarian community is closely monitoring the impacts on programming. In response to significant changes in the operational environment, the Humanitarian Country Team (HCT) decided that there will be a review of the Humanitarian Response Plan (HRP) in quarter 2. UNICEF, through the clusters and interagency working groups, has contributed to the IASC Monitoring Framework's first report on the ban of Afghan women working for NGOs.

At the end of quarter 1, the Afghanistan HRP remained severely under-funded, with US\$ 249 million reportedly confirmed in 2023, which represents just one-third of the amount received during the same time in 2022. This is a significant concern as humanitarian needs in Afghanistan are at an all-time high. Humanitarian organisations' ability to maintain the current levels of assistance is extremely precarious, with funding shortfalls forcing reduction in certain life-saving assistance to millions of people at a time, when assistance provision needs should be scaled up.

Clusters seek US\$ 717.4 million to frontload life-saving assistance for the spring response from April – June 2023. This includes funding for immediate AWD response, CBE support, transitional shelter support, provision of integrated primary health care services, nutrition services for boys and girls under 5 and pregnant and lactating women, and a wide range of protection services. The Child Protection Area of Responsibility (AOR) identified 18 critical provinces for the spring response. However, the AOR has a funding gap of US\$ 6 million for these needs.

The WASH Cluster continues to monitor the impact of the ban on female workers. While partner reporting remained challenging compared to the same period in 2022, surveys indicated some localised arrangements allowing WASH programmes to continue. However, 18 per cent of partners have suspended all operations, and 64 per cent have paused. As a result, needs assessments, supply distribution, post-distribution monitoring, and hygiene promotion have been scaled down by 60 – 70 per cent.

The Health and WASH Cluster interagency AWD preparedness and response plan for 2023 was completed and shared with the Ministry of Public Health and Ministry of Rural Rehabilitation and Development for review and endorsement. Roll out and operationalization of the plan is underway, with a comprehensive training for WASH partners scheduled in April/May. WASH partners continued to liaise with the Health Cluster at the district, provincial, regional, and national levels to monitor AWD trends to prevent further transmission and control outbreaks.

External Media, Statements & Human-Interest Stories

External Media

- [CBC: Calls for all girls to be allowed back in classes as Afghan school year begins](#)
- [Reuters: Afghanistan's school year starts with calls for all girls to be allowed back](#)
- [AA: More than 1 million girls barred from classes as Afghan school year begins: UNICEF](#)
- [BBC Radio on girls' education \(interview at 2:43:41\)](#)
- [CNN Christianne Amanpour: "I've done 'I've done nothing wrong... I only want my right to education"](#)
- [iNews: Afghan girls banned from high school once again: 'It takes away the meaning of life'](#)

Statements

- [UNICEF calls on de facto authorities to allow girls to return to secondary school in Afghanistan immediately](#)
- [Thread, George Laryea-Adjei: Urging de-facto authorities to re-open schools for girls](#)
- [Thread, UNICEF Afghanistan Representative Fran Equiza urges DFA to reverse ban on secondary school](#)
- [Thread, Deputy Representative Rushnan Murtaza on reopening schools for girls](#)

Human-Interest Stories

- [Devastated and dispirited: Barred from continuing their education, girls in Afghanistan lose hope](#)

Social Media

- [“Never build a dam on the water” Poetry Animation](#)
- [Marjaan, 18, would have been in university this year](#)
- [Samaa, 12, would have been in 7th grade this year](#)
- [18-year-old Jamila, volunteer teacher in Helmand](#)
- [Zahra, 16, would have been in grade 10 this year](#)

Next Sit Rep: 15 May 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 2023	UNICEF and IPs Response			Cluster/Sector Response		
		2023 target	Total results (Jan-Mar)	Change (Mar) ▲ ▼	2023 target	Total results (Jan-Mar)	Change (Mar) ▲ ▼
Health⁴							
Number of children under 1 year who are vaccinated against measles, including for outbreaks	499,170	2,050,000	287,394	97,272			
Number of people accessing healthcare services through UNICEF supported activities	15,599,052	19,000,000 ⁵	19,185,031	7,517,782			
Nutrition							
Number of children 6-59 months who are screened for wasting	6,982,297	6,982,297	3,444,662	1,051,190	6,982,297	3,444,662	1,051,190
Number of children 6-59 months with severe wasting) who are admitted for treatment	875,227	875,227	139,989	42,843	875,227	139,989	42,843
Number of primary caregivers of children 0-23 months who received Infant and Young Child Feeding IYCF counselling	2,930,841	2,344,672	705,532	241,625	2,344,672	705,532	241,625
Number of children 6-59 months who received Vitamin A supplementation	6,982,297	6,982,297	3,665,056	3,636,812	6,982,297	3,665,056	3,636,812
Number of children 6-59 months reached with Micronutrient powder MNP	6,982,297	2,094,689	357,894	7,390	2,094,689	357,894	7,390
Child Protection, GBVIE and PSEA							
Number of children and caregivers accessing mental health and psychosocial support MHPSS and information messaging on wellbeing	7,546,661	3,875,000	1,624,118	337,751	4,868,024	1,624,118	337,751
Number of children at risk, including unaccompanied and separated children, who received case management services	155,000	80,000	25,365	7,851	100,0000	25,365	7,851
Number of women, girls and boys accessing Gender Based Violence GBV risk mitigation, prevention, or response interventions		550,000	88,597	19,946			
Number of children and care givers accessing explosive ordinance risk education		3,875,000	1,019,598	375,310			

⁴ The UNICEF health targets includes coverage from both mobile health and nutrition teams and static health facilities and is larger than the HRP reach, which is based on coverage by mobile health and nutrition teams only.

⁵ Beneficiaries of Health services access the services multiple times through the year, in coming quarters only new beneficiaries will be reported. PHC reach is not expected to change significantly onward.

Number of staff & Implementing partners trained on PSEA prevention, risk mitigation, and sexual exploitation and abuse (SEA) reporting mechanisms		460	0	0			
Number of children and adults who have access to SEA reporting channels		1,500,000	265,292	169,422			
Education							
Number of vulnerable school-aged children reached through community-based education initiatives	1,315,073	600,000	556,160 ⁶	0	750,000	605,234	0
Number of children in public education (including shock affected/vulnerable) reached with emergency education support	6,154,778	5,000,000	1,279,118	715,220	1,200,000	563,898	0
WASH							
Number of people accessing sufficient quantity of safe water for drinking, cooking, and personal hygiene	18,749,905	9,000,000	301,186	52,820	13,798,680	2,133,206	1,528,414
Number of people who gained access to gender and disability-sensitive sanitation facilities	22,107,799	2,525,000	42,146	8,316	5,876,941	1,394,044	1,248,211
Number of people reached with handwashing behaviour change programme	21,082,156	7,235,000	120,184	29,841	11,128,238	1,811,567	1,424,613
Number of people in institutions (schools and HF) provided with basic WASH facilities	⁷	750,000	247,760	39,381	1,494,944	484,172	190,845
HCT/Social Policy							
Number of households reached with UNICEF-funded social assistance		86,500	12,632	12,632			
SBC/AAP							
Number of at-risk and affected populations reached with timely, appropriate, gender/age-sensitive life-saving information on humanitarian situations and outbreaks.		9,000,000	6,462,862	0			
Number of children, caregivers and community members engaged in participatory behaviour change interventions		2,000,000	67,032	34,672			
Number of people who shared their concerns and asked questions/clarifications to address their needs through		1,000,000	8,845	1,759			

⁶ These are the number of unique beneficiaries currently enrolled in UNICEF's Community-Based Education Programme and attending the CBE each month.

⁷ The target is under the review by WASH cluster will be provided in the next month.

established feedback mechanisms.							
Gender, Youth, and Adolescent Development							
Number of women and girls accessing safe spaces		72,300	25,811	11,074			
Number of people who participate in group education/dialogue sessions on harmful gender norms, and access to lifesaving services for female and children		170,300	85,676	37,578			
Number of UNICEF supported partners and frontline workers trained on gender integration and women/girls' empowerment in the emergency planning and response		450	375	375			
Emergency preparedness and response							
Number of households reached with cash assistance to meet winter needs		115,000	31,555	12,067			

Annex B

Funding Status

Appeal Sector	2023 HAC Requirements (US\$)	Funds available		2023 Funding Gap	
		Humanitarian resources received in 2023	Resources available from 2022 (carry-over)	\$	%
Health	502,063,795	8,810,169	50,026,747	443,226,879	88.28%
Nutrition	185,999,936	20,720,374	11,901,986	153,377,576	82.46%
Child protection, GBVIE and PSEA	92,127,558	6,695,294	11,651,307	73,780,957	80.09%
Education	254,745,000	798,722	170,740,675	83,205,603	32.66%
Water, sanitation and hygiene	375,724,564	13,105,370	33,016,825	329,602,369	87.72%
Social protection	42,330,155	53,223	10,406,142	31,870,790	75.29%
Cross-sectoral (HCT, SBC, RCCE and AAP)	31,450,000	8,450,325	12,165,556	10,834,119	34.45%
Emergency preparedness and response	167,693,585	11,790,780		155,902,805	92.97%
Total	1,652,134,593	70,424,257	299,909,239	1,281,801,097	77.58%