Afghanistan

Updated 30 July 2014

2014 is a crucial year for the continued stability of Afghanistan. The presidential elections and the withdrawal of international combat forces from the country will most likely have significant economic and security implications for development, including increased unemployment, slowed economic growth and difficulties sustaining livelihoods. These challenges, combined with the impact of the national transition process, will affect the delivery of UNICEF’s programmes in Afghanistan. The final results of the Afghan Presidential election run-off conducted on 14 June 2014 will only be announced after the comprehensive vote auditing process agreed by the two candidates is completed. Meanwhile, the situation in the country remains tense and, concerted effort is required at both national and local levels to safeguard the current progress and promote reconciliation during this period in the country.

The number of internally displaced people rose from 80,000 in 2011 to 113,000 in 2013.1 A total of 42,114 persons were internally displaced due to conflict as of end of June 2014, while 13,600 families from Pakistan were displaced into Khost (10,000) and Paktika (3,600) provinces due to the armed conflict in North Waziristan in June and July.2 The conflict is also causing widespread disruption to health services, with 2.5 million people requiring emergency health care services in 2014.3

During the first half of 2014, Afghanistan received heavy rainfall which resulted in flash floods and landslides, especially in the northern region temporarily displacing over 80,000 people across 100 districts. There was landslide in Badakhshan Province which killed over 300 people while 1,200 people were displaced. A total of 12,808 students (4,510 girls) in 38 schools were affected by the floods and landslide. The floods and landslide significantly affected water, sanitation and hygiene (WASH) services although there were no incidents of acute or watery diarrheal incident in both flood and landslide cases. Overall, 2.4 million people were identified as being in need of safe drinking water, sanitation and hygiene services.4

The monitoring and reporting mechanism on grave violations against children in armed conflict showed a notable increase in grave violations in the first half of 2014 as compared to the same period in 2013.5 A total of 1,039 children were killed or maimed, and an increase in attacks against schools, health facilities, abduction, denial of humanitarian access, sexual violence and recruitment were reported. The 2013 National Nutrition Survey report highlights alarming levels of malnutrition in the country with pockets of elevated global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates that need urgent attention. The estimates for children 0-59 months with SAM requiring treatment have more than tripled from 98,900 to 362,917. The estimated number of pregnant and lactating women requiring nutrition interventions have also doubled from 131,420 to 246,283 and that for micronutrient supplementation for children aged 6 to 23 months increased from 706,996 to 1,561,386. The significant increase in expected caseload has corresponding budgetary implications.

Humanitarian strategy

UNICEF supports the General Education Department of the Ministry of Education in coordinating and capacity building for Education in Emergencies (EiE) interventions. The remaining half of the year will focus on strengthening the capacity of Ministry of Education staff and its partners at provincial and district level to prepare for and respond to emergencies through provision of technical assistance. In child protection, UNICEF is supporting the identification of

2 Ibid.
4 Ibid.
separated and unaccompanied children, the provision of interim care, family tracing and reunification, and the establishment of child-friendly areas. In partnership with the 43-member Child Protection Action Network, UNICEF will carry out nationwide gender-based violence (GBV) and Child Protection Rapid Assessments and providing support to survivors of GBV, psychosocial support for boys and girls, and facilitating the reintegration of children associated with armed forces and groups. As cluster lead for nutrition, UNICEF will continue to provide leadership, coordinate partners and support the development of policy and strategy. The nutrition cluster is discouraging the use of breast milk substitutes and supporting the integration of infant and young child feeding in emergencies into a national strategy. The nutrition programme is focusing on treatment of severe acute malnutrition (SAM) and prevention of under nutrition among children under 5 and pregnant and lactating women. Cluster member capacity development and nutrition assessments will continue. The WASH cluster is temporarily being led by the World Health Organization (WHO). UNICEF plans to reassert the responsibility of the WASH cluster lead towards end of the year. Transfer of the cluster leadership to the Ministry of Rural Rehabilitation and Development is still under discussion, and ongoing capacity building support on effective cluster leadership is being provided. UNICEF is also supporting the Ministry of Public Health (MoPH) and other partners to fulfil their obligations in assessing, planning and responding to WASH in emergency needs in the country. Considering the persistent flash floods and its devastating impacts on water resources and communities, the WASH in Emergencies strategy will gradually expand to include addressing the root causes of the floods. This will entail supporting construction of earth dams to control and divert excessive flood waters in order to help reduce the consequences on affected communities. UNICEF is supporting provision of basic essential maternal, newborn and child health services through the provision of medicines, medical supplies and kits and the facilitation of community awareness.

Results 2014 (January to June)
From January to June 2014, UNICEF in collaboration with government and partners worked to meet the humanitarian needs of crisis-affected children and women. Limited funding during the first half of the year negatively impacted on the proposed interventions. UNICEF and partners supported the provision of safe drinking water through water trucking, water treatment using water purification tablets and bleaching powder, construction of emergency latrines and hygiene promotion coupled with distribution of hygiene kits to floods and landslide affected families resulted in prevention of acute diarrheal outbreak in affected communities, benefitting some 84,000 emergency-affected people. Concerted efforts by the child protection unit of the Afghan National Security forces prevented grave violations and recruitment of 43 children into the national security forces. Psychosocial services were provided through child friendly spaces in northern region. UNICEF-led advocacy initiatives both at national and sub-national levels led to an end to the military use of three schools. UNICEF also advocated to mitigate the risk of attacks on schools used as polling centres during the presidential election, which resulted in the removal of some schools at high risk. Nutrition interventions were provided in 28 provinces including the four emergency affected provinces of Khost, Paktya, Paktika and Helmand. Some 28,783 young children affected by SAM were admitted for treatment. Funding constraints have delayed plans to enhance the capacity of partners in nutrition in emergencies, and undertaking nutrition assessments.

Although no funding has been received against the appeal for health in the first half of the year, UNICEF used un-earmarked and carry-over emergency funds to support child protection and health in emergency interventions for conflict and flood affected population mainly in Khost, Helmand and Northern provinces. The support focused on provision of new-born, family, clean delivery kits and paediatric medicines through provincial public health directorates who also sought feedback from community development counsels and community influencers. Some 94,241 women and children had access to essential maternal, new-born and child health services. To enhance community resilience and proper utilization of emergency support, community awareness sessions were conducted in Helmand, and Badghis provinces. Some 3,488 pregnant women received key health messages on essential new-born care and prevention and management of diarrhoea and pneumonia in children. The displacement caused by the floods and landslide, and report of six confirmed outbreak of measles necessitated implementation of measles campaigns. The first phase in response to displacement took place in June reaching some 339,937 children, and the second phase in response to the sporadic outbreak is planned for August.

UNICEF working with the Ministry of Education (MoE) to strengthen their capacity on Education in Emergencies (EiE). The MoE officials at national and provincial levels coordinated with the UN and NGOs in assisting children through EiE interventions. Teaching and learning materials were provided in response to the emergency education needs of 38 schools affected by flood and landslides in the Northern Region. In addition, 11 community-based schools for grades 1-3 were established in the conflict affected areas in the Eastern region to provide physical, psychosocial and cognitive protection to the affected children and to bring a sense of normalcy to the affected children as there were no formal schools. Teachers were provided with a two weeks training to enhance their teaching skills. Teachers and learners were supported with teaching and learning materials. **Improved** access to quality education benefitted some 13,124 school-aged children by mid-year.


<table>
<thead>
<tr>
<th>2014 PROGRAMME TARGETS AND RESULTS</th>
<th>Cluster 2014 Targets (Jan-Dec)</th>
<th>Cluster Results (as of 30 June)</th>
<th>UNICEF 2014 target</th>
<th>UNICEF results (as of 30 June)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children aged 6-59 months affected by SAM are admitted for treatment</td>
<td>362,317*</td>
<td>28,783</td>
<td>98,900**</td>
<td>28,783</td>
</tr>
<tr>
<td>Children aged 6-23 months in affected areas receive multiple micronutrient supplementation</td>
<td>1,561,386***</td>
<td>66,120</td>
<td>706,996</td>
<td>66,120</td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women and children have access to essential maternal, new-born and child health services</td>
<td></td>
<td></td>
<td>195,000</td>
<td>94,241</td>
</tr>
<tr>
<td>Pregnant women received key health messages</td>
<td></td>
<td></td>
<td>14,000</td>
<td>3,488</td>
</tr>
<tr>
<td>95% of children aged 9 months to 10 years received measles vaccination and Vitamin A supplementation</td>
<td></td>
<td></td>
<td>700,000</td>
<td>339,937***</td>
</tr>
<tr>
<td>WATER, SANITATION AND HYGIENE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Internally displaced persons and host communities provided with safe water, sanitation and hygiene as per agreed standards

660,000 202,000 100,000 54,000

Number of emergency-affected persons with access to safe drinking water, sanitation & hygiene interventions

660,000 109,000 300,000 84,000

**CHILD PROTECTION**

Percentage of reported grave violation verified by monitoring and reporting mechanism taskforce

N/A N/A 78% 81%

Number of emergency-affected boys and girls including separated and unaccompanied children benefitting from psychosocial activities

25,000 11,570 6,000 1,366

Number of unaccompanied and separated children received family based care or appropriate alternative

N/A N/A 100% 100%

**EDUCATION**

Number of school-aged children including adolescents accessing quality education

50,000 13,124

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*Revised targets based on National Nutrition Survey 2013. Increase in funding requirements will enable UNICEF to procure necessary supplies to reach both UNICEF and Cluster targets throughout the country.

**Unchanged targets as UNICEF operates through partners in 28 provinces.

***Revised targets based on National Nutrition Survey 2013.

****Due to shortage of funds, the achieved results were implemented with carry-over funding from 2013 and un-earmarked funding.

**Funding requirements**

In line with the revised inter-agency Strategic Response Plan for Afghanistan, UNICEF is appealing for US$60.3 million to meet the growing humanitarian needs of children and women in Afghanistan in 2014. As of 30 June 2014, a total of US$18.5 million, or 31 per cent of requirements were available against the appeal, including US$7.8 million carried-over from 2013. Additional critical emergency funds are vital to helping UNICEF effectively support the national response to Afghanistan’s continuing nutrition crisis, critical WASH services and to providing affected by the prolonged conflict with basic health services and emergency education.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Original HAC 2014 requirements (US$)</th>
<th>Revised 2014 HAC requirements (US$)* (Jan-Dec 2014)</th>
<th>Funds available against appeal (as of 30 June)**</th>
<th>Funding Gap (as of 30 June)</th>
<th>Per Cent Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster and sector Coordination</td>
<td>2,135,000</td>
<td>2,135,000</td>
<td>1,501,487</td>
<td>633,513</td>
<td>70%</td>
</tr>
<tr>
<td>Education</td>
<td>6,500,000</td>
<td>6,500,000</td>
<td>768,659</td>
<td>5,731,341</td>
<td>12%</td>
</tr>
<tr>
<td>Health</td>
<td>620,000</td>
<td>940,000</td>
<td>251,000</td>
<td>689,000</td>
<td>27%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>17,279,558</td>
<td>36,303,110</td>
<td>8,074,276</td>
<td>28,228,834</td>
<td>22%</td>
</tr>
<tr>
<td>Protection</td>
<td>2,452,000</td>
<td>2,452,000</td>
<td>150,000</td>
<td>2,302,000</td>
<td>6%</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>6,500,000</td>
<td>11,000,000</td>
<td>6,384,083</td>
<td>4,615,917</td>
<td>58%</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,000,000</td>
<td>1,000,000</td>
<td>0</td>
<td>1,000,000</td>
<td>0%</td>
</tr>
<tr>
<td>Un-earmarked emergency 2013 carry over</td>
<td>1,366,759</td>
<td>1,366,759</td>
<td>0</td>
<td>1,366,759</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total (US$)</strong></td>
<td><strong>36,486,558</strong></td>
<td><strong>60,330,110</strong></td>
<td><strong>18,496,264</strong></td>
<td><strong>41,833,846</strong></td>
<td><strong>31%</strong></td>
</tr>
</tbody>
</table>

* The revised target for health is in response to outbreak of measles; and for nutrition in response to increased identified needs.

** Amount includes funds carried over from 2013. In total, US$10,690,600 (18 per cent of revised appeal) was received in 2014, including recovery costs. Carry over from 2013 includes US$5.3 million for nutrition, US$0.3 million for WASH, US$0.7 million for education and US$1.3 million for un earmarked emergency interventions.

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