



Key information			
Total Affected Population (total caseload)	Total	Male	Female
WASH <sup>a</sup>	5,240,000	2,672,000	2,568,000
Child Protection <sup>b</sup>	534,006	217,003	217,003
Health <sup>c</sup>	152,950	NA	NA
Education <sup>a</sup>	4,480,462	NA	NA
Nutrition <sup>a</sup>	6,040,725	NA	NA
Children Affected (Under 18 years)	Total	Male	Female
WASH <sup>a</sup>	3,144,000	1,603,000	1,541,000
Child Protection <sup>b</sup>	350,000	175,000	175,000
Health <sup>c</sup>	Total	Male	Female
Children Under Five years	30,589	NA	NA
Children 6 to 23 months	9,176	NA	NA
Pregnant women	6,117	-	6,117
Nutrition <sup>d</sup>	Total	Male	Female
Children Under Five years	52,124	26,583	25,541
Children 6 to 23 months	319,388	162,888	156,500
Pregnant and lactating women	427,784	-	425,784

Sources: a) Afghanistan CHAP 2013; b) Conflict induced monthly update UNHCR, March 2013 & *ibid*; c) UNICEF monthly consolidated emergency response report for Jan-April 2013 & Badghez MNCH project, d) CHAP MYR revised targets

## Humanitarian leadership and coordination

UNICEF has been leading the national WASH Cluster since it was activated in 2008. Currently, the cluster consists of 51 member organizations.<sup>3</sup> UNICEF in close coordination and support of the government line ministries provides information management support to the cluster and this has significantly improved the collection, analysis and dissemination of Water, Sanitation and Hygiene (WASH) information. UNICEF also leads or co-leads the seven regional clusters in the country, however only three out of seven regional clusters remain active.

UNICEF strategic programmatic shifts coincided with the transformation and convergence of the clusters exercise initiated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) and the Humanitarian Country Team (HCT) in Afghanistan in 2012. Based on this, the WASH Cluster partners recommended transition of the cluster to the sector Water and Sanitation Group (WSG) led by the Ministry of Rural Rehabilitation and Development (MRRD). UNICEF will support the process of cluster transition and will continue to lead the cluster with co-leadership by the agency DACAAR (an INGO with long experience in the country) and also co-leadership by the MRRD.

The Nutrition Cluster is led by UNICEF with a membership of 57 Non-Governmental Organizations (NGOs)/Basic Package of Health Services (BPHS) implementers. The cluster has focused to develop master trainers on Nutrition in Emergency (NiE) among its membership and currently it is in the process of rolling out the NiE in the regions. Thus far, North/North East, South and East regions have rolled out the NiE training. In support of the transition of leadership of the cluster to the government, the nutrition cluster has handed over the management of the CMAM program database to Ministry of Public Health (MoPH)—Public Nutrition Department. Within the scope of the convergence of the clusters, nutrition in collaboration and coordination with the Health cluster has conducted a review with the support from their respective Global cluster coordinators. The findings of the mission which was completed mid-July will provide guidance to HCT on whether the health and nutrition cluster should converge.

UNICEF and Save the Children are co-lead of the Education Cluster. Unfortunately, the dedicated cluster coordinator for both agencies left at the beginning of the year 2013. Save the Children engaged a dedicated cluster coordinator since March 2013. UNICEF has no fully dedicated person for the

<sup>3</sup> Cluster members comprising of donors (5), government line ministries (3), UN (8) and national (9) and international NGOs (26).

\* Northern region WASH cluster update

\*\* OCHA weekly update

\*\*\* UNHCR monthly IDP update ( April 2013)

\*\*\*\* OCHA, Humanitarian Bulletin, issue 13/01-28 February 2013

cluster yet. UNICEF has been working with the Norwegian Refugee Council (NRC) to have a dedicated person on secondment basis for at least a six months period. The targets for institutional capacity have not been achieved, and efforts are made to provide training to Ministry of Education (MoE), Provincial Education Department (PED), District Education Department (DED) and Cluster members in the next three quarters. The recommendation for deactivation of the Cluster has provided more challenges as the existing coordination mechanisms will have to be transferred to the government. There are significant capacity needs to enhance the capacity of the MoE to take over the coordination role.

The Child Protection in Emergencies (CPiE) Sub Cluster is active at the national level and in two of the five regions of Afghanistan. The Government of Afghanistan is not an active member of the Protection Cluster nor the Protection Sub-clusters due to its status as a party to the armed conflict. However, where possible and appropriate, consultation and technical support to government counterpart coordination groups is provided. For example, direct technical support is being provided to the Government Steering Group addressing prevention and response to under age recruitment within the Afghan National Security Forces.

To respond to acute onset emergencies, UNICEF zone offices in coordination with the Health Cluster and Provincial Public Health Department (PPHD) in collaboration with the Provincial Emergency Response Committee are assessing the situation and support the response with necessary supplies for PPHD and BPHS implementers.

## UNICEF Programme response

### Nutrition Results Status

Estimated #/% coverage	UNICEF Targets and Results		
	Original Target	Revised Target	Cumulative results ( #)*
Children Under 5 years treated for SAM	35,181	52,144	23,620
Children 6-23 months provided with micronutrient supplementation	251,823	319,338	28,720**
Pregnant and lactating women provided with information on breastfeeding, complementary feeding and WASH promotion	335,770	425,784	138,330***
* January to June 2013 ** Under 5 years children, Kabul province *** Uruzgan, Faryab, Badakhshan, Paktya, Balkh, Herat and Nangahar,	Unicef supported partners contributing to above UNICEF Results: Save Children, Merlin, Oxfam, Cordaid, HN-TPO, PU-AMI, ACF, IMC, DAC		

The case load for nutrition response for treatment of Severe Acute Malnutrition (SAM) was revised as the initial estimate was based on the total Community Based Management of Acute Malnutrition (CMAM) admissions to September 2012. However by the end of 2012 the target was exceeded and almost 62,000 SAM children were admitted. Therefore, the target for 2013 was increased to 52,124 SAM children to be treated, 319,338 children 6-3 months to receive multiple micronutrient supplementation and 425,784 pregnant and lactating women to receive education and information on quality infant and young child feeding.

Thus far, 3,034 SAM children with complications were treated in 54 Therapeutic Feeding Units (TFU) nationwide and a total of 20,586 SAM children with no complications have been admitted for treatment Outpatient Therapeutic Program (OTP) centres across 20 provinces. Of the total number of SAM children admitted 12,627 (53%) were girls and 10,993 (47%) were boys, of which 77% were 6-23 months old and 19% 24-59 months old and 4% were less than 6 months old.

The figure below illustrates the monthly admissions from January to June. The observed drop in admissions from March to May can be attributed to the transition phase where implementing partners for the CMAM program changed in 9 provinces. During this period new agreements were negotiated between the various stakeholders at both national and provincial levels. The total number of active OTP sites per month was 307 in January, 329 in February, 304 in March, 207 in April, 171 in May and 181 in June across 20 provinces.

In addition, the CMAM program was started for the first time in the conflict affected provinces of Ghazni, Khost, Nimroz and Helmand, with identification of OTP sites and training of its required staff. The CMAM programs is coupled with Pregnant and Lactating Women (PLW) receiving education and information on appropriate quality infant and young child feeding and WASH promotion delivered through Family Health Action Groups, community health *shuras/committees* and health education at the health facility. Thus far, 138,330 PLW in Uruzgan, Faryab, Badakhshan, Paktya, Balkh, Herat and Nangahar have benefited from health education. The targeted health education is complemented with mass media campaigns on national and local TV and radio stations. The first media campaign started during the last week of June for a 6-week period, with a total of 96 insertions on Tolo TV channel and 3,832 spots on 28 radio stations. The campaign strategy provides intensive and repetitive messages on one key behaviour/practice. The focus of the current campaign is “do not give any fluid or solids to children 0-6 months old except breastmilk”.

To improve nutrition status multiple-micronutrient powders (dosage of 60 sachets to be consumed over 6 months) were distributed to 28,720 under-5 children in the district of Kabul.

The CMAM guidelines (which were in draft since 2009) were reviewed and finalised with support from Valid International. Nationally, it was agreed with all stakeholders to change the terminology from CMAM to Integrated Management of Acute Malnutrition (IMAM) to ensure all aspects of the service are included in the guidelines, in particular the integration of Infant and Young Child Feeding (IYCF), community screening and mobilization. Finally, to address the gap in nutrition status data, UNICEF started data collection for the second National Nutrition Survey (NNS) in April; the first NNS was conducted in 2004. Preliminary findings are expected in the last quarter of 2013.

## Health Results Status

Estimated #/% coverage	UNICEF Targets and Results		
	Original Target	Revised Target	Cumulative results (#)
Pregnant women and children under five years old benefit from a standby capacity for coping with any humanitarian crises.	497,280	152,950	29,145
Children - 95% coverage target receive measles vaccination and vitamin A supplementation	271,320	271,320	1,834
Community Health Workers trained on immunization, maternal and new-born care	5000	716	138
Affected population receive health education and key messages	447,552	24,459	1,528

Note: UNICEF Supported partners contributing to above UNICEF Results

### Analysis of Results

Pregnant women and children under five years old benefit from a standby capacity for coping with any humanitarian crises. From Jan-May 2013, 1,651 people including 593 pregnant women and 1,058 children under-five have benefited from UNICEF supported outreach activities in Badghis Province. In addition, 27,494 pregnant women and children under five years who are affected by sudden emergencies have benefited from stand by capacity of UNICEF. This includes 1,122 beneficiaries in Central region, 7,979 in Eastern region, 6,077 in Northern region, 11,523 in Southern region and 1,063 in Western region.

The targets which were set at the beginning of year 2013 were an estimated target, considering available funds for emergency contingency planning and mapping of high risk areas, the targets have been revised. Initially 497,280 pregnant women and children under-five years have been targeted for both sudden onset and chronic emergencies in 10 target provinces. A management decision for 2013 revised and reduced to 152,950 pregnant women and children under-five years in 5 provinces.

Among the 716 community health workers targeted for training on Maternal, Newborn and Child Health (MNCH), 138 from Badghis Province have already been trained. The rest of the Community Health Workers (CHWs) training is under process. These CHWs work in 69 health posts (each health post

covers 100-150 families). In addition 8,625 families received health messages through trained CHWs. For 2013, the target of community health workers to be trained has been reduced from 5,000 to 716 based on projected funding levels.

It was planned that 447,552 affected people will receive MNCH messages, but since the MNCH communication strategy is currently under development, implementation of awareness campaigns on a large scale has been postponed till 2014. The target for 2013 has therefore been revised accordingly. However, so far, 1,528 pregnant women in Badghis Province received MNCH messages through health education sessions.

## WASH Results Status

Estimated #/% coverage	UNICEF		Sector / Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
No. of people (women, men, boys and girls) reached with emergency safe drinking water intervention	300,000	130,000*	920,000	252,000
No. of people (women, men, boys and girls) reached with sanitation & hygiene education/promotion interventions	200,000	40,000**	592,000	29,700
No. of IDPs provided with full emergency WASH package	100,000	2,000***	220,000	9,800

### Notes:

The above results were mostly achieved through the Community Development Councils with the support of the MRRD and its provincial line departments. The Ministry of Public Health also supported UNICEF in implementing hygiene and sanitation promotion interventions in communities.

\* Total = 130,000 includes, 16,500 women and 13,500 men, 49,000 girls and 51,000 boys

\*\* Total = 40,000, including 5,000 women, 5,500 men, 14,500 girls and 15,000 boys

\*\*\* Total = 2,000, includes 400 women, 400 men, 550 girls and 650 boys

## Analysis of Results

The new emergencies such as seasonal floods and earthquake received prompt and adequate response due to the high level of preparedness by UNICEF. The UNICEF supported emergency WASH interventions reached 172,000 people affected by natural disasters and conflict in the North (Sar-i-pul, Balkh, Samangan, Kunduz and Takhar), West (Herat, Badghis and Farah), Central (Bamyan) and South (Kandahar, Uruzgan and Helmand). As part of preparedness, UNICEF supported the training of 50 staff of partner organizations including government on “water treatment in emergencies” at the national level. Mechanics and pump caretakers received practical training in the West and North to ensure proper maintenance of the pumps and networks and thousands of wells were chlorinated to ensure safe delivery of drinking water. Due to delay in funding, most of the achievements reported are from carried over activities from 2012. Funding remains a challenge for UNICEF and the WASH Cluster partners.

## Child Protection Results Status

Estimated #/% coverage	UNICEF		Sector / Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
CPiE MRM CAAC Afghanistan	4,100	2000	10% of under 18s in IDP sites	50%
UNICEF CPiE Humanitarian Action response	6,100	Implementation begins in July 2013	10% of under 18s in IDP sites	TBA

### Notes:

- UNICEF supported partners contributing to above UNICEF Results.
- The Monitoring and Reporting Mechanism (MRM) on Children and Armed Conflict (CAAC) led by UNICEF with partners, continues to monitor, report and respond to children and armed conflict issues. The above result reflects the number of under 18s that have provided psychosocial counselling during 2013.

- Also within the MRM is the support to the Government's Action Plan for prevention and response to under age recruitment within the Afghan National Security Forces (ANSF). UNICEF is currently providing technical support with contribution by partners in establishing screening and referral mechanisms within ANSF recruitment centers across Afghanistan.

### **Analysis of Results**

The above targets are low in comparison to the needs in Child Protection in Emergencies (CPiE). This is because of the limited capacity of CPiE actors and most of the CPiE actors are unwilling to carry out emergency response programme for the most crisis-affected populations in war affected (insecure) areas. Nevertheless, there are child protection organisations within the CPiE Sub cluster, achieving good work according to the programmatic goals of their respective organizations. Therefore, even with smaller targets for results, few of the members in the CPiE sub cluster have programmatic goals that align with core child protection in emergencies response.

Through the MRM network, technical guidance is provided in relation to the Action Plan in addressing under age recruitment by the Afghan National Security Forces (ANSF). UNICEF and partners are supporting key Government actors such as the Ministry of Foreign Affairs, Ministry of Defence, Ministry of Interior, National Directorate of Security towards expanding (at Provincial level) the creation of Child Protection Units within the ANSF recruitment centers in order to screen-out applicants who do not meet the minimum age requirement of 18 years. Early results from the existing pilot project in West Region indicate this as a powerful, successful intervention in preventing and responding to under age recruitment. As such, further technical support is required to assist the Government in replicating the Child Protection Units across Afghanistan.

### **Education Results Status**

Estimated #/% coverage	UNICEF		Sector / Cluster	
	UNICEF Target	Cumulative results ( #)	Cluster Target	Cumulative results ( #)
# of schools re-opened following advocacy with leaders, elders and influential people in affected communities	81	29	100	29
Teaching and learning materials for accelerated learning centres and community based education provided	400,000	82,232	700,000	165,311
Returnees and IDPs integrated into schools and receive teaching and learning materials	288,000*	38,700 (girls 24,330; boys 14,370)	288,000	15,465 (6816 girls, 8649 boys)

Note: UNICEF supported partners contributing to above UNICEF Results

### **Analysis of results**

The achievement in provision of Teaching and Learning Materials (TLM) to returnees and IDPs is very low in comparison to the target of 288,000 due to lack of funding. UNICEF responded in collaboration with the Provincial Education Directors and the District Education Officers. UNICEF coordinated with the partner NGOs to avoid overlap in case responses.

The 38,700 IDP children (mostly in South, West and Western part of country) received emergency education assistance, out of which 32,700 received non-formal education and were integrated in formal schools while the rest were provided with teaching learning materials.

A total of 29 schools in Ghazni Province were re-opened following construction of boundary walls for the safety of the students and were provided with teaching and learning materials. UNICEF in coordination with other agencies organized a couple of advocacy events at national and sub-national level to advocate for the protection and reopening of schools.

### **Supply and Logistics**

The challenges related to supplies include:

- Lengthy process of tax exemption issuance certificate by the Ministry of Foreign Affairs and Ministry of Finance which resulted in incurring payment of demurrages and containers detention charges.
- Unavailability of big charters to airlift huge and urgent volume of critical supplies such as vaccines, as the landing permit for the big charters is denied by the Afghan authorities to Emirates and Etihad (the two airlines capable to provide such opportunities).
- Lack of capacity of local companies or factories for procurement of emergency supplies which result in delayed delivery of supplies particularly in critical situation; and difficulties in compliance with International Public Sector Accounting Standards (IPSAS) requirements.

#### Remedial arrangements:

- UNICEF had discussions with port authorities in Karachi, Pakistan and obtained an extension of free port-storage days.
- The new bidding process for renewing our Long-Term Agreements (LTAs) with service providers in the area of customs clearance has underlined, as selection criteria, the need for shorter timeframe in getting the certificate of exemption, clearance of the shipment and evidence of a strong working network.

### Human Resources

# Additional staff needs for humanitarian programme	# Additional staff currently in country	# Additional staff funded but not yet in country	# Additional staff not funded
TBC	16	0	0
Total # of Country Office staff pre-emergency: 282 (FTs: 266 & TAs:16)			

### Security

The first quarter of 2013 recorded a total of 3,751 security incidents compared to 3,419 for the same period last year. Armed clashes still account for a substantial portion of total security incidents (37%) and compared with first quarter of 2012 armed clashes increased by 65%. Similarly, Improvised Explosive Device (IED) detonations and discoveries also increased, 26% and 16% respectively, compared to the same period last year. A corresponding increase in civilian casualties was also reported for the first quarter of 2013. Incidents affecting the wider humanitarian community decreased from 75 in the last quarter of 2012 to 63 in the first quarter of 2013, possibly reflecting lower activity levels during the winter months, crime and intimidation increased to levels comparable to the first quarter of last year. The UNICEF Afghanistan Country Office approach to programme delivery is one centred on community acceptance and access. UNICEF focuses on all actors within a community to deliver its programmes including the Community Elders, Government, Taliban and other Anti-Government Elements (AGEs).

### Funding

Appeal Sector	Requirements (US\$)		Funds received*	Funding gap	
	Original	Revised		US\$	Percent
Nutrition	8,650,000	8,650,000	11,001,368	(2,351,368)	-27%
Health	1,150,000	293,659	403,771	(110,112)	-37%
WASH	8,330,000	8,330,000	5,510,619	2,819,381	34%
Child Protection	2,600,000	2,100,000	516,987	1,583,013	75%
Gender Based Violence	-	-	-		
Education	5,065,000	3,677,500	888,400	2,789,100	76%
HIV/AIDS	-	-	-		

Programme Support	-	-			
Cluster Coordination	1,250,000	1,250,000	160,500	1,089,500	87%
<b>Total</b>	<b>27,045,000</b>	<b>24,301,159</b>	<b>18,481,645</b>	<b>5,819,514</b>	<b>24%</b>

\* 'Funds received' does not include pledges

### **Next SitRep: 15 December 2013**

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