

Afghanistan

Update on the context and situation of children

Prior to the Taliban take over on August 15th, the country was already facing multiple challenges. Out of an estimated population of 32.2 million people, 16.7 million people, of which 10.5 million are children, live in multidimensional poverty. 93 per cent of the population was living on less than USD 2 per day. Post August 15th, with the sudden stop of international grant assistance, a rapid curtailment of access to offshore assets, and isolation from the international financial system, this situation worsened, especially for the most vulnerable.

According to a recent World Bank report, year-on-year (YoY) inflation for basic household goods has remained around 32 percent. On a YoY basis, wages for qualified and non-qualified workers have declined by around 9.4 percent and 5.3 percent, respectively. On a cumulative basis, wages of skilled and non-qualified workers have declined by 7.69 and 7.65 percent, respectively, since August 2021. The exchange rate is reported to have depreciated rapidly to a new low of AFN130/USD on Dec 14, 2021, before recovering to around 102AFN/USD. All these factors have led to a devastating and desperate situation for the most vulnerable and marginalized.

The end of donor support to the national primary health programme could lead to an almost complete collapse of basic health delivery with impacts across nearly all communities in Afghanistan. Assuming even a 40-50 per cent decrease in healthcare coverage, mortality among women and children would increase by 33.2 per cent over the next year, resulting in 26,040 additional child deaths and 1,920 maternal deaths.

By September 2021, one month after funding pause of Sehatmandi, only 17% of facilities were fully functional, with early modeling estimating up to 80 additional under-five deaths per day if effective measures will not be in place. Outbreaks of measles, cholera and dengue fever have been reported, and based on an MoPH Surveillance report (October 2021), 3 cases of diphtheria and 4 cases of pertussis (whooping cough) respectively were found. Afghanistan is also facing worsening drought conditions, increased displacement, and impending major negative economic shock. At the beginning of 2021, the people in need were estimated to be 18.1 million. Recent events have now increased this number to approximately 24 million or 70 per cent of the population. An estimated 3.5 million IDPs, 80 per cent of whom are women and children will need assistance. Prior to recent political developments, it was projected that 9.4 million people would face acute food insecurity by November 2021. That number has now increased to 14 million or more than one-third of the total population. Due to the drought, the nutrition situation had been deteriorating. In 2021, more than three million under 5 years of age in Afghanistan were expected to be acutely malnourished, including near to one million children with Severe Acute Malnutrition (SAM), with an estimated 10 per cent increase of SAM expected since the start of the year. The halting of the health system has certainly exacerbated the situation which is expected to lead to an increase in acutely malnourished children. Due to COVID-19 measures, schools and community-based education have seen prolonged periods of school closure since March 2020[1] on 15th of August schools were closed due to COVID-19 measures or because of summer holidays. Since then, schools reopened for all boys and girls for grades 1 to 6 and for boys only for grades 7 to 12. However, there are provincial differences. In at least 7 provinces, girls continue their education beyond grade 6. It is expected that the de-facto authorities will ask girls to come back to secondary education within the coming months, however, despite schools open, the attendance is reportedly lower than before, with approximately 2.5 million female primary school students now at risk of being excluded from education. This is due to a variety of reasons: prolonged school closures, combined with increased levels of poverty and fear for retaliation affected families' decision making to send back their children. In addition, due to the freezing of the funding for education, it is unclear whether the

authorities can sustain services. Payment of teacher salaries are still an issue. Without adequate funding to education to be able to pay at least salaries of teachers, schools will not be able to remain open and the 9.5 million children in school are at risk of dropping out. There are early signs that existing WASH systems could collapse quickly if action is not taken to stabilize the staff and supplies. Given the technical nature of operation water and sanitation services, if key technical posts in water utilities or service providers are vacated due to lack of salary payments, services can falter or fail, leaving millions in cities and towns without water and sanitation services. According to UNICEF's recent Water Security for All report, 93% of children in Afghanistan - 15.6 million children – are already living in areas of high, or extremely high, water vulnerability. Action is needed urgently to meet immediate life-saving WASH needs and prevent collapse of essential WASH services that would have catastrophic consequences, disproportionately affecting women and girls and further exacerbating the crisis. The deteriorating crisis, conflict, and COVID-19 pandemic have also increased risks of family separation, abuse, exploitation, and violence. The protective environment of school now unavailable for girls and the food security crisis puts girls, boys, and women at risk of harmful coping strategies. Violence continues to disproportionately impact children and women. Mental health and psychosocial support are critical during this escalated humanitarian crisis and exacerbated by the disruption to essential goods and services.

This worsening situation resulted in activating UNICEF L3 Scale-Up for Afghanistan on 8 September for a period of six months.

[1] Most schools were closed between March 2020 and March 2021, and schools closed again end of May 2021.

Major contributions and drivers of results

Provision of health services in 2021 was largely disrupted by COVID-19, the transition of power in August 2021 and the suspension of the Sehatmandi project, having a significant impact on essential health services. With new MoPH authority, established a national task force and developed Health-WASH integrated response plan for the over 4,400 reported AWD cases. Medical supplies were provided to AWD treatment centres, a mass media awareness campaign was launched to reach **6 million people and approximately 250,000 community members were engaged.**

Measles outbreaks were reported in provinces affecting over 67,000 children. Quality health services were provided to about 23,000 children, and 22,900 pregnant women, through Mobile Health Team (MHT) networks predominantly in conflict-affected and rural-remote districts. Vaccine procurement operations, and cold chain improvement initiatives, benefitted over 1.4 million children under the age of one year, and six million women of childbearing age. Over 1,178,000 under-fives received measles vaccinations. As part of the COVID-19 response a total of 570,000 Personal Protective Equipment (PPEs) were provided to more than 7,000 health care workers in all 34 provinces, and 560 oxygen concentrators helped over 12,000 severe cases of COVID-19 infections. PHC services were provided to around 12 million people as a stop-gap arrangement to sustain the health services.

The uptake to COVID-19 vaccination showed remarkable success, with 3.5 million of people vaccinated, attributed to site-to-site campaigns organized by partners. Due to COVID-19 pandemic, polio vaccination activities were disrupted in 2020 but in 2021 two national immunization days (NIDs) and three Sub-national Immunization Days (SNIDs) campaigns took place reaching an average of 6.8 m children in each NIDs. Women's engagement in polio eradication and routine immunization was enhanced with the recruitment of 480 female vaccinators mobilisers in health facilities to deliver health education, support vaccination and birth deliveries.

The nutrition information system was further strengthened with the integration of an emergency reporting platform and an automated supply chain management system. Nutrition officers from implementing partners and 85 nutrition extenders received training on the supply chain

management, monitoring and emergency reporting. 30 contingency nutrition extenders gained access to the new online monitoring system resulting in the reporting of over 1800 field monitoring visits. Intensified conflict and the COVID-19 pandemic heavily affected both reach and scope of service delivery to women and children. Due to COVID-19, the bi-annual National Immunization Days (NID) campaign with Vitamin A supplementation was conducted only once in November reaching 7 million children. 2,980,400 Vit A capsules were distributed through piloting an alternative approach to reach 2,680,000 children through health facilities and communities. 1.6 million children received growth monitoring and promotion (GMP) services while their caregivers received orientation and counselling on infant and young child feeding. A total of 320,523 children (143,074 boys & 177,449 girls) aged under-five (64 per cent of target and 32 per cent of total caseload) were treated for Severe Acute Malnutrition. To prevent anaemia and its devastating consequences among adolescent girls 10-19 years old, 765,625 adolescent girls in school and 158,193 out of school were reached with the Weekly Iron and Folic Acid Supplementation (WIFS). The 4C's approach pilot project continues, increasing access to critical health and WASH practices proven to have an impact on the high rates of stunting, mother and new-born mortality and morbidity, and acute malnutrition. This 4C's approach is made up of 4 components, Community Based Nutrition Programme (CBNP), Community Based New-born Care (CBNC), Community Led Total Sanitation (CLTS) and Communication for Development (C4D).

In 2021, despite the challenges faced during the year, interventions aimed at improving equitable access to education for the most disadvantaged children, especially girls, were supported through 7,604 Community-based Education (CBE) classes benefitting 238,123 students (124,554 girls and 113,569 boys). After the takeover by the Taliban, with increased access to hard-to-reach areas, UNICEF prioritized support to the CBE programme which resulted in the new establishment of 6,456 CBEs out of the 7,604 CBEs. 680 of these CBE classes are in the areas in the South where children have not had access to primary (formal) education for the past two decades. In 2,362 CBE classes handwashing stations and soap were provided to promote proper hygiene practices as a part of COVID-19 response. Interventions improving the quality of education in the areas of teacher development and learning assessment continued to be supported. 513 Academic Supervisors receiving training on new skills of supervision and mentorship, and technical assistance was provided to the Ministry of Education (MoE) for the development of standardized test items as part of the roll out of the National Assessment Framework for Afghanistan (NAFA). In addition, 804 teachers (150 females) were trained on conducting diagnostic learning assessment and tailoring remedial support for low-performing students. Another 3,657 teachers were trained on active learning and class management. And an action plan to operationalize the Girls' Education Strategy was developed based on an analysis of girls' participation in education and the possible implications of the changing political context. Support was provided to 1,060 girls as student teachers through the Girls' Access to Teacher Education (GATE) initiative. Provision of a comprehensive WASH package of clean water and hygiene kits to 736 (out of 1,250 targeted) public schools, benefitting 312,548 children. In addition, in the public schools 351,352 children (including 107,217 girls) and 7,606 teachers (including 1,436 females) received learning and teaching supplies. Advocacy and efforts to build effective child protection systems across development, humanitarian and peacebuilding nexus continued through supporting high-level governance and coordination mechanisms for children's rights and protection. Three significant national policies on child protection and child safeguarding were endorsed aiming at improving protection systems at national and regional levels. Response services were provided, in partnership with 14 national and international NGOs and the CPAN, for 353,406 children (Boys: 189,013 & Girls: 164,393) who experienced different kinds of violence. A total of 1,003,704 individuals including 838,793 children (Boys: 475,539 & Girls: 363,545) benefitted from both child protection preventive and response services and sensitisation programmes on child protection. 307,907 children (170,910 boys and 136,997 girls) were registered at birth. A total of 62,955 children on the move benefitted from protective services. 533,611 individuals including 429,861 children benefitted from specialized prevention and response services, of which

254,718 children and care givers benefited from Mental Health and Psychosocial First Aid and community-based psychosocial support through 283 Child Friendly Spaces and door-to-door activities, referrals for specialized mental health services, and peer to peer support. 13,269 children benefited from targeted social enterprise programmes. To mitigate the impact of winter on vulnerable families, winterization kits and other support was provided to over 25,688 vulnerable children and children at risk. 700 children in conflict with the law and 244 children associated with armed groups were released and re-integrated back into their communities.

UNICEF actively co-led the coordination of the Child Protection Area of Responsibility (CP AoR) and reactivated the regional CPAOR to scale up emergency CP responses, leverage resources and advocate for more allocations to address critical gaps. A total of 2,156,692, (60 per cent female) key influential community members gained deeper understanding of child's rights, child protection, gender norms and created collective community responses toward negative social norms including child marriage and child labour. Efforts for integrated programming with Health, Education and Social Protection initiated to ensure multipronged effect on child marriage and child labour.

Drawing on its decades of global experience in delivering WASH Programmes and its continued presence in Afghanistan, support focused on increasing the number of people having access to safe water, sanitation and hygiene services in communities, schools, and health facilities. In line with the Government's guideline of using National Technical Assistants (NTAs), and a system-wide approach, more focused support for institutional capacity building was provided to key Government departments in planning, implementation, and monitoring of WASH programmes.

In 2021, a total of 145,366 people (73,536 females and 71,830 males) gained access to at least basic drinking water services (against 105,000 targeted) across 20 provinces through 64 completed solar and gravity-fed piped systems; 860 new communities (against 600 targeted) were declared as Open Defecation Free (ODF); and 419,160 people (197,005 females and 222,155 males) in 13 districts across 9 provinces are now using basic sanitation services. Three full districts were declared as ODF. More than 317,959 (162,159 females and 155,800 males) emergency affected people gained access to safe water and hygiene services.

The water safety framework was further expanded in 2021 with 71 communities implementing water safety plans (WSPs) benefitting approximately 106,000 people. To help build climate resilience, handpumps are being replaced with solar-powered water pumping systems to provide piped water to off-grid communities, including using multi-village systems for improved cost efficiencies. Over 55 per cent of beneficiaries in 2021 received access through solar-powered water supply systems.

WASH facilities in institutions such as schools and health centres continued in an integrated manner with climate resilient WASH in School facilities in 104 schools benefitting 105,110 students providing access to safe drinking water, gender segregated sanitary toilets and handwashing facilities. 37 health centres in 9 provinces were provided with WASH facilities benefitting a total catchment of 555,000 people. Also, 160 health centres were targeted in 6 provinces under the Health Centre Hygiene Programme (HCHP) where health care providers receive innovative hygiene behaviour change communications, focusing primarily on hand hygiene, through an application of variety of triggers. Humanitarian response activities included the provision of WASH services to deprived and emergency-affected people across Afghanistan. In 2021, the affected population were provided with both emergency and durable solutions resulting in 317,959 people accessing safe water, 15,918 people accessing gender-sensitive sanitation facilities and 612,675 people benefitting from hygiene awareness.

The humanitarian cash transfer programme was rapidly expanded, increasing coverage from 6000 households in 2020 to over 46,195 thousand households in 2021. About 202,528 children were reached with cash transfers. Rapid scale up was in response to the rapid socio-economic deterioration following the political transition of August 15 which drove the economy to a tailspin and reversed the gains in expenditure trends for child sensitive areas. The 2019-2020 Income, Expenditure and Labour Force survey final report was officially released during the first quarter of 2021 providing updated data to 21 SDG indicators. The 2021 UNICEF completed situation analysis which showed some notable progress had been recorded in key indicators, but these gains might have been wiped out with the recent turn of events post 15th August 2021. The change has resulted in worsening situation for

children and their families as the economy is in deep recession with both monetary and multidimensional poverty are on the rise.

To strengthen the monitoring, the office rolled out a real-time field monitoring system. 157 technical extenders and 57 programme officers across all programming sectors were trained on the monitoring system resulting in collection of 3264 records through the various monitoring checklists. 2021 assurance targets were achieved. A total of 289 (104 per cent) programmatic visits were completed against a target of 288, 55 (108 per cent) spot checks out of 51 planned, 25 audits out of 27 (93 per cent) and 2 micro assessments.

USD 188 m was allocated in 2021, consisting of Other Resources Emergency (USD 78.4 m), Other Resources Regular (USD 79.8 m) and Regular Resources (USD 28.7 m). As of end of December, the overall utilization rate was 99 per cent. 3.8 per cent of DCTs were in the 6-9 months category with no DCTs over 9 months.

USD 247 m was raised against the total budget of USD 448 m, with an additional USD 1.1 b in pipeline opportunities. Since August, there has been a significant increase in volume and value of activity, with double the numbers of donor submissions and contracts, a tenfold increase in value of proposals, and a sixfold increase in pipeline compared to 2020. Funding partnerships with all the top donors to Afghanistan were further developed and increased.

At the start of 2021, the number of people in need of humanitarian assistance stood at 18.4 million (53 per cent children). Since 15 August 2021, the operational environment for humanitarian aid delivery in Afghanistan has changed drastically. UNICEF has prioritized maintaining a constant ground presence in the country and from Jan-Oct 2021, reached total of 1,419,467 people (758,838 children). UNICEF continued to lead nutrition and WASH clusters and CP sub-cluster (AoR) and co-lead EiE WG. In view of COVID-19 and AWD/Cholera outbreak, UNICEF plays a key role in health cluster and Risk Communication and Community Engagement WG. UNICEF is also active member of ES-NFI cluster and Accountability to Affected Population working group.

A continued commitment gender programming was demonstrated with the establishment of 13 women and girls' safe spaces providing a meaningful platform at community level for individual and group psychosocial support. Through these safe spaces over 980 women and girls were provided with psychosocial support, and 7,002 women and girls benefited from various needs-based Life skills activities.

UNICEF continued to be the leading voice communicating on behalf of, and advocating for, children with over 60 per cent share of voice throughout the year in Afghanistan. Communication and advocacy efforts intensified as the situation deteriorated in the aftermath of the Taliban takeover.

UNICEF Afghanistan's press release on World's Children's Day, highlighting the plight of children, reached an estimated 289 million people through a total of 169 locally and internationally broadcast stories online, on TV and Radio. Furthermore, 745,000 U-reporters were enrolled in U-Report Afghanistan this year contributing to 18 polls launched with programme sections to better shape programme response strategies

UNICEF continued to be a leading RCCE partner of the Government of Afghanistan. In 2021, 12.6 million people were reached through mass media, community engagement and social listening within RCCE and AAP interventions. 47,340 stakeholders were engaged via face-to-face community sessions. Multimedia campaigns on COVID-19, cholera, education, hygiene measures, protection and nutrition reached over 24 million people.

The office remained fully open at all locations during the Covid-19 pandemic, and during and after the Taliban takeover in August, with all staff at work adapting to flexible working arrangement. In Kabul, the office has renovated both office buildings, few guest houses, improved staff wellbeing, constructed a new cafeteria and two Gazebos and expanded the accommodation with additional 3 units. In addition, the office constructed another warehouse and one Rabhall to increase the warehouse capacity for prepositioning programme supplies. Security enhancements in Herat, renovation work in Mazar, and built two temperature-controlled warehouses in Kandahar were completed. USD 100 m supplies were received, and USD 32 m stocks were distributed contributing to the programme effectiveness.

The collapse of banking and financial institutions, as well as the delayed Government intervention in stabilizing the central bank caused a major challenge in UNICEF operations. All required governance

measures have been fully complied with during the year, including financial, statutory committees, Annual Risk Assessment (ARA) and Business Continuity Plan work, and anti-fraud work. Human Resources has effectively managed recruitment actions and has continued a very well received intern and UNV system to encourage and build female capacity in the office.

UN Collaboration and Other Partnerships

To strengthen the normative framework for children, improve and scale up provision of services and focus on prevention, UNICEF works with Ministry of Labour and Social Affairs, Ministry of Interior, Ministry of Justice, Ministry of Women Affairs, Ministry of Foreign Affairs, Ministry of Public Health, Ministry of Hajj and Religious Affairs, the Afghan Independent Human Rights Commission, National Statistics and Information Authority, National Police Academy and Attorney General's Office and Kabul University, Department of Social Work. UNICEF is Co-Chair of Child Protection Sub-Cluster Area of Responsibility (AoR) for the protection of children in emergencies. UNICEF and UNAMA co-chair the Country Task Force on Monitoring and Reporting of Grave Violations, working with the Resident Coordinator's Office (RC), Office of the Special Rapporteur on Children in Armed Conflict, Groups of Friends, International Agencies and civil society organizations to implement the CTFMR and CAAC Action Plan. UNICEF is a Co-Chair with IRC of the Case Management Task Force.

UNICEF works with MoPH, including Grant Contract Management Unit, RMNCAH, SEHATMANDI programme, Health Promotion Directorate, Community Based Health Care Department, General Directorate of Policy and Planning, and procurement unit. World Bank, Asian Development Bank, ECHO, JICA have engaged with UNICEF for COVID-19 response. National Expanded Programme for Immunization, the Emergency Operations Centre for polio eradication, National Control & Command Center and Health Cluster at national level for better coordination and collaboration. Provincial Public Health Directorates, and Provincial Emergency Response Committees for implementation of emergency response.

Partnerships with leading media outlets were instrumental in maintaining UNICEF's leading voice and responding to the pandemic.

Education partners' efforts in elaborating and endorsing the national education COVID-19 response plan and strategies were coordinated as co-lead of Education in Emergency Working Group (EiEWG). The One-UN Education Thematic Working Group (ETWG), (UNESCO and UNICEF), is working with World Bank, USAID, Canada, DFID and other Development Partners towards greater synergies and complementarities of UN-supported education interventions. Partnership with key development partners (e.g., Korea, Japan, German NatCom, etc.) to address immediate needs in the education sector.

Nutrition programming in collaboration with Public Nutrition Directorate (PND), Ministry of Public Health, Ministry of Education, Council of Ministers, the SUN movement, the Global Nutrition Cluster, implementing partners and other technical agencies supporting implementation of nutrition programmes via Basic Package of Health Services (BPHS) and non BPHS partners. UNICEF leads the One UN for Nutrition sub working group which includes of WFP, FAO, and WHO.

Key partners for WASH programming at the central level are the Ministry of Rural Rehabilitation and Development (MRRD), Ministry of Public Health (MoPH) and Ministry of Education (MoE). The provincial departments of these key ministries (PRRD; DoPH; DoE) provide support to implement the WASH services at community, school and health facilities. Key donors include USAID, Finland, Japan and EU.

UNICEF is working with ILO, WFP, FAO and UNDP on social protection issues. UNICEF is a member of the data working group co-chaired by UNFPA and NSIA and includes UN agencies, World Bank, Asia Development Bank (ADB) and other donor partners.

Lessons Learned and Innovations

2021 has been a year full of unprecedented challenges – but also opportunities. Despite COVID-19, increased insecurity during June-August, the change in power has improved safety and increased access to areas that were unreachable before, and a renewed world attention to the country. This has

enhanced the need for agile and flexible programme designing and delivery.

UNICEF is exploring new ways of delivering services in a politically sensitive and hostile environment, benefitting from possibility to expand the CBE program, as well as engaging more directly with the public education system: schools, teachers and local structures (School Management Shuras). In addition, the current situation allowed to further explore multiple pathways (i.e., distance learning) for catch up on what they have missed during school closures and expanded access, and also looking into the operationalization of the Comprehensive Safe School Framework, geared towards building new competencies and strengthening of institutions for increased resilience.

Future funding for COVID-19 vaccine could provide additional opportunity for using immunization programmes as an entry point for PHC strengthening. New priorities such as mental health, are now in public discourse as evidence shows a significant percentage of recovered COVID-19 cases suffering from depressions. New partnerships and financial resources resulting from COVID-19 will be optimized to strengthen Primary Health Care services (PHC).

The polio programme used COVID-19 was used as an opportunity to establish contact with communities in inaccessible areas where polio campaigns are banned. By securing additional resources and re-purposing some of the existing grants 8.9 million soap bars, face masks and hand sanitizers were provided to all front-line Polio workers including ICN. Due to limitations in global supplies the programme innovatively collaborated with supply section in engaging local soap manufacturers.

The ability to adapt quickly to the changing environment allowed UNICEF to implement a cVDPV2 outbreak response amid COVID-19 pandemic in a safe and acceptable manner to the communities. Building on the relationship with the Taliban, UNICEF procured and delivered new type of vaccines (mOPV2 and tOPV) to respond quickly to cVDPV2 outbreak despite challenges due to increased stock of bOPV in-country and limited cold chain capacity.

UNICEF initiated a simplified treatment protocol in 2019 which continued during 2020 and 2021 which recommends a revised dosage for RUTF prescription. Overall analysis has been positive with performance indicators (cure, default, death and non-cure rates) including length of stay remaining same as the standard protocol. While the process for conducting formal research is ongoing to ensure effectiveness prior to scaling up given the L3 emergency the simplified protocol will be implemented wherever possible.

Engagement of all relevant stakeholders, including children, in the whole process of consultations on issues that matter to the children, families, professionals need to be more deliberately considered. Four regional consultations were convened (Kabul, Herat, Mazar, Khost) with participation of provincial Governors, Department of Labour and Social Affairs (DoLSA), National Police, CSOs and children themselves on the several policies that have been endorsed. Marginalized children including those from orphanages, street and working children, and those in Juvenile Rehabilitation Centres (JRCs) were consulted on a National Policy to promote Child Friendly Policing.

Investments in community level advocacy with de facto authority allowed gender and women empowerment activities to resume in various provinces post August 15. Used *Appreciative enquiry (AE) tool* to assess the impact of COVID-19 on the lives of young people and their communities resulting in the design of adolescent preferred life skills sessions in the girls' safe spaces (GSS) currently operational.

The fragile context coupled with the ongoing covid-19 pandemic demand more agile data collection systems. UNICEF has reached out to key partners for the establishment of MICS plus, a mobile data collection platform that supports collection of key indicators for children typically found in a MICS survey. The office also rolled out a field monitoring system which provides a near real-time data on the programme implementation. It enabled the office to verify who was reached, where and with what interventions. Engagement with partners for solutions towards agile data collection which started in 2021 will be prioritized in 2022.

The collapse of the banking system was a major constraint to humanitarian cash transfers. UNICEF

scaled up its operational capacity with the establishment of a Programme Management Unit to manage sensitive payments, including cash transfers. Successes being registered with this arrangement has led to improved support from donors.

The adaptation of cost-effective and sustainable solar-powered systems instead of diesel-powered water supply systems has helped reduce emission of greenhouse gases and were found to be highly cost-effective compared to temporary solutions such as water trucking. UNICEF successfully transitioned into provision of safely managed drinking water services as each water supply system is now tested for bacteriological contamination and, if needed, for chemical contamination upon completion before handing over to the communities.

UNICEF⁷ Afghanistan utilized U-Report network to engage with beneficiaries and better understand needs on the ground as they develop. Several U-Report polls were launched as part of ACO's humanitarian response to better understand the needs of the community and deliver services accordingly. More than 115,000 responses were received within 3 days, the highest U-Report response rate in Afghanistan to date.

Integration of COVID 19 prevention messages and COVID 19 vaccination into the RCCE package and community engagement interventions were cost-effective and efficient at the national and community levels.

After Aug, most agencies reduced their footprint whilst UNICEF stayed and delivered, scaling up programme delivery – UNICEF therefore cannot rely on a One UN business operations framework in such circumstances and must be prepared to stand alone as a front-line agency in such situations.

In light of the L3 declaration, the HR team adjusted its composition from a geographic HRBP model, to a flexible, function-based HR service, with a heavy focus on recruitments (200+ posts in 3 months, including surge, new PMU unit, one mail-poll PBR, and staffing scale-up through Temporary Appointments), and individualized and hands-on support to national staff that fled the country, as well as IP colleagues that found themselves stranded outside of Afghanistan.