



Reporting Period: 1– 31 May 2022

Afghanistan

Humanitarian Situation Report

Report # 6

1-31 May 2022

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for every child

Highlights

- Twenty-four additional mobile health and nutrition teams (MHNTs) were added in May, increasing the total number of mobile teams to 171.
- IPC 5 was declared in two districts of Ghor Province, affecting 20,000 people. 45 per cent of the population remain in crisis to emergency phases of food insecurity.
- May saw a spike in acute watery diarrhoea (AWD) cases with 405 cases reported compared to 51 cases reported in April.
- Under the AWD response, UNICEF reached 336,068 people with safe water, 215,150 people with AWD specific hygiene promotion and 432,140 people with critical WASH supplies.
- UNICEF continued to scale the child protection response by reaching 286,732 children and caregivers with a range of child protection services.

Situation in numbers



24.4 M

People in need of humanitarian assistance (HNO 2022)



13.1 M

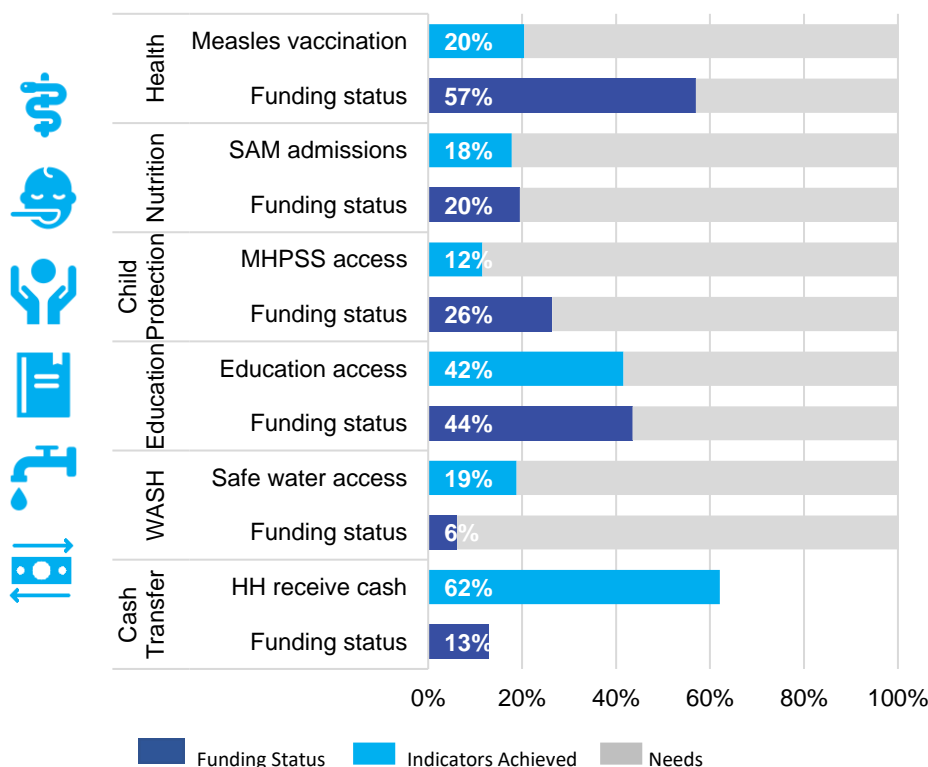
children in need of humanitarian assistance (HNO 2022)



1.1 M

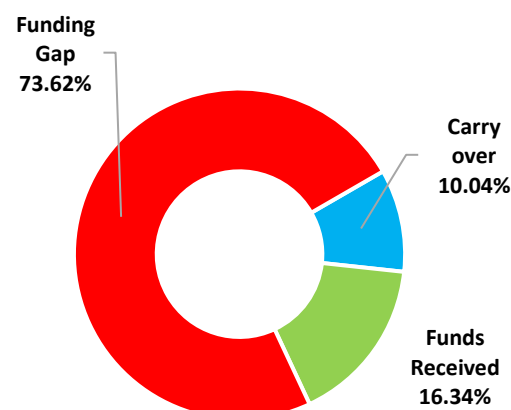
Severely acutely malnourished children under the age of five years expected to need treatment (HRP 2022)

UNICEF's Response and Funding Status*



UNICEF Appeal 2022

US\$2,047,724,710



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

Funding Overview and Partnerships

The UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal is the largest single-country appeal in the history of the organization, valued at US\$ 2 billion for 2022. Thanks to partners' generous contributions, the appeal is currently around 26 per cent funded. This includes flexible emergency funding from both public and private partners, which will allow UNICEF to continuously use resources to respond to rising and sudden needs. Some contributions received in 2021 continue to enable implementation in 2022, together with additional support received this year. UNICEF is grateful to the EU Humanitarian Aid, the Governments of Estonia and France, and the UNICEF's family of National Committees for contributions received during the last month. UNICEF will continue to partner with donors to ensure sufficient resources are mobilized to address the needs of children and communities in Afghanistan.

Situation Overview & Humanitarian Needs

In May, results from the mid-year Whole of Afghanistan assessment (WoAA) conducted by REACH were presented at the inter-cluster coordination team (ICCT) and the humanitarian country team (HCT) meetings. Main findings were similar to those in the 2021 WoAA, except that the drivers of need shifted dramatically from conflict to deteriorating economic conditions, with large disparities between rural and urban populations.¹

The current Integrated Phase Classification (IPC) results for March-May were released this month, as well as projected IPC acute food insecurity analysis for June-November 2022. There is a slight projected improvement in the overall status of households in the coming months compared to the previous period, with 18.9 million people projected to fall within IPC phase 3+ compared to 22.8 million in the previous period. This can be attributed to the rapid scale-up of food assistance. However, 45 per cent of the population remain in Crisis to Emergency IPC phases. Below-average rainfall in 2022 compared to 2021 is expected to exacerbate drought conditions in the coming months.

A specialized Risk of Famine analysis was conducted in Ghor and Badakhshan Provinces. In Ghor, two districts were declared IPC-5, affecting 20,000 people. This was due to a combination of factors, with the main drivers being disrupted services and lack of food distribution. Badakhshan, Ghor, and Daikundi Provinces were also determined to be highly vulnerable to shocks.

Disease outbreaks continued to affect most provinces across the country. Between January and the end of May 2022, there were 50,433 reported cases of measles and 309 deaths. While the incidence of new cases decreased following measles vaccination campaigns in 49 districts in March 2022, UNICEF and partners continued to advocate for a countrywide campaign. There was also a spike in acute watery diarrhoea (AWD) cases in May, with 405 cases reported, for a total of 5,683 AWD cases reported since September 2021. This is a significant increase from the 51 AWD cases reported in April. Kabul, Kandahar and Zabul all raised alerts about AWD.

On 28 May, the Taliban deputy spokesman announced the formation of an eight-member committee, chaired by the head of Afghanistan's Supreme Court, to reopen girls' schools in the country. According to multiple reports, this committee already submitted its recommendations for review and approval by the Ulema (Supreme Council).

Summary Analysis of Programme Response

Health

Across all 34 provinces, UNICEF supported 2,215 primary healthcare facilities providing the basic package of health services. In May, over three million people received out-patient consultations, including one million children under-five and 142,969 persons with disabilities. An additional 24 mobile health and nutrition teams (MHNTs) were deployed, extending services of these teams from 30 to all 34 provinces, operating in the most remote and hard-to-reach mountains which were previously inaccessible. There is now a total of 171 UNICEF-supported MHNTs in the country.

Trainings continued in May 2022 for over 180 primary health care officers, community health workers and midwives on coordination and management of community-based health care, integrated community case management, community-based nutrition counselling, integrated management of acute malnutrition, adolescent health/gender-based violence, and mental health and psychosocial support (MHPSS). Trainings for the private sector on the handbook on maternal and child health continued; trainings were completed in Ghor Province in May 2022. A total of 30 private health facilities in six provinces (Herat, Badghis, Ghor, Bamyan, Badakhshan and Uruzgan) are now trained to implement this handbook to

¹ <https://reliefweb.int/report/afghanistan/whole-afghanistan-assessment-woaa-key-sectoral-findings-october-2021>

improve services for women and children. Meanwhile, over 70,400 children under five were vaccinated against measles through routine immunization programmes.

Monitoring visits were conducted in 198 health facilities. Functional water sources were found in 86 per cent of visited health facilities. Gender sensitive toilets were found in 76 per cent of facilities, and immunization services were provided in 98 per cent of facilities. Action plans are being developed to address gaps.

Nutrition

In May 2022, a total of 951,344 children 6 to 59 months were screened for severe acute malnutrition, of which 45,838 (21,830 boys and 24,008 girls) were identified and treated. In addition, 102,740 caregivers were provided with counselling services through health facilities and mobile services across the country. With SAM treatment scaled-up and available at 2,390 health facilities across the country, the nutrition cluster agreed to use expanded criteria in areas with no services for moderate acute malnutrition (MAM). This approach aims to prevent further deterioration of the nutritional status of MAM children.

A total of 626 health workers were trained on integrated management of acute malnutrition (IMAM) in the central, eastern, northern, and southern regions in May. This training is ongoing and aims to train a total of 6,000 health workers by July 2022. Similarly, 610 health workers were trained on maternal infant and young child nutrition (MIYCN) across the country. A national vitamin A campaign was conducted the last week of May. Reports are continuing to arrive, and coverage data will be provided in the next situation report.

Child Protection, GBViE and PSEA

In May 2022, UNICEF reached 286,732 children and caregivers (84,048 boys, 87,879 girls, 53,818 men, and 60,987 women) with a range of child protection services including MHPSS, explosive ordnance and remnant of war risks education (EORE), and gender-based violence (GBV) response, risk mitigation, and prevention and case management services for extremely vulnerable children. A total of 244,968 children and caregivers (56 per cent girls and women) benefited from MHPSS services through structured activities and messaging. A total of 10,371 children (3,598 girls and 6,773 boys) benefited from case management services in all regions, including family tracing and reunification services for 1,779 unaccompanied and separated children (871 girls and 908 boys).

The risk of explosive ordnances continues to pose a significant danger to children as previously inaccessible locations continued to open, resulting in a high number of child casualties. UNICEF and partners reached 135,804 people (39,943 girls, 26,808 boys, 41,998 women, and 27,055 men) with explosive ordnance risk education (EORE) through radio message broadcasting and integration of EORE activities with polio campaigns. UNICEF reached 106,944 children and caregivers (50,602 girls, 19,194 boys, 35,344 women, and 1,804 men) with GBV risk mitigation activities. Furthermore, 34,024 children on the move (12,949 girls) received protective services through UNICEF-supported programmes. Households with vulnerable children (52 girls and 211 boys) received cash assistance as a part of case management services in the Central Region.

During the reporting period, 7,150 banners, posters, and cards on prevention of sexual exploitation and abuse (PSEA) were printed and distributed in all UNICEF field offices. These materials will be distributed to women and girls' safe spaces and community sites, enabling the community to access information and safe reporting channels. In Herat, PSEA awareness sessions were provided for child protection community committees in Shahrak Sabz Camp for internally displaced persons and for frontline health workers in Baba-e-Barq health facility. In Herat, Badghis, Nangarhar and Daikundi, UNICEF conducted PSEA prevention and mitigation training sessions for 120 staff in implementing partner organizations. These trainings were intended to improve partner awareness of PSEA communication with affected communities and to improve their understanding of PSEA reporting channels.

Education

UNICEF continues to advocate for the full reopening of secondary schools for girls. In May, 230,000 children were provided educational opportunities through 9,877 community-based education (CBE) classes supported by UNICEF and partners. UNICEF finalized 14 agreements with newly selected implementing partners to open 5,200 new CBE classes in 19 targeted provinces. This will increase the total number of CBEs to 386,000 by the end of August. Distribution of 5,919,058 textbooks is ongoing in seven provinces, which will benefit 758,312 grade 1-12 students in public schools (39 per cent girls). In Badghis Province, 8,890 textbooks were distributed to 296 CBE classes, benefiting 8,890 children. In addition, 21,962

teaching and learning materials (TLMs) were distributed nationwide across 505 CBEs (13,708 TLMs) and 1,000 public schools (8,254 TLMs), benefitting 179,880 children.

WASH

In May, 338,168 people gained access to safe water. UNICEF provided operation and maintenance (O&M) support to 223 water systems to ensure they continue operating safely. Hygiene promotion activities were conducted for 375,529 people, and 451,740 people were provided with critical WASH supplies. Over 55,200 people were supported with improved access to sanitation while 21,228 people benefited from solid waste removal. Seven health care facilities in Bamyan, Kandahar and Uruzgan – as well as 14 schools in Laghman and Kandahar – were supported with improved access to WASH facilities.

In response to the current AWD outbreak, UNICEF activated regional AWD task forces to coordinate localized, targeted responses. Under the AWD response, UNICEF reached 336,068 people with safe water, 215,150 people with AWD-specific hygiene promotion, and 432,140 people with critical WASH supplies. Flooding affected about 6,000 people in Faryab, Samangan and Jawzjan in the Northern Region and Herat in the Western Region. UNICEF participated in joint rapid assessments of affected populations and provided 4,500 people with emergency WASH supplies.

UNICEF supported water safety plan training to 119 staff from WASH cluster partners across 34 provinces. This training aims to improve support provided to rural communities to undertake O&M and ensure water supply systems provide safe water in the long-term. UNICEF also conducted a training on the Water and Sanitation for Health Facility Improvement Tool for 30 participants from UNICEF and relevant ministries. This tool will be used to identify and undertake WASH improvements in health care facilities.

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

In May, social mobilization and community engagement interventions were intensified to respond to the increased number of AWD cases. Social mobilizers and partners reached 243,750 people (36,122 girls and 39,037 boys; 61,570 women and 86,951 men). Key lifesaving messages included preventive messages on hand hygiene, use of latrines, and safe water handling. In addition, the SBC community network (3,333 religious leaders, 3,274 community health workers, and 1,564 other network members) engaged in 3,000 dialogue sessions with 45,872 people discussing AWD prevention. To maximise community engagement, sessions included discussions on COVID-19 prevention to generate demand for COVID-19 vaccines.

To enhance accountability to affected populations, UNICEF used two-way integrated community engagement, composed of various mechanisms and platforms supporting community feedback and inputs into programme design and delivery. In May, 4,067 people shared their concerns and provided feedback, including 696 young people (337 girls/359 boys), 565 displaced persons, 52 persons with disabilities, 1,384 men and 1,370 women. Most of the feedback came from Badghis and Ghazni and included concerns on unsafe drinking water, lack of medicine in healthcare facilities, non-availability of COVID-19 vaccines, and grievances related to unemployment, poverty, and food assistance services. Complaints and concerns on services provided through UNICEF interventions were addressed and communicated back.

Gender and Adolescent Development and Participation

In May, UNICEF and partners reached 20,461 (8,380 women, 4,596 men, 5,521 adolescent girls, 1,564 adolescent boys), as well as 100 members of men's and boys' networks, with targeted awareness raising sessions through community dialogues on GBV prevention and overall women and girls' protection. These awareness raising sessions were conducted in Daikundi, Kunduz, Ghazni, Balkh, Parwan, Kabul, Kandahar, and Herat Provinces. Through 68 women and girls' safe spaces (WGSS) in these provinces, 16,703 participants (6,566 women and 10,136 adolescents and youth) received lifesaving information on risk mitigation and integrated services as well as psychological first aid, psychosocial support, GBV case management, referrals to other services, life-skills, and livelihoods. 177 cases of GBV have been identified and supported. UNICEF distributed 579 dignity kits to women and adolescent girls in Parwan, Daikundi and Kandahar Provinces.

In May, in Helmand and Nimroz Provinces, UNICEF trained 30 male frontline workers on preventing violence against women and girls, including child marriage, as well as 100 religious leaders in Herat and Kandahar. A three-day refresher training was conducted for 90 community-based structure members (30 men and 60 women) in Kandahar, covering topics like addressing gender barriers that affect women's and girls' access to services, referral mechanisms and pathways. Two advocacy sessions were conducted for 40 participants (21 women and 19 men) on issues related to GBV and child rights in Herat City and Zenda Jan District, Herat Province. UNICEF also conducted learning sessions with women-led community-based organizations on gender and social norms and community outreach.

In Herat, Kandahar, Helmand, and Nimroz Provinces, 1,064 multi-purpose adolescent group (MAG) members received life skills training. Forty-one peer-to-peer and mentoring sessions were conducted for 2,364 in-school and out-of-school adolescents and youth (1,778 female and 586 male) in Herat. In PD6, PD10 and Bagrami of Kabul Province, 15 MAGs were newly established. UNICEF supported 14 radio programmes on child marriage, women's rights in Islam and GBV through local radio stations, reaching more than 10,000 community members in Herat, Kandahar, Helmand and Nimroz.

Social Protection and Humanitarian Cash Transfers (HCT)

In May, UNICEF's HCT programme continued to deliver cash transfers to households with pregnant and lactating women (PLW), female-headed households, and households with children with disabilities. In Nuristan Province, UNICEF and partners completed the final round of cash transfers, reaching a total of 13,956 households (101,878 people) across all districts. The post distribution monitoring (PDM) process began immediately after completion of cash distributions; results will be available in June. UNICEF and partners completed the third round of cash distribution in Daikundi Province, reaching 6,231 families with PLWs across three districts (Miramor, Kijran, Kiti), supporting PLWs to access antenatal care (ANC), institutional delivery, and post-natal care (PNC).

The final round of cash distribution also took place in Maidan Wardak Province across all districts. In this final round, UNICEF reached a total of 20,433 households. There were some delays delivering the second round of cash transfers in Logar Province, but following negotiations, cash distributions proceeded without compromising humanitarian principles or project objectives. As a result, UNICEF increased monitoring activities for remaining cash distributions in this round. Despite these delays and challenges, between 1-31 May UNICEF reached 13,136 households in Logar Province with cash transfers.

Humanitarian Leadership, Coordination and Strategy

The inter-cluster coordination team (ICCT) continued prioritization exercises and conducted a summer prioritization exercise to determine high priority districts with multi-sector needs. In the face of increasing needs, these prioritization exercises helped focus the response and ensure the humanitarian community responds to the most vulnerable populations. Both the Humanitarian Country Team and the ICCT took part in the Peer-to-Peer Review of the response in Afghanistan to determine if the response has a fit-for-purpose coordination architecture, and a review of response quality, particularly in protection and gender programming, AAP, inclusion of women; and PSEA. Findings will be available in June.

At the Humanitarian Country Team meeting held on 26 May 2022, the joint Health and WASH Cluster presentation highlighted the spread of AWD, with reported cases surpassing the monthly averages of the last three years. As part of the national SMART survey, experts were deployed to begin an 8-day SMART Survey Manager capacity building workshop and finalize the survey protocol. To improve infant and young child feeding in emergencies (IYCF-E) programming, the nutrition cluster hosted an IYCF-E advisor deployed by the Global Nutrition Cluster (GNC) Technical Alliance. The findings from field observations and consultations with partners at various contact points will inform a gap analysis and action planning for improved IYCF-E service delivery.

Cluster partners continued to face challenges delivering humanitarian aid, including challenges and delays with MoUs, and various decrees issued by the de-facto authorities. Whilst decrees were implemented to varying degrees across the country, there were notable barriers for female humanitarian workers as well as for women accessing services due to challenges with having a Mahram. UNICEF continues to advocate within the Humanitarian Country Team and with these ministries to ensure the humanitarian response can be delivered in a principled manner.

External Media, Statements & Human Interest Stories

EXTERNAL MEDIA

- [Tolnews: UNICEF, Schools Should Be Havens of Protection and Peace](#)
- [Daily Hunt: UNICEF distributes cash to over 6,000 families in Daikundi province](#)
- [Ariana News: UNICEF confirms death of 20 children in Khost and Kunar airstrikes](#)

STATEMENTS AND PRESS RELEASES

- [Statement attributable to the Spokesperson for the Secretary-General - on Afghanistan](#)
- [Press release: UNICEF Child Alert on severe wasting \(global report with an Afghanistan feature\)](#)

- [Press release: Japan contributes US\\$ 10.4 million to UNICEF Afghanistan for administration of essential vaccines](#)

HUMAN-INTEREST STORIES

- [Child protection: To the border and back again](#)
- [UNICEF Blog: Afghanistan diaries](#)

SOCIAL MEDIA

- [UN Secretary-General condemns grave violations against children in Afghanistan](#)
- [UNICEF Executive Director meets with US to reaffirm support for children in Afghanistan](#)
- [UNICEF Deputy Executive Director visits Afghanistan](#)
- [Global Child Alert on severe wasting](#)
- [UNICEF Afghanistan Representative on ending grave violations against children](#)

Next SitRep: 15 July 2022

UNICEF Afghanistan Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

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Annex A

Summary of Programme Results

Sector	Total needs	UNICEF and IPs Response			Cluster/Sector Response		
		2022* target	Total results	Change ▲ ▼	2022 target	Total results	Change ▲ ▼
Health							
Number of children aged 6 to 59 months vaccinated against measles	9,790,030	10,465,896	2,005,703	70,477			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	13,293,442	3,002,343			
Nutrition							
Number of children 6-59 months with SAM admitted for treatment.	1,078,804	1,078,804	192,311	45,838	539,402	192,311	45,838
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	420,764	102,740	2,136,438	420,764	102,740
Number of children aged 6-59 months who received vitamin A supplements in semester one ²	6,759,823	5,407,859	51,690	9,868	5,407,859	51,690	9,868
Number of children aged 6-59 months who received MNP ³	2,959,419	2,959,419	-	-	1,602,628	-	-
Child Protection							
Number of children and caregivers accessing mental health and psychosocial support	4,460,000	4,237,000	514,344	244,968	1,370,000	578,192	245,671
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	8,099	1,779	14,000	8,278	1,779

² Emergency campaign to be launched in May

³ MNP supplies expected to arrive in May according to plan

Number of girls and boys who have suffered from grave child rights violations (including former CAAFAG & children in detention) benefitted from social and economic reintegration and life skill assistance.	43,800	41,610	74	0	13,500	201	0
Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions		63,590	282,948	106,944		-	-
Number of children and adults accessing explosive weapons-related risk education		1,000,000	214,237	135,804		-	-
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA		1,000,000	152,266	133,343			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	646	110			
Education							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	3,293,128	229,911	1,500,000	412,080	38,544
Number of female and male teachers receiving incentives (salaries) as a stop gap measure in CBEs and public schools (6 months)	203,870	203,870	194,100	189,696 ⁴	37,500	13,250	934
Number of teachers male/ female trained (in-service/pre-service)	37,500	101,935	10,326	1,230	15,326	5636	0
WASH							
Number of people (M/F) accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene	15,302,274	11,537,160	2,881,350	338,168	10,429,585	2,384,367	770,360
Number of people gain access to gender and disability-sensitive sanitation facilities	8,503,812	7,478,621	365,945	55,279	898,513	335,160	0
Number of people (M/F) reached with hand-washing behavior change programmes	15,302,274	11,537,160	1,269,159	375,529	10,429,585	2,704,373	1,269,159
Number of people (disaggregated by sex & age) reached with critical WASH supplies	9,695,738	9,210,951	1,331,878	451,740	3,942,068	2,040,910	1,331,878
HCT/Social Policy							
Number of households reached with UNICEF-funded humanitarian cash transfers		160,000	99,327 ⁵	9,311			
SBC/AAP							
Number of people (disaggregated by age & sex) who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		20,000	27,164	4,067			
Number of people reached with key behavior change messages and lifesaving information on humanitarian situations and outbreaks (disaggregated by age, sex)		7,000,000	803,323	243,750			
Gender, Youth, and Adolescent Development							
Number of women and girls accessing Safe spaces		9,400	92,614	16,702			
Number of people who participate in group education/dialogue sessions on consequences of and alternatives to child marriage, the rights of adolescent girls, and gender equality		1,000,000	120,530	22,580			
Number of adolescents (girls and boys) who actively participated in life skills or comprehensive sexuality education interventions to address child marriage		120,000	24,230	3,428			

Annex B

⁴ This figure is not cumulative, it reflects the total number of teachers.

⁵ only includes unique households; counting households that have been reached with multiple rounds of cash transfers in 2022 only once.

Funding Status

Appeal Sector	2022 HAC Requirements (US\$)	Funds available		2022 Funding Gap	
		Humanitarian resources received in 2022	Resources available from 2021 (carry-over)	\$	%
Nutrition	204,095,521	23,443,189	16,415,409	164,236,923	80.47%
Health	334,457,872	87,465,846	102,985,464	144,006,562	43.06%
WASH	768,889,756	27,851,645	20,324,488	720,713,623	93.73%
Child protection, GBViE and PSEA	71,920,805	10,048,642	8,921,048	52,951,115	73.62%
Education	440,853,967	163,932,387	27,879,531	249,042,049	56.49%
Social Protection/HCT	208,504,821	5,036,791	21,796,912	181,671,118	87.13%
Adolescents/Youth/ Gender	3,853,594	2,178,762	991,150	683,682	17.74%
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	8,948,533	5,496,697	0	0
Program Management Unit	8,500,000	6,903,522	1,596,478	0	0.00%
Total	2,047,724,710	335,809,317	206,407,177	1,513,305,071	73.90%