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Reporting Period: 1 January – 30 June 2022

# Afghanistan

## Humanitarian Situation Report

### Report # 7

#### 1 January -30 June 2022



## Highlights

- During the first half of the year, UNICEF scaled up its humanitarian response in the face of increasing needs and a complex operational environment. The country experienced worsening disease outbreaks, economic decline, acute food insecurity, and devastating natural disasters.
- Since January, 246,946 children have received life-saving treatment for severe acute malnutrition (SAM) following the screening of more than 6.5 million children.
- UNICEF has provided cash transfers for almost 100,000 households in the first half of 2022, distributing more than US\$20M directly to families.
- More than 1.2 million people were reached with safe water (including temporary emergency water provision) to contain acute watery diarrhoea (AWD) and other outbreaks.
- On 22 June, a 5.9 magnitude earthquake struck Afghanistan in Paktika and Khost Provinces leading to wide-scale destruction. UNICEF rapidly responded with life-saving health care through MHNTs and prepositioned WASH supplies – including hygiene kits, soap bars, and water treatment tablets.

## Situation in numbers



**24.4 M**

People in need of humanitarian assistance (HNO 2022)



**13.1 M**

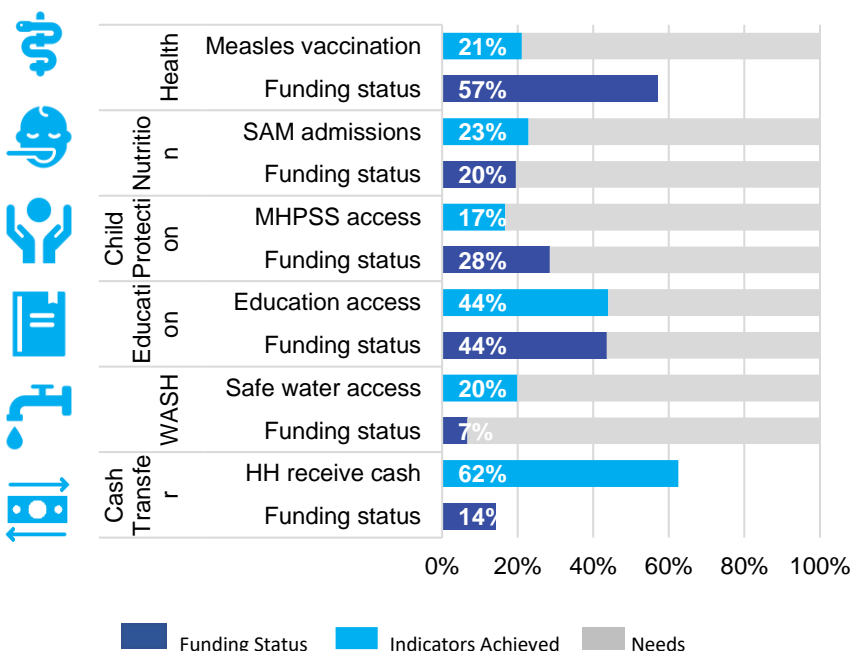
children in need of humanitarian assistance (HNO 2022)



**1.1 M**

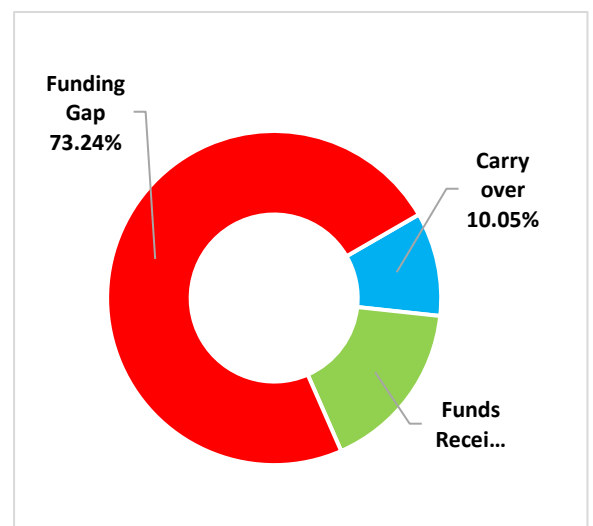
Severely acutely malnourished children under the age of five years expected to need treatment (HRP 2022)

## 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 27 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 Afghanistan Humanitarian Fund (AHF), the State of Kuwait, the Government of Belgium, and the UNICEF's family of National Committees for contributions received in June. 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

The humanitarian situation in Afghanistan remains dire. In addition to the ongoing economic crisis, raptures in basic services, and high food insecurity, natural disasters such as floods, drought and earthquakes have had a devastating impact on the lives of many Afghans, particularly children and women, compounding existing vulnerabilities.

On 22 June, a 5.9 magnitude earthquake struck south-eastern Afghanistan centred around Paktika and Khost Provinces. Barmal and Gayan districts in Paktika Province as well as Spera in Khost province were the most impacted. At the time of reporting, the death toll was 1,036 with 2,949 injured (Health Cluster and MoPH). UNICEF and partners confirmed 230 children were killed (117 girls and 113 boys) and 591 children were amongst the wounded, while 136 children were orphaned, (58 of them lost both parents). UNICEF supported social workers and counsellors found that most of the children were traumatized and needed psychosocial support to cope with the loss they experienced. It is estimated that at least 70% of the houses in the high impact areas (MMI V+) had been damaged or destroyed, leaving many without shelter and sleeping in the open, and vulnerable to weather, health, protection, and other hazards.

The earthquake led to wide-scale destruction in already vulnerable districts. The earthquake affected areas, cut off for decades from development and humanitarian assistance, were already "hotspots" for crisis levels of food insecurity and acute malnutrition with extremely low levels of hygiene/sanitation awareness and limited to no health facilities or schools. A rapid spread of Acute Watery Diarrhoea (AWD) had already been reported across most of the affected districts even before the earthquake.

During the first six months of 2022, outbreaks of measles and AWD/Cholera were reported across the country. Contaminated water and poor levels of hygiene awareness and sanitation has led to the surge in cases of AWD throughout the country. Measles cases have been reported in all provinces, with the highest rates occurring in Paktia, Balkh, Kunduz, Zabul, Kandahar, and Logar.<sup>1</sup> As of 25 June, 58,006 measles cases and 342 deaths have been reported since the beginning of the year. The AWD/cholera outbreak worsened in the first half of the year with the number of affected districts increasing significantly across the country by the end of June. Since the outbreak was first reported in Sorobi district in Kabul province by the National Disease Surveillance and Response System (NDSR), Ministry of Public Health and WHO in September 2021 it has since spread to 25 districts in Kabul, Kapisa, Zabul, Kandahar, Laghman, Jawzjan, Ghazni and Paktika provinces. From September 2021 to June 2022, 11,952 AWD cases and 19 deaths have been reported (6.7% children under 5 years).<sup>2</sup>

High acute food insecurity persists across Afghanistan, as a combination of a collapsing economy and drought is depriving nearly 20 million Afghans of food, in areas classified as Integrated Phase Classification (IPC) phase 3 (Crisis) or 4 (Emergency), between March and May 2022 (the lean season). Among these, about 6.6 million people are classified in Emergency (IPC Phase 4) which is characterized by large food gaps and/or employing emergency coping strategies to access food. For the first time since the introduction of IPC in Afghanistan, Catastrophe conditions (IPC Phase 5) were detected for 20,000 people in Ghor province, one of the most remote, vulnerable provinces of Afghanistan. Between June and November 2022, it is expected that the harvest will allow a minimal improvement in food availability and access, with the number of people in IPC phase 3 and above reducing from 19.7 million people to 18.9 million. Overall, 13 million will likely be in Crisis (IPC Phase 3) and 6 million in Emergency (IPC Phase 4). For nearly nine months, over 90 percent of the population have faced insufficient food consumption. Despite marginal improvements, coinciding with further humanitarian food assistance and the end of winter, Afghanistan still faces the highest prevalence of insufficient food consumption globally. A concerning number of people are still turning to drastic coping strategies with female-headed

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<sup>1</sup> <https://wwwnc.cdc.gov/travel/notices/watch/measles>

<sup>2</sup> Afghanistan INFECTIOUS DISEASE OUTBREAKS SITUATION REPORT | Epidemiological week #25, WHO

households still largely relying on coping strategies (87 percent), with no clear trend of improvement for nearly nine months.<sup>3</sup>

During the 2021-2022 winter season, the snowfall has remained low, which is likely to further exacerbate the drought situation in the new agricultural year. The United Nations Convention to Combat Desertification (UNCCD) has listed Afghanistan among 23 countries facing drought emergencies over the past two years (2020-2022).<sup>4</sup> Heavy and unseasonal rainfall across large parts of Afghanistan caused flash flooding events directly affecting an estimated 3,400 people. As a result, 13 people were reported to have died, around 1,270 houses were either destroyed or damaged. On 22 June 2022, flash flooding occurred in Kunar, Laghman and Nangarhar provinces located in the eastern region of Afghanistan killing around 19 people. Around 1,288 people (728 in Kunar, 175 in Laghman and 385 in Nangarhar province) were affected and 356 houses were damaged or destroyed (188 in Kunar, 52 in Laghman and 116 in Nangarhar).<sup>5</sup>

At the time of reporting, 7,420 individuals (58% children) were displaced between April and June 2022 due to conflict. A total of 3 out of 34 provinces (Baghlan, Parwan and Panjsher) had recorded some level of conflict induced forced displacement<sup>6</sup>. However, constrained humanitarian access is hindering assessments, preventing verification of the full extent of displacement. The displacement figures are small compared to last year when more than 700,000 Afghans were newly displaced inside the country; reflecting a more permissive security environment in 2022. In addition to this, close to 449,500 people have returned from neighbouring countries to Afghanistan so far this year including 408,100 from Iran, and 41,400 from Pakistan, while a small number also returned from Europe.

Children in Afghanistan continue to face violence and grave rights violations. Between Jan-June 2022, the Country Task Force on Monitoring and Reporting (CTFMR) verified 636 violations affecting 489 children (380 boys, 78 girls and 31 of unknown sex) and including 56 attacks on schools, 11 attacks on hospitals and 80 incidents of denial of humanitarian access. Killing and Maiming remain the highest number amongst other violations constituting 94% of the total violations which are mostly affecting boys (76%). However, the main cause of child casualties remains IEDs and UXO explosions. Lack of resources to provide victims with immediate life saving assistance including medical assistance remains an issue. Unidentified perpetrators and the de facto authorities (DFA) remain the preparators with the highest number of violations committed.

## Summary Analysis of Programme Response

### Health

UNICEF continued to support health service delivery through Non-Governmental Organizations partners that covered all 34 provinces across Afghanistan as part of the *Sehatmandi* project. UNICEF and partners supported 2,214 health facilities and 171 Mobile Health and Nutrition Teams (MHNT) at the primary health care level that provided basic packages of health services across the country. From January-June, 17.3 million people were provided out-patient care. UNICEF extenders and staff conducted monitoring visits to 520 health facilities to assess the functionality of the facilities. In 98 percent of the visited health facilities, functional Maternal and Child Health services were existing/functional, while immunization services were being provided in 96 percent of the facilities.

Delayed issuance of quality certification of medicines from Afghanistan Drug Authority (AFDA) continues to lead to delays in getting supplies to the MHNTs. However, in June, to fill the existing gap/shortage of medicines in some MHNTs, Integrated Emergency Health Kits were dispatched to 28 MHNTs. In addition, UNICEF also dispatched AFDA cleared medicines for MHNTs to all field offices.

Following the measles vaccination campaign which was conducted in 49 districts in March 2022, UNICEF is in discussion with MoPH and WHO to extend the campaign to the entire country. Meanwhile, over 63,990 children under-five were vaccinated against measles across the country in June 2022 through the routine immunization programme. COVID-19 vaccination service delivery is also ongoing at the health facilities with 90,930 people fully vaccinated in June 2022. The community-based outreach campaign for COVID-19 vaccination has been agreed by MoPH. The campaign is likely to begin in all 34 provinces after Eid in late July.

<sup>3</sup> WFP Afghanistan: Situation Report 23 June 2022 - Afghanistan

<sup>4</sup> <https://pajhwok.com/2022/05/15/un-lists-afghanistan-among-drought-hit-countries/>

<sup>5</sup> <https://reliefweb.int/disaster/ff-2022-000209-afg>

<sup>6</sup> <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>



The number of AWD cases worsened in June 2022 - in response, UNICEF set up Integrated Emergency Response Teams (IERTS) in hot-spot locations, established 1,209 Oral Rehydration Points in health facilities to enable treatment of AWD. More than 780 AWD treatment kits have been distributed to provinces by UNICEF.

In June in response to the earthquake, UNICEF provided emergency medical care and life saving nutrition services through 12 health centers and seven mobile health and nutrition teams (MHNT) in Paktika and Khost provinces. More than 4,790 people were treated for injuries and trauma on an out-patient basis, 301 patients were admitted, treated, and discharged, while 187 critical patients were referred to provincial hospitals. The MHNTs treated 1,318 cases of injuries and trauma during their visits to remote villages and referred three critical cases to provincial hospitals. The teams from the health centers and MHNTs have conducted 2,680 individual and group counselling sessions thus providing psychological first aid. UNICEF also delivered more than 30 metric tons of medical supplies to the affected areas. Four health extenders were deployed to the earthquake affected districts to enhance the technical and operational support for health interventions on the ground. In addition, UNICEF deployed a AWD / Cholera Consultant to bolster its preparedness and response to AWD.



## Nutrition

Since January, 246,946 children under five received life-saving treatment for Severe acute malnutrition (SAM) out of 6,500,000 children who were screened for wasting. The number of severely wasted children identified and treated continues to rise on a monthly basis with a 20% increase from May to June – reflecting the increased scale-up of treatment services. In June, a total of 951,344 children aged 6 to 59 months were screened for wasting of which 54,635 children were treated for SAM. Almost half of the hospital admissions for SAM were for children under six months of age. Southern Region remains the area with the most cases relative to the under-five population and service scale-up remains a priority.

Overall, 2,445 sites are operating nutrition counselling and treatment services an increase from 1,000 since January. In June, an additional 55 health facilities had SAM treatment services added across the country, including 12 private clinics. UNICEF continues to expand services to other agency platforms with 63 UNFPA-funded family health house (FHH) sites in South and West region receiving supplies and training, with a further scale up being planned.

Since the start of the year, 497,640 women received Infant Young Child Feeding counselling services. In June, 76,876 caregivers were provided with counselling services through health facilities and mobile services across the country, showing improvements month on month. With the World Bank Health Emergency Response funding in place, UNICEF expects to recruit an additional 500 nutrition counsellors to the current cadre of 2,173, this is expected to increase the number of counselling sessions during the last half of the year.

Urban scale-up activities, including construction of new OPD and day care sites, remain a challenge to initiate. Engineering studies are underway, with UNICEF oversight, but quality of external partners is weak and there is need for further capacity building. Similarly, hiring of additional staff for hospitals where new facilities are not funded by UNICEF are slow to finalize.

UNICEF and Nutrition cluster partners agreed to initiate a full national scale-up of a simplified treatment protocol and are finalizing expanded admission criteria protocols nationally for treatment of SAM children in the country. This will allow for more efficient use of supplies and will be rolled out in July/August; the number of wasted children reached will increase as these activities are scaled-up.

UNICEF conducted five Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys in January and four in March with another four underway. SMART survey data analysis for four provinces (Ghor, Herat, Badghis and Faryab) was finalized and the results show that Ghor is above emergency levels of global acute malnutrition (GAM), Badghis is slightly below emergency levels, and Herat and Faryab do not show critical levels. This is in line with GAM rates from the January urban SMART survey which also showed urgent problems in Kandahar city with other urban areas at non-emergency levels. MoPH has halted further provincial data collection in June for all agencies/partners, so the

remaining four provinces are on hold along with all health field studies. Negotiations to re-initiate the surveys are underway at all levels of UN.

Multiple micronutrient supplements (MMS) and Multiple Micronutrient Powders (MNP) programs are in place in seven provinces since January (with plans for 20 additional provinces in 2022.) Community delivery of Iron/folic Acid (IFA) to adolescent girls is being implemented in two provinces, plans are underway to scale up to 21 over the next months, and in-school programs will resume when feasible. Over 650 social mobilizers who are being provided financial support by the nutrition sector are being trained to raise awareness on key integrated messages. Community Health Workers (CHWs) will be incentivized in 19 provinces and trained to treat SAM in communities using a phased approach during the fall season.

A national vitamin A distribution campaign took place during the reporting period however the results were not yet available by the time of publishing the report.

### **Child Protection, GBViE and PSEA**

Since January, 1.3 million children and their caregivers (47 percent girls and women) including 6,928 persons with disabilities were reached with a range of urgent child protection services including Mental Health and Psychosocial Support (MHPSS) services, of these 486,318 (49% of the target) were reached with explosive ordnance risk education (EORE), 8,812 unaccompanied and separated children were reunified with their parents or provided family based or alternative care and 292,001 women and girls benefitted from Gender Based Violence (GBV) Prevention, risk mitigation and response.

In June, UNICEF continued to scale up by reaching 505,685 children and caregivers (115,861 boys, 95,429 girls, 175,860 men, and 118,535 women including persons with disabilities) with a range of child protection services. The reach in June demonstrates a positive trajectory as the results achieved in June constitutes 39 percent of the total reached for the past six months. Of the total reached, 229,479 children and caregivers (46 percent girls and women) benefitted from mental health and psychosocial support (MHPSS) services and messaging, 9,053 children and caregivers (3,619 girls, 1,504 boys, 2,556 women, and 1,374 men including persons with disabilities) with GBV response, risk mitigation and prevention activities and 272,081 people (30,443 girls, 41,456 boys, 78,442 women, and 121,740 men) including persons with disabilities) received explosive ordnance risk education (EORE) messages to reduce the risk of injuries and death and this was achieved through programme integration with other sectors, including Polio. The risk of explosive ordnances continues to pose significant danger to children due to several risks' factors, including access to previously inaccessible areas. Additionally, 10,928 children on the move (4,664 girls) received protective services through UNICEF-supported programs and 200 community members and adolescents (120 females) participated in community dialogue.

As part of the earthquake response, UNICEF and partners established 10 child friendly spaces (CFS) (5 in Gyan and 5 in Barmal districts) where 1,021 children (682 boys and 393 girls) including 73 orphaned children are receiving recreational and psycho-social support. UNICEF is in the process of setting up two CFS in Spera, Khost Province. In the affected areas, 640 vulnerable children are receiving case management and regular follow-up by trained social workers to reduce their vulnerability and ensure access to different services that are available in the area.

During the month of June, the Country Task Force on Monitoring and Reporting (CTFMR) verified 140 violations affecting 131 children (122 boys and nine girls). Recruitment and use and killing and maiming remain the highest number constituting 93% of the total violations of which the majority affected are boys (93%). The de facto authorities remain the preparator with the highest number of violations committed.

UNICEF continues to invest in the capacity building of front-line workers to deliver critical Child Protection, GBV services and monitoring of grave child rights violations. Fifty-six case workers were trained on GBV case management and confidential safe documentation and data storage as a way of strengthening their capacity to safely respond to GBV survivors, and the CTFMR provided a training on monitoring and reporting mechanisms (MRM) standards to 86 frontline workers (11 female, 75 male) in the five regions of the country.

UNICEF is committed to reducing the risk of harm, protecting vulnerable populations, and responding to instances of sexual exploitation and abuse. UNICEF continues to work with partners to build their capacity around protection of sexual exploitation and abuse (PSEA) by strengthening deterrence and response mechanisms and ensuring that PSEA indicators

are well incorporated in humanitarian programme documents (HPDs). During the month of June, the PSEA team led a session on PSEA for 25 UNICEF staff and 40 UNICEF partner organizations in Khandahar province. In addition, awareness-raising on PSEA prevention, sexual exploitation, and abuse (SEA) reporting channels, and available services for the SEA victims were also discussed. During the reporting period, a session on sexual harassment, harassment, discrimination, and abuse of authority was also attended by 60 UNICEF staff.

Reporting hotlines have been improved with a dedicated female staff operating the PSEA hotline number. Gender and Adolescents specialist staff and the PSEA team continued to work with the different sections within UNICEF to ensure that PSEA messages were integrated into the distribution process. As a result, translated leaflets with pictorial messages were included in dignity kits, cash distribution, and most recently, the earthquake response. In addition, partners were capacitated and provided with a PSEA checklist, tip sheet, PSEA technical note and FAQs, and PSEA indicators enabling partners to mainstream and prevent PSEA in the current operational context.

## Education

At the time of reporting, secondary school girls were still unable to attend school. Although different statements from the de facto authorities indicate that the decision on girl's education will be reversed, an official announcement providing clarity under what conditions this will happen is still pending. The restriction affects an estimated 1.1 million adolescent girls, as well as future generations of girls. Despite the restriction, secondary schools remain open for girls in nine provinces- in five provinces secondary schools were fully open for girls, while in four provinces schools in some districts were open while in others, they remained closed. UNICEF continues to monitor the situation on the ground through staff and extenders and partners.

From January to June 2022, around 283,000 children (55% girls) were provided education opportunities through 9,887 community-based education (CBE) classes supported by UNICEF and implementing partners. Partnership arrangements are being finalized with new and existing implementing partners to open an additional 5,200 new CBE classes in 19 targeted provinces. In 2022, UNICEF programme expanded in support of the education of children in public schools. From January to June, UNICEF distributed teaching and learning materials (TLMs), reaching most grade one to five students in public schools. The distribution of 37 million textbooks, benefitting all grade 1 to 12 students in public schools (39% girls) is currently underway. So far, UNICEF has supported 997,591 students in CBEs and public schools with teaching and learning materials (TLMs), and 1,336 students in CBEs and public schools with textbooks.

Through the emergency cash support programme (US\$100/month) for public school teachers, UNICEF has supported the payment of 191,102 public school teachers (33% female) in the last six months, reaching 99 percent of the 192,979 identified eligible teachers. Through a survey for post payment verification of emergency cash payments, 93 percent of teachers (based on a representative sample) responded that they were either strongly satisfied (70%) or satisfied (23%) with the emergency payment from UNICEF. At the end of June, key messages on UNICEF's emergency cash for public school teachers were distributed to inform teachers about the payments and to support the redress of grievances. In the last six months, UNICEF also supported the training of 10,670 CBE teachers, which includes teacher training for 376 female teachers in the Eastern, Western and Central Regions, through the Girls' Access to Teacher Education (GATE) programme.

Following the earthquake, UNICEF worked with the Provincial Education Department (PED) to complete an assessment of all affected education institutions. Supplies, including TLMs, for 5,000 students are currently being distributed and expected to be completed in the first week of July. Back-to-school leaflets have been printed and distributed to raise awareness. In addition, 140 CBE classes will be set up in Paktika and Khost provinces, which were the most underserved areas in the region.

## WASH

Since the beginning of the year more than 3 million people access safe drinking water. In June, more than 166,000 people were reached with safe water of which, 41,379 people were reached with durable solutions through five solarised water systems and one diesel water system, while more than 1.14 million people were reached with temporary emergency water provision (through chlorination and water trucking) in response to the high rates of AWD. Over 31,500 people were reached through operational support, such as fuel, to water systems in Farah province.

Across the country, 432,338 people were reached with AWD/Cholera specific hygiene promotion<sup>7</sup> including an estimated 12,000 people at Torkham border crossing and 7,140 IDPs in Farah. As part of the drought response and in an effort to prevent further spread of AWD, over 1.41 million people were supported with critical WASH supplies including 6,195 drought affected people in Zabul and Nimroz and 11,165 IDPs in Farah. More than 35,355 people were reached with new latrines, while 51,184 people were supported with improvements of existing latrines.

Eight Basic Health Centres (BHC), 3 Comprehensive Health Centres and 1 Health Sub Centre (HSC)-were provided with solar boreholes and 11 handwashing stations, 8 new latrines and 39 rehabilitated latrines and 5 incinerators in Zabul, Kandahar, Farah and Balkh. While 229 health care facilities (HCF) received chlorine and sprayers and 28 HCF workers were trained on preparation of disinfectants and IPC measures.

Nine schools in Farah were supported with new solarized water systems, 12 new toilets and the rehabilitation of 92 toilets to improve the availability of safe water and sanitation for 10,798 students and 309 teachers, while 64,641 students and teachers benefited from maintenance support to 268 latrines in Herat. In Nuristan and Kunar provinces, two schools were provided with new gravity water systems, the rehabilitation of six latrines and two new handwashing stations for 835 students and 17 teachers. 223 school staff were also trained on WASH operation and maintenance including disinfection of WASH facilities.

In response to the earthquake, UNICEF immediately distributed prepositioned lifesaving WASH supplies including 200 hygiene kits, 100 buckets, 50,000 soap bars, 2,000 hygiene promotion leaflets and 10,000 aquatabs for 25,000 people in Gayan and Bermal, the two most affected districts in Paktika province, which also have positive cases of AWD/cholera. Pre-existing coverage of safe water and sanitation in the area is extremely low, having been a previously hard to reach area. The areas are bordering with Pakistan hence there is a high potential for cholera to spread from Pakistan to vulnerable earthquake affected communities in Paktika and Khost Provinces. UNICEF is following up the initial rapid response with emergency water trucking, sanitation, hygiene promotion and the provision of hygiene supplies to the most affected 362,000 people targeted by the WASH cluster as well as a blanket distribution of WASH supplies to 2 million earthquake affected people at increased risk of AWD/Cholera in Paktika, Paktia, and Khost Provinces.

UNICEF has seen a significant scale up of emergency WASH activities compared to previous years in response to the multiple crises affecting the population and this has largely been achieved through temporary emergency solutions such as the provision of household water treatment products, soap, and hygiene kits. To increase the reach with supplies, UNICEF has become a Core Pipeline Supply Hub partner, able to provide lifesaving WASH supplies to any WASH Cluster partner for a more timely and effective response. Since the start of the year, UNICEF has scaled up its internal WASH capacity across the five field offices to support the increasing WASH needs across the country. However, the change in leadership seriously limited UNICEF's implementation options for WASH activities through the government. Due to the greater needs but reduced implementing capacity, UNICEF has worked to identify new partners through the private sector and Community Development Councils (CDCs).

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

From January to June 2022, more than 9.2 million people were reached with key lifesaving messages on COVID-19, Acute Watery Diarrhea (AWD), Nutrition, Hygiene, Education, Child Protection, and other Public Health emergencies through National Media campaigns, distribution of IEC materials, partners, social mobilizers, and community networks.

In June 489,390 people were reached through community engagement and social mobilization interventions on COVID-19 Vaccination, hygiene promotion particularly hand washing, prevention of open defecation, safe water handling, nutrition, promotion of breastfeeding, and Infant and Young Child Feeding in Emergencies (IYCF-E) and Mental Health Psychosocial Support.



UNICEF undertaking hygiene promotion in Khund village in Bermal, district, Paktika. June 2022.

<sup>7</sup> 209,688 reached through SBC activities



To enhance Accountability to the Affected Population, various channels (Social Mobilizers, Information Feedback centre, community structures, partners) were used to collect different social groups' feedback and concerns on the design and delivery of programs with 40,180 people providing feedback since January 2022. The received complaints and feedback were addressed by the provision of accurate and timely information and referring to the relevant sections.

In June 2022, around 171,699 people (25,331 girls, 35,625 boys, 50,667 women and 60,076 men) and 909 people with disability and 2,193 IDPs were engaged through 5,012 sessions conducted by social mobilizers and partners in various community structures. The communities received key lifesaving messages on WASH, Health, AWD, COVID-19, Nutrition, and other public health emergencies, as well as safety measures to take during earthquakes. The sessions on AWD/Cholera included messages on handling drinking water safely, treating drinking water at home, using water treatment tablets, avoiding open defecation, and practicing hygiene in their daily lives. The sessions about nutrition addressed Severe Acute Malnutrition (SAM) Service uptake, promotion of breastfeeding, and IYCF-E key messages. A total of 10,557 community structures/networks were reached including religious leaders, nutrition counsellors, Community-Led Total Sanitation (CLTS) teams, polio eradication networks, youth, and Community Health Workers.

During the response to the earthquake in Paktika, UNICEF in partnership with Swedish Committee for Afghanistan (SCA) set up a mobile team to create a space for the affected communities to report their concerns. Around 130 people shared their feedback and concern to the mobile IFC teams in Paktika province in Geyan and Barmal Districts. The main areas of concern were related to lack of access to safe drinking water, increased number of diarrhoea cases, limited access to schools, requests for additional hygiene kits and provision of more tents in the affected areas, as well as shelters during the upcoming winter. In response to the feedback UNICEF is working with partners to insure more informed response to the needs of people in the earthquake zone.

### **Gender and Adolescent Development and Participation**

From January to June 2022, 102,422 women and girls received lifesaving information on risk mitigation and integrated services as well as psychological first aid, psychosocial support, GBV case management, referrals, life-skills and livelihood training through 73 Women and Girls' Safe Spaces (WGSS) in 15 provinces. UNICEF, through implementing partners, conducted awareness raising sessions with 152,275 key community influencers, women, girls, and their families on safety and reducing vulnerability of women and girls as they access basic services.

In June, UNICEF and partners reached 31,745 people (16,247 women, 5,435 men, 8,180 adolescent girls, 1,883 adolescent boys) with targeted awareness raising sessions through community dialogues on GBV prevention and overall women and girls' protection in Daikundi, Kunduz, Ghazni, Balkh, Parwan, Kabul, Kandahar, Herat, Laghman and Nuristan provinces. UNICEF distributed dignity kits to 1,002 vulnerable women and girls (748 women, 254 girls) in Daikundi, Parwan and Paktia provinces to support them with their personal hygiene together with awareness raising sessions. Four new Women and Girls Safe Spaces (WGSS) were established in Gardiz and Laghman provinces. Through 73 WGSS, 9,808 women and girls received lifesaving information and integrated services and trainings on life-skills and livelihoods. Through these centres, 767 cases (642 women and 125 adolescent girls) including GBV, anxiety, stress and depression were registered and supported in Parwan, Daikundi, Ghazni, Kunduz, Balkh, Kabul, Herat, Paktia, Laghman and Nuristan provinces. Some of these cases were referred to Child Protection Action Network (CPAN) and health clinics for medical treatment.

In Herat, Farah, Kandahar and Paktika provinces, 1,977 adolescents (including 1,567 girls) received life skills training that focused on building their agency and empowerment. Peer-to-peer and mentoring sessions were conducted for 2,072 in-school and out-of-school adolescents and youth (1,645 females and 427 males) in Herat and Kabul. In June, a Training of Trainers (TOT) on life skills was conducted in Kabul reaching 23 participants (15 women and 8 men) from eight women-led partner organizations from 10 provinces. The ToT aimed to improve service delivery and strengthen women leadership.

In June a total of 19 men and boys' networks were established in Daikundi, Kunduz, Parwan, Balkh and Ghazni provinces to promote positive parenting and positive masculinity, and to facilitate access to critical life-saving services for women and girls as well as to contest negative gender norms in the targeted locations. 322 frontline workers (203 men 119 women) were trained on planning, implementation, coordination, monitoring for the prevention and mitigation of GBV, case management, PSEA and youth and adolescent friendly services. UNICEF supported airing of 5 radio programmes on child marriages, women's rights in Islam and GBV through local radio stations reaching around 68,000 people in Herat and Kandahar.



## Social Protection and Humanitarian Cash Transfers (HCT)

In the period January to June 2022 UNICEF delivered Humanitarian Cash Transfers (HCT) to 99,957 unique households in Daikundi, Badghis, Nuristan, Logar, Wardak and Samangan provinces, through multi-sectoral and sector specific cash programmes. During this period, UNICEF distributed over US\$ 20 million (in Afghani equivalent) directly to households, targeting female headed households, households with Pregnant and Lactating Women (PLW) and households with children with disabilities. Post Distribution Monitoring (PDM) data showed positive results, with households reporting their three main categories of expenditure being food, medical expenses, and winter clothing and shoes for children. Out of all respondents in various locations, 98% of the households felt safe when spending their cash transfer in the market, and 87% reported that access to markets was 'easy' or 'very easy'. PDM findings are regularly analyzed to continue to improve programme delivery and design, and support further scale up of HCT programme interventions in the second half 2022.

In June 2022, UNICEF started a second round of cash distributions in Badghis province, targeting more than 30,000 households with Multi-Purpose Cash Assistance (MPCA). In Muqur district of Badghis province, distributions to 1,661 households were completed, with distributions in several other districts ongoing. Round two distributions will finish in July 2022. In Logar province, distributions for round two of the Humanitarian Cash Transfer (HCT) response were completed after initial delays, with 5,877 households (<42,000 persons) receiving their round-two cash transfer. This makes the total number of households reached in Logar province 19,014 (>138,000 persons).

In response to the earthquake, UNICEF carried out a rapid market assessment in Spera district, in Khost province. Assessments identified cash as one of the preferred assistance modalities by affected populations, supporting immediate humanitarian needs and household recovery, ahead of the harsh winter. Within a week of the earthquake, UNICEF identified a partner in Khost to start household registration for the earthquake response and is planning to reach 5,500 households (>40,000 people) with MPCA to help meet immediate humanitarian needs and support early recovery.

## Humanitarian Leadership, Coordination and Strategy

In response to the earthquake, the Inter-Cluster Coordination Group led by OCHA launched the multi-sectoral Earthquake Appeal targeting approximately 362,000 earthquake-affected people across Khost and Paktika provinces in south eastern Afghanistan. Under the appeal, \$110.3 million is required to frontload life-saving response activities over the course of three months (July-September). All earthquake affected areas had been previously identified as having acute humanitarian needs in the 2022 HNO. As such, all activities and population groups within the appeal are already encapsulated in the 2022 Humanitarian Response Plan (HRP) projections – which projected needs and response for some 500,000 new conflict and disaster driven IDPs. Financial requirements to respond to this caseload are also already included in the 2022 HRP.

The Humanitarian Planning cycle for the 2023 (HNO and HRP) has begun with discussions underway across the clusters and internally within UNICEF. The mid- year Whole of Afghanistan Assessment established that the drivers of need are no longer conflict but rather economic with additional analysis needed on the classification of affected people.

In June the education cluster attended a donor meeting in Doha organized by the Education Development Partners Group. The aim of the meeting was to deliberate on some of the nexus funding such as GPE (Global Partnership for Education) and understand the new operating environment in Afghanistan and what it means for donors and implementing partners.

## External Media, Statements & Human-Interest Stories

### EXTERNAL MEDIA

- [Tolonews: 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

- [Press release: World a 'virtual tinderbox' for catastrophic levels of severe malnutrition in children](#)
- [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

- [Humanitarian Response: “I felt my sister’s hand beside me”](#)
- [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 August 2022**

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

Who to contact for further information:

Dr. Mohamed Ayoya  
Representative  
UNICEF Afghanistan  
Tel: +93 79 998 7101  
Email: [mayoya@unicef.org](mailto:mayoya@unicef.org)

Mr. Abdulkadir Musse  
Chief of Field Service  
UNICEF Afghanistan  
Tel: +93 79 998 7131  
Email: [amusse@unicef.org](mailto:amusse@unicef.org)

Ms. Sam Mort  
Chief of Communication  
UNICEF Afghanistan  
Tel: +93 79 998 7110  
Email: [smort@unicef.org](mailto:smort@unicef.org)

## Annex A

### Summary of Programme Results\*

Sector	Total needs	UNICEF and IPs Response			Cluster/Sector Response		
		2022* target	Total results (Jan-Jun)	Change (Jun) ▲ ▼	2022 target	Total results (Jan-Jun)	Change (Jun) ▲ ▼
<b>Health</b>							
Number of children aged 6 to 59 months vaccinated against measles	9,790,030	10,465,896	2,069,693	63,990			
Number of people accessing primary healthcare through UNICEF supported facilities	11,290,030	15,338,868	17,382,367	6,382,315			
<b>Nutrition</b>							
Number of children 6-59 months with SAM admitted for treatment.	1,078,804	1,078,804	246,946	54,635	539,402	246,946	54,635
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	2,670,547	2,136,438	497,640	76,876	2,136,438	497,640	76,876
Number of children aged 6-59 months who received vitamin A supplements in semester one	6,759,823	5,407,859	67,210	15,520	5,407,859	67,210	15,520
Number of children aged 6-59 months who received MNP <sup>8</sup>	2,959,419	2,959,419	-	85,715	1,602,628	-	85,715
<b>Child Protection</b>							
Number of children and caregivers accessing mental health and psychosocial support	4,460,000	4,237,000	743,823	229,479	1,370,000	807,671	229,479
Number of unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services	45,000	42,750	8,812	713	14,000	8,991	713
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	1,662	1,588	13,500	1,789	1588
Number of women, girls and boys accessing GBV risk mitigation, prevention, or response interventions		63,590	292,001	9,053		-	-
Number of children and adults accessing explosive weapons-related risk education		1,000,000	486,318	272,081		-	-
Number of people (disaggregated by age and sex) reached through UNICEF supported awareness activities and community mobilization interventions on PSEA		1,000,000	290,101	65,745			
Number of individuals (M/F) & Implementing partners trained on SEA prevention, risk mitigation and SEA Reporting mechanisms		700	4,108	3,464			
<b>Education</b>							
Number of school-aged girls and boys affected by shocks receive direct support for their education	7,921,797	7,525,707	3,551,552	188,424	1,500,000	425,031	12,951
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 <sup>9</sup>	2,779 <sup>10</sup>	37,500	13,593	343
Number of teachers male/ female trained (in-service/pre-service)	37,500	101,935	10,670	344	15,326	5,636	0
<b>WASH</b>							

<sup>8</sup> MNP distribution started recently, and results will be reported in next Sitreps

<sup>9</sup> This figure is not cumulative, it reflects the estimated number of all public-school teachers.

<sup>10</sup> Total number of teachers reached in June, includes the number of public-school teachers and CBE teachers.

Number of people (M/F) accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene	15,302,274	11,537,160	3,047,886	166,536	10,429,585	3,805,501	1,421,134
Number of people gain access to gender and disability-sensitive sanitation facilities	8,503,812	7,478,621	365,945	0	898,513	394,933	59,773
Number of people (M/F) reached with hand-washing behavior change programmes	15,302,274	11,537,160	2,712,015	592,370	10,429,585	4,388,931	1,684,558
Number of people (disaggregated by sex & age) reached with critical WASH supplies	9,695,738	9,210,951	3,437,148	1,413,677	3,942,068	3,506,620	1,465,710
<b>HCT/Social Policy</b>							
Number of households reached with UNICEF-funded humanitarian cash transfers		160,000	99,957 <sup>11</sup>	630			
<b>SBC/AAP</b>							
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	40,180	13,016			
Number of people reached with key behavior change messages and lifesaving information on humanitarian situations and outbreaks (disaggregated by age, sex)		7,000,000	9,226,100	8,422,777 <sup>12</sup>			
<b>Gender, Youth, and Adolescent Development</b>							
Number of women and girls accessing Safe spaces		9,400	102,422	9,808			
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	152,275	31,745			
Number of adolescents (girls and boys) who actively participated in life skills or comprehensive sexuality education interventions to address child marriage		120,000	28,279	4,049			

## Annex B

### 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	23,436,333	16,415,409	164,243,779	80.47%
Health	334,457,872	87,464,927	102,985,464	144,007,481	43.06%
WASH	768,889,756	32,002,446	20,324,488	716,562,822	93.19%
Child protection, GBViE and PSEA	71,920,805	11,552,448	8,921,048	51,447,309	71.53%
Education	440,853,967	163,932,388	27,879,531	249,042,048	56.49%
Social Protection/HCT	208,504,821	7,895,551	21,796,912	178,812,358	85.76%
Adolescents/Youth/Gender	3,853,594	2,673,085	991,150	189,359	4.91%
Cross-sectoral (SBC, RCCE and AAP)	6,648,374	7,445,928	5,496,697	0	0.00%
Program Management Unit	8,500,000	6,903,522	1,596,478	0	0.00%
<b>Total</b>	<b>2,047,724,710</b>	<b>343,306,628</b>	<b>206,407,177</b>	<b>1,504,305,156</b>	<b>73.46%</b>

<sup>11</sup> Only includes unique households; counting households that have been reached with multiple rounds of cash transfers in 2022 only once.

<sup>12</sup> Number of estimated people were reach by a national media campaign during the month of June.