



A group of girls drinks water from a tap, installed with UNICEF support, in Ahu Dara village, Sholgara District in Balkh Province, Afghanistan. UNICEF and partners installed 25 taps across the village.

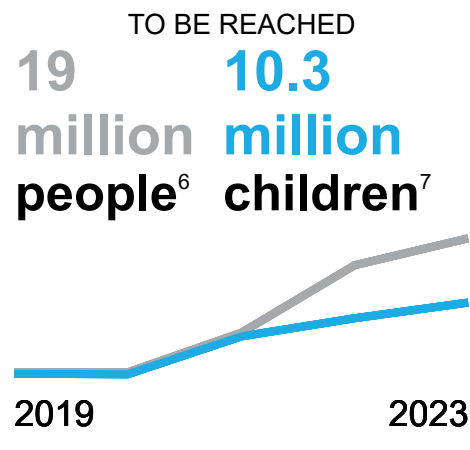
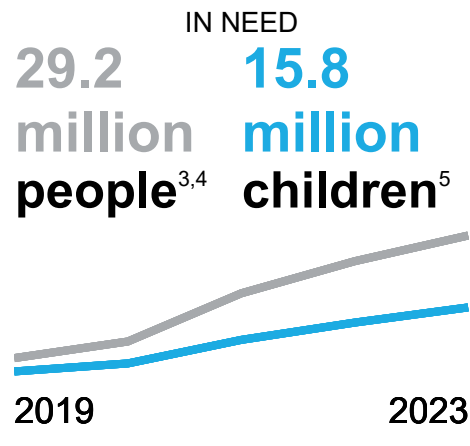


## Humanitarian Action for Children

# Afghanistan

### HIGHLIGHTS<sup>1,2</sup>

- Afghanistan continues to experience concurrent crises including drought-like conditions, floods, insecurity, harsh winters, political and economic instability, and displacement, all of which pose serious risks.
- Some 29.2 million people are projected to be in need of humanitarian assistance in 2023. The economic crisis is expected to continue, with 64 per cent of households unable to meet their basic needs as vulnerable populations are pushed to the brink.
- Afghan women and girls face a worsening systematic rights crisis. Their exclusion from secondary and tertiary education, coupled with the ban on Afghan women from working with non-governmental organizations and the United Nations, has significantly increased protection risks for vulnerable women and children. The impacts will be felt for generations to come.
- The operating environment remains complex, with bureaucratic impediments increasing and humanitarian space shrinking. However, UNICEF remains committed to staying and delivering life-saving activities in underserved areas focusing on WASH, health, nutrition, education, and child protection
- In 2023, US\$1.45 billion is urgently needed and without this funding, the humanitarian needs of 19 million people in Afghanistan will remain unmet.



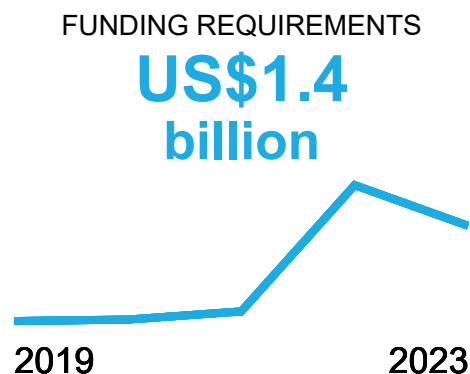
### KEY PLANNED TARGETS

**19 million** people accessing healthcare services through UNICEF-supported activities

**875,000** children with severe wasting admitted for treatment

**3.6 million** children/caregivers accessing community-based mental health and psychosocial support

**6.2 million** people accessing a sufficient quantity and quality of water



Figures are based on the revised Afghanistan Humanitarian Response Plan (June-December 2023).

## HUMANITARIAN SITUATION AND NEEDS

Since the Taliban takeover in August 2021, women and girls have experienced a series of restrictive measures curtailing basic freedoms and income-earning opportunities, creating barriers to accessing services, and excluding them from secondary and tertiary education. In 2023, the situation deteriorated further through the barring of Afghan women working for international and national non-government organizations and United Nations agencies. This systematic erasure of women and girls from public life will have devastating effects on Afghanistan and Afghan children, impacting generations to come.

Negotiated local and national exemptions for female staff to work, which provide a lifeline for the continuation of humanitarian services, exist in a state of fragility. The slightest interruption in service delivery could potentially lead to dire consequences for an already vulnerable population. In addition, bureaucratic impediments imposed by the de-facto authorities have increased since 2023 and are anticipated to increase further, further straining a complex operating environment.

While needs remain mostly static, analysis indicates a worsening protection environment and increased vulnerabilities of girls and women due to restrictions on female humanitarian workers. The number of people in need of protection services has risen from 20.3 million to 22.1 million, most notably in specialized protection services.<sup>8</sup> Approximately 8.7 million children need education support and negative coping mechanisms remain commonplace, with 31 per cent of households reporting at least one child out of school and reported increases of 7 per cent in child labor as a coping strategy.<sup>9</sup> Despite marginal increases in the food security outlook, over 15 million people are projected to be in crisis and emergency levels of food insecurity during the period of May to October 2023.<sup>10</sup>

While the health and nutrition situation remains the same, the precarious nature of exemptions and the restrictive environment could potentially result in a reduction in the number of people, particularly women, and children, accessing health and nutrition services. In a context where 17 out of 34 provinces are reporting severe wasting,<sup>11</sup> and 13.3 million people have no access to health care, any disruptions in services will have dire consequences for populations already at high risk.<sup>12</sup>

WASH needs have remained at a record high with 50 per cent of the population lacking access to safe water, and 26 per cent lacking access to improved latrines.<sup>13</sup> The ban on female humanitarian staff poses significant challenges in the delivery of critical WASH services, particularly in hygiene promotion. The risk of AWD/cholera is increasing significantly, and hygiene promotion remains a key activity in combatting the spread of communicable diseases and reducing morbidity and mortality, particularly among children.

Afghanistan is ranked number 5 of the countries that are most climate at-risk worldwide, with a higher warming rate than the global average.<sup>14</sup> Floods, drought-like conditions, and other natural hazards are widespread, and coupled with a complex operating environment and severe underfunding, the possibility of famine cannot be excluded.

## SECTOR NEEDS<sup>15</sup>



**7.2 million**  
people in need of  
nutrition assistance



**7.5 million**  
children/caregivers in  
need of protection  
services



**8.7 million**  
children in need of  
education support



**21.2 million**  
people are in need of  
WASH services

## STORY FROM THE FIELD



At Afghanistan's eastern border, every day dozens of young children risk their lives smuggling sacks of goods to sell. 8-year-old Sadia used to be one of these children, but now she spends her days at a UNICEF child-friendly space established at the border. This child-friendly space, designed as a deterrent from child labour like smuggling, offers safety and a place where children can learn, sing, and play. UNICEF also supports social workers, who help determine the best interests of the child and link them to the services they need the most, such as mental health and psychosocial support.

**[Read more about this story here](#)**

Zargol holds his daughter, Sadia, outside a UNICEF-supported child-friendly space established near Afghanistan's eastern border with Pakistan.

UNICEF remains committed to staying and delivering and will continue a principled and pragmatic approach to bringing life-saving services to the women and children of Afghanistan. To do so, UNICEF will adopt alternative modalities, remain agile, and advocate for further national-level, local, and sector-wide exemptions, as well as unimpeded and principled access to people in need.

UNICEF has adopted the HCT-endorsed minimum standards for AAP, PSEA, and gender inclusion in its response. UNICEF has scaled up its AAP through the expansion of a call centre to ensure two-way feedback mechanisms remain feasible and prioritized training of partners on gender inclusion, and PSEA to ensure functional safe, and accessible reporting mechanisms are in place.

While most needs remain unchanged, the operating environment remains complex and unpredictable. Delivery modalities shifted to adapt to an environment where enhanced training, capacity building, and programme integration have never been more important. Affected programmes have devised mechanisms to integrate critical services into health/nutrition programming to meet vulnerable populations. However, the ban, increased interferences, and lack of funding have significantly affected the scale and scope of some services.

UNICEF remains committed to meeting critical WASH needs despite the impact of the ban on the coverage of services, bureaucratic impediments, and funding constraints. UNICEF will prioritize drought and flood-affected communities and improve water supply networks to build resilience and prevent displacement. Hygiene promotion activities will remain critical to reduce outbreaks, and UNICEF will prioritize AWD/cholera hotspots and integrate with health/nutrition services delivery where possible.

UNICEF will continue to advocate for the reopening of secondary schools for girls and ensure the continued support for community-based education programmes and both accelerated and temporary learning centres reaching vulnerable and shock-affected children. The most at-risk public schools will be provided with critical support including teacher training, particularly for female teachers.

UNICEF will prioritize the safeguarding of health and nutrition services by maintaining high-quality primary and secondary health services and nutrition services. Priorities will include maintaining critical human resources, medical supplies, and equipment and early detection and treatment of acute malnutrition in children under 5. In underserved areas, UNICEF will operate mobile health and nutrition teams in line with the technical working group rationalization process.

UNICEF will provide services to children with acute protection needs and support vulnerable children and their caregivers with specialized services and mental health and psychosocial support. Case management for unaccompanied and separated children, gender-based violence prevention, risk mitigation, and response, and mine-risk education will continue through remote mechanisms, integration into health/nutrition services, and negotiated access.

UNICEF will continue to use humanitarian cash transfers to respond rapidly to sudden-onset disasters, mitigate the impact of harsh winters and support access to life-saving services. UNICEF's cluster leadership and extensive field presence through five zonal offices and eight outposts enables a decentralized, targeted response. UNICEF remains committed to delivering a holistic, gender-sensitive, inclusive response to the most vulnerable in all programme areas.



## Health

- **2,050,000** children vaccinated against measles<sup>20</sup>
- **19,030,932** people accessing healthcare services through UNICEF-supported activities<sup>21</sup>



## Nutrition

- **875,000** children 6-59 months with severe wasting admitted for treatment
- **6,975,000** children 6-59 months screened for wasting
- **2,345,000** primary caregivers of children 0-23 months receiving infant and young child feeding counselling



## Child protection, GBViE and PSEA

- **3,610,000** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **484,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **1,500,000** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **3,900,000** children and caregivers provided with landmine or other explosive weapons prevention and/or survivor assistance interventions



## Education

- **600,000** vulnerable school-aged children (girls and boys) reached through community-based education initiatives
- **5,000,000** children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support



## Water, sanitation and hygiene

- **6,200,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs<sup>22</sup>
- **2,000,000** people reached with critical WASH supplies



## Social protection<sup>23</sup>

- **175,000** households reached with UNICEF-funded social assistance



## Cross-sectoral (HCT, SBC, RCCE and AAP)

- **9,000,000** people reached through messaging on prevention and access to services
- **160,000** people sharing their concerns and asking questions through established feedback mechanisms<sup>24</sup>
- **72,300** women and girls accessing lifesaving services through safe spaces
- **18,600** UNICEF-supported frontline workers trained on gender integration and women/girls empowerment in the emergency planning and response<sup>25</sup>



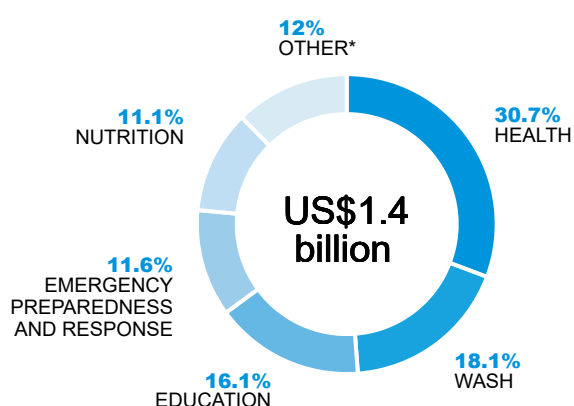
## Emergency preparedness and response

- **115,000** households reached with cash assistance to meet winter needs<sup>26</sup>

## FUNDING REQUIREMENTS IN 2023

UNICEF is requesting US\$1.45 billion for 2023 to meet the critical humanitarian needs of 19 million people in Afghanistan, including 10.3 million children. Needs remain high across the country but funding remains dangerously low across all sectors severely impacting our ability to deliver. In addition, timely funding is crucial to avoid critical pipeline gaps in WASH, nutrition, and education to avoid any disruptions on humanitarian services. The 2023 revised funding requirement considers the changing operating environment, alternative approaches and shortfalls in funding. As of May 2023, the UNICEF HAC was funded at just over 25% with critical gaps (80%) in WASH and Child protection. Funding support will provide more than 3.6 million children and caregivers with life-saving protection services, enable 6 million people to gain access to safe water and provide life-saving treatment for severe wasting to 875,000 children under five. Funding will also enable UNICEF to respond to sudden-onset disasters in a rapid and dignified manner and provide targeted multisector support to areas that are high risk for famine. Without sufficient, flexible, and timely funding, UNICEF will be unable to support the national response to the country's continuing crises, including climate-related emergencies. Of the 19 million targeted, 9.3 million are women and girls, without the continuation of critical life-saving funding and the principled humanitarian response it enables, their precarious situation could turn catastrophic.

This revision is aligned with the Revised 2023 Afghanistan Humanitarian Response Plan (June-December) and other inter-agency planning documents. It prioritizes multisector support to maintain access to life-saving services, alleviate acute suffering and preventable deaths of the most vulnerable women and children.



Appeal sector	Revised 2023 HAC requirement (US\$)
Health	445,453,795
Nutrition	161,299,244
Child protection	56,616,690
Education	233,610,600
WASH	262,130,558
Social protection	90,247,865
Cross-sectoral	32,488,292
Emergency preparedness and response	167,693,585
<b>Total</b>	<b>1,449,540,629</b>

\*This includes costs from other sectors/interventions : Social protection (6.2%), Child protection (3.9%), Cross-sectoral (2.2%).

Appeal sector	Original 2023 HAC requirement (US\$)	Revised 2023 HAC requirement (US\$)	Funds available (US\$)	Funding gap (US\$)	Funding gap (%)
Health <sup>27</sup>	502,063,795	445,453,795	81,575,109	363,878,686	81.7%
Nutrition	185,999,936	161,299,244	34,673,356	126,625,888	78.5%
Child protection	92,127,558	56,616,690	18,346,601	38,270,089	67.6%
Education	254,745,000	233,610,600	204,712,449	28,898,151	12.4%
WASH <sup>28</sup>	375,724,564	262,130,558	73,345,041	188,785,517	72.0%
Social protection	42,330,155	90,247,865	10,459,365	79,788,500	88.4%
Cross-sectoral	31,450,000	32,488,292	21,641,666	10,846,626	33.4%
Emergency preparedness and response <sup>29</sup>	167,693,585	167,693,585	11,836,635	155,856,950	92.9%
<b>Total</b>	<b>1,652,134,593</b>	<b>1,449,540,629</b>	<b>456,590,222</b>	<b>992,950,407</b>	<b>68.5%</b>

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## ENDNOTES

1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF's Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.
2. UNICEF activated its Corporate Emergency Level 3 Scale-up Procedure for Afghanistan for the following period: 8 September 2021 to 31 December 2022. UNICEF Emergency Procedures are activated to ensure a timely and effective response to all crises. The emergency procedures provide a tailored package of mandatory actions and simplifications required for all offices responding to Level 3, Level 2 and Level 1 humanitarian situations.
3. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
4. The total people in need is based on 2023 Revised Humanitarian Response plan for Afghanistan (June – December 2023), available at <<https://reliefweb.int/report/afghanistan/afghanistan-revised-humanitarian-response-plan-2023>>
5. Ibid. According to the 2023 Humanitarian Response Plan, children represent 54 per cent of the population.
6. The total people to be reached is calculated based on the number of people accessing primary and secondary health-care services, both fixed and mobile facilities, to avoid duplication with other sectors. This includes 10,276,703 children (4,948,042 girls and 5,328,661 boys), 4,377,114 women and 1,503,444 people with disabilities, including 811,860 children with disabilities.
7. As per the 2023 Humanitarian Response Plan, the total children to be reached is estimated as 54 per cent of the total people to be reached.
8. Revised Humanitarian Response Plan, Afghanistan. June-December 2023.
9. Ibid.
10. Integrated Food Security Phase Classification (May 2023-October 2023), unpublished, May 2023.
11. Smart surveys 2022
12. REACH, Annual Whole of Afghanistan Assessment (WoAA 2022), October 2022, available at <<https://reliefweb.int/report/afghanistan/annual-whole-afghanistan-assessment-woaa-2022-october-2022>>.
13. Revised Humanitarian Response Plan, Afghanistan. June-December 2023.
14. World Bank Group, Afghanistan Development Update October 2022: Adjusting to the new realities, World Bank Group, October 2022.
15. Revised Afghanistan Humanitarian Response Plan (June-December 2023).
16. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinators costs are included in the emergency preparedness and response budget
17. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
18. This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
19. These include new infrastructure requirements by the de-facto authorities which have brought many projects to a standstill.
20. The target has decreased as a priority in 2023 compared with 2022 and will focus on routine immunization and any localized outbreaks that occur.
21. Health-care services consist of both primary and secondary health care.
22. Targets decreased due to a combination of reduced operating space, the bans on female humanitarian staff, bureaucratic impediments and funding constraints
23. The social assistance target increased due to the consolidation of cash-based programmes into one indicator. It is not reflective of an increase in targeting.
24. Target increased due to the establishment of a Grievance Redress Mechanism call centre improving UNICEF's accountability to affected populations.
25. Indicator is focused on improving services for women and girls and due to shifts in context, the programme has expanded and the target has increased
26. For 2023, the cash based assistance target has been divided between Social Protection, which will cover regular cash transfers, and Emergency preparedness and response, which covers cash assistance for households affected by extreme winter and sudden onset-disasters. This provides greater visibility to the winter response component. The combined target is an increase compared to the 2022 cash assistance target that was entirely under Social Protection.
27. Funding requirements include sustaining access to life-saving primary and secondary health care in over 3,000 facilities, mobile health and nutrition teams, equipment, immunization, medical supplies, and human resources. Costs also include antenatal care services and polio vaccination campaigns.
28. The funding requirement for WASH is impacted by the heavy infrastructure costs which are high, particularly as UNICEF is expanding its programming in both rural and urban settings.
29. This line item includes costs for cluster coordination, winter cash assistance, emergency stocks and rapid response.
30. Funding requirements include sustaining access to life-saving primary and secondary health care in over 3000 facilities including mobile and static centres, equipment, immunization, medical supplies, and human resources. Costs also include antenatal care services and polio vaccination campaigns.
31. The funding requirement for WASH is impacted by the heavy infrastructure costs which are high, particularly as UNICEF is expanding its programming in both rural and urban settings.
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