



Amid the COVID-19 pandemic, UNICEF supplied over 84 tons of soap to 45,000 internally displaced people in Herat.

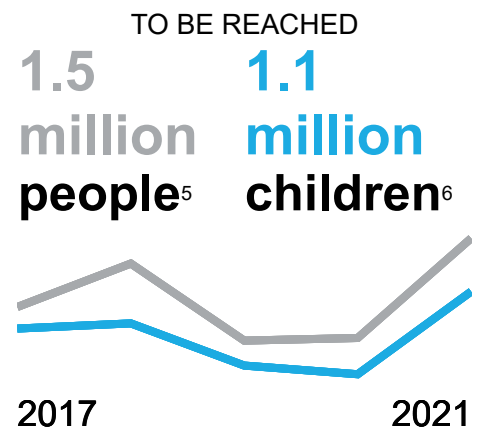
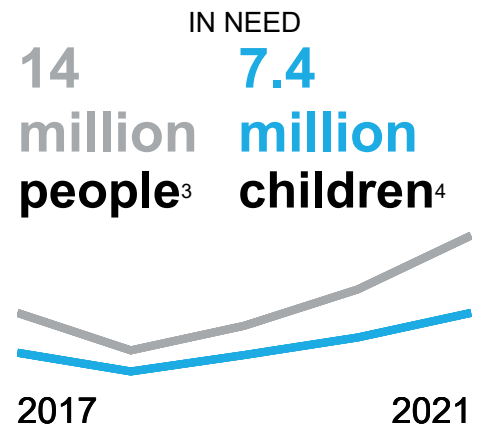
unicef 
for every child

Humanitarian Action for Children

Afghanistan

HIGHLIGHTS

- In Afghanistan, the number of people in need of humanitarian assistance has increased from 9.4 million in 2019 to 14 million in 2020.¹ Violence continues to disproportionately impact children and women, who represent over 40 per cent of all civilian casualties recorded during the first half of 2020.²
- The coronavirus disease 2019 (COVID-19) pandemic has put additional strain on the already weak health system and exacerbated the underlying protection and gender-based vulnerabilities of children and women.
- UNICEF remains at forefront of the humanitarian response in Afghanistan, and will continue to reach vulnerable children and families affected by multiple shocks with urgent, life-saving services. Priorities will include promoting gender equality, strengthening the linkages between humanitarian action and development programming, building community resilience and localizing the response.
- UNICEF requires US\$143.6 million to meet the humanitarian needs of women and children in Afghanistan in 2021.



KEY PLANNED TARGETS



430,000

children admitted for treatment for severe acute malnutrition



250,000

children vaccinated against measles



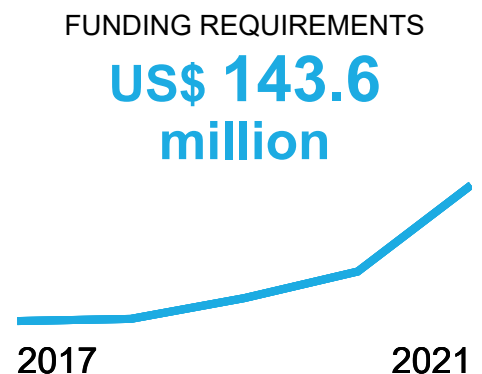
400,000

people accessing a sufficient quantity of safe water



600,000

children accessing educational services



Figures are provisional and subject to change upon finalization of the inter-agency needs and planning documents.

HUMANITARIAN SITUATION AND NEEDS

In Afghanistan, the ongoing conflict, limited access to basic services and the impacts of COVID-19 are exacerbating vulnerabilities. While the recent peace talks are cause for optimism, the scale, severity and complexity of the humanitarian situation remain staggering. Between January and October 2020, nearly 225,000 people fled their homes due to conflict. Across the country, over 4.1 million people are internally displaced.

The health system is struggling to absorb internally displaced persons, refugees and returnees, as well as additional caseloads related to COVID-19. Lack of health service coverage and capacities are limiting access to essential health care, particularly in hard-to-reach areas. Child immunization declined by 22 per cent in the second quarter of 2020, compared with the same period of 2019, primarily due to COVID-19 and related quarantine measures.⁷

Food insecurity is alarmingly high in Afghanistan. Over 42 per cent of the population is facing crisis and worse levels of food insecurity.⁸ Twenty-seven out of 34 provinces are now experiencing acute malnutrition levels that exceed the emergency threshold.⁹ The COVID-19 pandemic has also led to a 13 per cent increase in the estimated number of children under 5 years who are severely malnourished.

In response to the COVID-19 outbreak, the Government closed all schools across the country for six months, affecting more than 7.5 million children attending public schools, particularly girls, and 500,000 children enrolled in community based-education.¹⁰ When schools reopen, the majority of vulnerable children will require remediation and catch-up classes to prevent them from falling behind or dropping out entirely. In addition, over 35 per cent of schools and health facilities lack reliable access to water, sanitation and hygiene (WASH) services.¹¹

The protracted crisis and the COVID-19 pandemic have heightened underlying protection vulnerabilities. Returnees, especially children, are at higher risk of death and injury due to explosive remnants of war.¹² An estimated 74 per cent of children experience violent discipline, including psychological aggression and/or physical punishment, in their homes.¹³ Vulnerable and marginalized groups, including women, girls, those living in poverty, the internally displaced, female-headed households and people with disabilities, are vulnerable to gender-based violence and the use of negative coping mechanisms for survival.

The crisis has also aggravated pre-existing gender inequalities that undermine women and girls' access to essential services. For women, access to health and protection services has been decimated: 67 per cent of women are unable to access health services without a male escort.¹⁴

SECTOR NEEDS



Nutrition

2.8 million children are acutely malnourished¹⁵



Water, sanitation and hygiene

1.4 million people lack access to safe water¹⁶



Child protection, GBViE and PSEA

1.6 million children need protection services^{17,18}



Education

2.7 million children need education support¹⁹

STORY FROM THE FIELD



At Indira Gandhi Children's Hospital in Kabul, mothers are queuing to vaccinate their children.

For Zarmina, a 30-year old mother of two, immunization is important for her child's survival, especially amid COVID-19.

"I know the importance of vaccines for my children, especially now", says Zarmina from Kabul. "So, I set my mobile alarm in order not to miss it."

"The disruption of the expanded programme on immunization will increase the risk of child morbidity and mortality," says Dr. Sanjay Bhardwaj, Immunization Manager, UNICEF Afghanistan. "Routine immunization is critical in saving the lives of children."

[Read more about this story here](#)

A 2-year-old child with a homemade mask is vaccinated for measles at Indira Gandhi Children's Hospital in Kabul.

HUMANITARIAN STRATEGY

Working closely with partners and donors, UNICEF will reach the most vulnerable children and women in Afghanistan with an integrated package of life-saving services. The response will target those affected by conflict, natural disasters and the impacts of COVID-19 in hard-to-reach areas, areas of return, settlements of internally displaced persons and remote local communities.

Treatment for severe acute malnutrition (SAM) and infant and young child feeding counselling will be delivered through a basic package of health services and an essential package of hospital services. SAM interventions will complement moderate acute malnutrition services.

UNICEF will support front-line health services, including mobile health interventions, in targeted geographical areas. Child-focused interventions will include supplemental campaigns for measles and other vaccines, as well as newborn care. By providing a continuous supply of critical medicines and medical equipment, including personal protective equipment, UNICEF will ensure the availability of life-saving health care services to respond to current and future waves of COVID-19.

With partners, UNICEF will provide an integrated multi-sectoral life-saving package of WASH services in targeted emergency locations. In schools and health facilities, WASH interventions will be strengthened to improve the quality of education and health services.

In education, UNICEF will target districts with significant needs, particularly for girls' education. Access to education will be improved by strengthening the quality community-based learning opportunities, applying safe-school guidelines, providing clean water/hygiene facilities, building teachers' pedagogical skills, and distributing free teaching and learning supplies.

Children affected by violence, abuse, neglect and exploitation will be supported with prevention and response services; and prevention, mitigation and response to sexual and gender-based violence will be strengthened. UNICEF will also prioritize mine risk education targeting boys and girls who are in and out of school.

As lead of the Risk Communication and Community Engagement Pillar within the global COVID-19 response, UNICEF will support the development and implementation of mechanisms to improve accountability to affected populations and the dissemination of integrated awareness-raising messages on hygiene, handwashing, community mobilization and health care.

All programmes will be gender- and adolescent-responsive and where possible, delivered through women's networks, relevant civil society organizations and adolescent and youth platforms.

UNICEF will continue to lead the WASH and nutrition clusters and the child protection area of responsibility and co-lead the education in emergencies working group with Save the Children. Humanitarian preparedness and response, including emergency cash assistance, will be linked with development programmes.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

<https://www.unicef.org/appeals/afghanistan/situation-reports>

2021 PROGRAMME TARGETS



Nutrition

- **430,000** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **60,000** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling



Health

- **250,000** children aged 6 to 59 months vaccinated against measles²⁰
- **24,000** health care facility staff and community health workers trained on infection prevention and control
- **300,000** children and pregnant women accessing primary health care in UNICEF-supported facilities²¹



Water, sanitation and hygiene

- **400,000** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene²²
- **300,000** people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services



Child protection, GBViE and PSEA

- **210,000** children and caregivers accessing mental health and psychosocial support
- **42,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- **3,000** unaccompanied and separated children reunified with their primary caregiver or provided with family-based care/alternative care services



Education

- **600,000** children accessing formal or non-formal education, including early learning²³
- **1,250** schools implementing safe school protocols (infection prevention and control)



Social protection and cash transfers

- **10,000** households reached with humanitarian cash transfers across sectors²⁴



C4D, community engagement and AAP

- **6,000,000** people reached with messages on access to services²⁵
- **500,000** people participating in engagement actions for social and behavioural change
- **50,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms



Adolescents/youth

- **60,000** women, men, adolescent girls and boys and key influencers, including front-liners, trained on gender roles, promoting non-discriminatory practices and positive social norms
- **50,000** adolescent boys and girls reached with life-skills health information

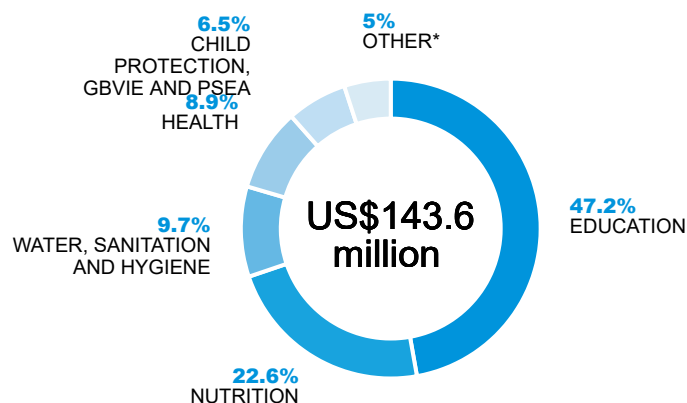


Non-food items

- **15,000** households reached with critical life-saving non-food items²⁶

FUNDING REQUIREMENTS IN 2021

In line with Afghanistan's inter-agency 2021 Humanitarian Response Plan,²⁷ UNICEF is requesting US\$143.6 million to meet the humanitarian needs of women and children in Afghanistan in 2021.²⁸ These resources will allow UNICEF to provide life-saving and urgent assistance to vulnerable people. The impacts of the COVID-19 pandemic have worsened an already challenging situation for the most vulnerable children; and the escalating conflict forecasts an even bleaker future for Afghanistan.²⁹ Without additional funding, UNICEF will be unable to support the nationwide response to the ongoing conflict and the COVID-19 pandemic and provide critical services to the most vulnerable people. Furthermore, UNICEF will be unable to maintain hard-fought gains in Afghanistan, and ensure the implementation of programmes designed to help children survive and thrive. UNICEF sincerely appreciates the continued support of governments, donors and National Committees, which has been instrumental to the achievement of results for crisis-affected children in Afghanistan.



*This includes costs from other sectors/interventions : C4D, community engagement and AAP (1.5%), Social protection and cash transfers (1.4%), Adolescents/youth (<1%), Cluster coordination (<1%), Non-food items (<1%), Preparedness and disaster reduction (<1%).

Sector	2021 requirements (US\$)
Nutrition	32,460,000
Health	12,810,000
Water, sanitation and hygiene	14,000,000
Child protection, GBVIE and PSEA	9,360,000 ³⁰
Education	67,800,000
Social protection and cash transfers	2,000,000
C4D, community engagement and AAP	2,214,000
Adolescents/youth	1,000,000 ³¹
Non-food items	500,000
Preparedness and disaster reduction	500,000 ³²
Cluster coordination	1,000,000
Total	143,644,000

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ENDNOTES

1. Office for the Coordination of Humanitarian Affairs, 'Afghanistan: 2018-2021 Humanitarian Response Plan', OCHA, June, 2020.
2. United Nations Assistance Mission in Afghanistan, 'Afghanistan Protection of Civilians in Armed Conflict Midyear Report: 1 January–30 June 2020', UNAMA, July 2020.
3. 'Afghanistan: 2018-2021 Humanitarian Response Plan'.
4. Ibid. Children represent 53 per cent of the total number of people in need.
5. This includes children under 5 years to be reached with SAM treatment (430,000); children to be reached with access to education (600,000); pregnant and lactating women to be reached with quality health services and health education (40,000); people (excluding pregnant and lactating women to avoid double counting) to be reached with safe water (360,000); and adolescents to be reached with life-skills support (50,000). This includes 49 per cent women/girls and 51 per cent men/boys, as per the 2020 Humanitarian Needs Overview datasheets. Eleven per cent of people to be reached have a disability, according to the 2020 Humanitarian Response Plan. 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.
6. This includes children under 5 years to be reached with SAM treatment (430,000); children to be reached with access to education (600,000); 60 per cent of targeted youth to be reached with life-skills support (30,000); and children aged 15 to 17 years (10 per cent of the target) to be reached with safe water (40,000). This includes 49 per cent girls, 51 per cent boys, and 17.8 per cent children living with a disability, according to the Asian Foundation (2019).
7. Afghanistan Health Cluster, 2020.
8. Afghanistan Food Security and Agriculture Cluster, 2020.
9. Afghanistan Nutrition Cluster, Nutrition SMART Surveys, 2020.
10. Afghanistan Education in Emergencies Working Group, 2020.
11. UNICEF Afghanistan, 2020.
12. United Nations, 'Children and Armed Conflict in Afghanistan: Report of the Secretary-General', S/2019/727, United Nations, New York, 10 September 2019.
13. Afghanistan Demographic and Health Survey, 2015.
14. Oxfam, 'A New Scourge to Afghan Women: COVID-19', Oxfam briefing note, 2020.
15. Afghanistan Nutrition Cluster, Provincial level nutrition SMART surveys, 2020.
16. Afghanistan WASH Cluster, 2020.
17. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
18. 'Afghanistan: 2018-2021 Humanitarian Response Plan'.
19. Afghanistan Education in Emergencies Working Group, 2020.
20. This targets children under 15 years affected by emergencies, returnees at border crossings and internally displaced persons.
21. This targets children under 5 years (130,000 girls and 130,000 boys) and 40,000 pregnant women to be reached through UNICEF-supported mobile health teams in underserved areas.
22. The remaining needs will be covered by the over 27 active WASH cluster members.
23. Sixty per cent of targeted children are girls.
24. As the average household size in Afghanistan is seven people, this target aims to reach 70,000 people, including children. UNICEF does one-off multi-purpose cash transfers (e.g., for winter assistance) and more regular sector-specific unconditional unrestricted cash transfers.
25. This target includes risk communication on COVID-19. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
26. As the average household size in Afghanistan is seven people, this target aims to reach 105,000 people. While the non-food items/shelter cluster coordinates non-food items in emergencies, UNICEF pre-positions specific non-food items such as winter kits/family kits as a last resort in case the cluster has exhausted its stocks.
27. The revised humanitarian response plan will only focus on 2021 as it is the last year of the multi-year humanitarian response plan (2018-2021). This appeal follows the same approach.
28. Figures are provisional pending the finalization of the revised 2021 humanitarian response plan for Afghanistan.
29. The total number of people in need in the Afghanistan humanitarian response plan was derived from a joint inter-sectoral analysis framework. The clusters then determine their data and asks based on the joint inter-sectoral analysis framework. Agencies/clusters do not submit concept papers with their capacity, targets and asks.
30. This includes US\$7.3 million for child protection interventions and US\$2.1 million for gender-based violence interventions.
31. This also includes gender programmes.
32. This includes supply preparedness, contingency partnership agreements for assessments in hard-to-reach locations and costs for pre-positioning/transportation, etc.