



Hamida, 58 and a survivor of earthquakes in Herat in October 2023, sits with her family holding the equivalent of \$170 in cash assistance provided by UNICEF through the Rapid Response Mechanism.

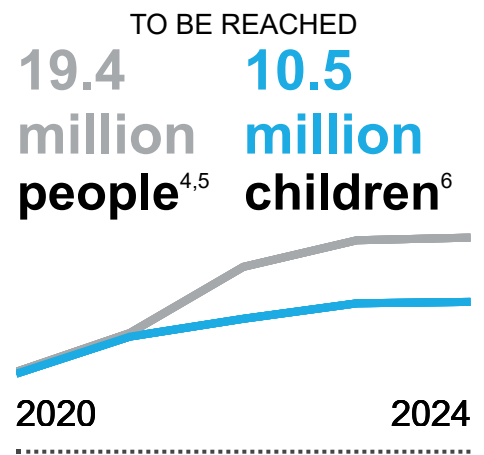
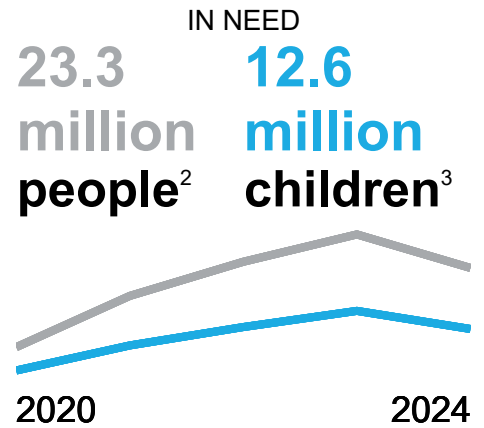
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for every child

Humanitarian Action for Children

Afghanistan

HIGHLIGHTS

- In Afghanistan, 23.3 million people, including 12.6 million children, are in need of humanitarian assistance in 2024, mainly due to the residual impacts of a protracted conflict, extreme climate shocks and the country's severe economic decline, which is characterized by high unemployment and a fragile recovery.¹
- The exclusion of women and girls from most facets of life, including education and the workforce, has significantly increased their protection risks and worsened an already deeply challenging humanitarian situation.
- The lack of investment in public services has contributed to the deterioration of key basic service provision, particularly in the WASH and health sectors, hindering the ability of vulnerable communities to recover from shocks and build resilience.
- In response to the protracted, complex, multifaceted crises affecting Afghanistan, UNICEF is responding to acute humanitarian needs and meeting the basic, multidimensional needs of communities.
- UNICEF urgently requires \$1.4 billion to meet the humanitarian and basic needs of 19.4 million people in Afghanistan.



KEY PLANNED TARGETS



19.4 million people accessing primary health care in UNICEF-supported facilities



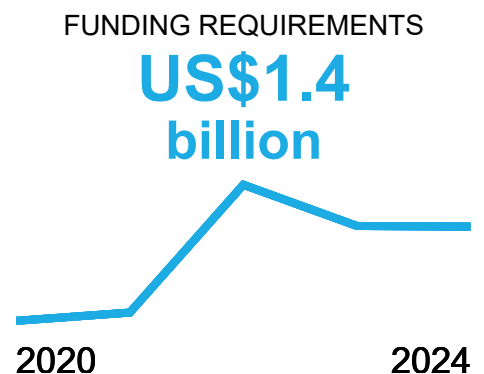
3.6 million children/caregivers accessing community-based mental health and psychosocial support



600,000 vulnerable school-aged girls and boys reached through community-based education initiatives



5.5 million people accessing a sufficient quantity and quality of water



Figures are based on the provisional 2024 Afghanistan Humanitarian Needs Overview and Humanitarian Response Plan figures.

HUMANITARIAN SITUATION AND NEEDS

In the two years since the political transition in Afghanistan, the humanitarian response has largely prevented a catastrophe, yet the situation remains extremely difficult for Afghans. A staggering 23.3 million people require humanitarian assistance, 12.6 million of them children. The level of deprivation among Afghan households remains high and coping mechanisms have been exhausted: only 16 per cent of Afghans report being able to meet their basic needs.⁷ Drought and the lingering effects of economic instability remain the primary drivers of need. However, with little investment by the de-facto authorities in basic services, recovery and resilience building are unfeasible for many communities, so humanitarian needs and basic needs continue to be inextricably linked.⁸ Women and girls experience the worst effects of this crisis, through restrictions on their education, movement, employment and access to public services. The impact of these restrictions on women and girls is stark, with evidence showing deepening needs among female-headed households and subsequent employment of negative coping strategies.⁹ The restrictions and exclusions on women and girls have reinforced pre-existing gender inequalities and increased protection concerns, creating a cycle of escalating needs among women and girls that will impact generations to come. The operating space for humanitarian actors is shrinking. Access to affected populations is hindered by restrictions placed by the de fact authorities on female aid workers; significant and increasing bureaucratic impediments; and threats against humanitarian personnel and assets. The climate crises and such shocks as earthquakes, drought and floods heighten the complexities of this humanitarian environment.

Many areas of the country remain in an acute water crisis, with 67 per cent of households experiencing barriers to accessing safe water in 2023 compared with 48 per cent of households in 2021.¹⁰ Increased unpredictability of rainfall and changing climate patterns have reduced the ability of communities to adapt. Without adequate investment in new WASH infrastructure and the repair/rehabilitation of existing infrastructure, the acute water diarrhoea/cholera outbreaks that affect large numbers of children will continue. Limited coverage and functionality of water and sanitation services, and poor hygiene practices, play a considerable role in the risk of severe wasting among children under 5 years of age: nearly 900,000 will require life-saving treatment for severe wasting in 2024. More than 17.9 million people, particularly those in hard-to-reach/rural areas, have limited access to health care, mainly due to the lack of infrastructure; however, lack of essential medicines, equipment and qualified personnel also contributes to poor health services.¹¹ Economic and infrastructural barriers to education have resulted in more than 8 million children requiring education support. Directives banning girls and the shrinking space for humanitarian actors will have long-lasting impacts on the sector.¹²

SECTOR NEEDS¹³



7.4 million
people in need of
nutrition assistance



9.2 million
children in need of
protection services



8 million
children in need of
education support



20.8 million
people in need of
WASH services

STORY FROM THE FIELD



Before her uncle built a toilet at home, Asra, 6, had to defecate in an open field. Contact with faeces often made her sick, and, without a place to wash her hands, she suffered from diarrhoea. "Now, thank God, our children are safe and far from disease," says Kamaluddin, her uncle.

In Afghanistan, UNICEF aims to end open defecation through community 'triggering' sessions. In these sessions, communities learn about hygiene, how handwashing with soap can prevent diseases, and how building a simple toilet at home keeps children healthy.

[Read more about this story here](#)

Kamaluddin helps his niece Asra, 6, wash her hands at their home. Kamaluddin set up this small handwashing station after attending behaviour change sessions in his village.

The protracted and complex nature of the crises in Afghanistan underscores how critical it is to address acute humanitarian needs while simultaneously investing in basic services. In addition, because Afghanistan remains one of the top five at-risk countries worldwide for the effects of climate change, programmes will adopt a risk-informed approach with a focus on climate resilience and preparedness to address natural hazards. This approach is in line with the Humanitarian Response Plan and the United Nations Strategic Framework for Afghanistan.

UNICEF will scale up life-saving interventions, including integrated nutrition services for the early detection and treatment of severe wasting in children. To prevent malnutrition, UNICEF will leverage its multisectoral capabilities through improved integration with food, health, WASH and social and behaviour change programmes.

UNICEF will increase access to life-saving and life-sustaining health services for the most vulnerable. This includes supporting maternal and reproductive health; preventing and managing non-communicable diseases; providing medicine, medical supplies, equipment and vaccines; strengthening communicable disease outbreak prevention, preparedness and response; and building the capacity of health-care workers.

UNICEF will provide an integrated package of WASH services to respond to acute humanitarian needs in areas of high severity. UNICEF will promote and invest in climate-resilient technologies using expanded solarization and optimization of water systems and other cost-effective solutions to address acute water scarcity, reduce disease outbreaks and address wasting.

UNICEF will focus on strengthening community-based education to reach the most vulnerable and shock-affected children. At-risk public schools will be provided with critical basic needs support through school environment improvements, distribution of supplies and teacher training, particularly for female teachers. UNICEF remains a staunch advocate for the reopening of secondary schools for girls.¹⁷

UNICEF will provide comprehensive services to children with acute protection needs through the provision of mental health and psychosocial support, case management for unaccompanied and separated children, gender-based violence programming and targeted strengthening of the social workforce to improve quality of care. UNICEF will expand activities for protection from sexual exploitation and abuse, ensuring accessible reporting mechanisms and training humanitarian staff on key protocols.

To assist vulnerable families to meet their basic needs and prevent negative coping mechanisms, UNICEF will scale up multipurpose cash assistance programmes, including targeted support for winter. Shock-responsive cash transfers will be scaled up through the Rapid Response Mechanism to reach communities affected by rapid-onset emergencies.

UNICEF's cluster leadership and extensive field presence through five zonal offices and eight outposts enable it to implement multisectoral, effective and scalable programmes to meet populations most in need.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/afghanistan/situation-reports>

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.



Health (including public health emergencies)

- **19,420,000** people accessing primary health care in UNICEF-supported facilities¹⁹
- **2,050,000** children under 1 who are vaccinated against measles including outbreaks²⁰



Nutrition

- **815,000** children 6-59 months with severe wasting admitted for treatment²¹
- **2,500,000** primary caregivers of children 0-23 months receiving infant and young child feeding counselling²²
- **7,200,000** children 6-59 months receiving vitamin A supplementation²³



Child protection, GBViE and PSEA

- **3,600,000** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **330,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions²⁴
- **1,500,000** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations²⁵
- **3,600,000** children and care givers accessing explosive ordinance risk education.²⁶



Education

- **600,000** vulnerable school-aged girls and boys reached through community-based education initiatives²⁷
- **5,000,000** children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support²⁸



Water, sanitation and hygiene

- **5,500,000** people accessing a sufficient quantity and quality of water for drinking and domestic needs²⁹
- **3,250,000** people accessing appropriate sanitation services³⁰
- **4,200,000** people reached with hygiene promotion programmes³¹



Social protection

- **155,000** households reached with UNICEF-funded social assistance³²



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

- **10,000,000** at-risk and affected populations reached with timely, appropriate, gender/age-sensitive life-saving information on humanitarian situations and outbreaks.³³
- **3,500,000** people reached with key behaviour change messages and information³⁴
- **300,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms³⁵



Emergency preparedness and response coordination³⁶

- **70,000** households reached with cash assistance to meet winter needs³⁷
- **31,000** shock-affected households reached with cash assistance through a rapid response mechanism³⁸



Gender, adolescents and youth development

- **85,000** # of women and girls accessing lifesaving services through safe spaces³⁹
- **37,000** # of adolescents who actively participated in life skills interventions⁴⁰
- **15,000** # of UNICEF frontline workers trained on gender integration⁴¹

Figures are based on the provisional Afghanistan Humanitarian Needs Overview 2024 and Humanitarian Response Plan 2024.

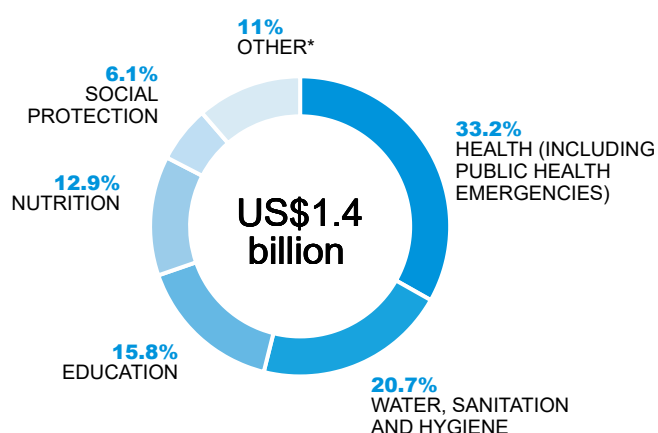
FUNDING REQUIREMENTS IN 2024

UNICEF is requesting \$1.4 billion for 2024 to meet the humanitarian needs of 19.4 million people in Afghanistan, including 10.5 million children. Needs remain high across the country, but funding remains critically low across all sectors, severely impacting our ability to deliver. Timely funding is also crucial to avoid pipeline gaps in the WASH and nutrition sectors to prevent disruptions in service provision.

The 2024 funding requirement considers the changing operating environment, alternative implementation approaches, increases in operating costs and global inflation. Funding support will provide 19.4 million people with primary health care services and 3.6 million children and caregivers with life-saving protection services, enable 5.5 million people to gain access to safe water and provide life-saving treatment for severe wasting to 815,000 children under 5 years of age.

The need for flexible funding has never been so apparent. Funding flexibilities have allowed UNICEF to respond to sudden-onset disasters (earthquakes and floods) in a rapid and dignified manner, and to disease outbreaks and spontaneous returnees. Without sufficient, flexible and timely funding, UNICEF will be unable to support the response to the country's continuing crises, including climate-related emergencies. Of the 19.4 million people targeted, 9.5 million are women and girls, and without the continuation of critical life-saving and basic needs funding and the principled humanitarian response it enables, their precarious situation could turn catastrophic.

This appeal is aligned with the preliminary figures of the 2024 Humanitarian Needs Overview and Humanitarian Response Plan and the United Nations Strategic Framework for Afghanistan. It prioritizes multisectoral support to maintain access to life-saving services and provision of basic services and alleviate acute suffering and preventable deaths of the most vulnerable women and children.



*This includes costs from other sectors/interventions: Emergency preparedness and response coordination (5.4%), Child protection, GBViE and PSEA (4.0%), Cross-sectoral (HCT, SBC, RCCE and AAP) (1.3%), Gender, adolescents and youth development (<1%).

Sector	2024 requirements (US\$)
Health (including public health emergencies)	477,798,280
Nutrition	185,510,711
Child protection, GBViE and PSEA	57,174,120 ⁴²
Education	227,693,910
Water, sanitation and hygiene	298,399,962 ⁴³
Social protection	87,285,585
Cross-sectoral (HCT, SBC, RCCE and AAP)	18,450,000 ⁴⁴
Emergency preparedness and response coordination	77,050,114 ⁴⁵
Gender, adolescents and youth development	10,762,500 ⁴⁶
Total	1,440,125,182

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ENDNOTES

1. Provisional figures from draft Afghanistan Humanitarian Needs Overview 2024 and Humanitarian Response Plan 2024.
2. Ibid.
3. According to the provisional Afghanistan Humanitarian Needs Overview 2024 and Humanitarian Response Plan 2024, children represent 54 percent of the population.
4. The total number of 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 10,476,000 children (including 5,044,000 girls), 4,462,000 women and 1,532,600 people with disabilities, including 827,604 children with disabilities.
5. 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. According to the provisional Afghanistan Humanitarian Needs Overview 2024 and Humanitarian Response Plan 2024, children represent 54 percent of the population.
7. The World Bank Group, Afghanistan welfare monitoring survey (AWMS), Round 3, October 2023, available at <<https://thedocs.worldbank.org/en/doc/975d25c52634db31c504a2c6bee44d22-0310012023/original/Afghanistan-Welfare-Monitoring-Survey-3.pdf>>.
8. Provisional figures from draft Afghanistan Humanitarian Needs Overview 2024 and Humanitarian Response Plan 2024.
9. The Whole of Afghanistan Assessment results for 2023 show that female-headed households and recent returnees, who are primarily engaged in less secure daily labour rather than agriculture, resorted to even more severe coping strategies in 2023 than in 2022 to meet their basic needs.
10. REACH Initiative, Whole of Afghanistan Assessment – 2023.
11. The provisional number of people in need for the Health Cluster is based on the draft Afghanistan Humanitarian Response Plan 2024.
12. Provisional figures from draft Afghanistan Humanitarian Needs Overview 2024 and Humanitarian Response Plan 2024.
13. Ibid.
14. 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.
15. 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 coordinator costs are included in sectoral programme budgets.
16. 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.
17. UNICEF continues to advocate for space for female humanitarian workers to deliver services to reach the most vulnerable. In addition, we are actively developing hybrid initiatives, based on contextually enabling factors, to reach all out-of-school children.
18. Beyond the UNICEF targets for these interventions, other humanitarian partners are expected to reach the remaining children/families in need.
19. Health-care services consist of both primary and secondary health care.
20. The target includes 1,530,437 children under age 1 year through routine vaccination covered under the United Nations Strategic Framework for Afghanistan and remaining target will include children under age 5 years reached through outbreak response covered under the Afghanistan Humanitarian Response Plan 2024.
21. The target is included in the Afghanistan Humanitarian Response Plan 2024.
22. Ibid.
23. Ibid.
24. Targets decreased largely due to a combination of reduced operating space, the bans on female humanitarian staff and bureaucratic impediments. However, funding constraints are also impacting the planned coverage of services. The target is included in the Afghanistan Humanitarian Response Plan 2024.
25. The target is included in the Afghanistan Humanitarian Response Plan 2024 and the United Nations Strategic Framework for Afghanistan.
26. The target is included in the Afghanistan Humanitarian Response Plan 2024.
27. Ibid.
28. The Afghanistan Humanitarian Response Plan 2024 includes 600,000 and the United Nations Strategic Framework for Afghanistan includes 4.4 million.
29. The Afghanistan Humanitarian Response Plan 2024 includes 4.7 million and the United Nations Strategic Framework for Afghanistan includes 750,000. The target has decreased due to a constrained operating environment, the ban on female humanitarian workers and funding constraints.
30. The Afghanistan Humanitarian Response Plan 2024 includes 2,250,000 and the United Nations Strategic Framework for Afghanistan includes 1 million.
31. The Afghanistan Humanitarian Response Plan 2024 includes 3,188,770 and the United Nations Strategic Framework for Afghanistan includes 1 million.
32. The target is included in the United Nations Strategic Framework for Afghanistan. This indicator focuses on social assistance cash transfers, which are part of the basic needs programmes.
33. The target is included in the Afghanistan Humanitarian Response Plan 2024.
34. This target is included in both the Afghanistan Humanitarian Response Plan 2024 and the United Nations Strategic Framework for Afghanistan.
35. Ibid.
36. This indicator focuses on humanitarian cash transfers (for up to a maximum of 3 months) and is part of the Afghanistan Humanitarian Response Plan 2024.
37. This target is included in the Afghanistan Humanitarian Response Plan 2024.
38. Ibid.
39. Ibid.
40. This target is included in the United Nations Strategic Framework for Afghanistan.
41. This target is included in both the Afghanistan Humanitarian Response Plan 2024 and the United Nations Strategic Framework for Afghanistan.
42. The figure includes \$3,495,500 for gender-based violence response and \$4,850,000 for interventions around protection from sexual exploitation and abuse.
43. The provision of emergency and safe drinking water at community levels, including in emergency-affected communities (handpumps, boreholes and wells rehabilitation or construction, water systems and networks rehabilitation, and water trucking) was calculated at a unit cost of \$20/person. The provision of gender-appropriate emergency latrines and bathroom facilities was calculated at a unit cost of \$11/person, and the provision of WASH Services in institutions was calculated at \$12/person, in line with the Cluster costing methodology.
44. This includes \$15 million for social and behaviour change and accountability to affected populations.
45. This budget line includes cash assistance for winterization and response to rapid onset emergencies, as well as emergency supplies for winter.
46. This sector requirement encompasses key gender and adolescent development interventions, which include raising awareness of harmful gender norms, gender-based violence issues, health, menstrual hygiene, nutrition and overall women and girls' protection messages, training of front-line workers on gender-responsive health, the establishment of Men and Boys' Networks and the provision of adolescent girls' access to digital resources and education through digital hubs, among other things.