

HUMANITARIAN RESPONSE PLAN

AFGHANISTAN ✓

HUMANITARIAN
PROGRAMME CYCLE

2022

ISSUED JANUARY 2022



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Kandahar, October 2021
Photo: OCHA/Pierre Peron

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KANDAHAR, DECEMBER 2020

Photo: OCHA/Fariba Housaini

Foreword

We go into 2022 with unprecedented levels of need amongst ordinary women, men and children of Afghanistan. 24.4 million people are in humanitarian need – more than half the population. Years of compounded crises and under-investment have resulted in nearly four times the number of people in need of lifesaving humanitarian assistance compared to just three years ago.

The country is currently facing the second drought in four years, the worst of its kind in 27 years. As a result, Afghanistan now has the highest number of people in emergency food insecurity in the world – this is a terrifying 35 per cent increase from the same time last year. More than one in two children under-five is facing acute malnutrition and will be at risk of death if immediate action is not taken. The already over-burdened health system is straining to survive numerous shocks, including due to the continuing impact of COVID-19, spikes in waterborne diseases, frustratingly persistent strains of polio and a sudden collapse in predictable financing that has kept the nationwide health infrastructure afloat. The economic crisis currently facing the country has sent prices skyrocketing, while simultaneously diminishing people's purchasing power. People are increasingly desperate, have exhausted nearly all coping mechanisms and have resorted to taking on unmanageable debt burdens and relying on dangerous coping mechanisms to survive. The situation of women and girls is particularly dire as their rights and opportunities have become increasingly restricted. The burden the people of Afghanistan have been forced to carry is far too heavy to manage alone.

Over the course of a tumultuous and unpredictable year, the humanitarian community has proven its capacity to scale-up to meet new needs, including in response to recurrent natural disasters, escalating conflict, the withdrawal of international forces and the

shift in the governance structure. I am proud to say that despite the numerous challenges created by the worsening security environment and increase in overall need, humanitarian organisations have persistently proven their commitment to stay and deliver and increase overall reach. Non-Government Organisations (NGOs) remain the backbone of this response and I look forward to further investment in sustaining a vibrant and engaged NGOs and civil society sector in the year to come. In 2022, humanitarian organisations have an ambitious plan to reach 22.1 million people with life-saving multi-sectoral assistance.

In order to do this, the 2022 HRP requires \$4.4 billion. People's survival depends on the 158 dedicated humanitarian organisations operating in Afghanistan receiving sufficient financial resources to deliver. The consequences of late or inadequate funding are very real. Years of funding shortfalls have increasingly required humanitarians to try to do more with less and the limited rollout of complementary development assistance and sudden cessation of predictable development assistance have all been factors in the worsening outlook for 2022.

We have made historic strides in working to develop cross-sector approaches with development actors in 2021 based on both life-saving activities and support for services that address basic human needs. Jointly we have developed a common snapshot of overlapping needs and activities that recognises the multi-dimensional impact of the current crisis. I look forward to the implementation of this innovative and crucial cross-pillar approach in 2022.

The Humanitarian Country Team (HCT) and Inter-Cluster Coordination Teams (ICCT) are committed to applying a strong gender and protection lens to their work in 2022 acknowledging the disproportionate impacts of the current crisis on women, children and

people with disability. Given the scale of vulnerability in Afghanistan, this effort will be guided by a range of both new and well-established technical working groups focused on gender, disability inclusion, gender-based violence (GBV), child protection, accountability to affected people (AAP) and protection from sexual exploitation and abuse (PSEA). The Humanitarian Country Team will also continue to be led by advice from Afghans themselves, a crucial function that will be supported by dedicated local experts, such as the Afghan Women's Advisory Group. Sustained, principled humanitarian access to people in need has expanded significantly over the last years, and will continue to be built upon in 2022, and our negotiations will be guided by the Joint Operating Principles (JOPS) and with support from the Humanitarian Access Group.

The humanitarian community stands beside the people of Afghanistan, during what is undoubtedly one of the

country's most difficult periods. Given the sheer scale of needs, we are all called upon to remain in solidarity with ordinary Afghans and to expand efforts to reach more people with the life-saving assistance they urgently need to survive. We must act collectively and creatively in this pivotal moment to reduce suffering, rebuild lives and livelihoods and ensure the rights of the most vulnerable are upheld. I urge donors to stay engaged in the wellbeing of the people of Afghanistan, and to give early and generously to humanitarian organisations. The people of Afghanistan cannot wait and the cost of inaction is simply far too high.

Dr. Ramiz Alakbarov

Afghanistan Humanitarian Coordinator

Response Plan Overview

| PEOPLE IN NEED | PLANNED REACH | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS |
|----------------|---------------|---------------------|----------------------|
| 24.4M | 22.1M | \$4.44B | 158 |

The 2022 Humanitarian Response Plan requests US\$4.44 billion and aims to reach 22.1 million people in need of life-saving humanitarian support due to the consequences of decades of conflict, recurrent natural disasters, lack of recovery from past disasters and the added shock from the takeover of the government, subsequent sudden pause in international assistance and resulting economic shocks. The increase in the number of people to be reached with assistance, up from 17.7 million in 2021, is largely driven by the sharp increase in the number of people in acute food insecurity, the broad-based collapse in economic conditions and availability of basic services.

The response strategy in 2022 reflects the need to address immediate and catastrophic levels of need by

delivering humanitarian assistance to 55 per cent of the population, while working closely with development partners to prevent a broader collapse of basic services that would increase humanitarian needs even further. The simultaneous crisis in rural livelihoods, due to the drought, and urban livelihoods, due to the economic shock, means that humanitarians will need to scale-up activities in nearly every part of the country, addressing both those who have been chronically in need and those whose coping mechanisms have been undermined.

The response will aim to address the needs of people facing vulnerabilities such as extreme household debt burdens; mental and physical disability; the use of dangerous negative coping strategies; and those living

NOVEMBER 2021

Photo: OCHA/Christophe Verhellen



in households headed by women, children or the elderly whose positions in society put them at a disadvantage.

Following the extremely high levels of conflict and displacement in the first part of the year, the reduction in the level of conflict seen since August has allowed humanitarians to sustainably access more areas of the country than in previous years. Humanitarians anticipate this will allow for more detailed assessments and analysis of needs, and better delivery of services into formerly “hard to reach” areas. Nonetheless, the deterioration of infrastructure, ongoing levels of violence and activities by non-state armed groups (NSAGs) and the remote nature of many areas will remain a challenge.

The response will also continue to emphasize the need to expand accountability to affected people (AAP) work, reinforce the importance of the prevention of sexual exploitation and abuse (PSEA), and strengthen gender equity, mental health and disability inclusion. Humanitarian systems will be strengthened through dedicated technical working groups on these themes. To ensure consistent engagement with the de facto authorities, maintain and expand access to all areas, and enable humanitarian organizations to deliver meaningful and needs-based response, harmonized operation and negotiation approaches will be guided by the joint operating procedures (JOPs), with support from the Humanitarian Access Group.

At the time writing, cash liquidity continues to be a significant challenge to life and humanitarian operations in Afghanistan, particularly given the suspension of loan packages by International Financial Institutions (IFIs) and the freezing of the financial assets of the Central Bank of Afghanistan in light of the current political crisis.¹ The lack of liquidity within the formal financial sector has impacted the operations and functionality of banks, mobile money operators, and remittance exchange companies. A key challenge is the work around the banking and liquidity challenges that have made it difficult to move money into the country for programs, salaries and other core operational costs. The Humanitarian Cash and Voucher Working Group, supported by development

partners and the wider UN system, is working to find ways to address these issues to ensure the ability of humanitarian actors to continue to work effectively and at scale.

While the humanitarian planning scenario incorporates disruptions to both government-run and non-government run services that address basic human needs, including the national health care system, the scenario assumes that interim solutions to sustain minimum support in the key sectoral areas will continue in some form. Humanitarian response is interdependent on the continuation of elements of development programming or services that were provided under the previous government and which are now facing disruption and possible collapse. Avoiding further deterioration in humanitarian needs and the collapse of essential services is also contingent on preserving social investments and protecting community-level systems. All elements of the humanitarian response is dependent on an enabling environment for assistance, both domestically and internationally, that allows continued, principled engagement with all parties in support of all people in Afghanistan.

In 2021, development and humanitarian organizations worked together to develop a common snapshot of overlapping needs given the multi-dimensional impacts of the crisis. This helped to inform not only the development of the HRP but also work on complementary plans to ensure that the basic services that enable humanitarian work and prevent even greater numbers of people from falling into critical need do not collapse. To this effect, humanitarian partners have worked closely with development actors in the UN system, the World Bank, Asia Development Bank and others to align the planning in the HRP with the UN Transitional Engagement Framework 2022 and other initiatives aimed at preventing the further deterioration of basic services in Afghanistan. It is estimated that an additional \$3.5 billion will be required to sustain access to basic services and prevent development gains from being lost – a total financial requirement of nearly \$8 billion, inclusive of the humanitarian response.



SPIN BOLDAK BORDER CROSSING, NOVEMBER 2021

Photo: OCHA/Sayed Habib Bidell

Crisis, Context and Impact

Political, social, demographic, economic profile

Following four decades of war and an already dire situation of increasing hunger, economic decline, price increases in food and other essential needs, and rising poverty over the past several years, in 2021 the people of Afghanistan faced intensified conflict, the withdrawal of international forces and then the takeover of the country by the Taliban in August. The resulting political, social and economic shocks have reverberated across the country with a severe deterioration of the humanitarian and protection situation in the fourth quarter of 2021 and the outlook for 2022 remaining profoundly uncertain.

Afghanistan's population is estimated to be 41.7 million in 2021, of whom 51 per cent are men and 49 per cent are women. A staggering 47 per cent of the population are under 15 years old, giving Afghanistan one of the highest youth populations in the world. With a projected population growth rate of 2.3 per cent per

annum,² one of the steepest in the region, the country's financially-dependent youth population is set to grow even further.

Population growth, internal displacement, higher-than-usual rates of cross-border return are contributing to increased strain on limited resources, livelihood opportunities and basic services, as well as an increase in protection risks especially for most at risk groups. It is estimated that there are more than 2.6 million Afghan refugees worldwide,³ which makes Afghans the third largest refugee population in the world. Additionally there are more than 9.2 million people displaced⁴ by conflict inside the country.

Security environment

Following decades of war, intense conflict in the first seven months of 2021 brought severe harm to the people of Afghanistan. According to the UN Assistance Mission in Afghanistan (UNAMA),⁵ civilian casualties

in the first half of 2021 reached record levels, with particularly sharp increase in killings and injuries since May 2021 when international military forces began their withdrawal and fighting intensified. 5,138 civilian casualties (1,659 killed and 3,524 injured) were recorded between January and June 2021 – a 47 per cent increase from the same period in 2020.

While the significant decrease of widespread armed conflict in most parts of Afghanistan after 15 August led to a drastic reduction in civilian casualties from ground engagements and airstrikes, UNAMA continued to document civilian casualties from improvised explosive devices and explosive remnants of war. From 15 August to 31 December 2021, UNAMA documented more than 1,050 civilian casualties, including more than 350 civilians killed.

Close to 700,000 people were internally displaced by conflict in 2021⁶ - 60 per cent children and 20 per cent women⁷ while close to 9.2 million people are estimated to remain in situations of forced displacement since 2012.⁸ Following the takeover in August, although violence overall has reduced, attacks by NSAG continue to occur, with violence associated with the Islamic State – Khorasan province (ISK) in particular increasing from 60 to over 300 attacks by November 2021.⁹ Further complicating the situation is the presence of explosive hazard contamination across the country, particularly improvised mines and explosive remnants of war, which continue to impact at least 1,500 Afghan communities.

Legal and policy issues

Following the takeover of the Government by the de facto authorities, the status of the legal system more broadly is in flux with a range of new policies being proposed, and the status of previous legal frameworks in doubt.

The lack of government-issued identification documents continues to be a limiting factor for many of people in Afghanistan, blocking access to government services and increasing risk of statelessness. According to the 2021 Whole of Afghanistan assessment data, only 35 per cent of households (HH) reported that all HH members had

a tazkira (identification card), while 31 per cent of households reported that no women had a tazkira, 63 per cent of displaced households reported that some household members were missing a tazkira, while 3 per cent of displaced HHs said that nobody in the household has a tazkira.

Similarly, land rights and tenure are a challenging issue. 40 per cent of the displaced households surveyed in the 2021 Whole of Afghanistan Assessment reported insecure tenure in their current shelter: verbal rental agreement, a Safayee notebook, or no rental agreement. This is a particularly serious challenge for those living in informal settlements¹⁰ where people lack land tenure, reducing their access to essential services and placing them at constant threat of eviction and negative coping mechanisms.¹¹

For issues around gender-based violence (GBV), despite the creation of the elimination of violence against women (EVAW) law, the judicial system still places an enormous burden on individual women to make the justice system work for them, rather than the system working on their behalf.¹²

Lack of progress in passing proposed legislation on asylum continues to leave refugees and asylum seekers in Afghanistan without the necessary legal framework to enable them to obtain necessary documentation to move freely throughout the country, work in the formal sector, pursue higher education, or enter into contracts, leaving them dependent on humanitarian assistance and remittances to meet basic needs.

Infrastructure

Even prior to the August 2021 change in Government challenges stemming from under-investment in basic infrastructure continued to hamper quality of life and access to services throughout Afghanistan. Active conflict, large-scale population movements, recurrent natural disasters and the ongoing impact of COVID-19 on the social and economic fabric of the country have hindered longer-term urban planning, reduced attention on more expensive durable solutions and diminished people's access to essential services.

The physical environment and lack of transport and communications infrastructure remain a challenge in Afghanistan, with road access impeded by conflict, the potential presence of explosive hazards, poor road conditions as well as natural hazards, including seasonal flooding and heavy snowfall.

Less than half of all of Afghanistan's districts have phone coverage throughout the district, and disruptions remain common in many areas. The picture regarding access to electricity across Afghanistan is mixed. The United States International Development Agency (USAID) estimates that only 30 per cent of Afghans have access to electricity, while figures from Afghanistan Transparency Watch claim it may be 65 per cent. Regardless of these estimates, sustained and reliable access to electricity is an ongoing issue for many Afghans. Electricity supplies have been especially unreliable since 2020 including in Kabul. The recent financial crisis and drought have further impacted on the reliability and availability of electricity in many areas of the country.

Natural environment/disaster risk

While conflict and insecurity were the primary drivers of displacement up until August 2021, natural disasters and environmental risks are becoming an increasing driver of underlying need.

A national drought was officially declared in June 2021, the worst in more than three decades. 80 per cent of the country is now suffering from either severe or serious drought. This historic drought, brought on by exceptionally low precipitation in 2020-2021, has added to a long silent water crisis and put additional pressure on water resources already strained from population growth (for example in the densely populated cities of Kabul, Kandahar and Herat where 66 per cent of country's urban population live). Groundwater levels have progressively lowered across the country – in Kabul going from eight meters below land in 2003 to 45 meters in 2021.¹³ Even the aquifers in the central region have been affected by a water scarcity crisis currently impacting two-thirds of the

country. Overall, the dwindling of the water levels is resulting in the drying up of hand-dug wells, springs, kariz, boreholes and streams.

Rural areas, and particularly farming and livestock rearing households, have been hard hit by the 2020-21 drought. The drought is driving food insecurity, and in addition to grain deficits and livestock deaths in both rainfed and irrigated areas.

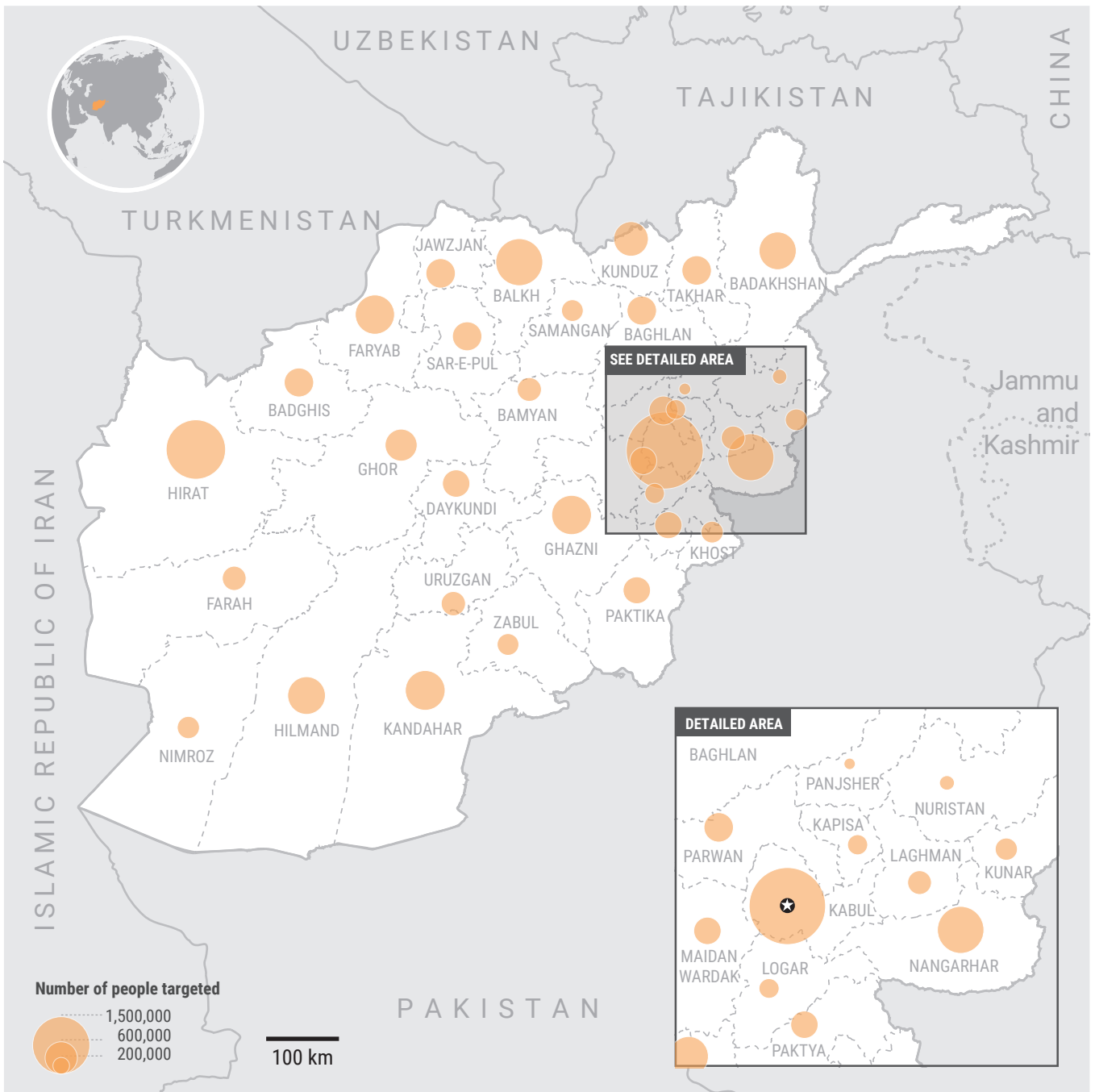
This is devastating to many households who are still reeling from the crippling effects of the 2018-19 drought and have not had the opportunity to recover, given the cumulative impacts of war and chronic poverty.

In addition to the drought, more than 29,000 people in 13 provinces were affected by other natural disasters – mostly floods – throughout Afghanistan in 2021.

Afghanistan has an INFORM Risk Index of 6.8, the fifth highest risk country out of 190 profiled. At the same time, the Notre Dame Global Adaptation Index ranks it as the 11th least prepared country against climatic shocks and the 10th most vulnerable country in the world to climate change.¹⁴ With its placement in a seismically active region, Afghanistan remains highly susceptible to catastrophic damage due to earthquakes – particularly across a number of densely populated urban areas along the Chaman, Hari Rud, Central Badakhshan, and Darvaz faults. Each of these faults is capable of producing 7 or 8 Magnitude earthquakes. In the last 10 years, more than 7,000 people have lost their lives because of earthquakes in Afghanistan, with an average of 560 fatalities per year.¹⁵ A contingency plan developed by the Inter-Cluster Coordination Team (ICCT) in late 2020 estimates that if an earthquake of 7.6 magnitude were to strike the seismically risky area between Kabul and Jalalabad, up to 7 million people would be impacted in the areas of worst shaking, throwing three million of the most vulnerable people in need of humanitarian assistance.¹⁶

Planned Response

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | WITH SEVERE DISABILITY |
|----------------|---------------|------------|------------|------------------------|
| 24.4M | 22.1M | 21% | 54% | 8.3% |



HRP Key Figures

Planned Humanitarian Response by Population Groups

| POPULATION GROUP | PEOPLE IN NEED | PLANNED REACH | IN NEED TARGET | % TARGETED |
|---|----------------|---------------|----------------|------------|
| Vulnerable people with humanitarian needs | 23.8M | 22.1M | | 93% |
| Cross-border returnees | 785.4 | 592.1K | | 75% |
| Internally displaced people | 504.4K | 504.4K | | 100% |
| Shock-affected non-displaced people | 150K | 150K | | 100% |
| Refugees & asylum seekers | 72.4K | 72.3K | | 99% |

Planned Humanitarian Response by Sex

| SEX/AGE | PEOPLE IN NEED | PLANNED REACH | IN NEED TARGET | % TARGETED |
|---------|----------------|---------------|----------------|------------|
| Boys | 6.8M | 6.2M | | 91% |
| Girls | 6.3M | 5.7M | | 90% |
| Men | 5.8M | 5.2M | | 90% |
| Women | 5.5M | 5.0M | | 91% |

Planned Humanitarian Response by Age

| AGE | PEOPLE IN NEED | PLANNED REACH | IN NEED TARGET | % TARGETED |
|-----------------|----------------|---------------|----------------|------------|
| Children (0-17) | 13.1M | 11.9M | | 91% |
| Adults (18-64) | 10.6M | 9.6M | | 90% |
| Elders (65+) | 657K | 591K | | 90% |

Planned Humanitarian Response for Persons with Disability

| | PEOPLE IN NEED | PLANNED REACH | IN NEED TARGET | % TARGETED |
|--------------------------|----------------|---------------|----------------|------------|
| People with disabilities | 2.0M | 1.8M | | 90% |

Planned Humanitarian Response by Sector

| SECTOR | PEOPLE IN NEED | PLANNED REACH | IN NEED TARGET | % TARGETED |
|------------|----------------|---------------|----------------|------------|
| Education | 7.9M | 1.5M | | 19% |
| ES-NFI | 10.9M | 1.9M | | 18% |
| FSAC | 24.0M | 21.6M | | 90% |
| Health | 18.1M | 14.7M | | 81% |
| Nutrition | 7.8M | 5.9M | | 76% |
| Protection | 16.2M | 4.5M | | 28% |
| WASH | 15.1M | 10.4M | | 69% |

Financial Requirements by Sector and Multi-Sector

| SECTOR | FINANCIAL REQUIREMENTS (US\$) |
|--------------|-------------------------------|
| Education | 162.1M |
| ES-NFI | 374.0M |
| FSAC | 2.66B |
| Health | 378.0M |
| Nutrition | 287.4M |
| Protection | 137.3M |
| WASH | 332.8M |
| Aviation | 85.0M |
| Coordination | 26.6M |

Response by Strategic Objective

S01: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.

This strategic objective is focused on the provision of urgent, emergency assistance to ensure people’s survival and to prevent mortality. This objective combines life-saving responses to all kinds of shocks – reflecting the increasingly multi-dimensional

nature of the humanitarian emergency. This strategic objective is concerned with addressing critical problems related to **physical** and **mental wellbeing**, as well as critical problems related to **living standards**.

S02: Protection risks are mitigated, while protection and human rights needs for people of all genders and diversities are monitored and addressed through integrated and inclusive humanitarian action.

This strategic objective encapsulates responses to the major threats to protection, human rights violations and continued violence faced by people in Afghanistan

every day. This strategic objective is concerned with protection and includes efforts to address critical problems related to **physical** and **mental wellbeing**.

S03: Vulnerable people of all gender and diversities are supported to build their resilience and live their lives in dignity.

This objective prioritizes action to assist the most vulnerable in the community, irrespective of when, if or how they were impacted by a shock. It recognizes the struggle faced by people in Afghanistan due to repeated displacement and their depleted

psychological and financial reserves, and the need to facilitate durable solutions where possible. This strategic objective is concerned with addressing critical problems related to **living standards** and critical problems related to **coping mechanisms**.

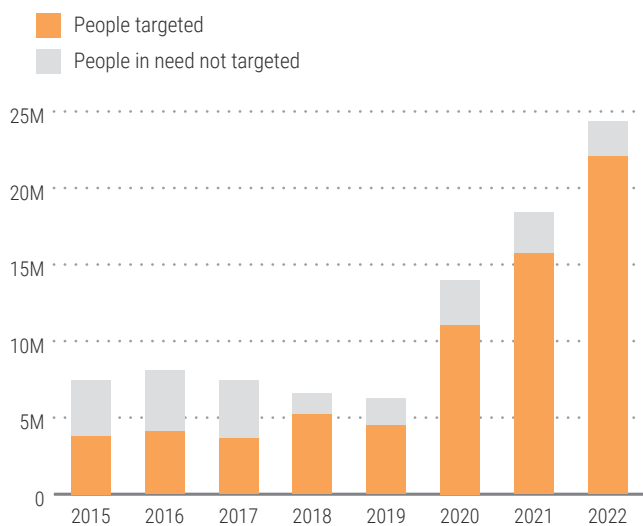
Historical Trends

The 2018-2021 multi-year HRP, which applied stricter time and prioritisation parameters to response at the onset, was revised multiple times to account for new shocks. It also re-defined the scope of humanitarian action to apply a broader view to vulnerability, given the multi-faceted drivers of humanitarian need beyond new shocks, owing to decades of conflict and lack of recovery. Contrary to its original intent, the 2018-2021 HRP's multi-year planning did not result in multi-year and predictable funding. Re-assessing this planning

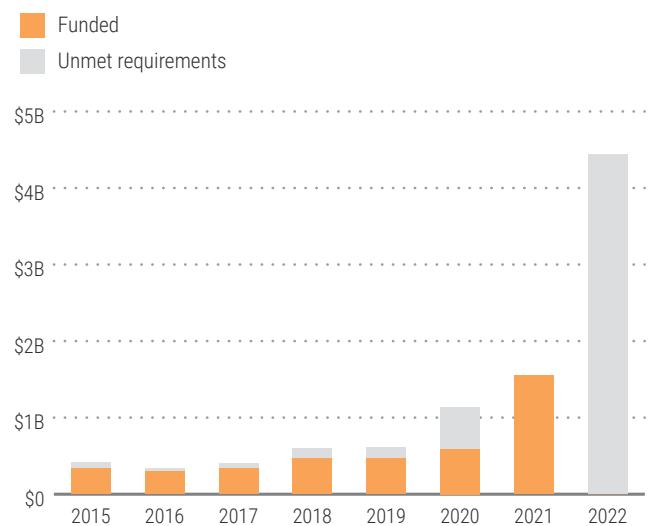
experience and considering the dynamic humanitarian situation in Afghanistan, the Humanitarian Country Team (HCT) has shifted back to single year planning for 2022.

The number of People in Need (PiN) has progressively increased from 9.4 million people in January 2020 to 14 million people in June 2020, 18.4 million people in January 2021, and now to a staggering 24.4 million people (almost 59 per cent of the population) in 2022.

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



| YEAR OF APPEAL | PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | FUNDING RECEIVED | % FUNDED |
|----------------|----------------|-----------------|---------------------|------------------|----------|
| 2015 | 7.4M | 3.8M | \$417M | \$333M | 80% |
| 2016 | 8.1M | 4.1M | \$339M | \$296M | 88% |
| 2017 | 7.4M | 3.6M | \$409M | \$332M | 81% |
| 2018 | 6.6M | 5.2M | \$599M | \$468M | 78% |
| 2019 | 6.3M | 4.5M | \$612M | \$466M | 76% |
| 2020 | 14M | 11.1M | \$1.1B | \$589M | 52% |
| 2021 | 18.4M | 15.7M | \$1.5B | 1.6B | 105% |
| 2022 | 24.4M | 22.1M | \$4.44B | - | - |

Over the same time period, humanitarian partners' response has scaled-up commensurate to needs. Despite intensified conflict and a restrictive operating environment, the number of people reached steadily rose, exceeding the planned reach for three consecutive years (2017, 2018, 2019). The COVID-19 response scale-up in June 2020 demonstrated partners' capacity to rapidly scale-up the volume and speed of response through the provision of double rations of food assistance and early prepositioning to get ahead of movement restrictions imposed to curtail the spread of the virus. In 2021, partners were able to deliver an even higher volume of assistance to 10.3 million people in the first three quarters of the year. Since September 2021 alone, following the shift in the governance of the country, partners were able to reach at least 7.9 million people with humanitarian assistance.

In late 2021, partners have also seen that access to previous 'hard-to-reach' and underserved areas become more consistently accessible. While critical financial system challenges are presently affecting the country and overall service delivery, the 2022 response planning was premised on a common scenario that the operating environment would be sustained – particularly through international community efforts – concurrent with the pursuit of lasting solutions to current banking system challenges.

The 2022 HRP comes at a time of unprecedented political, economic, security, and environmental uncertainty. For now, the Integrated Phase Classification (IPC) analysis, projecting through until March 2022, has been used as the basis for calculating food insecurity throughout the year. The mid-year IPC numbers will indicate whether this assumption, and the calculations flowing from it, must be adjusted either up or down during the year. A common planning scenario centred on a grim outlook, a persistent threat of high food insecurity and malnutrition, elevated cross-border returns, economic decay and challenges to basic service provision, as well as insecurity, elevated protection risks and the adoption of severe negative coping strategies. The planning scenario anticipates a massive surge in humanitarian needs, while interruptions to basic services and critical development programmes are being experienced at the same time – all against the backdrop of a crippling economic shock. Certain elements of an even more 'severe' scenario are being closely monitored and will be incorporated into the humanitarian community's contingency considerations. There are plans to expand monitoring systems through 2022 to ensure real-time analysis and ability to adjust as things improve/deteriorate. A mid-year nation-wide assessment and planning review is also being considered. The 2022 HNO outlines a series of risks to planning assumptions and potential humanitarian consequences should they materialize (see pages 51-62 of the HNO).

Part 1: Strategic Response Priorities

HIRAT, DECEMBER 2021

Eight-year-old Nazanin is studying in a Girls Child Friendly Space for internally displaced girls in Hirat, where there is combination of education and play activities. Photo: OCHA/Sayed Habib Bidell



1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

Following 40 years of war, 2021 saw unprecedented changes in the political and conflict dynamics in the country, with the withdrawal of foreign military forces and the takeover of the government by the Taliban as de facto authorities assumed control over the whole country in August. A devastating drought, the ongoing global Covid-19 pandemic, and the intensification of conflict in the lead-up to the takeover and the subsequent economic shock has left Afghanistan facing an unprecedented humanitarian crisis with very real risk of systemic collapse and human catastrophe.

Before the events of August 2021, intense fighting had forced nearly 700,000 people to internally displace – almost entirely within the first 6 months of 2021.¹⁷ At the same time, the worst drought in more than three decades was officially declared in June 2021. 80 per cent of the country is now suffering either severe or serious drought with over 50 per cent of water points drying up in some provinces. More than 70 per cent of the population live in rural areas and 80 per cent of livelihoods depend directly or indirectly on agriculture. Crop failure, livestock losses and the collapse of rural incomes has driven significant increases in acute food insecurity levels throughout 2021. The drought is projected to continue into 2022, which will further impact rural livelihoods and populations. Lack of services in urban settings has resulted in water production reduced by half and increased contamination from wastewater.

Both the formal and informal economies have suffered dramatically with the disruption to markets, financial and trade mechanisms, the freezing of central bank reserves, loans and the sudden drop in direct international development assistance, which formerly accounted for 75 per cent of public expenditures. The deteriorating economy and an incomplete political

transition have led to GDP contracting by an estimated 40 percent.¹⁸

As a result of conflict, severe drought and the economic crisis in 2022, 24.4 million people in Afghanistan are projected to be in humanitarian need, up by over 30 percent since the start of 2021, and amounting to over 59 percent of the entire population. The main driver of this need is a massive increase in acute food insecurity. Almost 23 million people are projected to be facing acute food insecurity by the end of 2021, and over one million children risk dying from severe acute malnutrition.¹⁹

Humanitarians plan to reach 22.1 million people who are facing food insecurity and malnutrition, water shortages, loss of livelihood, increasing protection risks and lack of access to health and other basic services. These humanitarian needs estimates were calculated using the Joint Inter-sectoral Analysis Framework or JIAF approach, which looks holistically at the needs facing people in Afghanistan and measures the severity of these needs using a series of inter-sectoral indicators. The JIAF inter-sectoral analysis of needs revealed all 34 provinces in the country are in severe (5) or extreme (29) need with almost all population groups of concern present in every province (except refugees who are centred in Khost). This inter-sectoral severity analysis and similar exercises by individual Clusters have guided targeting decisions for the 2022 response. The scope of need has expanded notably from drought-affected rural and conflict areas into cities and peri-urban environments where the collapsing economy has tipped many into desperate situations.

The national scope and multi-dimensional severity of need across the country has required a shift in the approach and pace of humanitarian operations since

August 2021. The reduction in active conflict has allowed greater access for humanitarians to previously “hard to reach” areas, though infrastructure in many areas remains poor, damaged or contaminated with explosive remnants of war. The need to also scale-up urban programming will require a different approach to outreach, community engagement and service provision than has previously been used in more remote areas.

Scope of action and response priorities

The decision to target nearly all of those in need with some form of assistance is driven by the drastic increase in severity of multi-dimensional need, and the potential for severe loss of life without intervention from the humanitarian community. Despite the scale up, at the sectoral level, many people in need will still not be targeted for specific sectoral support due to limitations on capacity, forcing a prioritisation of those in the most extreme vulnerability. Despite dramatic increases from last year in terms of targets, Protection, ES/NFI and Education in Emergencies will still target less than half of those in need, due primarily to the dramatic increase in needs in these areas. Addressing these residual needs will require massive mobilisation of resources through other types of interventions to prevent further deterioration.

In addition to the overall increase in people targeted across all population groups, the intensity of interventions has increased to address the severity of needs. Increased and lengthened food rations stepped up support for clean water provision, more robust shelter repair and construction, expanded SAM treatment and blanket supplementary feeding, as well as targeted support to sustain health and education programs in the worst affected areas will all require more time and resource intensive interventions and prevent further collapse. The key strategic goal of the 2022 HRP is to prevent further rapid decline in living conditions, needs and negative coping mechanisms and provide some breathing space for development and other actors to support re-establishing functioning services and enabling economic environment.

Population groups and lenses of analysis

Given the broad scope and depth of need nationwide, as well as the deteriorating outlook for the coming year, the populations of concern for the 2022 HNO and HRP remain similar to those used in the previous multi-year HRP with some modifications. The same as those used included in the June revision to the 2020 HRP:

New internally displaced people in 2022

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | PEOPLE IN NEED (PIN) | PIN BY WOMEN MEN (%) | PIN BY CHILDREN ADULTS ELDERLY (%) |
|---|--------|--------|---------|----------------------|------------------------|--|
| MINIMAL | STRESS | SEVERE | EXTREME | | | |
| - | - | 309k | 195k | 504k | 52 48 | 62 36 2 |

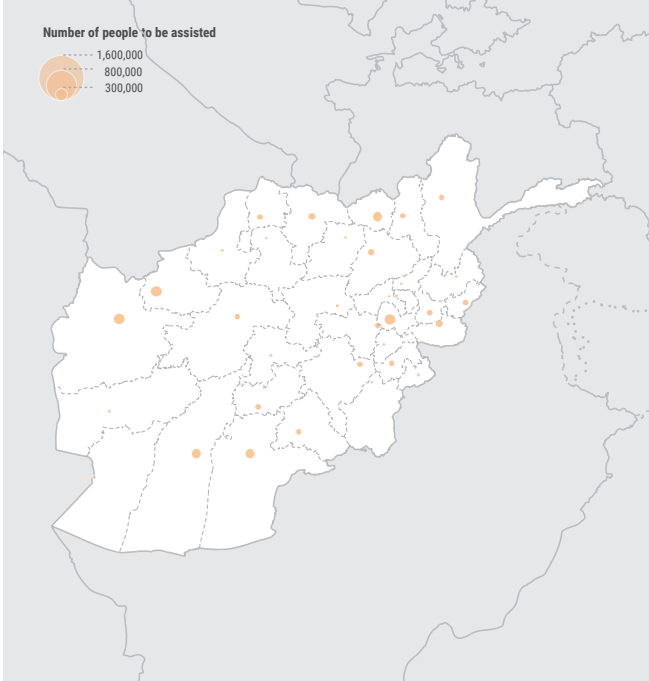
| ASSOCIATED FACTORS | AREA |
|--|---------------|
| Conflict, natural disasters, economic shocks | All provinces |

Despite the nearly 700,000 people displaced by conflict in 2021, it is anticipated that conflict-driven displacement will decrease, while displacement driven more by drought, economic collapse and human rights issues will increase. Therefore, while the HNO projects around 504,000 people to be displaced in 2022 the shift in drivers will change, the profile of needs and the appropriate response approach. There is also the possibility of conflict-displaced people returning to

their places of origin, where they may find damaged homes, unexploded ordnance, and a lack of services or livelihoods – creating the risk of either greater need in those areas as resources are strained or resulting in repeat displacement. A revised monitoring system to better understand the complex drivers and impacts of displacement will be required to effectively respond to the needs of this group in 2022 and moving forward.

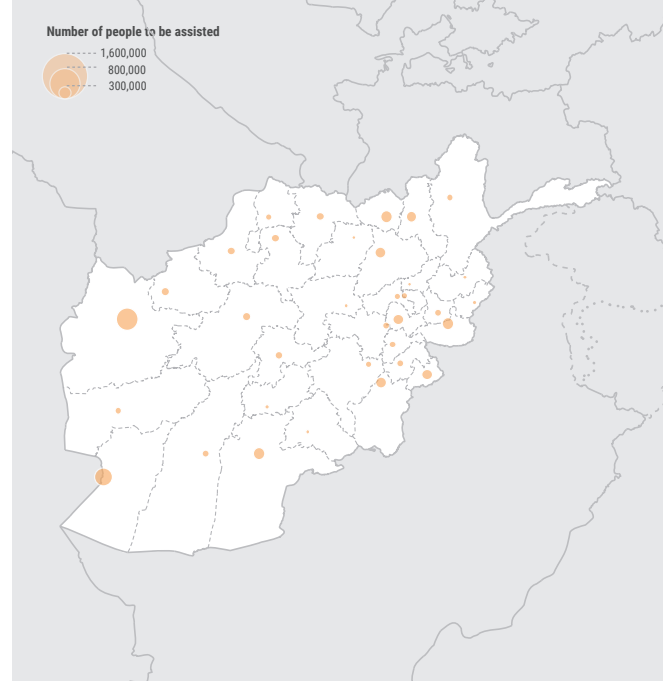
New Internally Displaced People

| | |
|-----------------------|----------------------|
| PEOPLE IN NEED | PLANNED REACH |
| 504K | 504K |



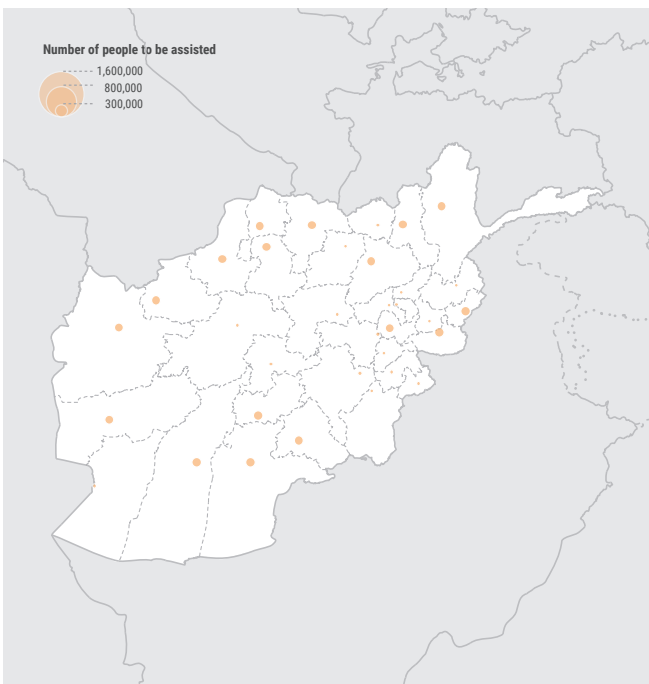
Refugees and Cross-Border Returnees

| | |
|-----------------------|----------------------|
| PEOPLE IN NEED | PLANNED REACH |
| 858K | 664K |



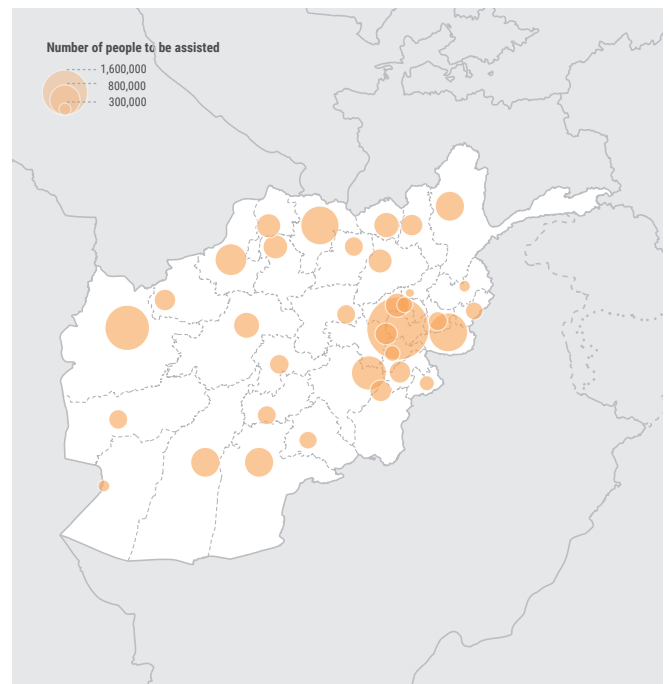
Shock-Affected Non-Displaced People

| | |
|-----------------------|----------------------|
| PEOPLE IN NEED | PLANNED REACH |
| 150K | 150K |



Vulnerable People with Humanitarian Needs

| | |
|-----------------------|----------------------|
| PEOPLE IN NEED | PLANNED REACH |
| 23.2M | 20.7M |



New cross-border returnees in 2022

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | PEOPLE IN NEED (PIN) | PIN BY WOMEN MEN (%) | PIN BY CHILDREN ADULTS ELDERLY (%) |
|---|--------|--------|---------|----------------------|------------------------|--|
| MINIMAL | STRESS | SEVERE | EXTREME | | | |
| - | - | 470k | 315k | 785k | 24 76 | 32 64 4 |

ASSOCIATED FACTORS

Economic factors, COVID-19, protection environment

AREA

All provinces

Cross-border returnees – both refugees, irregular migrants and those deported, continue to be a major group of concern with an estimated 785,000 people expected in 2022, inclusive of refugee returnees. All

of these are considered to be in general humanitarian need, as well as for support for specific services for refugees and migrants on their return.

Shock-affected non-displaced people

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | PEOPLE IN NEED (PIN) | PIN BY WOMEN MEN (%) | PIN BY CHILDREN ADULTS ELDERLY (%) |
|---|--------|--------|---------|----------------------|------------------------|--|
| MINIMAL | STRESS | SEVERE | EXTREME | | | |
| - | - | 91k | 59k | 150k | 49 51 | 54 43 3 |

ASSOCIATED FACTORS

Economic factors, COVID-19, protection environment

AREA

All provinces

For 2022, this group has largely been limited to people affected by sudden-onset natural disasters or other crisis, particularly floods, but who have not

been displaced. It is estimated that about 150,000 people will be affected by these shocks over the course of 2022.

Vulnerable people with humanitarian needs (including protracted IDPs)

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | PEOPLE IN NEED (PIN) | PIN BY WOMEN MEN (%) | PIN BY CHILDREN ADULTS ELDERLY (%) |
|---|--------|--------|---------|----------------------|------------------------|--|
| MINIMAL | STRESS | SEVERE | EXTREME | | | |
| 6.3m | 12.2m | 14.3m | 8.9m | 23.2m | 49 51 | 54 43 3 |

ASSOCIATED FACTORS

Food insecurity & deteriorating livelihoods, malnutrition and access to services, debt, natural disasters

AREA

All provinces

The simultaneous focus on those needing emergency assistance as a result of conflict and disasters, in addition to “vulnerable people with humanitarian needs” reflects the decision by the HCT in 2019 to expand the scope of humanitarian action in Afghanistan to include a wider range of people with ongoing need

for support. This was based on the understanding that without expanded economic and development support, many of these people would rapidly slip in critical or catastrophic humanitarian need. In 2021, with the economic collapse and temporary freeze of development support, this has happened. Over

55 per cent of the country, both urban and rural, is in full-blown humanitarian crisis, as particularly demonstrated by the dramatic increase in food insecurity shown through the IPC analysis, with areas of the country on the verge of famine-like conditions. In the absence of sustainable coping mechanisms, restart of Government services and other development support, a majority of the country now requires an intensified level of humanitarian assistance. Due to the

takeover of the Government and the ongoing revision of the approach for international support, the 2022 HRP will no longer look at “people in need of social assistance”. Instead what is required is a large-scale intervention to preserve systems that provide basic human needs, without which poverty may become nearly universal affecting 95-97 per cent of the population by mid-2022,²⁰ and driving humanitarian needs still higher.

Refugees and asylum seekers

| NUMBER OF PEOPLE IN EACH SEVERITY PHASE | | | | PEOPLE IN NEED (PIN) | PIN BY WOMEN MEN (%) | PIN BY CHILDREN ADULTS ELDERLY (%) |
|--|--------|--------|---------|----------------------|------------------------|--|
| MINIMAL | STRESS | SEVERE | EXTREME | | | |
| - | - | 51k | 21k | 72k | 51 49 | 59 38 2 |
| ASSOCIATED FACTORS | | | | AREA | | |
| Protection concerns, lack of durable solutions, food insecurity and access to services | | | | Khost, Paktika | | |

Afghanistan continues to host just over 70,000 refugees and asylum seekers, who remain one of the most vulnerable groups in the country.

These five population groups have been further articulated in sub-groups to support people in need calculations, support stronger targeting and facilitate enhanced reporting. Disaggregated needs and response data is provided where available identifying the number of men, women, children, and people with a disability in need and to be assisted.

Geographic prioritisation

Activities for 2021 have been geographically prioritized according to the JIAF analysis in the HNO which shows that there are needs in every province of the country. With extreme need in 29 out of 34 provinces, the current expansion of access reducing the number of “hard to reach” areas and the dynamic situation with changes in conflict, geographic prioritization is difficult this year. To the extent possible, the HRP utilises a blanket, vulnerability-based approach to addressing needs throughout the entire country – although each sector has identified provinces of highest need based

on their own analysis. If the national situation either stabilizes, or a secondary shock in certain provinces creates a need for detailed prioritisation, this approach will be reviewed.

Based on an analysis of sectoral needs severity and scale, as well as inter-sectoral overlap of needs, Clusters have designed responses that are tailored to the needs expressed by affected people, while factoring-in the availability of partners in each location and the access challenges they face. The highest number of people planned to receive assistance is in Kabul province (3.47 million), due to the concentration people in urban settings who are now facing crisis and emergency levels of food insecurity due to COVID-19, followed by Hirat province (2 million) and Nangarhar (1.3 million). The remainder of the top ten provinces to receive assistance by population include Balkh, Ghazni, Faryab, Kandahar, Badakshan, Hilmand and Kunduz in that order.

1.2 Strategic Objectives, Specific Objectives and Response Approach

KANDAHAR, NOVEMBER 2019

Children displaced by violence and conflict at a water pump in a village nearby Kandahar. The water pump was financed by humanitarian aid. Photo: OCHA/Charlotte Cans



Strategic Objective 1

Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity

Strategic Objective one focuses on core emergency response activities, with a focus on addressing immediate life-saving priorities across all sectors.

1.1) Provide timely, equitable and safe, life-saving emergency shelter, wash, health, education, psychosocial, protection, and NFI support to 21 million people of all genders and diversities including 504,320 newly displaced, 785,400 undocumented and refugee returnees, 72,308 refugees, 150,000 people affected by sudden-onset natural disasters.

Activities under this strategic objective include rapid and immediate multi-sectoral interventions to address needs of all people affected, including displaced, returnees people affected by natural disaster, etc. Ensuring that people, particularly those newly in humanitarian need, are rapidly reached with assistance to prevent further deterioration and avoid people resorting to negative coping mechanisms is the drive of this objective.

1.2) Improve access to food and life-saving nutrition services for 21.56 million people facing acute food insecurity and malnutrition with associated diseases by the end of 2022.

Recognizing the scale of the food crisis, a key objective of the HRP is improving access to food and nutrition

support through direct provision of food assistance through both in-kind and cash-based transfers, emergency livelihoods support and programs to address SAM and MAM, including through blanket supplementary feeding programs. With the winter and lean season in full swing, a rapid-scale up under this objective is critical to staving off a further deterioration and the possibility of famine-like conditions emerging.

1.3) Provide an integrated WASH and Health response to reduce the excess morbidity and mortality rate from preventable crisis-driven diseases and outbreaks among 14.4 million most vulnerable by the end of 2022, and ensure that life-saving trauma, reproductive health, mental health and mine action services are provided to people in need of all genders and diversities.

With the partial collapse of the health system, there is need for a rapid scale-up of health and WASH activities to ensure that outbreaks are identified and controlled, trauma care and medical services, including reproductive health are available to the most vulnerable people, including pregnant and women of reproductive age. This also includes support for mental health and mine action to reduce the risk and impact of unexploded ordnance.

Strategic Objective 2

Protection risks are mitigated, while protection and human rights needs for people of all genders and diversities are monitored and addressed through integrated and inclusive humanitarian action

2.1) Ensure safe and equitable and inclusive access to essential services, and access of humanitarian actors to those in need, regardless of gender, age diversity, disability, visibility or other factors.

The takeover by the de facto authorities has created concerns around access to humanitarian services and human right for all those in need. A key strategic objective in the HRP will be enabling programs and activities that ensure equitable inclusive access to all essential services.

2.2) Human rights, inclusiveness, safety and dignity are promoted and protection risks identified and addressed through inclusive protection monitoring, community-based mechanisms and humanitarian response.

Protection programming, and sectoral programming designed specifically to mitigate protection risks (e.g. GBV) is a critical priority. This includes the need to enhance protection monitoring and community-based

mechanisms as government referral mechanisms have been disrupted.

2.3) Promote collective action on the centrality of protection, gender equality and the empowerment of women and girls, and a “do no harm” approach by ensuring effective, inclusive and gender-responsive mechanisms for complaint, feedback and communicating with communities, GBV response, prevention and mitigation, PSEA and child safeguarding, and women’s equitable and meaningful participation across the humanitarian response.

The 2022 HRP maintains an emphasis on a rights-based approach to humanitarian activities in response to the sheer scale of the protection crisis facing the country. As such, the 2022 HRP will continue to prioritise stand-alone and mainstreamed protection activities as a core element of programming. Activities will also be undertaken by all partners to improve accountability, strengthening community engagement, and other elements to strengthen a programmatic approach to “do no harm”.

Strategic Objective 3

Vulnerable people of all gender and diversities are supported to build their resilience and live their lives in dignity

3.1) Increase the resilience of vulnerable households to shocks by improving access to inclusive livelihood opportunities and protect rural livelihoods and related food sources through emergency agriculture, livestock, other inclusive livelihood support and improved disaster risk reduction, in line with their livelihoods and seasonality, for people of all genders and diversities.

In the face of economic and systems collapse across both urban and rural areas, dedicated programming to help return the most vulnerable to stability through support for basic livelihood, strengthening of food systems and value chains, investments in communal assets, skills development, enhanced market access, and support to stabilize essential services. These include water and sanitation and education support to sustain access, reach, and mitigate life-threatening disruptions in essential services.. The HRP recognises that different strategic approaches and vulnerabilities exist between urban and rural contexts in Afghanistan and is working towards a holistic approach to addressing the systems to address needs as appropriate in both.

3.2) Provide support for durable solutions for people of all genders and diversities who have been displaced, as well as those that have returned, including through improved access to essential services to build resilience and to live with dignity.

With the potential cessation of large-scale conflict during 2022, humanitarian partners are refocusing on addressing the needs of the 9.2 million people displaced over the years of the conflict, and the hundreds of thousands of cross-border returnees who are projected in the coming year. This will require both direct humanitarian support for newly and prolonged displaced people, support for voluntary return to place of origin, and investments in those communities that are receiving people back to ensure that there are sufficient services to prevent re-displacement. This includes rehabilitation of basic infrastructure, de-mining and support for local livelihood opportunities. Despite the scale of the crisis, effective humanitarian support can help people to return and live with dignity, reducing the humanitarian caseload in the future.

1.3

Cross-cutting response priorities

Centrality of protection

Among the 24.4 million people now in need across the country, the most vulnerable include the urban poor; minority groups; those exposed to forced, multiple and often extended periods of displacement; undocumented recent returnees; children; the elderly; households headed by women; people with disabilities and marginalized ethnic groups. Conflict, poverty and repeated natural disasters have left these acutely vulnerable people with reduced ability to cope with the drought and economic collapse.

UN Security Council Resolution 2593 (2021) reaffirmed the importance of upholding human rights

including those of women, children and minorities in Afghanistan. An analysis of threats and risks for affected communities highlights that:

- Priority protection risks for the population at large include safety and security, freedom of movement, denial and inability of access to services, coping mechanisms, lack of civil documentation, mine action, rights and wellbeing of women and girls, child protection related risks, HLP issues.²¹
- Risk of human rights violations and systematic discrimination against civilians, including against women and girls – particularly women and

SPIN BOLDAK, NOVEMBER 2021

A 2 years old child who came with his mother, brother and sister, from Spin Boldak, is being treated with blood transfusions for Thalassemia and other diseases. Photo: OCHA/Sayed Habib Bidell



minor-headed households, Afghans affiliated with the previous regime, human rights defenders, journalists and media workers, as well as political, religious, ethnic minorities, such as the Hazara, or persons of diverse gender identities and sexual orientations such as LGBTIQ+, etc.²²

- Uncertain and shifting conflict dynamics, including between de facto authorities/Taliban Government and other non-state armed actors remain of concern

Given these new and enduring risks, the HCT has renewed its commitment to be accountable to people by putting them at the centre of humanitarian action and that all assistance is planned and implemented in such a way that their safety, dignity, rights and preferences are upheld. The Protection Cluster continues to take the lead on centrality of protection activities in Afghanistan, with pro-active engagement from other clusters on how to ensure each cluster implements this IASC Policy. Humanitarian partners will continue to be guided in their response by more robust analysis of protection risks and human rights abuses, supported through an updated protection monitoring framework that has been further adapted to include COVID-19 specific indicators. Efforts by humanitarian partners will be guided by the HCT Protection Strategy that will be updated in 2022.

Age, gender and disability inclusive programming

In the current humanitarian crisis, persons with disabilities are disproportionately affected, and face physical, communication, institutional and attitudinal barriers preventing them from meaningfully accessing life-saving assistance and developmental opportunities. COVID-19 has further exacerbated the risk of exclusion and isolation, as well as reduced already limited employment opportunities and deepening inequality.²³ This results in both hampered access to humanitarian assistance and higher risks of exclusion, and to limited access to developmental opportunities. Hampered access to services and opportunities also has a direct impact on the socio-economic wellbeing of both the individuals

and their household, as persons with disabilities often have higher healthcare needs and, due to the lack of opportunities and existing barriers, are less likely to find income-generating opportunities, thus being perceived as a burden within the household. In a country where 8.5 per cent of the population is estimated to be living with a severe disability, gender, age and disability – as well as ethnicity and location – intertwine in increasing the marginalisation of persons with disabilities. This is particularly true for women with disabilities, who are often additionally disadvantaged as they face marginalisation due to both their gender and disability.²⁴ They are less likely to find/have a job, and often earn lower wages when employed.²⁵ Adding to their difficulties, women with disabilities generally experience violence at higher rates and on a far greater scale than non-disabled women,²⁶ and are at greater risk of neglect and exploitation. They also have less access to reproductive healthcare – which is already dramatically scarce throughout the country, and can be at risk of forced sterilisation.²⁷

During 2022, and in line with its inter-sectoral nature, the Disability Inclusion Working Group (DIWG) will scale up its activities to enhance inclusive responses in line with the IASC Guidelines, aimed at reducing the physical, communication and attitudinal barriers that persons with disabilities are faced with, and foster their meaningful representation and participation. In a context where humanitarian needs are dramatically scaling up and millions of men, women, boys and girls with and without disabilities are in critical need of assistance, the DIWG will work closely with Clusters and their member partners to capitalise on their longstanding presence and experience in the country to reduce the risk of exclusion of people with disabilities during the humanitarian response. The DIWG will also prioritise consultations with persons with specific age, gender and disability related vulnerabilities, so that the needs, challenges and aspirations of persons with disabilities can inform and be embedded in the humanitarian response.

1.4 Costing Methodology

Afghanistan's HRP is costed on an activity basis by Clusters. Each Cluster produces a cost-per-beneficiary estimate, which combines the costs associated with in-kind supplies, cash provision (where appropriate), and expenses associated with the physical delivery of assistance (logistics, staff, security and other overheads).

The 2022 HRP substantially increases planned reach (by 33 per cent) with a much larger increase in total cost (270 per cent) as compared to the 2021 HRP. The average cost per beneficiary has increased from an average of \$109 per person over the 2018-2021 multi-

year HRP to \$201 per person in the 2022 HRP. This reflects increased intensity of interventions required and by the increased number of people targeted at sectoral level over previous years.

A number of Clusters have seen their cost per person increase due to the need to have more intensive interventions to mitigate the increasing severity of need. These are:

Emergency Shelter and NFI: The cost per person for ES/NFI has increased to \$197 from the previous average of \$80 due to a shift towards shelter repair

HIRAT, DECEMBER 2021

On the second day of Polio Vaccination Campaign, Amrullah, 9 months old, is getting vaccinated against Polio. His mother Salima came to the hospital to get treatment when she saw that vaccination stand in front of the clinic door in Hirat City. Photo: OCHA/Sayed Habib Bidell



and transitional shelter for more durable solutions, and away from the use of tents and NFIs. Investments in these solutions are expected to reduce shelter and winterization needs for the next response plan proving cost efficient over even the short-term.

Food Security and Agriculture: The cost per person for Food Security and Livelihoods has increased to \$123 from the previous average of \$52 due to the need to increase to a 75 per cent food basket over a longer period, and more intensive emergency livelihood activities.

Education in Emergencies: The cost per person has increased slightly from the previous average of \$92 to \$108 reflecting increased support required due to the deterioration of the public education system, increased access to hard-to-reach areas (requiring

additional operations costs), and elevated unit costs for standard activities due to market price increases.

Water, Sanitation and Hygiene: The cost per person for WASH has also increased slightly from an average of \$28 to \$32 reflecting the need to increase direct provision of clean water, and support for sanitation services in light of the severity of the drought.

The per person costs for Health, Nutrition and Protection remain within the same range as the 2018-2021 HRP averages, but have substantial increases in funding requirements due to the increased number of people being targeted.

For additional information on costing methodologies see the Cluster-specific sections below.

Average Cost-per-Beneficiary (US\$)

| SECTOR | 2018 | 2019 | 2020 (ORIGINAL) | 2020 (JUNE REVISION) | 2021 | 2022 |
|-------------------------------|--------------|--------------|--------------------|-------------------------|-------------|--------------|
| Education | \$76 | \$97 | \$110 | \$72 | \$84 | \$108 |
| Emergency Shelter and NFI | \$74 | \$59 | \$80 | \$88 | \$109 | \$193 |
| Food Security and Livelihoods | \$60 | \$71 | \$41 | \$38 | \$39 | \$123 |
| Health | \$27 | \$34 | \$34 | \$24 | \$16 | \$26 |
| Nutrition | \$83 | \$60 | \$54 | \$47 | \$46 | \$48 |
| Protection | \$65 | \$33 | \$36 | \$39 | \$29 | \$30 |
| Water, Sanitation and Hygiene | \$24 | \$28 | \$35 | \$40 | \$26 | \$32 |
| OVERALL | \$115 | \$136 | \$103 | \$102 | \$82 | \$201 |

1.5

Planning Assumptions, Operational Capacity and Access

Planning Assumptions, Operational Capacity and Access

Afghanistan has entered a period of extreme uncertainty, with the evolution of the crisis dependent on a range of external factors – geopolitical, economic, environmental and security. The HCT and ICCT considered a range of possible scenarios for 2022 and has agreed on a common planning scenario, while recognising that there are a number of serious risks for greater deterioration across all elements. The full details of this scenario can be found in the 2022 HNO – section 2.1 Risk Analysis.

While it is anticipated that the security situation stabilises at significantly lower levels of violence than in 2019-2021, continuing security incidents are expected in some regional hotspots (Jalalabad, Panjshir) and isolated low-level conflict with NSAG, particularly ISKP and remnants of the former governing coalition. These entities may seek to exploit weak governance and the economic crisis to destabilise the government of the de facto authorities. Such instability resulting from ISKP and other NSAG attacks may have implications for humanitarian access and access to services, as well as intensifying the risk from spoiler attacks.

Similarly, the scenario projects an increase in security and protection risks, including gender-based violence targeting women and human rights violations against individuals with risk profiles (e.g., journalists and media workers, teachers, health professionals, social activists, women's rights activists, individuals with real or perceived association with the ex-government, sexual and gender minorities). This could lead to some humanitarian partners and organisations finding the new security and governance environment too constraining, leading to a loss of capacity in certain sectors and areas. There is also a fear of a continued shrinking CSO space, especially for women's CSOs, and

restricted participation of female humanitarian staff which would severely impact partners ability to reach females and girls in need of humanitarian assistance.

It is expected that the de facto authorities will continue to consolidate their control, with some level of internal discord and division, particularly between provinces, and with serious reduction in Government services. As part of this planning, the ICCT has assumed that the Sehatmandi health program and other key development programs will restart in some form and continue to provide essential services though at a reduced level compared to before and only after a period of substantial disruption into 2022.

While the UN Security Council unanimously adopted Resolution 2615 on 22 December 2021, which provides legal assurances to humanitarian organisations, and the financial institutions and commercial actors they rely on, to provide humanitarian assistance and clears the way for aid to reach Afghans in desperate need of basic support, sanctions regimes of individual donor countries continue to complicate efforts to provide neutral assistance.

Neighbouring countries are expected to continue maintaining strict control of official and unofficial borders owing to concerns regarding large-scale refugee outflows. Nevertheless, a steady trickle is likely to continue out of Afghanistan, primarily through unofficial border crossing-points. At the same time, with refugees in Iran and Pakistan being amongst the most impacted by economic shifts, return of refugees from both Iran and Pakistan are expected to increase. In addition, relative stability under the new authorities could lead to increased confidence, encouraging refugee returns at higher levels.

While some international measures may be implemented to prevent a total collapse of the economy (e.g., limited physical shipment of USD cash, limited access to overseas assets, selective access to foreign exchange reserves, facilitating international transactions between banks), the economy is expected to shrink dramatically, with a worst-case scenario envisaging poverty affecting 95 to 97 per cent of the population. Negative coping mechanisms are also likely to increase, especially among vulnerable groups. Women face unique impacts from this economic risk due to their more precarious financial position, insecure property rights and the linkages between negative coping strategies and increased risks of GBV.

While all of these factors will be operationally challenging, sanction waivers, such as those offered by OFAC General Licenses, and the restoration of basic functioning of the financial system will likely allow for scale up of the humanitarian response to address increased needs.

Access

According to analysis by the HAG, humanitarians faced 2,016 access constraints in the first eleven months of 2021. This represents near doubling of the incidents reported in 2020 (1095), and a near six-fold increase from the number of incidents reported in 2019 (444). The majority of these incidents include interference in humanitarian programming, active conflict, movement restrictions, including through road closures, robbery and threats. The most frequently recorded constraint remains active interference by the Taliban, armed criminal groups and communities, in that order.

On average of 200 access impediments were recorded each month during the January to November 2021 period. The number almost doubled in the month of August – at the height of conflict and insecurity – with at least 378 incidents. The conflict that intensified in the first eight months of the year, especially in urban areas which meant that more densely populated areas were contaminated with explosives. This has not only put more people at risk of death and maiming but also affected their access to services.

The access environment has markedly improved in the last quarter of 2021. The number of access incidents reported in September 2021 reduced as compared to August and the preceding months. This drop may have been influenced by a reduced humanitarian spread (as a considerable number of organizations were still not operational at their pre-August capacity). October and November 2021 also showed an improving access dynamic, logging 97 and 99 incidents respectively (half of the previous monthly average (200 incidents)).

The significant decrease in the number of access constraints is partly attributable to reduced military and kinetic activity (from 91 in June; 51 in July; 114 in August, to only 21 in September). The number of access constraints originating from military activity continued to decrease in October (12), and only five were reported in November. Humanitarian access with regard to physical movement in Afghanistan has markedly improved since the 15 August. OCHA alone has conducted in excess of 42 road missions between mid-August and early December alone. The number of interferences in the implementation of humanitarian activities in October-November has decreased by roughly 40 per cent from that seen in August. These numbers are however comparable to levels seen in the first half of the year, January-July 2021, before fighting intensified (an average of 32 instances monthly).

The number of recorded interferences in beneficiary selection comparatively increased in November 2021 but is comparable to the number seen in March 2021, when ten incidents were recorded. The noted increase is most likely as a result of attempts of de facto authorities to direct humanitarian aid to areas they deem to be more critical.

Despite these small improvements, humanitarians continue to be critically concerned about women's participation in the full spectrum of humanitarian response. After a spike of 55 gender-related incidents of impediments in August 2021, gradual improvements have been made. As of 11 December, there has been either a partial agreement (16 provinces) or full agreement (18 provinces) for women's participation in response across the country.

Looking ahead, humanitarians anticipate that access challenges will persist with continued insecurity and limited awareness of humanitarian operations among de facto authorities. Humanitarians will continue to invest in coordination with de facto authorities at the local, provincial and national levels to ensure humanitarian aid is delivered in a transparent, impartial and accountable manner and in line with the Humanitarian Principles, HCT's Joint Operating Principles and Data Sharing Protocol.

Operational Capacity

In the first three quarters of 2021, 158 humanitarian partners were either present or delivered humanitarian assistance in 384 of 401 districts across the country. National NGOs continue to make up the largest proportion of humanitarian responders in Afghanistan (78), followed by international NGOs (69), and UN organizations (11). This presence was maintained despite the enormous challenges brought on by the heavy fighting seen especially in Q2 and Q3 of 2021.

The conflict also meant that partners had to temporarily hibernate their programmes. Following the events of August and the uncertainties surrounding the security and political environment, international humanitarian partners had also temporarily relocated international staff. But this did not impact the delivery of aid, majority of which is shouldered by national personnel and partners.

Similarly, in mid-August commercial flights were suspended to and from as well as within Afghanistan. While this had temporarily affected movement of humanitarian personnel and goods, the humanitarian community has established humanitarian air bridges through Islamabad (Pakistan), Almaty (Kazakhstan), Dushanbe (Tajikistan) and Doha (Qatar) (most recently in December 2021). The UN Humanitarian Air Service (UNHAS) also continues to offer domestic flight services to all humanitarian partners across all locations across the country.

Ruptures in financial systems in the country are acutely affecting humanitarian aid delivery. According to a rapid capacity survey conducted in October 2021, 82 per cent of responding partners (most of whom were

national NGOs) have noted an impact on programme delivery since 12 August due to changes in the operating environment. Of those partners who reported an impact on programme delivery, more than half (54 per cent) of their programmes were either suspended or hibernated, partly attributable to cash and liquidity challenges affecting procurement and staff salaries.

Despite the multi-faceted challenges to the operating environment seen in 2021, humanitarians have demonstrated proven capacity to mobilize a large-scale response. Simultaneous to the nine months which mostly saw heightened conflict, humanitarian partners have reached close to 10.3 million people with assistance. Since September alone, despite persisting issues brought on by the near collapse of the banking system and challenges around humanitarians have reached more than 7.9 million people with food assistance, among other multi-sector response. Based on a Cluster-by-Cluster capacity assessment conducted as part of the 2022 planning process, the ICCT remains confident that if resources were to become available, further scale up would be possible. It is anticipated that the international community would find ways to get ahead of the banking and liquidity challenges affecting partners.

Inability to attain full agreement for female humanitarian personnel to participate in the full spectrum of humanitarian response also means that partners' ability to assess, understand and respond to the needs and concerns of women and girls will be limited. While there has been some success in getting full agreement from de facto authorities in more than half of the country's provinces, continued advocacy is required to ensure that humanitarian partners reach half of the people in need in an impartial manner.

Humanitarian Access Group

The Humanitarian Access Group (HAG) remains the primary forum in Afghanistan through which operational coordination, analysis and discussion of humanitarian access issues take place. During 2021, direct and indirect humanitarian negotiations with parties to the conflict continued, with both government and Taliban representatives emphasising willingness to allow cross-line operations to alleviate

OPERATIONAL PARTNERS (Q3, 2021)

158

PARTNER TREND (2015-2021)

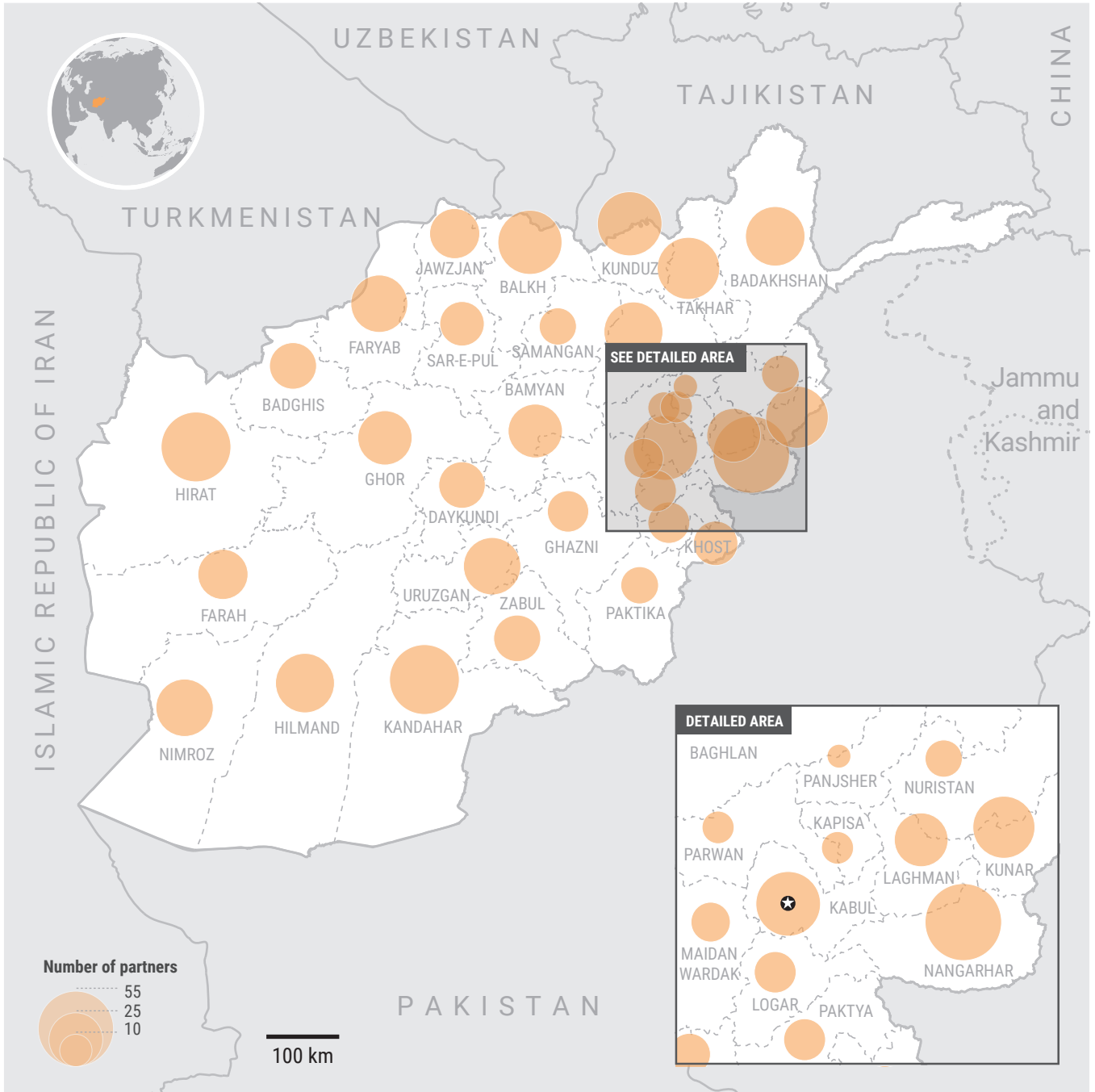


ACCESS INCIDENTS (JAN - NOV)























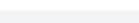



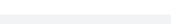









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













ATTACKS ON HEALTH (JAN - NOV)

244












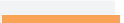




Partners by Location (Q3, 2021)



| PROVINCE | PEOPLE TARGETED | NO. PARTNERS |
|------------|---|--|
| Badakhshan | 0.83M  | 32  |
| Badghis | 0.55M  | 22  |
| Baghlan | 0.55M  | 27  |
| Balkh | 1.23M  | 27  |
| Bamyan | 0.35M  | 12  |
| Daykundi | 0.95M  | 16  |
| Farah | 0.97M  | 14  |
| Faryab | 0.66M  | 22  |
| Ghazni | 0.97M  | 14  |
| Ghor | 0.66M  | 30  |
| Hilmand | 0.81M  | 26  |
| Hirat | 2.00M  | 44  |
| Jawzjan | 0.49M  | 15  |
| Kabul | 3.47M  | 38  |
| Kandahar | 0.92M  | 40  |
| Kapisa | 0.27M  | 11  |
| Khost | 0.30M  | 17  |
| Kunar | 0.33M  | 29  |

| PROVINCE | PEOPLE TARGETED | NO. PARTNERS |
|-----------|---|--|
| Kunduz | 0.66M  | 35  |
| Laghman | 0.35M  | 26  |
| Logar | 0.22M  | 9  |
| Nangarhar | 1.30M  | 42  |
| Nimroz | 0.33M  | 19  |
| Nuristan | 0.14M  | 13  |
| Paktika | 0.48M  | 5  |
| Paktya | 0.44M  | 11  |
| Panjsher | 0.10M  | 7  |
| Parwan | 0.52M  | 9  |
| Samangan | 0.34M  | 11  |
| Sar-e-Pul | 0.50M  | 13  |
| Takhar | 0.52M  | 36  |
| Uruzgan | 0.37M  | 21  |
| Wardak | 0.43M  | 11  |
| Zabul | 0.28M  | 18  |

Partners by Sector (Q3, 2021)

| SECTOR | PEOPLE TARGETED | NO. PARTNERS |
|------------|---|--|
| Education | 1.5M  | 15  |
| ES-NFI | 1.9M  | 49  |
| FSAC | 21.6M  | 63  |
| Health | 14.7M  | 59  |
| Nutrition | 5.9M  | 31  |
| Protection | 4.5M  | 89  |
| WASH | 10.4M  | 49  |

Partners by Type (Q3, 2021)

| SECTOR | NO. PARTNERS |
|-------------------|--|
| National NGO | 78  |
| International NGO | 69  |
| United Nations | 11  |

human suffering. Subsequent to the withdrawal of international military forces during the summer of 2021 and the Taliban takeover of the country, the HAG has expanded engagement with de facto authorities on critical issues such as the expanding access and the humanitarian operational footprint, trouble-shooting on protection of humanitarian space and facilities, intimidation of humanitarian personnel as well as on issues related to assurance of female participation in humanitarian work. The HAG has also played a vital role in addressing humanitarian partner concerns and introducing humanitarian principles to the new de facto authorities.

Throughout 2021 the National NGO HAG continued to play an essential role in ensuring that national NGO concerns are heard and addressed in an internationally-dominated forum. The national NGO HAG was in 2019, and has become an important instrument to ensure that the unique and specific access concerns of national NGOs are better heard, tracked and addressed. In the coming period, the HAG will continue prioritize representation of national NGOs in discussions and working groups that shape humanitarian policy in Afghanistan.

In August 2021, the HCT endorsed a revised and updated version of the Joint Operating Principles (JOPs), a HAG/OCHA-led document providing a common framework on principles and practices for access negotiations. In November 2021, the JOPs Working Group was established to focus on developing and conducting Training-of-Trainers (ToT) sessions for humanitarian partners in Afghanistan, including national NGOs, international NGOs, UN agencies and clusters.

The HAG continues to collect and analyse information on access trends to support evidence-based advocacy with the donor community, humanitarian coordination entities and parties to the conflict. In 2021 the HAG strengthened its access analysis by reviewing the Access Monitoring and Reporting Framework (AMRF) as well as developing several new products, including a 'Female Participation Map' tracking female humanitarian engagement in the post-15 August environment. The HAG will continue efforts to reach out to a broader audience with its publications to support advocacy efforts, while maintaining confidentiality of partners.

Response reach under previous HRP

| SECTOR | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGETED | PEOPLE REACHED | % TARGET REACHED | FINANCIAL REQUIREMENTS (US\$) |
|--------------|----------------|-----------------|------------------|----------------|------------------|-------------------------------|
| Education | 2.6M | 1.3M | | 0.2M | 16% | 89.2M |
| ES-NFI | 6.6M | 1.3M | | 0.6M | 43% | 120.9M |
| FSAC | 17.6M | 16.2M | | 7.6M | 47% | 621.3M |
| Health | 14.5M | 10.7M | | 5.3M | 49% | 184M |
| Nutrition | 10.3M | 2.9M | | 1.2M | 41% | 139.4M |
| Protection | 12.8M | 4.8M | | 2.1M | 45% | 124.8M |
| WASH | 8.8M | 3.6M | | 2.9M | 56% | 128.7M |
| Aviation | - | - | | - | - | 49.7M |
| Coordination | - | - | | - | - | 18M |
| Total | 18.4M | 17.7M | | 10.3M | 58% | 1.5B |

1.6

Accountability to Affected Populations

AAP Strategy

Collective accountability is coordinated through the Afghanistan AAP WG and guided by the 2019 HCT Compact, which commits responders to putting affected people – including displaced people, women and girls, and people with disabilities – “at the centre of any humanitarian response ... to ensure that collective mechanisms are in place to allow affected people to provide input about their own priorities and concerns around humanitarian action, and that these priorities and concerns are considered and addressed in a meaningful way.” An AAP strategy for 2022 is under development to build on collective AAP initiatives in country based on global, country-level and local commitments and priorities.

Progress continued to be made in 2021 to improve knowledge and skills, and to mainstream collective AAP and community engagement principles and practices into UN and NGO operations. Activities that contributed to stronger AAP included the production and dissemination of AAP tools on common indicators, actions, and good practices; working with agencies and organizations to integrate community engagement and accountability activities into their pooled funding proposals, and through training partners in cluster and working group meetings. While these activities represented an increase from 2020, a more intensive and holistic approach will be undertaken in 2022 to improve systemwide uptake by UN agencies and NGOs. It will include establishing a real-time platform for collectively analysing feedback and using findings as an advocacy tool so people’s experiences with assistance, needs and suggestions are used to plan and adjust response programming. Adequate access to trusted, community feedback-complaint mechanisms, especially for women and girls, will continue to be an AAP and PSEA priority in 2022. The AAP WG, in coordination with the GIHA WG, will

continue to support the implementation of gender-responsive systems for promoting accountability to affected populations. This also includes by amplifying the PSEA Taskforce’s efforts to strengthen feedback mechanisms that community members trust for submitting complaints on sensitive topics.

Feedback mechanisms

The 2021 Whole of Afghanistan Assessment (WoA Assessment) again shows the importance of expanding access to and awareness of feedback channels.²⁸ Indicative findings from interviews with male heads of household and a female household member show that 92 per cent of female respondents and 85 per cent of male respondents said they were unaware of how to contact aid providers to give feedback on needs and assistance received, or to report bad behaviour or misconduct by aid workers.²⁹

Awaaz Afghanistan is a critical collective, inter-agency feedback and referral channel in for response. In 2021, it and the AAPWG increased efforts to improve communities’ awareness of Awaaz as a free and confidential feedback mechanism. Those efforts will continue in 2022. Awaaz’ 10 multilingual operators (five female and five male) have handled more than 200,000 calls since Awaaz began operating in May 2018. In cooperation with clusters and partners, Awaaz has a comprehensive referral pathways list that enables Awaaz to direct feedback, including complaints, and questions to the appropriate agencies (in agreement with the affected person) for follow-up action.

Awaaz is anticipating a scale-up of its workforce and information and communication technology infrastructure in 2022 to adjust to the new operating realities, including the importance of strong data security and the increased needs in communities.

Awaaz will continue to provide confidential service, including for reports of aid diversion and sexual exploitation and abuse complaints.

Risk communication and community engagement

Risk communication and community engagement (RCCE) remains an integral part to address social and behavior aspect of COVID-19 response.

In-person community engagement methods used in 2021 will be complemented in 2022 by nationwide TV, social media and radio campaigns, and printed materials. The RCCE actors will support the development of radio programmes and initiatives to enhance community engagement and provide

people with appropriate platforms to track rumours and receive up-to-date, trustworthy information. Recognising that vulnerable groups, including women, pregnant women and lactating mothers, people with disabilities, and the elderly, may have limited information and access to quality accurate health including reproductive health services, information, the RCCE will continue conducting COVID-19-safe, house-to-house community awareness and will mainstream RCCE activities in sectoral responses

In 2022, the RCCE actors also will also support training and mentoring community influencers to ensure two-way communication, impactful information provision, and feedback platforms.

1.7

Protection from Sexual Exploitation and Abuse

The 2022 HRP recognises the importance of establishing and maintaining prevention and response mechanisms for sexual exploitation and abuse, in line with IASC guidelines, especially as these risks are common in humanitarian contexts. It is anticipated that the ongoing emergency and challenging humanitarian context in Afghanistan are likely to increase the risks of SEA.

In July 2020, the HCT approved the PSEA Taskforce's SOPs for processing and recording SEA complaints and the PSEA strategy for 2021 - 2022 that defines

standard procedures and tools for reporting, referring, and communicating SEA complaints and allegations. The PSEA TF will continue its work with clusters and advocate for strengthening coordination across sectors.

Additionally, in 2022, a stronger focus will be on solidifying the reporting and provision of services to survivors of SEA in collaboration with the GBV Sub Cluster, awareness raising on complaint mechanisms, communication action in communities, and engaging partners working in hard-to-reach areas.

1.8

Promoting Gender in Humanitarian Action

The current emergency context in Afghanistan has a particular gendered nature as pre-existing forms of

gender discrimination and gender-based violence have become exacerbated. The situation is made more

difficult as normal protection and coping mechanisms have become disrupted and operational challenges have arisen for humanitarian actors, including local organisations who continue work on gender equality and the empowerment of women and girls. Pre-existing forms gender-discrimination and gender-based violence against men and boys, particularly adolescent boys, and all persons of diverse sexual orientations, gender identities and sexual characteristics (SOGIESC) are also likely to be exacerbated in the current context while they may face additional barriers to seek support and services may not be tailored to their specific needs due to social stigma and restrictive social norms.

In late 2021, the Humanitarian Country Team approved a strategy which emphasises the centrality of women and girls rights and the participation of women and women’s CSOs. The strategy will be integrated throughout the 2022 humanitarian response as a key cross-cutting priority to ensure women’s and women’s CSOs’ meaningful, equitable and safe participation in, access to and benefit from humanitarian assistance, services, communication, information and assessments.

As part of the commitment towards this work, the HCT established an Afghan Women’s Advisory Group to provide guidance and advice to the HCT in facilitating a more context-specific and locally anchored

engagement with the Taliban on the issue of ensuring rights of women and girls remain comprehensively integrated in humanitarian assistance. The Advisory Group will also support the Humanitarian Country Team (HCT) to ensure that women are part of strategic planning processes. The Gender in Humanitarian Action Working Group (GiHA WG), co-led by IRC and UN Women, is providing Secretariat support to the Afghan Women’s Advisory Group.

Additionally, in 2022, the Gender in Humanitarian Action Working Group for Afghanistan (GIHA WG) will continue to promote gender equality and the participation and empowerment of women, girls, men and boys of all diversities in the cross-sectoral humanitarian response to bring targeted assistance to the most vulnerable and marginalised. Recognising the need to further strengthen meaningful gender inclusion throughout the response, GIHA’s work will be further supported by a Senior Gender Capacity Adviser (GenCap), deployed in late 2021 and hosted by UN Women to provide inter-agency technical support on gender mainstreaming. Furthermore, a Joint Rapid Gender Analysis will be conducted in 2022 to identify specific needs of women, girls, men and boys and gaps in the humanitarian response. A multisectoral approach will be applied to ensure a gender analysis is relevant across all sectors.

1.9

Consolidated Overview on the Use of Multi-Purpose Cash

Cash and Voucher Assistance (CVA) as a modality to meet a range of needs

Since it was introduced as a modality in 2009, cash and voucher assistance (CVA) in Afghanistan has grown rapidly and become one of the preferred response modalities among humanitarian and development actors. Data from the Afghanistan Cash and Voucher Working Group (CVWG) indicated that in 2020, over \$56 million of humanitarian assistance

was delivered through Cash and Voucher Assistance (CVA), reaching 2.6 million people. In addition, 70 per cent of respondents surveyed as part of the Whole of Afghanistan Assessment (REACH/OCHA) in 2020 identified cash as their preferred modality of assistance. The latest estimates from 2021 show a similar picture of the significance of CVA as a modality to address multiple needs for the most vulnerable populations in Afghanistan.

The de facto authorities assuming control over most of Afghanistan in mid-August 2021 initially resulted with an abrupt halt to most cash programming in the country and a period of uncertainty ensued and is unfolding still. The main cash actors, however, have gradually adapted to the current context and as of the 3rd quarter of 2021, 38 partners are implementing CVA responses, which is a decrease of just 2.5 per cent compared to the same time in 2020. However, as CVA actors adapt to the current context, and particularly if the financial situation stabilises, the figures are likely to rise in the year ahead in response to increased and diverse needs.

In 2022 it is estimated that at least \$900 million of the \$4.44 billion requested for Afghanistan responses is planned to be delivered in cash. The principal Clusters using CVA as a modality, including MPCA and vouchers, are the Food Security and Agriculture Cluster (FSAC), Emergency Shelter and Non-Food-Items (ES-NFI), Water Sanitation and Hygiene (WASH) and Protection Clusters, collectively targeting a total of 5 million people. The share and scale of cash transfers may be adjusted based on the stability of the overall financial system.

Elements encouraging the success of Cash and Voucher Assistance

There are several encouraging elements making CVA feasible in most locations (both rural and urban) in Afghanistan. The key operational drivers for the successful implementation of CVA as a humanitarian response modality in the current political landscape are a) market functionality,³⁰ b) availability of efficient and effective payment systems, and c) sufficient cash liquidity within the financial sector that can be easily accessed by Financial Service Providers (FSPs). As shown by WFP and REACH/Joint Market Monitoring Initiatives (JMMI), markets and price monitoring reports, currently, markets are functioning and essential commodities continue to be readily available. However, exchange rate fluctuations have been the primary driver for inflation in local currency for food and other essential commodities. CVA has become essential to enhance people's purchasing power to access both Food and Non-food items (NFIs) within

their local markets at a time when they need the items most to address their unique needs.

Although the capacity of FSPs to access cash and ensure liquidity remains the main challenge to operating businesses and humanitarian activities due to a semi-functional banking system, the availability of multiple tried and tested financial service providers, including within the hawala network, makes CVA a feasible option for humanitarian programming. Humanitarian Agencies in Afghanistan remain committed to strengthening and scaling up CVA responses through effective coordination and collaboration to ensure that they are able to address the diverse needs of target populations. Humanitarian actors are already scaling up their CVA responses in Q4 of 2021, demonstrating that CVA continues to be a crucial multi-sectoral response modality that empowers people to meet a range of immediate basic needs in a dignified manner. The multiplier effect of CVA interventions on stimulating local economy will be critical in the short-to-mid-term economic recovery of Afghanistan.

Inhibiting (impeding) factors for CVA

In the foreseeable future, there are several challenges threatening the implementation of CVA operations in Afghanistan.

At the time of writing, cash liquidity continues to be a significant challenge given the suspension of loan packages by International Financial Institutions (IFIs) and the freezing of the financial assets of the Central Bank of Afghanistan.³¹ The lack of liquidity within the formal financial sector has impacted the operations and functionality of banks, mobile money operators, and remittance exchange companies.

The fluctuation of the USD-AFN exchange rate is another key challenge. Since August, the AFN has depreciated significantly which has had significant consequences in terms of purchasing power for all local currency cash transfers received by vulnerable households. The CVWG has been working with different clusters and actors to peg the transfer values in USD which can then be converted to local currency at the time of payment to beneficiaries to protect



KANDAHAR, NOVEMBER 2021

This child is receiving treatment in Spin Boldak District Hospital which serves around 5 districts and around 500 patients each day.

Photo: OCHA/Sayed Habib Bidell

households against loss in purchasing power. It is expected that exchange rate fluctuations will continue to be a key challenge in the coming year.

Market functionality and availability of key commodities (food, NFIs) on the market are key considerations for the continued use of cash as a disbursement modality. In cases, where market functionality gets impacted due to border closures and limited local production then cash might not be a suitable disbursement modality.

While the situation remains challenging, CVWG is taking the lead in coordinating across humanitarian actors on issues including by developing:

- Common advocacy approach
- FSP and cash activity mapping
- FSP procurement Task Force (a sub-group of the CWG)
- Risk analysis and mitigation with a focus on gender and protection risks
- Revision of the MEB and transfer values
- Market monitoring in collaboration with REACH/JMMI and WFP.

Part 2: **Response Monitoring**

SPIN BOLDAK, NOVEMBER 2021

This family is originally from Laghman province, now displaced to Amin Village, Spin Boldak where many other displaced families from all over the country have settled. These children's mother has been ill for a long time and receiving treatment at the Spin Boldak District Hospital while his father has been reported missing for months. Photo: OCHA/Sayed Habib Bidell



2.1 Monitoring Approach

To ensure timely, safe and relevant assistance in 2022, regular monitoring of the operating environment and response progress is critical. Sector-specific and country-wide multi-sector needs assessments continue to monitor the evolution of needs, the response delivered and its impact, residual and unmet needs, and people's preferences in assistance.

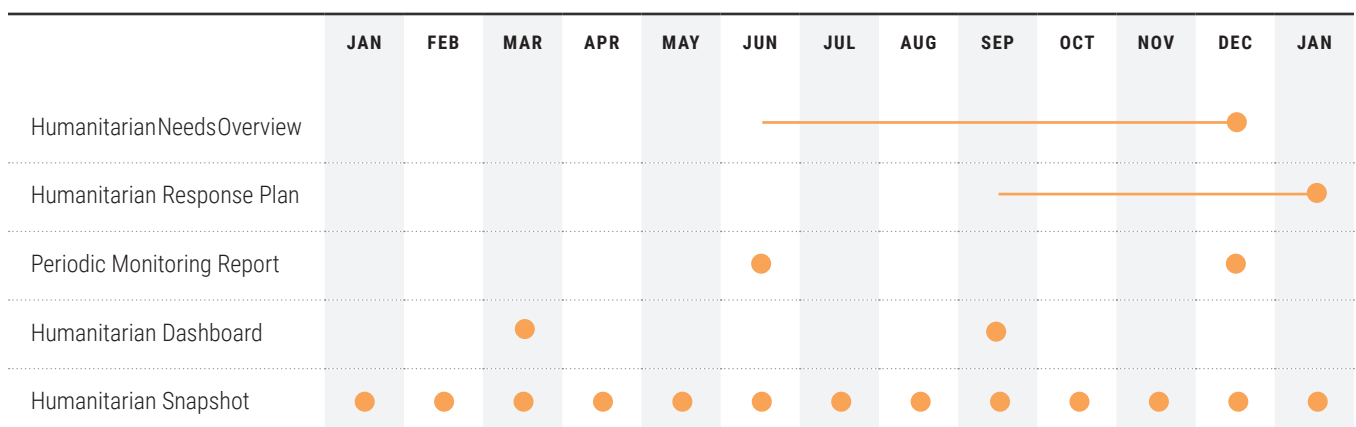
In 2022, the ICCT will continue to issue quarterly HRP monitoring reports (four times per year – dashboards in quarter one and quarter three, and analytical reports in quarter two and quarter four). Regular operational situation reports detailing cluster responses to existing and emerging needs will continue to be published regularly providing a detailed picture of assistance being delivered on the ground. Response preparedness capacity will be evaluated through regular analysis of critical commodity pipelines. Snapshots showing the status of stockpiles at the national level and regional levels will continue to be issued in 2022. This will provide an early warning of looming pipeline breaks. Close monitoring of partner presence and geographical access trends will be critical to ensure response targets remain realistic given the dynamic situation. Careful analysis of cross-border movement trends will also be a feature of the 2022 monitoring framework following a record year for returns of undocumented Afghan nationals in 2021 and worsening humanitarian needs among those returning.

There is recognition continued improvement in gathering more up-to-date and sector-specific data on disability and mental health needs and response progress are required. The WoA Assessment and other multi-sector assessments have made progress on this with the inclusion of the Washington Group Questions – condensed to fit the assessment format. Data on mental health issues is also collected by assessing people's perceived changes in behaviour as a proxy. However, this data remains self-reported with reliability difficult to gauge. Getting a better snapshot of disability and mental health needs remains a priority for 2022 and will continue to be driven by the Disability Inclusion Working Group.

Given the dynamic political, economic and security situation surrounding the country, the ICCT will engage in quarterly reviews of the 2022 planning scenario to identify if a more 'severe' scenario is likely to unfold, which would necessitate a revision of the HRP. Additionally, in the first quarter of 2022, the ICCT will consider whether a mid-year nation-wide assessment is warranted.

The HCT will also continue to monitor its progress in implementing the System-Wide Scale-Up, triggered in August 2021.

Humanitarian Programme Cycle Timeline



Part 3:




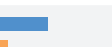

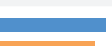

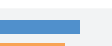



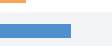

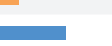


Cluster/Sector Objectives and Response

HIRAT, NOVEMBER 2021

A mother and her child at a nutrition clinic near an IDP camp on the outskirts of Hirat. Photo: WFP/Marco Di Lauro

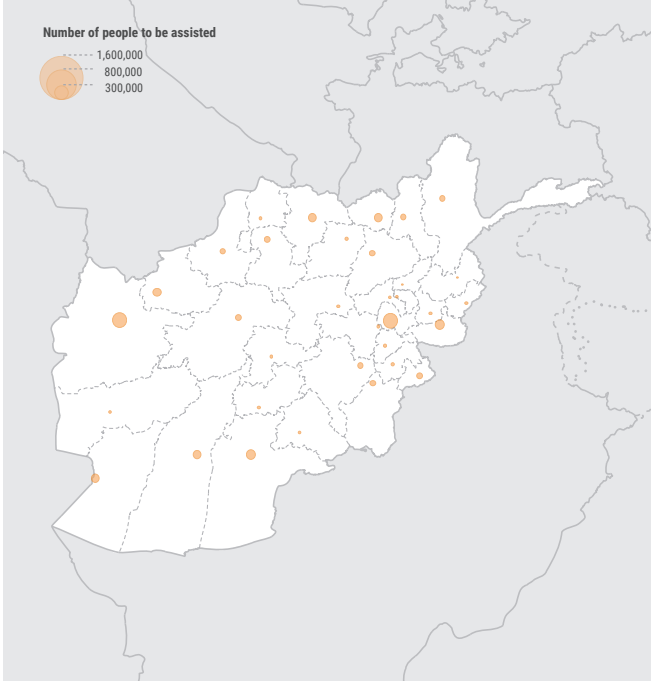


Overview of Sectoral Response

| SECTOR | FINANCIAL REQUIREMENTS (US\$) | OPERATIONAL PARTNERS | PEOPLE IN NEED | PLANNED REACH | IN NEED TARGETED |
|-------------------------------|---|----------------------|----------------|---------------|---|
| Education | 162.1M  | 15 | 7.9M | 1.5M |  |
| Emergency Shelter & NFI | 374.0M  | 49 | 10.9M | 1.9M |  |
| Food Security and Agriculture | 2.66B  | 63 | 24.0M | 21.6M |  |
| Health | 378.0M  | 59 | 18.1M | 14.7M |  |
| Nutrition | 287.4M  | 31 | 7.8M | 5.9M |  |
| Protection | 137.3M  | 89 | 16.2M | 4.5M |  |
| Water, Sanitation & Hygiene | 332.8M  | 49 | 15.1M | 10.4M |  |
| Aviation | 85.0M  | | | | |
| Coordination | 25.6M  | | | | |
| Total | \$4.44B | 158 | 24.4M | 21.1M | |

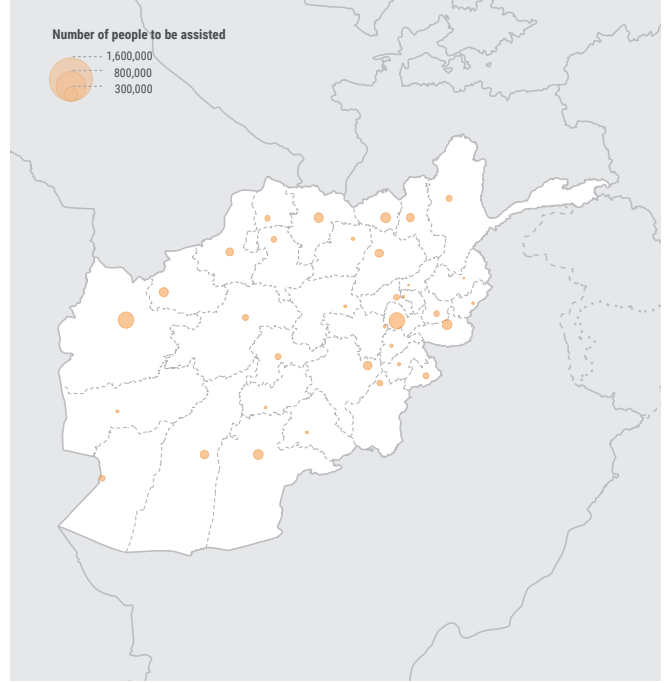
3.1 Education

| PEOPLE IN NEED | PLANNED REACH | REQUIREMENTS (US\$) |
|----------------|---------------|---------------------|
| 7.9M | 1.5M | 162.1M |



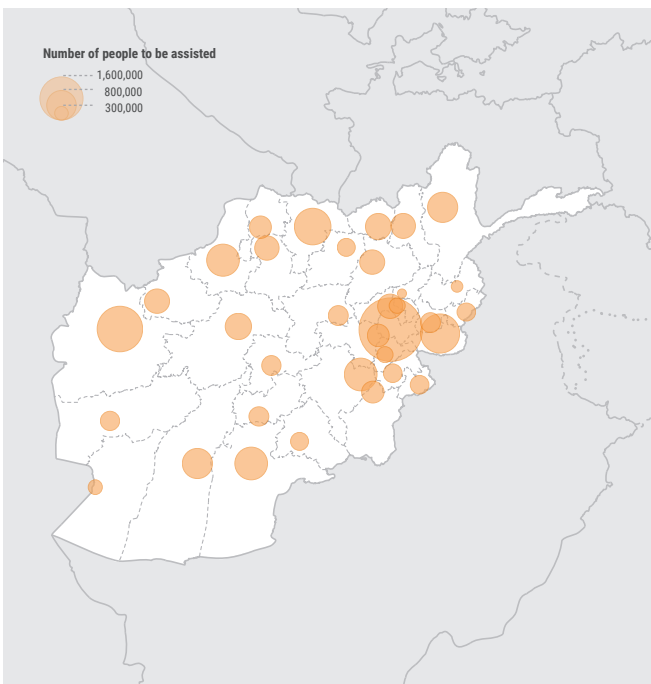
3.2 Emergency Shelter and NFI

| PEOPLE IN NEED | PLANNED REACH | REQUIREMENTS (US\$) |
|----------------|---------------|---------------------|
| 10.9M | 1.9M | 374M |



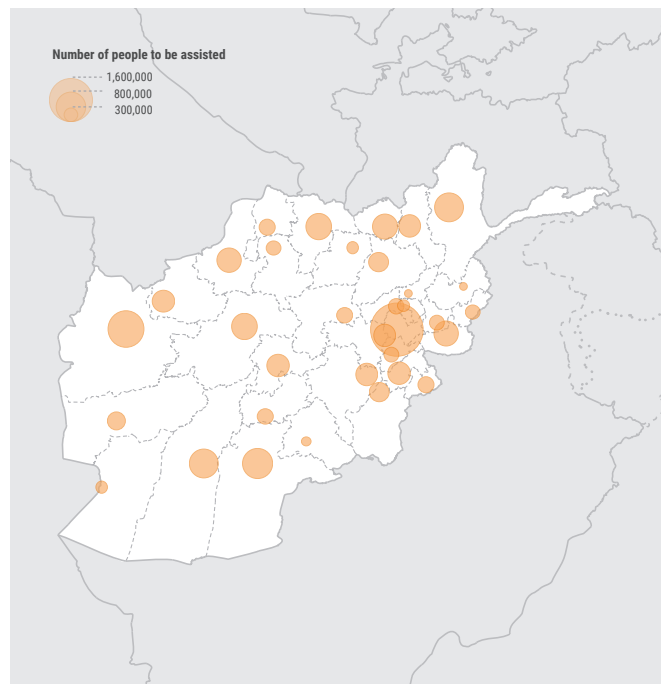
3.3 Food Security and Agriculture

| PEOPLE IN NEED | PLANNED REACH | REQUIREMENTS (US\$) |
|----------------|---------------|---------------------|
| 24.0M | 21.6M | 2.66B |



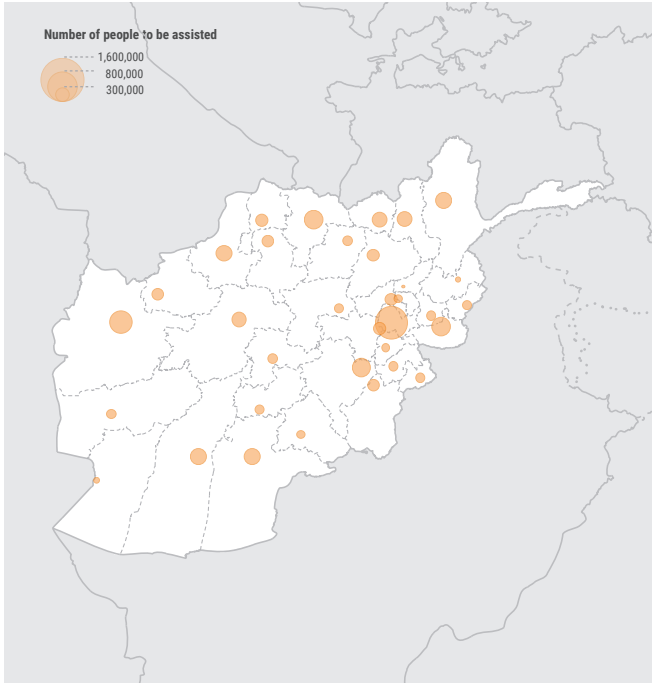
3.4 Health

| PEOPLE IN NEED | PLANNED REACH | REQUIREMENTS (US\$) |
|----------------|---------------|---------------------|
| 18.1M | 14.7M | 378M |



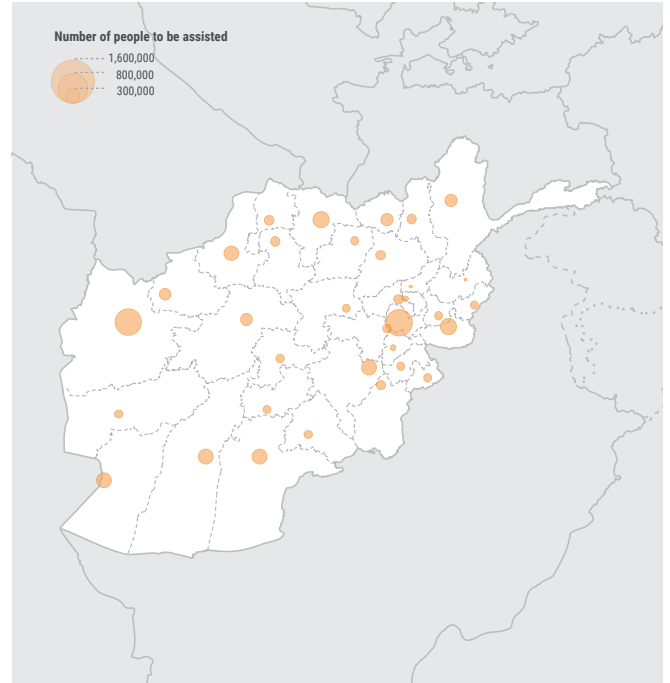
3.5 Nutrition

| PEOPLE IN NEED | PLANNED REACH | REQUIREMENTS (US\$) |
|----------------|---------------|---------------------|
| 7.8M | 5.9M | 287.4M |



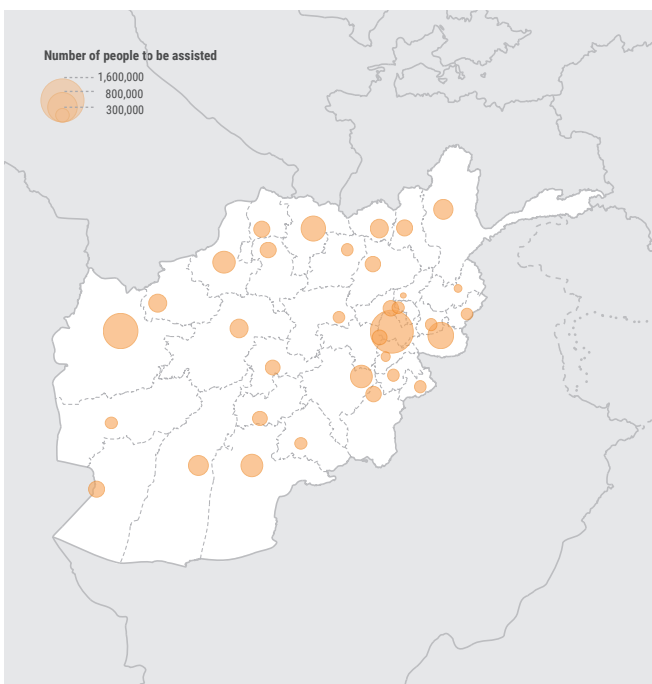
3.6 Protection

| PEOPLE IN NEED | PLANNED REACH | REQUIREMENTS (US\$) |
|----------------|---------------|---------------------|
| 16.2M | 4.5M | 137.3M |



3.7 Water, Sanitation and Hygiene

| PEOPLE IN NEED | PLANNED REACH | REQUIREMENTS (US\$) |
|----------------|---------------|---------------------|
| 15.1M | 10.4M | 332.8M |





3.1 Education

| PEOPLE IN NEED | PLANNED REACH | GIRLS | BOYS | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|------|----------|---------------------|----------|
| 7.9M | 1.5M | 810K | 690K | 52K | 162M | 27 |

Cluster Objectives

1. Provide timely equitable and safe, lifesaving, education support to 613,027 boys and girls including, 278,648 newly displaced, 224,590 refugee returnees, 37,400 refugees, 72,389 children affected by sudden-onset natural disasters.
2. Ensure children access alternative learning opportunities that promote their protection and wellbeing.

The Education cluster objectives contribute directly to Strategic Objective 1 of the HRP. To meet critical education needs of girls and boys, cluster partners aim to provide access to education by supporting, establishing and maintaining Community-Based Classes (CBCs), including Accelerated Learning Classes (ALCs, and Temporary Learning Spaces (TLS), fostering distance learning opportunities and supporting public schools.

Response Strategy and Modalities

For 2022, the Education Cluster priorities are two-fold: (1) to increase access to safe, quality learning spaces for internally displaced, cross-border returnee and refugee, and shock-affected host community boys and girls (age 6-17), and (2) to provide continuity of learning for vulnerable public-school enrolled boys and girls whose learning has been interrupted under the de facto authority leadership change.

The first priority is aligned with historical EiE assistance and targets school-aged girls and boys

whose education has been interrupted or who have never been able to access education due to displacement and insecurity. Given displaced or shock-affected families' inconsistent access to livelihood opportunities, these children (including those from child-headed households) are at highest risk of exploitation and abuse through negative coping mechanisms like child labor and early marriage, among other child protection risks. TLS activities are projected for 1 academic year to enable access to stability for children who have experienced displacement or shock. During this cycle, children may return to their home or origin or become longer-term IDPs. Boys and girls who have been out of school for a prolonged period and effectively aged out of their grade level are also unable to re-enter the public-school system without remediation. In particular, adolescent girls in areas where there is no girls' school or where cultural or environmental factors prohibited them from attending school, need ALCs, coupled with community mobilization, to matriculate. ALCs condense the curriculum to complete 2 grades per 12-month period. CBE³² activities are projected for a minimum of 2 to 3 academic years and may extend longer depending on need, as they are established in areas without safe access to public schools. Part of the CBE programme includes transitioning to public schools, which includes activities with the 'hub' schools to formalize enrolment and conduct light repair/rehabilitation to the receiving school to enable transition.

As part of the minimum package for community-based education, CBE targeted boys and girls receive

standardized kits including student kits, hygiene kits (including menstrual hygiene kits for adolescent girls), and textbooks, while teachers and classrooms receive teacher kits and classroom kits. As part of the continued effort to prevent the spread of disease and COVID-19, classrooms are also equipped with handwashing stations and water storage containers. To deliver on the HRP, the Education Cluster will utilize in-kind support (provision of supplies) and will also consider cash programming for activities, such as winterization, if supplies are readily available with in the local markets.

To ensure quality of response, CBC, TLS, and ALC teachers receive training through the previously developed EiE Teacher Training Manual, which includes topics on child safeguarding, child protection and psychosocial support, and inclusive education in addition to core pedagogy. Community members participate in back-to-school campaigns and school management shuras are formed to support the monitoring of the quality of CBC/TLS/ALC classes and trained on child protection referral and inclusive education. Back-to-school campaigns also operationalize the training on inclusive education to ensure that children with disabilities are part of the TLS/CBC/ALC cohort. To address the previous gap in targeted support to children with disabilities or special needs, the Education Cluster aims to strengthen the identification of children in need of additional, tailored support at the community level through partners' school management shuras. Likewise, the Cluster will work closely with disability and inclusion partners to influence de facto authority policies and practices for inclusion in the education system.

The second priority targets school-aged girls and boys traditionally outside of the EiE target population but whose education has been interrupted due to suspension of development funding and gaps in financial capacity of the de facto authorities.³³ These children fall into the vulnerable populations with acute humanitarian needs category as identified in the JIAF, which captures individuals in IPC 3 and 4. To prevent out-of-school children from child labor, early marriage, and other forms of exploitation and abuse and to preserve continuity of learning during the gap in development funding, the Education Cluster will provide public school teacher incentives in prioritized settings, teaching and learning materials, light rehabilitation and repair, and distance learning options for this group of children. To ensure that the most marginalized children receive life-saving education assistance, the Education Cluster will target adolescent girls in particular who are out of school due to the de facto authorities' policies and implementation for secondary school female students.

In 2022, the Education Cluster aims to scale up its response to provide quality education services to 1.5 million boys and girls across all 34 provinces – in response surging needs reaching 7.9 million boys and girls. For its core response, the Education Cluster prioritizes provinces with the highest number of displaced persons, including Badghis, Helmand, Herat, Kabul, Kandahar, and Kunduz as they are mostly likely not to access public schooling. Cluster partners will continue to monitor displacement patterns to adjust geographic prioritization accordingly.

To meet increasing needs, the Education Cluster expects a 50 per cent increase in reach as compared to 2021 due to improved access in previously

Projected 2022 needs and planned reach

| | PEOPLE DISPLACED IN 2022 | CROSS-BORDER RETURNEES IN 2022 | SHOCK-AFFECTED NON-DISPACED PEOPLE | ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS | REFUGEES AND ASYLUM SEEKERS | TOTAL |
|-----------------|--------------------------------|--------------------------------------|--|---|--------------------------------|-------------|
| Projected needs | 278.6K | 224.6K | 72.4K | 7.4M | 37.4K | 7.9M |
| Planned reach | 278.6K | 224.6K | 72.4K | 886.3K | 37.4K | 1.5M |

non-government-controlled areas and increased funding, which will allow partners to expand their programming to underserved populations. In case funded, the Cluster anticipates a scale-up of partners to reach 25-30 organizations implementing education programmes, allowing partners to expand their reach from currently 22 to all 34 provinces. The Education Cluster has also collaborated with the Development Partners Group (DPG) to ensure a coordinated scale-up and complementarity with existing public education and continued learning programmes, specifically in the targeting of communities, through the Afghanistan Education Sector Transitional Framework. To ensure a principled approach in the scale-up, the Education Cluster and the DPG have developed an Education Implementing Partners Standard Operating Procedure (SOP). Likewise, the Education Cluster will also look to new partners who previously had not received funding (due to fundraising gaps) or who specialize in technical areas, such as children with disabilities, to increase the reach and the quality of services provided.

In 2022, the education response adjusts its response modalities to the new environment. While in 2021, conflict and COVID represented major barriers to education, the 2022 response focusses on community-based classes and distance learning to enable displaced and newly accessible persons and adolescent girls to attend school that might otherwise not be in a position to access quality education. The Education Cluster relies on the assumption that the public education system, including teacher salaries will remain funded outside of the Humanitarian Response Plan. This will allow the Education Cluster to maintain its focus on emergency education services and investments to acutely vulnerable children that otherwise would not have access to education.

Cost of response

In 2022, the Education Cluster seeks \$162.1 million to deliver a broad range of educational activities, including the provision of teaching and learning materials; training of teachers and Shuras; and establishing TLCs/tents as per the minimum package of services that includes classroom heating and cooling minimum WASH services, self-learning for vulnerable children, especially girls who may not have

full access to education and support to vulnerable children with humanitarian needs who may drop out of school.

For the year 2022, the cost per beneficiary is \$108, an increase from \$81 in 2021. The cost per child has gone up due to increasing the price of goods in the market following COVID-19, disruptions in supply chain precipitating increased need for international sourcing, and inflation/fluctuating exchange rate from economic uncertainty in 2021. Likewise, partners have reported that hard-to-reach areas, which are now accessible, are more expensive to reach as they are farther from provincial centres.

Cash programming

In 2022, a small portion of the Education cluster programming will utilise cash as a delivery modality, in close consultation with the Cash and Voucher Working Group. Cash and voucher options will be used mainly for winterization and potentially cash support for adolescent girls to continue accessing education. Given the results of a capacity analysis of Education partners to deliver cash-based response, cash will make up only 1 per cent of the Education response in 2022. The Cluster had planned to use cash as a modality for transition to hub-schools from CBE in 202; however, partners who had elected to conduct this activity did not deliver on the activity. Depending on how the Cluster is able to deliver, this modality will be considered for expansion during the mid-term revision of this HRP.

Complementarity with development programming

Education forms a protective bridge between crisis/emergency and continuing development gains. The suspension and reprogramming of development funding to education, particularly managed by the World Bank through the ARTF, has a significant and widescale impact on humanitarian education activities. Without the assurance of development continuity to manage and finance public school systems and respond to pre-existing gaps in sector development, the humanitarian response provides only short-term, unsustainable access to education for the most vulnerable children. In particular, the CBE

model is still reliant on external funding if children are unable to transition to public schools due to lack of capacity, availability, or appropriate documentation. Currently, only approximately 500,000 children are targeted through CBE, while approximately 9.5 million are enrolled in public school. Likewise, the public education system employs approximately 187,000 teachers (35% women), while NGO-implemented CBE aims to employ approximately 15,000 teachers. Under the HRP, the Education Cluster aims to support 22,174 public school teacher incentives, which represents 12 per cent of all teachers in areas where children have acute humanitarian needs. These teachers have been prioritized, as they represent approximately the number of female teachers at girls' secondary schools who are currently unable to access education.

CBE does not represent a solution for absorbing the public-school caseload if the system collapses, as there are not enough partners to cover all 34 provinces and there is no sustained funding for CBE at this scale without an exit strategy. If development donors do not fund the public education system, the number of out-of-school children will rise, and therefore increase the PiN.

Monitoring

To improve monitoring of response, the Education Cluster will continue to utilize the 5Ws (who does what, where, when and for whom) tool as the main source of data on its response. In addition, the Education Cluster is engaging with Awaaz and the AAP WG to ensure community feedback and complaint mechanisms are part of partners' response.

The Education Cluster continues to focus on collecting data and information for evidence-based decision and results-based coordination through the involvement of key stakeholders in all aspects of information management, timely sharing of all collected data/information with Education Cluster partners and other interested stakeholders, and harmonization of assessments and reporting tools to ensure comparability of collected data and information. Through the 5Ws and partner incident reporting, the dedicated Cluster Information Manager and Cluster Coordinators can highlight changes in required interventions and advocacy required to unlock issues such as supply chain disruptions, beneficiary migration, or access issues in informal settlements, as examples.

Contacts

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3.2 Emergency Shelter and NFI

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 10.9M | 1.9M | 376K | 973K | 169K | 374M | 47 |

Cluster Objectives

1. Necessary ES-NFI assistance is provided to affected people in a timely manner
2. Shelter materials and maintenance tool kits provided to affected people in a timely manner
3. Transitional shelter support is provided to affected people in a timely manner

The overall objective of the Emergency Shelter and Non-Food Item (ES-NFI) Cluster is to preserve the immediate safety and wellbeing of people and improve their living standards. This includes those affected by conflict and natural disasters, as well as cross-border returnees and refugees, people facing multiple shocks and those who are acutely vulnerable and in need of shelter and NFI assistance. The response seeks to address wide-spread shelter and NFI needs with 71 per cent of affected households reporting either severe or critical needs.

The Cluster’s objectives fall within the umbrella of two of the HRP’s over-arching Strategic Objectives. Under SO1 of the HRP, the Cluster aims to ensure that people who have been directly impacted by new shocks have immediate access to emergency shelter, household items, and seasonal assistance across the country. In line with SO3, the Cluster also plans to ensure vulnerable IDPs, returnees, refugees of all ages are protected and have access to shelter materials, transitional shelter, enabling safer and more dignified living standards contributing to durable solutions and preventing recovering communities from slipping back into humanitarian need. It is envisioned that vulnerable people with insecure tenure will receive short- to

medium-term shelter support in the form of shelter upgrades, repairs, or rental subsidies.

Response Strategy and Modalities

While some 10.9 million people have humanitarian ES-NFI needs in 2022, the ES-NFI Cluster has planned to reach a target of 1.9 million people. This includes more than 370,000 people displaced by drought and conflict, 490,000 cross-border returnees, 27,000 refugees, 36,000 people affected by natural disasters, and more than 1 million acutely vulnerable people affected by multiple shocks. This gap between needs and targets is a result of a realistic analysis of partners’ capacity to deliver and funding received in past years, despite its increased capacity to scale-up response when required. The Cluster is projected to reach around three quarters of a million people with ES-NFI assistance by end of 2021.

In 2022, the ES-NFI Cluster will continue all of its core activities – emergency shelter; non-food items; transitional shelter; shelter repairs and winterization support – to meet needs created by the aftereffects of conflict and natural disasters, as well as displacement. With the change in context, including the reduction of conflict and increase in newly accessible areas – the ES-NFI cluster shifts to focus by aiming to repair and upgrade shelters for more than 1.9 million people while assisting 426,000 people with transitional and permanent shelters. This meant that the Cluster has increased its planned reach with shelter repairs/upgrade, transitional shelter and winterization activities – by 300 per cent, 180 per cent and 84 per cent, respectively compared to 2021 – and reduced the NFI support by 24 percent.

As a result of this increase in target, the Cluster's financial requirement for these activities has increase by more than 240 percent however it is important to note that improving the shelter condition of a family has multisectoral implications in livelihood, health, nutrition, protection sectors and their capacity to withstand the winter season. In the longer term the assisted families will therefore be less likely to need humanitarian assistance.

Funding towards this response in the past has, however, remained sub-optimal, with most of the funding towards the Cluster earmarked for less expensive, short-term emergency responses. In 2018, 2019, 2020 and 2021, only 10 per cent, 3 per cent, 3 per cent and 1 per cent respectively, of the people reached by the Cluster received shelter repairs or upgrades. It is projected that by the end of 2021, an estimated 3 per cent of the people receiving ES-NFI assistance would have been supported through transitional shelter, including shelter upgrades and support to construct a one- or two-room house. In addition, nearly 4 million people displaced since 2012 who have not returned home are mostly residing in sub-standard shelters, some of them in informal settlements. With no intention of return in the immediate term, the provision of transitional shelter makes logical sense for this population group.

With increased access for humanitarian organizations to areas that were previously hard to reach like Helmand, Farah, Nimroz, Urozgan, Nooristan, and Laghman, Maidan Wardak. The cluster plans to prioritize those vulnerable people in these areas that have been neglected for many years. Humanitarian access in some areas with ongoing security incidents may become challenging and unpredictable. Prolonged and recent IDPs living in informal settlements are also prioritized by the cluster. Destination provinces for return of IDPs are prioritized for shelter repairs and

transitional shelters e.g. Kunduz, Takhar, Badakhshan, Faryab and Badghis. High altitude areas and priority provinces which witness cold winters will continue to be prioritized for Winterization support this includes Nooristan, Badakhshan, Parwan, Baghlan, Bamyan, Daykundi, Kabul, Paktia, Paktika, Ghazni Provinces.

Shelter activities will be undertaken in coordination with the Government, incorporating all the relevant HLP components, safeguarded by evidence of legal and/or customary ownership and occupancy. The Cluster will work with the HLP Task Force – Protection Cluster and FSAC on HLP issues and will provide rental support to those with insecure tenure and a high debt burden.

The ES-NFI Cluster will continue to work closely with Protection and FSAC in coordinated assessments, targeting of beneficiaries and joint distribution of emergency relief items wherever possible. The Cluster will also closely coordinate with the WASH Cluster to mainstream both shelter and WASH core competencies in transitional shelter programmes, supporting beneficiaries' access to adequate shelter and sanitation facilities. To address shelter needs for persons with specific needs (PSNs), the Cluster will prioritise the collection and analysis of SADD to inform its response. As such, the Cluster will work with the Protection Cluster to support capacity building of field staff (such as protection monitors, PSS counsellors and case managers) with complementary competences. Timely identification and referral of protection cases in ES-NFI assessments and response will also be prioritized. ES-NFI will work closely with the HLP Task Force, to support people at risk of eviction and in need of rental support, and in site selection and settlement planning. Together with the Education, FSAC, Protection, Nutrition, Health and WASH clusters, the ES-NFI Cluster will also develop the 2022-2023 Joint Winterization Plan reflecting inter-sectoral winter priorities.

Projected 2022 needs and planned reach

| | PEOPLE DISPLACED IN 2022 | CROSS-BORDER RETURNEES IN 2022 | SHOCK-AFFECTED NON-DISPACED PEOPLE | ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS | REFUGEES AND ASYLUM SEEKERS | TOTAL |
|-----------------|--------------------------------|--------------------------------------|--|---|--------------------------------|--------------|
| Projected needs | 378.3K | 494.8K | 36K | 10M | 43.2K | 10.9M |
| Planned reach | 378.3K | 494.8K | 36K | 1M | 27.4K | 1.9M |

Cost of response

To respond to severe and extreme shelter and NFI needs of 1.9 million people across the country, the ES-NFI Cluster seeks \$374 million in 2022. Of the total requirement for 2021, \$64 million is needed for emergency life-saving assistance, \$86 million for transitional shelter, \$141 million for shelter repair/upgrade and \$81 million for winterization activities. The average cost per person has increased from \$109 in mid-2021 to \$193 in 2022, due to increase in the cost of items and operational/logistical costs as a result of the economic shocks in the country and to a large extent due to a substantial increase in provision of costlier transitional shelter support and shelter repair and upgrade assistance by 300 per cent and 180 per cent respectively. Aside from contributing to other multisectoral needs, these durable shelter solutions are more cost-effective in the long run, reducing dependency on aid.

Cash programming

The response outlined in this plan will be delivered via a combination of in-kind, cash and voucher assistance. Cash or in-kind ES-NFI assistance will be provided in line with the Cluster minimum standards.

Partner data collected in mid-2021 shows that cash was predominantly used in shelter repair, rental support, and winterization programmes, while in-kind assistance was used predominantly for emergency, transitional shelter, and NFI activities. In 2021, the Cluster will promote the increased use of cash-based response where there is a functional market with quality materials available, and where there will not be a negative impact on people and/or markets, in line with guidance on cash-based interventions and aims to increase the cash share up to 43 per cent in 2021 from 25 per cent in 2021.

Monitoring

Cluster’s ability to obtain reliable assessment data from humanitarian partners will remain critical to providing an independent and impartial picture of ES-NFI needs. The Cluster will continue to rely on the WoA Assessment and cluster-led assessments as its key data sources. Other proxy sources will be sought including individual partner assessments, DTM data, ERM data and the IOM HAP. The Rapid Assessment Mechanism introduced by the cluster in 2021 will be used to provide a more detailed area-based assessment with a view to providing a more nuanced understanding of the key challenges and coping strategies related to ES-NFI needs in Afghanistan. Narrative observations will be included in the mid-year monitoring report to take stock of the trajectory of ES-NFI needs across the country, even if numerical comparisons may not be feasible. The Cluster will also continue to monitor displacement, cross-border movement, and the impact of disasters throughout the year to guide preparedness and response to needs. Additionally, ES-NFI partners will also undertake field missions to hotspot areas to verify key drivers of emergency shelter and NFI needs. Throughout 2022, the Cluster will continue to work with AWAAZ to respond to ES-NFI-related referral calls to ensure communities’ concerns are heard and duly incorporated in the understanding of needs as well as response.

Response will be monitored through monthly reports provided by partners via ReportHub. The results of the analysis will be published monthly to reflect gaps in the response against the HRP. Monitoring of stocks and funding will continue to be undertaken via ReportHub and FTS. Impact monitoring will be done through post-distribution monitoring and will further inform the Cluster’s future response.

Contacts

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|---|--|
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3.3 Food Security and Agriculture



| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 24.0M | 21.6M | 4.9M | 11.7M | 1.8M | 2.66B | 158 |

Cluster Objectives

1. Ensure continued and regular access to food for the acute food insecure people across the country.
2. Protect the livelihoods of urban and rural populations facing acute food insecurity, mitigate distress sale of productive assets, and sustain local production of food.
3. Support to income of the most vulnerable population through vocational skills and food/cash for work for improvement of community infrastructure
4. Strengthen resilience through emergency preparedness and conducting timely assessments
5. Ensure that no needy vulnerable person is left behind from humanitarian assistance and thereby ensure access to nutritious food and cash income for meeting household essential expenses.

The aim of FSAC is to immediately halt the alarming increase of hunger in the country, improve the food security and livelihood security of people in IPC Phase 3 or above areas through ensuring timely access to adequate nutritious food and protecting their vulnerable livelihoods. The Food Security and Agriculture cluster objectives align with Strategic Objectives 1 and 3 of the HRP, including the provision of food and lifesaving nutrition services as well as livelihood support to vulnerable urban and rural populations. Enhancing subsistence food production at local level also aims to ensure averting the current

humanitarian crisis to reach catastrophic levels and mitigate cascading future humanitarian needs.

Response Strategy and Modalities

Afghanistan is facing a deterioration in food security in 2022. The combined impact of conflict and insecurity, acute drought – the worst for more than three decades – and economic collapse in the second half of 2021 have generated a hunger crisis of unprecedented proportions in Afghanistan, with some 22.8 million people projected to be facing acute food insecurity (IPC Phase 3 or above) by the start of 2022. This includes a staggering 8.7 million people in ‘emergency’ food insecurity (IPC Phase 4) - the highest absolute number in the world.

The hunger crisis today is a combination of compounded shocks which have driven a year-on-year decline in food security (from 27 per cent IPC3+ in September 2017, to 55 per cent of the population today) combined with an unprecedented nationwide economic crisis in 2021 which left the population without means of coping. Further shocks on the horizon, including another drought season, will drive the country to the edge: without a significant shift in the FSAC strategy in Afghanistan, and the resources to accompany it, food assistance will remain vastly insufficient to offset the crisis and emergency needs, resulting in humanitarian catastrophe, livelihoods depletion, and loss of life.

Of the Cluster’s 23.8 million people in need³⁴ in all 34 provinces of Afghanistan, FSAC is planning to reach 21.5 million people with food assistance and 10.7 million with livelihood assistance. This includes in-kind or cash assistance to 20.5 million multiple shock affected people in IPC phase 3 and 4.2 million undocumented returnees, 504,370 IDPs, and 150,000 natural disaster affected people. In addition, 10.5 million people facing acute food insecurity (IPC 3 +), 100,000 conflict affected IDP’s, and 100,000 natural disaster affected people are expected to receive livelihoods protection assistance. To support food insecure households to meet immediate needs, while contributing to their recovery, the FSAC will target households with an integrated assistance package.

Emergency food assistance is vital to save lives and mitigate the stripping of livelihoods assets, deterioration of human capital and rising malnutrition. Given the severity and scope of the food crisis in Afghanistan, immediate assistance at scale is critical to reduce morbidity and mortality, as well as to provide the necessary conditions to enable recovery. In 2022, FSAC will work to prevent populations in acute hunger (IPC Phase 3 or above) from becoming IPC Phase 4 (Emergency) and IPC Phase 5 (Catastrophe) and aim to reduce the peak number of people in IPC Phase 4 by the end of the year. This will be achieved through a combination of (a) a large-scale crisis response targeting populations facing acute food insecurity in rural and urban areas to be able to predictably meet their most basic food needs during the compounded crisis, mitigating loss of life, hunger-induced conflict and migration, and provide the necessary conditions to enable recovery; and (b) a substantial uplift in support to protect critical livelihoods in rural and urban areas,

with particular attention to agriculture and livestock-based livelihoods, to prevent total systemic collapse in rural areas which would have widespread humanitarian impacts on people across the country.

FSAC partners have taken action to enable an effective scale-up of the emergency food security assistance. First, FSAC partners have prepositioned emergency food items in areas that remain hard-to-reach due to road blockages during the harsh winter months. Second, the scale-up has been underpinned by an increase in partner’s fleet capacity, increased mobile storage and warehouse facilities, and negotiations to streamline efficient customs and import processes to avoid delays in the arrival of food items and ensure a smooth cross border movement. Third, to meet the scale-up requirements and avoid pipeline shortfalls, procurement from regional suppliers (e.g., Pakistan and Kazakhstan) has been substantially increased and the capacity of supply chain corridors’ infrastructure enhanced. Partners also continue to support and maximize local milling capacity for the production of fortified wheat flour for the crisis response, which has been fundamental for the current scale-up of food security emergency operation, especially when delays have been caused by border closures and customs delays.

Similarly, FSAC partners have taken a pro-active approach in diversifying cash distribution modalities by contracting additional Financial Service Providers, and introducing value and commodity vouchers. FSAC food basket valuation has also been pegged to USD value to protect beneficiaries from any loss in purchasing power due to fluctuating exchange rate.

Projected 2022 needs and planned reach

| | PEOPLE DISPLACED IN 2022 | CROSS-BORDER RETURNEES IN 2022 | SHOCK-AFFECTED NON-DISPAECED PEOPLE | ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS | REFUGEES AND ASYLUM SEEKERS | TOTAL |
|-----------------|--------------------------|--------------------------------|-------------------------------------|---|-----------------------------|--------------|
| Projected needs | 504.4K | 785.4K | 150K | 22.8M | 72.4K | 24M |
| Planned reach | 504.4K | 200.1K | 150K | 20.5M | 72K | 21.6M |

Emergency livelihood assistance will be provided to the most vulnerable urban and rural populations, including farmers, herders, and landless people to sustain the local production of food, protect productive assets, and boost short-term income streams. Livelihoods and resilience support through food for work, and cash for work approaches will provide an essential immediate transfer to the most vulnerable while also protecting, restoring, and enhancing community level assets and sources of resilience, including a focus on water and land management to contribute to improved natural resource management and livelihoods outcomes. Resilience building work will also focus on larger climate-smart food systems and market linkages that move beyond immediate household subsistence and production. Adaptation of approaches to urban and peri-urban areas, as well as an enhanced focus on participatory community mobilization and engagement will ensure locally owned and maintained solutions that contribute to mitigating the worst food insecurity outcomes while protecting the building blocks of resilience and recovery. Assistance will further include timely provision of assorted crop seeds (wheat, maize, pulses, fertilizers), and tools to households with access to land; supporting women in backyard production of nutritious foods (vegetables and poultry) and support to herders to maintain their livestock alive and healthy through distribution of animal feed, fodder seed and deworming kits. About 2 million people will receive cash assistance either in the form of unconditional cash transfers to vulnerable households headed by women / persons with disability / elderly or in the form of cash for work to rehabilitate or construct livelihoods assets at individual and community level through cash-for-work, targeting the vulnerable including the landless, provides lifesaving cash in rural areas during the lean period, while improving small-scale infrastructure to improve access to water during drought such as water catchments, irrigation, livestock watering points, and karez (underground canal systems). Lastly, the emergency livelihood assistance will be tailored to meet specific needs of crop cultivation and livestock keeping including transhumance related seasonality and agroecological zones as well as the particular needs of vulnerable food insecure people in rural areas; all of which will be further customized / fine-tuned as “early actions”

and rapid response based on the early warnings on La Niña and other climate risks induced shocks and will be coupled with early action advisories to protect agriculture livelihoods.

FSAC aims to improve the food security and livelihoods security situation for people in IPC Phase 3 or above ensuring timely access to adequate nutritious food to increase consumption and reduce malnutrition, and emergency livelihood assistance to support local production of food, boost short term income streams and mitigate adoption of negative coping strategies by vulnerable households. The FSAC cluster will account for the different needs of food insecure persons in rural (17.9 million people) and urban areas (4.9 million people) by adjusting response modalities and livelihood support. For example, in urban areas, FSAC partners will support vulnerable men, women and youth including displaced, returnees and refugees through skills building and marketing including in carpentry, embroidery, electricity, plumbing, and computer skills.

The FSAC response strategy is informed by lessons learnt in the past three years, including programme monitoring, and changes in the local context following the August 2021 developments. When compared to other crisis contexts, the food security cost per beneficiary in Afghanistan at the beginning of 2021 was among the lowest in the world considering an average duration of food assistance of up to 4 months and a ration size equivalent of 50 per cent of a 2,100-kcal daily requirement. A thorough review of programme monitoring found that as the country faced increasing shocks in 2020 and 2021 (conflict, drought, and COVID-19), this level of assistance was no longer sufficient to meet – let alone mitigate – growing hunger. As Afghanistan enters a more acute crisis exacerbated by the current economic decline, the 2022 FSAC response strategy builds on the review to refine the various assistance packages, including composition and duration. Specifically, the review in food security response packages involves extending assistance in time in the absence of alternate means to meet food needs, reviewing the food basket to better respond to the caloric needs of vulnerable groups, and revising cash-based transfer values to account for projected inflation.

Based on that review, the food assistance package under the seasonal food support was revised in terms of commodities and duration from 4 months to 8 for IPC Phase 3 population and 12 months for IPC Phase 4 vulnerable groups whilst removing sugar and increasing the quantity and amount to of wheat flour, vegetable oil and pulses. The Cluster will advise its partners to upgrade the value of the contents of the food basket to promote improved nutrient intake and account for commodity price rises in Afghani due to currency depreciation as well as economic meltdown. The food basket has therefore been designed to cover 2100 Kcal per person per day for a family of 7. A similar amount of cash is also decided as per the prices of agreed food in local market and set at \$80 / month. FSAC response will prefer cash assistance for food where markets will remain functional and transparent secure cash transfer mechanisms are available. FSAC partners also will be encouraged to consult regularly with communities through conversations, surveys, and feedback mechanisms about how they prefer to receive assistance.

Food and livelihood assistance will be coordinated and integrated, with priority first in areas in IPC Phase 4, to protect livelihoods support, including through coordinated delivery of seeds and food assistance. Critically, FSAC and the nutrition cluster interventions are also coordinated, leveraging the food assistance platform to deliver a malnutrition prevention package – in turn maximizing outreach as well as impact of the nutrition assistance by ensuring that women and children benefit from both a nutrition and food assistance support.

This scale-up approach of FSAC is underpinned by enhanced coordination within the FSAC members and with the other clusters to enhance the efficacy of complementary interventions and mutually reinforcing resilience gains of the various emergency assistance packages planned by the cluster. In particular, this involves (1) within the FSAC ensuring coordinated targeting and provision of livelihood assets and household food assistance, especially in IPC4 areas; (2) across the FSAC and nutrition cluster to ensure that groups most at risk of malnutrition benefit from both a nutrition supplement to prevent and treat malnutrition,

and a household food assistance package to protect the food security status; and (3) leverage the footprint of the FSAC – the largest scale of direct assistance, as a platform to engage communities and deliver complementary assistance across sectors, including protection, WASH, and Health to ensure complementarity and timely coordinated assistance.

Cost of response

To respond to acute food and livelihoods needs of more than 22 million people across the country, FSAC appeals for \$2.66 billion in 2022. Of the total appealed fund, \$2.24 billion will be spent on food support to respond to the high numbers of people living in IPC 3 and above while \$413.7 million will be allocated to livelihoods interventions. Overall per beneficiary cost in comparison with total budget increased from \$41 to \$123. This rise is due to the increased duration of food assistance (for instance, 8 months of food assistance for people in IPC phase 3, and 12 months food assistance to IPC Phase 4 compared to a 4 month half package of food assistance. The ration size also increased from half basket to 75per cent of food basket. Increases in the costs of agriculture inputs and financial service provider services also played a role in the higher cost per beneficiary.

Cost of food assistance per beneficiary per month has decreased to \$17 from \$19. This reduction is mainly because of the incentive for purchasing food commodities in bulk. Food commodity prices increased in terms of the Afghani, however, this increase is compensated for because of Afghani devaluation against the dollar. The monthly cost per beneficiary for emergency food assistance remains highly efficient in the context of increased ration requirements and a complex operating environment. Failure to sufficiently invest in meeting these costs will undermine both community stability and any prospects for longer term recovery and resilience. The cost of livelihoods package per person per round of assistance increased to \$23 from \$20. This is mainly because of increase in prices of agriculture inputs (wheat seeds, fertilizers and animal feed). Investment in agriculture, livestock, poultry and off farm livelihoods will increase community access to subsistence produced nutritious food and income resulting in reduced malnutrition,

reduced morbidity and addressing the key drivers of forced displacement out of rural areas. This investment has lasting impacts and substantial returns, for example the emergency wheat cultivation assistance package provided to vulnerable households with access to marginal landholding enables to produce enough wheat to cover the cereal needs of an average Afghan family for one year apart from increasing subsistence local food production, keeping agriculture land under cultivation and ensuring production of certified seeds of wheat crop which contributes towards the national goal of wheat self-sufficiency. Similarly, the livestock protection package ensures an increased subsistence supply of milk and nutritious food for food insecure people apart from much needed cash in hand and protecting the livestock from dying and pushing the herders into debt cycles and potential displacement. While, the poultry and vegetable cultivation packages ensure that women and women headed households have direct access to nutritious food for the entire year and which is produced by them thereby addressing some of the gender concerns in terms of asset holding, assured access to nutritious food, and control over income.

While the Afghanistan FSAC response plan reflects an important reinforcement compared to past years in recognition of the rapid and profound deterioration in context, it is critical to note that the response is not yet covering 100 per cent of the minimum essential 2,100 kcal requirements of populations in IPC3 and IPC4. It is essential that resourcing aligns to the level of ask, to mitigate any further reduction of assistance, which would inevitably lead to an acute worsening of the food security and nutrition situation.

Cash programming

The Cluster has been increasing the use of cash when analysed on a year-on-year basis; it is notable that while the 2022 target proportionally would suggest a decrease compared to 2021, in terms of absolute scale 2022 is the highest target for cash-based transfer modalities on record in Afghanistan. The use of cash allows beneficiaries the flexibility to use the assistance to meet their most urgent needs, provided local markets are functioning. As food expenditure needs are increasing across Afghanistan in 2021

the use of cash transfers will provide households with the independence and dignity to prioritize their assistance needs. In most instances, the use of cash assistance where appropriate addresses people's multi-sector needs while having a multiplier effect in the local economy. The Cluster has a good mix of partners in FSAC that use cash, in-kind, voucher, and mixed modality approaches (wherein in-kind inputs are complemented with unconditional cash transfer) to provide response where appropriate. FSAC partners will continue to use all the cash, in-kind, vouchers, and mixed modality for both food assistance and livelihoods support. Despite the partial collapse of the banking system the use of cash modality will be prioritized in urban areas where the markets are functioning wherever appropriate cash will continue to be used in select rural areas as one of the modalities of assistance. To ensure the viability of market-based responses, the FSAC is: (1) diversifying financial service providers to reduce risks of reliance on one agent or transfer modality type; (2) monitoring markets and currency to inform changes to transfer value or transfer modality; (3) introducing new approaches, such as commodity vouchers.

Despite the partial collapse in the banking system the use of cash modality will be prioritized in urban areas where the markets are functioning and will use it as one of the modalities of assistance in the rural areas. FSAC will continue to work with the Cash and Voucher Working Group to harmonize response packages (including the Minimum Expenditure Basket (MEB)), mechanisms for transferring cash, and development/sharing of assessment and monitoring tools to support partners in conducting better response analysis. To promote cash assistance as a modality for the response, FSAC and the CVWG in 2022 will continue providing guidelines on cash responses for food and livelihood packages, support market monitoring and improved capacity assessments of Financial Service Providers (FSPs), which support the scaling up of cash assistance. Furthermore, through the SFSA and WFP market monitoring tool, FSAC will continue providing information on market functionality, price movements and trader information for use by partners in CTP. FSAC established response targets for cash modalities to push partners using cash where markets

are functional, and where quality food, livelihood packages and transparent cash transfer mechanisms are available. The response packages were also revised to cater for the increased needs as well as the depreciating exchange rate. In areas where markets are not functional, FSAC partners will continue to use in-kind modality modalities as well as will use in-kind modalities in addition to continue using the in-kind modality for the provision of agriculture inputs where there are issues pertaining the adequate availability, quality, and pricing of critical inputs.

Complementarity with development programming

Amid the increasing humanitarian needs, the focus for FSAC in 2022 will be to save lives and protect livelihoods. The Cluster also will continue advocacy on linking emergency assistance with recovery and development programming and will produce early warning messages as an anticipatory approach that allows people to prepare in advance of the predicted shock. All the emergency assistance packages of the Cluster are not directly dependent upon the continuation of development and Government programmes. Development partners should invest resources in creating more robust livelihood solutions for long-term IDPs with both on and off-farm income-generating opportunities. This would include expanding small-scale projects in climate resilient farming, soil and water conservation in disaster prone areas and focusing on building holistic value chains. Further scaling up of their programs in vulnerable provinces with chronic food insecurity situation in IPC Phase 3 and above areas to help stop the slide into worse of food insecurity phase and build the resilience of these households. FSAC will continue to advocate for these communities and guide its partner's efforts to link humanitarian interventions with long term development program for sustainable food security outcomes. FSAC will work closely with the relevant development partners to coordinate its livelihoods programmes.

FSAC, as part of the ICCT, will continue to embrace the integrated response approach in 2022 and beyond. An integrated multi-sector approach to supporting and being accountable to affected people is vital for the success of the overall response in Afghanistan and FSAC success. The Cluster will closely work with the

Nutrition, WASH, Protection and Health clusters as well as the various Working Groups that are necessary to achieve food security objectives. Coordinated geographic targeting and referral systems across FSAC and nutrition cluster will ensure that groups most at risk of malnutrition benefit from both a nutrition supplement to prevent and treat malnutrition, and a household food assistance to protect the food security status and reduce sharing. The footprint of FSAC – the largest scale of direct assistance – will also be leveraged as a platform to engage communities and deliver complementary assistance across sectors, including protection, WASH, and Health to ensure complementarity and timely coordinated assistance.

FSAC partners are stepping in to ensure essential food needs of populations in acute food insecurity are met during a crisis period in the absence of alternative safety nets or large scale functioning social protection programmes. However, the FSAC is not an alternative to the payments of public sector salaries – which development programmes and government funding must retain responsibility over. If the economic and political crisis is not resolved, it is likely this population group could fall into IPC Phase 3+, resulting in an increased PiN beyond the current target of the HRP.

Monitoring

To measure the progress against HRP objectives, FSAC will collect partners' response through 5W data collection reported monthly through the ReportHub. Results are published monthly feeding into the HRP quarterly reporting. To enhance the quality of the cluster's monitoring of the response in 2022, FSAC will conduct a series of refresher trainings on basic food security and livelihoods, including assessments and the effective use of the ReportHub.³⁵ With an improving security situation FSAC will conduct regular independent and joint³⁶ monitoring field missions especially to IPC Phase 4 hotspot areas throughout the year to verify the results of the assessments and to better understand the regional drivers of food insecurity. Through the annual SFSA, the biannual IPC analysis (pre- and post-harvest) complemented by other ad-hoc and partners assessments such as the Whole of Afghanistan and Post Distribution Monitoring (PDMs), FSAC will be able to timely monitor the impact

of the response, identify new and emerging needs and advocate for required funding.

In the monitoring of the response and its impact, FSAC will integrate cross-cutting issues such as age, gender, environment, disability, protection mainstreaming, PSEA and AAP using i.e., the Global Food Security Cluster (gFSC) tool that guides partners to integrate cross cutting issues, protection, and AAP considerations during targeting and distribution process, as well regular engagement, training, and awareness raising support to FSAC partners from the PSEA, GiHA and APP working groups. FSAC will strengthen the partnership with the call center (AWAAZ) through the provision of timely feedback on the complaints/ feedback received through the call center. Through AWAAZ Afghanistan, FSAC has

received and followed food and agriculture related referral calls in 2021. FSAC will strengthen its work with AWAAZ to ensure communities' urgent food and agriculture related referral calls/concerns are heard and responded to in a timely manner. Additionally, FSAC will monitor cross border trade and functionality of borders for observing flow of goods into the country. Along with this, FSAC will monitor market prices on regular basis and consider the findings from the previously mentioned perceptions surveys in programming decisions. Lastly, FSAC will consider evolving a dashboard system to proactively monitor the Cluster's response or encourage the Cluster members to proactively report on their agency-specific monitoring of response activities and complement the same with more joint-monitoring missions with Cluster members.

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3.4 Health

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 18.1M | 14.7M | 3.3M | 7.9M | 1.2M | 378M | 30 |

Cluster Objectives

1. Improve information and access to humanitarian lifesaving and life-sustaining equitable health services at all levels of care to people in need and most vulnerable.
2. Strengthen health system capacity to prepare for, to prevent, to detect and for timely response to disease outbreaks.
3. Ensure access to safe, equitable and inclusive health and reproductive health care services and information to GBV survivors.
4. Strengthen provision of integrated rehabilitative care to improve resilience of vulnerable people.

The health cluster objective is to sustain and expand basic quality health services at community, primary, secondary and tertiary care levels. Ensuring the availability and accessibility to routine, emergency, and specialized health care which is essential for meeting the needs of the most vulnerable groups, including pregnant women and lactating mothers. Taking a holistic approach to humanitarian health assistance enables the health system to perform its essential functions, respond to emergencies, prevent, detect and respond to outbreaks of communicable diseases of epidemic potential and protect the health of vulnerable populations. This includes internally displaced people (IDPs), refugees returning to their communities of origin, and survivors of gender-based violence (GBV). The key objectives of the Health cluster align with all three Strategic Objectives of the HRP.

Response Strategy and Modalities

The complexity and severity of the ongoing humanitarian crisis has increased the number of people in need of health assistance by 20 per cent, from 14.5 million in 2021 to a projected 18.1 million for 2022. Addressing these needs, and improving population health outcomes, will require a broadly scaled-up implementation of the health interventions found to be effective as laid out in the basic package of health services (BPHS).³⁷

Therefore, the health cluster aims to scale up its response targets by 42 per cent in comparison to 2021 to 14.6 million people by increasing the capacity of existing health partners, bringing in new partners and expanding coverage. The Health Cluster will prioritise interventions focusing on vulnerable groups, including 2.9 million women of reproductive age (15-49 years old), 400,000 people over 60, 700,000 displaced people and 1.2 million people living with disabilities. The scale-up requires more health partners with the right capacities, a well-trained, responsive and responsive and supported health workforce, strong leadership, sustainable financial support, and strengthened cluster structure for improved coordination including information management. A deficit in any of these areas may hinder the scale up. To strengthen these factors, the cluster will strengthen coordination structure at regional level, do capacity building work with health partners and the health workforce and advocate for more resources for health as a human right.

The health cluster partners have operational presence in all provinces. The health programs will cover all provinces as vulnerable and people in need are present everywhere. Based on overall severity ranking, 19 provinces (Samangan, Balkh, Jawzjan, Faryab, Badghis, Ghor, Parah, Helmand, Kandahar, Zabul, Uruzgan, Dykundi, Ghazni, Paktika, Maidan Wardak, Parwan, Kapisa, Panjshir and Nuristan) have been identified with extreme severity. People in urban areas have better access to health services than those in rural areas, however, lack of comprehensive free-of charge treatment, inclusive of medicine and supplies, is a challenge in all settings. Kabul and central provinces of different regions that include Nangarhar, Herat, Kandahar, Balkh, Kunduz and Paktya with the focus on urban areas will be given priority due to disease outbreaks and possible displacement to these locations.

Conflict-related injuries are still occurring, mainly following suicide attacks, land/roadside mines and MIEDs. The provinces reporting the highest numbers of trauma-related cases are Nangarhar, Ghazni, Kandahar and Herat and Kabul provinces and will be given priority in trauma care.

Critical health cluster interventions include:

i) improving access to primary, secondary and tertiary health care services by expanding and sustaining availability of the basic package of health services and the essential package of hospital services with particular emphasis on gaps, ii) improving the emergency referral system, as well as trauma, triage and emergency services, iii) prevention and response to infectious/communicable diseases outbreaks with the particular focus on COVID-19, AWD, Dengue Fever, iv) strengthening the existing specialized services, such as physical rehabilitation, emergency

Core information management and monitoring functions such as analysis of the 4Ws; continuous monitoring of early warning systems for suspected disease outbreaks; tracking of health system functionality via the health resources and services availability monitoring system (HeRAMS) are critical for a rapid and flexible response based on needs, severity and emerging threats. Protection of health care remains a critical concern for the cluster. This requires making risk mitigation measures, reporting of attacks on health care, and engaging in advocacy at all levels.

The health cluster will continue to operate through an all-modalities approach, delivering a humanitarian health response through both static health facilities and mobile health teams to reach those most vulnerable and in need. Newly displaced, rural, or access-constrained populations may be targeted through mobile medical teams while camps and temporary shelters may rely on a variety of interventions. These include nearby health facilities, mobile teams, or dedicated facilities within the site, depending on population size and movement restrictions. To ensure that people with urgent conditions have timely access to care, health partners will support the operation of ambulances to move patients to and between facilities, while people with routine conditions and those in need of non-emergency referrals, including diagnostics, may be supported through in-kind transportation. Essential medicines, supplies and equipment, including reproductive health and family planning commodities, will be provided to functioning public primary healthcare facilities and hospitals, specialized services and emergency referrals will be supported. Outreach immunization services in IDP, migrant and refugee sites and host communities will be supported.

Projected 2022 needs and planned reach

| | PEOPLE DISPLACED IN 2022 | CROSS-BORDER RETURNEES IN 2022 | SHOCK-AFFECTED NON-DISPA CEED PEOPLE | ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS | REFUGEES AND ASYLUM SEEKERS | TOTAL |
|-----------------|--------------------------------|--------------------------------------|---|---|--------------------------------|--------------|
| Projected needs | 387K | 530.3K | 101.5K | 17.3M | 56.7K | 18.1M |
| Planned reach | 309.6K | 424.2K | 80.9K | 13.8M | 45.3K | 14.7M |

The health cluster will coordinate with health partners to prioritize the disease outbreak response interventions with the particular focus on COVID-19, AWD/cholera, Dengue Fever, and other disease outbreaks as arise. The health cluster will also continue to work closely with the WASH cluster to scale up integrated multisectoral responses to infectious disease outbreaks (COVID-19, AWD/cholera, Dengue, etc.). The health partners will engage with WASH partners for better WASH at health facilities and form joint rapid response team for the affected households to better tackle risk factors in the right at-risk transmission contexts and epicenters. The health cluster will collaborate with the nutrition cluster to enhance effective integration of management of acute malnutrition into the health system. The nutrition sites will benefit from systematic screening for acute malnutrition performed on children aged 6-59 months and PLW attending health facilities for curative and preventative services, and referral for treatment of SAM cases. The health cluster will work closely with Protection Cluster to address the protection concerns including GBV and issues of persons with disability.

Cost of response

The health cluster response plan cost is based on the cost-per-activity modality. Since the modality of health service provision differs from the distribution of commodities, an average has been used to provide an overall cost of activities. The cost per person for health services is broken down into separate estimates of the cost per person for primary health care, secondary health care, trauma care, COVID-19 treatment for critical cases, inpatient treatment of SAM cases, etc.

The sizeable increase in the health cluster budget compared to 2021 is due primarily to continued need of COVID-19 response and increase in PiN. The health cluster PiN has increased by more than 3 million while the target has increased by more than 4 million as compared to 2021, thus health service delivery costs will be greater.

The costs of health assistance are driven by procurement of medicines and medical supplies, and costs related to their transportation, storage, distribution, and monitoring. The local market is unable

to meet demands at scale due to current economic sanctions and other restrictions, therefore most health cluster partners rely on international procurement. Due to the country's economic crisis and the local currency depreciating, the cost of delivering health interventions is likely to increase further.

Cash programming

The Health cluster has not been using cash programming widely. It is recognized that the cost of transport are barriers to accessing health care. The 2021 WoA Assessment showed that health costs were one of the most common reasons, after food, for a household to have taken on debt. These issues will be addressed with modest provision of cash to the most vulnerable households with identified health needs mainly to support vulnerable households through provision of cash to cover their transportation costs. Health Cluster with support from Cash and Voucher WG will identify the implementation modality. The eligibility criteria for this cash pilot will be finalized in consultation with the CVWG, although limited cash capacity and systems among health partners remain a constraint. Community based insurance will be the best approaches to invest then utilize the cash for health services.

Complementarity with development programming

Over the years, humanitarian support has been complementary to Sehatmandi, the basic public health programme in Afghanistan. Sehatmandi forms the backbone of the health system, acting as vehicle for the delivery of all health programmes including immunization, infectious disease control, maternal and child health, mental health, etc. As staff and existing health facilities are used for the provision of humanitarian support and services, there is direct linkages between development and humanitarian assistance. Any disruption in the provision of Sehatmandi will negatively affect the humanitarian response in the health sector. To overcome these potential challenges the humanitarian response must consider alternate service delivery approaches through maintaining key health facilities and use of mobile teams for provision of services. Any interruption to Sehatmandi will have a grave impact on delivery of

health services. The numbers of people in need of health care will increase considerably thus significantly increasing the cost of the humanitarian response. Health cluster partners currently lack capacity to address such an increase in needs and will require more resources.

Monitoring

Health cluster partners are also actively reporting to ReportHub on a monthly basis, a reporting platform maintained by iMMAP for the clusters. Response data shared by partners in the platform are regularly collected, analyzed, and interpolated with other inputs outside of the reporting platform. iMMAP likewise supports fully ReportHub trainings/orientation to enable cluster partners to properly record their activity details. With data consolidated monthly as information products enabling partners to chart the overall response by the cluster, patterns, trends, and gaps in the respective interventions can be identified. Coupled with regular cluster coordination meetings/discussions, monitoring of the cluster's response through this information sharing mechanism will continually inform their decisions related to realigning, reprogramming and planning their projects strategically. In addition to ReportHub, the health cluster partners support 513 surveillance sentinel sites across the 34 provinces. The epidemiological surveillance data is collected on a regular basis, and analyzed by health cluster partners for the planning and monitoring the evolving health situation.

Potential Improvements related to ReportHub is concerned:

- Collaborate more with iMMAP as the focal point of ReportHub to request supporting the reporting partner by giving periodical training in group and personal training (to those requiring it).

- Proactively engage partners that have not submitted reports into ReportHub either by writing to them via email or using the built-in functionality in ReportHub to send email reminder.

The ReportHub platform also collects information on services to beneficiaries that feature Persons with Disability (PwD) figures. When reporting, partners can select and identify beneficiaries with disability. During ReportHub trainings and demonstrations, reporting focal persons can learn to clearly indicate PwD beneficiaries versus non-PwDs. Partners will be encouraged to use the platform to identify people with disability with more accurate details of their disaggregated groups.

There are various communication mechanisms already in-place that will continue as ways to coordinate between cluster partner members – regular cluster coordination meetings, periodic updating of the partners' contact list, phone calls, remote/virtual consultations, chat groups, email, technical working groups under the umbrella of the Health Cluster including the Reproductive Maternal Neonatal Child Adolescent Health in Emergency [RMNCAH-iE] Working Group, etc. These enable partners to overcome information exchange challenges, consolidate plan interventions, and facilitate constant updating of members.etc. These enable partners to overcome information exchange challenges and facilitate constant updating of members.

The data collection mechanism and tools, including data management system, rapid needs assessment and prevalence surveys on mental health and substance use, would further need to be developed, strengthened and established to have clear picture of burdens of mental health disorders and substance use disorders on crisis affected populations.

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3.5 Nutrition



| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 7.8M | 5.9M | 2.6M | 3.3M | 483K | 287.4M | 46 |

Cluster Objectives

1. Increasing the equitable access and utilisation of quality life-saving nutrition services for the early detection and treatment of acute malnutrition for children and PLW affected by acute malnutrition
2. Increasing the equitable access and utilisation of quality preventative nutrition specific service delivery for children, adolescents and women;
3. Mainstreaming gender and accountability to affected people;
4. Enhancing nutrition situation analysis, programme monitoring and utilisation of nutrition information.

Under SO1 of the HRP, the Cluster aims to improve early detection and treatment for children and PLW affected by acute malnutrition, prevent malnutrition through provision of specialised food, micronutrient supplements and integrated behaviour change communication, and enhance the nutrition situation analysis, programme monitoring and utilisation of nutrition information. Under SO2 of the HRP, the Cluster plans to raise community awareness and promote participation for a responsive nutrition service delivery. The Cluster also plans to mitigate PSEA and GBV.

Response Strategy and Modalities

In 2022, the Nutrition Cluster plans to reach 5.9 million children and PLW across all provinces with life-saving services. In line with the Cluster’s sectoral areas of need, eight categories of response will be delivered through static and mobile facilities. These include i) treatment of children under five with SAM; ii) treatment

of children under five with MAM; iii) treatment of PLWs with acute malnutrition; iv) BSFP for children under five; v) BSFP for PLWs; vi) vitamin A supplementation; vii) home fortification with multiple micronutrient powders (MNP); viii) infant and young child feeding (IYCF) counselling to primary caregivers of children aged 0-23 months.

The Cluster has prioritised all 34 provinces for the nutrition response due to the high levels of food insecurity and malnutrition across the country. All 34 provinces have been ranked in order of priority, with the Nutrition Cluster considered the following indicators in its prioritisation: i) prevalence of acute malnutrition among children under five and (ii) admission rates and coverage in existing programmes for the management of acute malnutrition. Applying these parameters, Badakhshan, Badghis, Bamyan, Daykundi, Ghor, Hilmand, Jawzjan, Kabul, Nuristan, Paktika, Panjshir and Samangan will be first considered in order of priority.

The treatment services will be complemented by preventative services to ensure that children and women are able to break the cycle of malnutrition. This will consist of expanding on services that protect and promote appropriate IYCF/IYCF-E practices, especially promotion of optimal breastfeeding and complementary feeding to children 0-23 months, investing in social behaviour change communication, providing specialised nutritious food, strengthening community outreach support and further widening the response with services addressing the underlying

causes of malnutrition. Due to the projected heightened levels of food insecurity across the country as well as the reduced food diversification, the Nutrition Cluster will prioritise MNP for home fortification for children aged 6-23 months as a key Cluster priority in 2022. The expansion of BSFP to all under five children and PLW (as compared to past years where assistance was only provided to those in priority provinces) will be continued in 2022. Alongside IYCF counselling, BSFP and micronutrient supplementation activities are expected to help promote a well-balanced, diversified, and nutritious diet starting from infancy. This is expected to contribute towards maintaining a strong immune system - a requisite to fight infections, survive illnesses and recover faster. Additionally, the provision of WASH kits to children with SAM to improve drinking water quality and hygiene practices will not only improve children's immediate wellbeing but boost longer-term nutrition resilience of children, positively contributing to children's development.

To ensure efficiency in its response, nutrition partners will ensure timely procurement and pre-positioning of supplies in strategically located warehouses to guard against delivery disruptions. In addition, treatment services will be complemented by preventative services, wherever possible, so that children and women are not trapped in the repeated cycle of malnutrition. To minimise spread of COVID-19 and other communicable diseases and for people to feel safe in health facilities, physical distancing measures in facilities and other protection mechanisms by health and nutrition personnel will be improved in 2022,³⁸ hopefully increasing confidence in these centres and the return of patients. To improve access to Nutrition services, the Cluster will investigate into and address specific access barriers for more marginalised

groups, such as people with disabilities. As part of the Integrated Management of Acute Malnutrition (IMAM) programme, community outreach and sensitisation will be conducted to raise awareness and promote participation for a responsive nutrition service delivery as per global guidelines.

Linkages and integrated approaches are essential for addressing the key drivers of acute malnutrition. Coordination and joint programming with the other Clusters most relevant to nutrition – particularly Health, WASH, FSAC, Education and Protection – will be enhanced for nutrition-sensitive intervention. This will ensure the safe, equitable and dignified access to critical cross-sectoral basic services and further decrease the prevalence of acute malnutrition as well as reduce morbidity and mortality.

There are 51 nutrition partners operating in all 34 provinces. In 2021, partners operated 1,411 sites managing severe and acute malnutrition. In terms of scale-up response capacity, the Cluster will continue its strategy for capacity strengthening and mentorship of local and/or new partners by larger and more experienced partners to ensure the timely scale-up of the Cluster response capacity once gaps have been identified. Additionally, the Cluster will continue to strengthen communication and collaboration at the national and subnational level to improve decision-making and data sharing.

The above scale-up strategy is a result of past experiences and lessons learnt in nutrition programming across Afghanistan. Despite the significant increase in the absolute number of children who have received treatment for acute malnutrition over the past years – primarily due to an increase in the number of facilities across the country (from 1,028

Projected 2022 needs and planned reach

| | PEOPLE DISPLACED IN 2022 | CROSS-BORDER RETURNEES IN 2022 | SHOCK-AFFECTED NON-DISPACED PEOPLE | ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS | REFUGEES AND ASYLUM SEEKERS | TOTAL |
|-----------------|--------------------------------|--------------------------------------|--|---|--------------------------------|-------------|
| Projected needs | 97K | 77.9K | 29.9K | 7.6M | 14.2K | 7.8M |
| Planned reach | 75.1K | 61.1K | 22.4K | 5.8M | 9.3K | 5.9M |

facilities in 2017 to 1,411 in 2021) – a large proportion of children remain without access to nutrition services. This is largely due to funding constraints and limited reach against the backdrop of increasing nutrition needs. The percentage trend of SAM and MAM cases admitted for treatment out of the projected number of children in need of treatment was 41 per cent for SAM and 25 per cent for MAM in 2017, 51 per cent for SAM and 30 per cent for MAM in 2018, 50 per cent for SAM and 29 per cent for MAM in 2019, and 40 per cent for SAM and 34 per cent for MAM in 2020. Furthermore, 55 per cent of health facilities do not provide MAM services for children while 38 per cent of health facilities do not provide SAM services. Less than 100 mobile nutrition teams have been deployed at the field-level to complement health facilities in hard-to-reach areas.

Changes occurred in 2021 with high likelihood of those rolling over to 2022, seeking to impede emergency nutrition programming, including the emergence of a large wave of Covid-19, as well as the uncertainties and restrictions following the armed conflict, both limiting supply and demand of nutrition services. The piloting of a Cash incentive to compensate mothers and mahram for the transportation and accommodation for reaching to in-patient nutrition treatment hospitals with their children has not proven successful. Major reason being the poor availability of transport from the far places where SAM with medical complications are found. Worth noting are the scarcity of population based SMART survey, and the attempt to integrate minimal anthropometry, i.e., MUAC screening, into the Whole of Afghanistan Assessment has not been successful since the requirements could not be accommodated by the WoA Assessment.

The scale up strategy is designed with the assumptions that the health system will be kept functional despite the threats to its existence, either as a continued developmental program, or in the form of an emergency health system operated by partners and the agency provider of last resort. Furthermore, it is assumed that the ongoing stabilization of the political and security situation will prevail.

Nutrition service delivery will be conducted through static and outreach facilities integrated to the health system. All health facilities will be targeted for support to start, improve or sustain effective integration of nutrition services. Mobile health and nutrition teams (MHNTs) deployed on a long-term basis, and Rapid Response Teams (RRT) in quick and shorter deployment will provide support to health facility partner or direct service delivery to ensure the ability to timely scale up response once gaps are identified in insecure and inaccessible locations.

By strategically engaging with clusters and TWGs that have the highest potential impact on the nutrition status of children, the nutrition cluster aims to strengthen the integrated multi sectoral response package of interventions for enhancing the performance of the treatment program, and reaching out to the most vulnerable households with nutrition-sensitive interventions that build resilience and prevent undernutrition: access to clean water and sanitation, child stimulation as part of early child development, and GBV risk mitigation. In an effort to align with the national strategy for integrated BPHS the nutrition cluster is committing to enhance effective integration of management of acute malnutrition into the health system. From the collaboration with WASH cluster, children 6 to 59 months of age with SAM attending nutrition sites will be provided with WASH kits for household utilization to improve hygiene practices. This will be facilitated by an orientation of nutrition frontline staff on household water treatment and hygiene promotion for improving hygiene messaging to vulnerable households. Efforts for gender mainstreaming will help perform GBV safety audits on service delivery points. The GiHA WG will also provide technical guidance on gender mainstreaming across the humanitarian programme cycle. BSFP will be done jointly with general food distributions to reach all beneficiaries with supplementary food distributions, nutrition messaging and MUAC screening. The Cluster will link with the ESNFI Cluster for the provision of PLW affected by acute malnutrition and their children with a standard winterization package comprising of heaters and fuel, winter clothing and blankets/quilts during the winter season.

Cost of response

In 2022, the Nutrition Cluster seeks \$287.4 million to reach 5.9 million children and PLW across all provinces with life-saving nutrition services. The cost-per-person for the overall emergency nutrition response has decreased from \$46 in 2021 to \$18 in 2022. This is largely due to increased integration of nutrition services into health interventions as per the national BPHS strategy, which is saving the Nutrition Cluster substantial operational costs. Additionally, the joint delivery of BSFP with general food distributions (GFD) through community platforms is also enhancing cost efficiency by saving operational and supplies costs.

Cash programming

In 2022, the Nutrition Cluster will continue to explore cash-based approaches in close consultation with the CVWG. The Cluster will also work with the CVWG to ensure that the minimum expenditure basket (MEB) for Afghanistan covers macro and micronutrient requirements of children under five and PLWs. In 2021, cash incentives were provided to compensate mothers and caretakers for the cost of transport to attend in-patient SAM treatment recipients at provincial hospitals as part of a small pilot.³⁹ However, the pilot was not successful due to the lack of transport availability from where SAM cases with medical complications were found and the treatment hospitals.

Complementarity with development programming

Malnutrition is a multi-causal problem which requires integrated and holistic programming for effective results. Therefore, the package of emergency nutrition interventions is designed in such a way that takes advantage of and is complementary to ongoing, longer-term health and nutrition service delivery mechanisms funded by development actors. The Nutrition Cluster is committed to institutionalising the management of acute malnutrition into the health system. Firstly, the Cluster will map the health facilities that do not provide nutrition services. Secondly, the Nutrition Cluster will develop and roll out a capacity strengthening plan. If the suspension and reprogramming of development funding to health remains, the Nutrition Cluster will review alternatives proposed by donors, partners and the de facto authorities to ensure the continuity

of integrated health and nutrition coverage. If the economic and political situation remains unresolved, this would result in an increased Nutrition PiN beyond the current target of the HRP.

Analysis of past years' response shows that more than half of all children with acute malnutrition have missed out on treatment services. The Cluster advocates that these needs must also be met through complementary development investments including preventive nutrition-sensitive services to address the underlying causes of malnutrition. In 2022, the Nutrition Cluster will coordinate with the AFSeN-A and create a multi-stakeholder platform to identify specific areas of convergence and collaboration. This will also be based on the findings and recommendations from the Nutrition Cluster's case study on the Humanitarian-Development Nexus for Nutrition in Afghanistan – which was conducted in collaboration with the Global Nutrition Cluster and UNICEF – to understand where humanitarian and development actions can be more genuinely complementary and mutually reinforcing.

Monitoring

The nutrition surveillance system, based on screening data, programme admission data and population-based nutrition surveys will be enhanced to support situation analysis and gaps identification for action. A constant partner mapping will be performed to help operational planning. Tools will be revised for an effective programme monitoring for action whereby achievement will be tracked, and challenges/bottlenecks identified and addressed.

The Nutrition Cluster will monitor evolving nutrition needs and programmes through regular field monitoring visits. The Cluster will also rely on the Nutrition Information System (NIS) for continuous collection and interpretation of nutrition-related data to enable timely decision making for improving the nutrition situation of the population. Additionally, the NIS will be used for:

- Data collection from nutrition sites and mobile teams, compilation and analysis to monitor admission of children and women with acute malnutrition as well as performance indicators

of therapeutic programmes. The data will be disaggregated by affected population groups as outlined in the HRP. A layered quality control system will be applied to ensure reliability of the data;

- Data and information on preventive nutrition interventions such as IYCF counselling, BSFP and micronutrient supplementation will be reported and analysed through the Health Management Information Systems (HMIS). The Cluster will use globally accepted methodologies in data collection and analysis in cases where HMIS is lacking or the analysis is inadequate;
- Population-based data, including anthropometric data will be collected and analysed through a national SMART survey, as well as separate surveys in prioritised provinces to determine the prevalence of acute malnutrition among children and women, as well as factors affecting the nutritional status;
- Data on MUAC screening conducted by implementing partners will also be used as proxy indicator.

The Cluster will also coordinate with other clusters and partners in joint assessments to identify the specific

needs of people with disabilities, people displaced by conflict, returnees and disaster affected people. The Nutrition Cluster’s collaboration with FSAC on the SFSA and screening embedded into the GFD, and blanket supplementary feeding will enable the collection of child nutritional status (anthropometric data) across the country.

In the face of COVID-19 preventative measures, physical distancing requirements and funding shortage, Nutrition Cluster partners were only able to conduct a limited number of population-based SMART surveys in 2021. The Cluster was also unable to successfully integrate minimal anthropometry screening into the WoA assessment, since the requirements could not be accommodated by the WoA Assessment team. While continuing to explore the best ways for integration, the Nutrition Cluster is planning and fundraising for a specific national nutrition survey to better evaluate changes in peoples’ nutritional status and prioritise response. Furthermore, routine facility-based screening data, as well as population-based data from screening embedded into GFD and blanket supplementary feeding at the community level, will be compiled for trends analysis as part of the nutrition surveillance.

Contacts

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3.6 Protection

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 16.2M | 4.5M | 955K | 2.4M | 381K | 137.3M | 73 |

Cluster Objectives

General Protection

1. Monitor key protection issues (including violations of IHL/IHRL, displacement, refugee returnees and undocumented persons who return, refugees, vulnerable populations, GBV and child protection) in order to identify persons in need of assistance, inform the humanitarian response and advocate for the protection of civilians.
2. Provide protection assistance and services to vulnerable, conflict and disaster affected women, men, boys and girls, as well as people living with disability and those affected by explosive hazards.
3. Strengthen and implement community-based responses and resilience activities and feedback, complaint and response mechanisms that are accessible to all, in order to prevent, mitigate and respond to protection risks and needs, including through durable solutions, protection awareness, enhancing individual and community coping strategies and conflict resolution mechanisms.
4. Strengthen the capacity of partners, service providers, civil society and authorities to prevent, mitigate and respond on protection issues.
5. Mainstreaming and integrate protection into all sector and cluster-specific humanitarian responses, including towards the achievement of durable solutions.

Child Protection (CP)

6. Vulnerable families and girls and boys at-risk have access to well-coordinated age-and gender sensitive child protection services, including psychosocial support and case management, and are protected against life threatening risk including abuse, neglect, violence and exploitation

Gender-Based Violence (GBV)

7. Targeted population have access to comprehensive information on a range of available services and can access, safe, confidential and timely onward referrals.
8. Risk mitigations and community safety planning to respond to threats to safety and security of women and children are in place. Activities are conducted with communities, including positive masculinity, and community dialogues ensure access to services.
9. Targeted populations have access to lifesaving services in safe and confidential spaces and are provided with tools to restore their dignity and wellbeing in alignment with survivor centered principles.
10. Increased and strengthened partner capacities including through established guidelines, trainings and resources to respond to the needs of at-risk women, girls and survivors safely and ethically.

Housing, Land and Property (HLP)

- 11. Strengthened HLP rights and improved access to land for IDPs and returnees.
- 12. Strengthened HLP rights in informal settlements
- 13. Strengthened HLP coordination mechanisms to mainstream gender-equitable HLP across humanitarian interventions

Mine Action (MA)

- 14. Provide land clearance, survey, risk education, Explosive Ordnance Disposal (EOD) activities and assistance to the victims and survivors of explosive ordnance
- 15. Ensure that mine and ERW victims’ rights are advocated for and their needs are embedded in response activities
- 16. Build the capacity of national mine action partners, especially when it comes to the implementation of improvised mine clearance projects

In 2022, the Protection Cluster will focus on a diversity of protection responses and advocacy through systematic information collection and protection analysis, to identify people with specific needs and reach the most vulnerable with life-saving protection services that build their resilience and reduce the adoption of negative coping strategies, while working to ensure the mainstreaming of protection across all sectors.

Response Strategy and Modalities

Conflict, displacement, and economic decline especially after the take-over, have frequently depleted individual and community social and financial capacities that have already been exhausted. The combined effects of unemployment, limitations in the supply of cash and goods, a drop in the value of

local currency and a rise in prices has pushed many Afghans to take increasingly desperate measures to survive, including adoption of harmful coping mechanisms. The Protection Cluster will focus on a range of protection responses and advocacy through systematic information collection and protection analysis, to identify people with specific needs and reach communities and the most vulnerable individuals with life-saving protection services that support their resilience and mitigate or reduce the adoption of negative coping strategies.

Protection Cluster partners will respond to the needs through scaling up and strengthening monitoring, including border monitoring and analysing of the protection environment to identify trends, vulnerabilities and emerging needs. The Cluster will also strive to improve the analysis of the protection environment through the human rights lens. Cash modality interventions will be scaled up to address emergency needs and prevent vulnerable household to further slip into negative coping mechanisms. However, this will come with caveat that cash liquidity is available and markets remain functional and partners have access to the affected population without any interference by the authorities.

The Cluster will be investing on building the capacity of national and local NGOs including women NGOs/CSOs and organizations that work with people with disability to deliver protection services as part of the strategy to scaling up the response and to reach more women and people with disability. This will be in line with scaling up and expanding community-based protection activities in newly accessible locations.

The range of security challenges and operational constraints including movement restrictions imposed by the de facto authorities has made it difficult for

Projected 2022 needs and planned reach

| | PEOPLE DISPLACED IN 2022 | CROSS-BORDER RETURNEES IN 2022 | SHOCK-AFFECTED NON-DISPLACED PEOPLE | ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS | REFUGEES AND ASYLUM SEEKERS | TOTAL |
|-----------------|--------------------------|--------------------------------|-------------------------------------|---|-----------------------------|--------------|
| Projected needs | 504.4K | 785.4K | 123.4K | 14.9M | 72.4K | 16.2M |
| Planned reach | 403.5K | 390.9K | 71.6K | 3.4M | 36.9K | 4.5M |

people in need to reach services and impeded the capacity of protection partners to collect high quality data and to provide equitable protection services. The new structure of government has a strong impact on humanitarian aid, limiting the work of female staff throughout the overall response as well on mobility of women and girls and the exercise of their freedoms. The suspension of some government activities and institutions such as social affairs and civil registry compounded by financial and banking restrictions has resulted in temporary suspension of some of the protection activities such as legal counselling and assistance to facilitate access Tazkira and civil documentations. Strictly defined cultural and social norms on the roles of men and women are manifest in various ways across Afghan society, including tribal codes and restrictive interpretations of Islam. With the change of the political dynamics and consolidation of power by the Taliban, harsher restrictions are being imposed on social, political, and economic activities particularly for women both in public and private spheres. The delivery of some protection activities, which are considered sensitive and not embraced by conservative communities (such as GBV interventions, child protection and counter-trafficking activities) require more innovative approaches to ensure that the needs of vulnerable people are met.

Protection partners endeavour to mitigate the impact of such and to reduce related risks through negotiations with the authorities at local and provincial level and by revising their approaches, tools, and terminologies when deemed too sensitive for the context. Partners have also opted to diversify the modalities of data collection as the context changed. For example, in some locations instead of in-person interviews, case management with clients takes place by phone. Partners will continue to operate according to the Joint Operating Principles (JOPs) and focus on developing access negotiation capacity and fostering positive and accepting relationships with local leaders and community members to overcome some of the barriers to the delivery of assistance. In addition, partners will be investing to expand and enhance protection community-based activities and capacity building of the communities to empower communities to protect themselves by identifying, preventing and addressing existing and/or emerging protection risks.

Persons with Specific Needs (PSNs), including people with disability, will be reached through the provision of case management and Individual Protection Assistance (IPA), which can be in-kind or cash. Referrals to specialized services will be offered to these groups. IPA aims to address protection risks that are time-sensitive and require immediate action. Partners will continue to deliver and scale up cash-for-protection to vulnerable households identified through protection monitoring and other interventions to address protection risks and respond to immediate protection concern or to prevent negative coping strategies. Cash-for-Protection is a one-time cash top-up grant to the most vulnerable households identified through other multi-sectoral assessments and through protection monitoring. These people have underlying, and unaddressed protection needs and Cash-for-Protection assistance aims to prevent their imminent exposure to further risks that may jeopardize their physical and mental wellbeing. Follow-up through case management will enable these households better adapt to shocks such as sudden loss of income. General Protection partners will continue providing PSS services to affected population groups to assist in overcoming pre-existing conflict-related trauma, the psychosocial impact of displacement, the COVID-19 pandemic, and additional stress and anxiety due to recent political changes and economic hardships. Provision of legal assistance and counselling on civil documentation will be offered to vulnerable population groups especially women to obtain Tazkira or other civil documentations which facilitate access to services, government benefits and other rights such as inheritance, HLP documentations and passport.

Community based protection activities working towards prevention, response and recovery/durable solutions. Protection partners will capitalize on already established community networks, community committees and shuras as well as establishing and expanding networks in newly accessible areas. The CBP activities will focus on building the capacity of the community to effectively use resources to minimize protection risks for affected people and to enhance self-protection mechanisms and foster durable solutions in communities. To this end, protection partners will strengthen the community protection centres to provide comprehensive protection services

to the affected population and to liaise with other clusters to provide various services in community protection centres/encashment centres. The Cluster will continue to conduct awareness raising on access to rights and services and Risk Communication with Community Engagement (RCCE) activities including awareness raising on protection risks and mitigation

measures, and information on the containment, prevention and response to COVID-19 pandemic.

At the strategic level, the Protection Cluster will prioritize humanitarian life-saving and life-sustaining activities whenever and wherever necessary, particularly in border areas and where most IDPs and or returnees are concentrated.

SUB-SECTOR

Child Protection

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------------|--------------|------------|---------------------|-----------|
| 5M | 1.5M | 171K | 1.07M | 91K | 26M | 33 |

Major child protection activities planned for HRP 2022 includes provision of structured PSS for 520,000 girls and boys and their caregivers in static and mobile Child Friendly Spaces (CFS) and also by alternative modalities in the context of COVID-19, Community-based awareness raising of 850,000 individuals on child protection issues and wellbeing messaging and support community capacity building on these topics, socio, education, economic reintegration services and life skills assistance and prevention for 13,500 former Children Associated with Armed Forces and Armed Groups (CAAFAG) or children released from detention, adolescent programming including life skills assistance, establish adolescent club and adolescent friendly spaces for 50,000 adolescents, Capacity building and mentoring of 4,000 child protection workers/ case workers/CFS staff members on the norms and standards of child protection and to adapt new tools and working modalities, including Psychosocial Support (PSS), Caring for Child Survivors (CCS) of Sexual and Gender Based Violence (SGBV) Case Management, Psychological First Aid (PFA), and COVID-19 messages, integrated case management services for 33,000 children including unaccompanied and separated children (UASC), missing children, child survivors of sexual abuse and exploitation, former Children Associated with Armed Forces and Armed Groups (CAAFAG) , child labor, child marriage and children with protection risks. The integrated

case management services for children at risk includes sub activities of Identification, Tracing and Reunification (IDTR) for 10,000 UASC, provision of interim care to 4,000 UASC, provision of emergency cash based assistance as an integrated component of case management services to 20,000 children, and referral of 7,500 cases for inter sectoral services including specialized health, specialized Gender Based Violence (GBV), legal, emergency case fund for case management service provision, livelihood, education and other services.

In addition, CP AoR has initiated the process to roll out Child Protection Information Management System (CPIMS+) in Afghanistan to enhance the quality services for case management including data confidentiality, referral, better service delivery by using real time registration and reporting platform and support the partners in the continuous roll out of the Case Management SoPs and the Child Protection Minimum Standards (CPMS).

Child Protection AoR will focus across for child protection services in 2022 with emphasis on the priority in the geographic areas of Farah, Badghis, Faryab, Daykundi, Paktika, Paktya, Kandahar, Logar, Baghlan, Kunduz, Herat, Kandahar, Helmand, Maidan Wardak and Uruzgan provinces deepening on funding and partners capacity.

SUB-SECTOR

Gender-Based Violence

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 9M | 1.4M | 304K | 771K | 126K | 45M | 29 |

The GBV Sub-Cluster response aims at continuing with the provision of life saving case management, mental health and psychosocial support, health and legal aid to conflict and natural disaster - affected populations, including IDPs, returnees, vulnerable people in need of humanitarian assistance, host communities, and overall vulnerable population in hard-to-reach areas impacted by economical and food crisis and at risk of exclusion from humanitarian assistance, as well as border areas.

The GBV Sub Cluster and its partners will continue assisting women, girls, men and boys at high risk and survivors. Priority will be given to women and girls, with special consideration for at-risk groups such as women and girls living with disabilities, elderly women, female headed households, adolescent girls and women and girls from often excluded IDP and returnee populations.

The Sub Cluster will promote exploring innovative entry points to facilitate services to at-risk women, girls and survivors including case management and other response activities, working through a survivor centred approach, which will allow agencies to respond to the gendered and personal differences of the population that is served. As the environment continues to evolve, regular, timely analysis of women and girls' and men and boys' access to services, regular participation within their communities and analysis of risks will be necessary to inform and shape how to tailor service modalities to particular gender constraints. Entry points and activities will be delivered through both static and mobile approaches to meet the diverse needs of the targeted groups.

Considering the current situation and the need to expand entry points at community level who can facilitate access and act as agents of change and

positive masculinity, the Sub Cluster will now support activities through engagement of men and boys, as well as safety audits which will be conducted at site level to assess safety and security concerns for women and girls in camp sites and informal settlements and reduce barriers to services.

Considering the sensitivity of the dialogue around GBV and the importance to ensure that information is not misused and reaching the right targets, the GBV SC has decided to temporarily suspend mass awareness raising campaigns including the use of IEC materials, radio programming or other sources of unmonitored information. As it is unclear the possible impact and effects of these mediums, it will be essential to review and assess the risk for any unintended consequences before it can resume. This should be done in consultation with Afghan women, and girls to ensure that they are receiving messaging in a way that is best for them.

The GBV Sub Cluster will require a meaningful scale up of its activities in 2022 to provide improved access to integrated service approaches for GBV case management and psychosocial support. To complement, robust male engagement strategies will help provide more access to services and strengthen the skills of affected populations to mitigate GBV risks. The Sub Cluster will continue mobilizing emergency relief support to at-risk women and girls including distribution of dignity kits that contribute to women and girls psychosocial and physical wellbeing, allow for budget substitutions for families to purchase other important items as well as contribute to the protection of women and girls during a humanitarian crisis. This activity is fundamental for preserving self-esteem and confidence, and critical for risk mitigation and response.

The partners of the GBV Sub Cluster will provide direct support to survivors using both static and mobile approaches (Family Protection Centres, Women Friendly Health Spaces, static facilities, mobile teams, distribution of dignity kits), depending on the needs

and the situational context. These strategies will require continued monitoring, supervision, revision and possible expansion to ensure increased meaningful access to services for women and girls.

SUB-SECTOR

Housing, Land and Property

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 6M | 958K | 193K | 486K | 83K | 12M | 5 |

HLP partners face a number of challenges to scale up activities in 2022, predominantly an unclear legal landscape for protecting HLP rights due to changed governance systems, particularly gains made in securing land rights for women in the formal legal system. At the same time, HLP needs are increasing: politicization of land administration resultant of the current governance dynamics is leading to an increase in eviction threats, and the unclear legal landscape is leading to a resurgence in historical HLP disputes with haphazard response or sometimes complication from intervention by the de facto government. However, customary legal mechanisms are well established in Afghanistan, and well utilized by communities.⁴⁰ HLP partners have strong coordination relationships built over decades across Afghanistan with informal justice actors, such as shuras and jirgas, community leaders, and community-based organizations, including Community Development Councils (CDCs) and Gozar Assemblies (GAs). CDCs are community groups made up of male and female community members; GAs are community associations made of multiple CDCs. In 2022, partners will increase existing legal support provided to people in the framework of the informal justice system, and will take community-based approaches to strengthening security of tenure, in order to scale up and build on interventions in 2021 to reflect increasing HLP needs. This will continue to incorporate a dual-pillared approach:

1. Provide legal support and advocacy. In IDP and returnee settlements, and across Afghanistan, residents’ property claims are often verbally recorded, or detailed on ‘informal’ documents that can afford restricted or no legal protection. Further, residents are often unaware of their HLP rights under the law, and of steps that they could take to strengthen their legal position. In response, humanitarian agencies can provide supporting activities, including legal awareness raising, counselling and legal assistance, using both formal and informal justice systems. Other activities include training of duty bearers to provide support through Collaborative Dispute Resolution (CDR) and the production of training and information materials to increase understanding of legal and policy frameworks. Legal support also extends to efforts to influence the regulatory and institutional environment for IDPs and returnees through advocacy at the national and subnational level. Under the former government, past examples of this included the Presidential Decrees 305 and 108, which support state land allocation for IDPs and returnees. Although 2022 presents a new context under the de facto government, the HLP Taskforce will endeavour to produce material on behalf of and with input from partners that can be used for advocacy purposes, explaining the importance of a clear and gender equitable HLP legal framework in Afghanistan. Legal counselling and legal assistance in HLP will also help to keep track of

developments in the legal framework and assist with evidenced-based advocacy for the Taskforce.

2. Promote gender-equitable HLP as a prerequisite to sustainable investments in shelter/housing, local infrastructure and agriculture. Land-based investments improve the legitimacy of IDPs and returnees in the view of authorities and host communities, and pave the way for increased security of tenure, durable solutions, and socioeconomic reintegration of vulnerable groups in the community. The HLP-TF have advocated for gender equitable land rights to underpin humanitarian investments, and again hope to further pursue joint programming with other humanitarian clusters in the coming year.

The priority response activities in 2022 for the HLP Task Force are:

1. Emergency support to communities under immediate threat of eviction, through provision of information, counselling and legal assistance to displacement-affected populations; eviction monitoring; verification of land ownership and rights (due diligence) ahead of interventions from other sectors, like Shelter and WASH; and capacity-building of informal justice actors, humanitarian actors and other stakeholders.
2. Transitional and durable solutions for protracted IDP and returnee settlements, including:
 - a. supporting data collection and needs assessments of protracted IDP and returnee settlements across Afghanistan;
 - b. provision of information, counselling and legal assistance to people to strengthen their HLP rights, including acquiring improved tenure and identity documents;
 - c. community-based settlement planning in coordination with community-based organizations; humanitarian investments in to upgrade housing, local infrastructure, key services and livelihoods in partnership with communities; and promoting gender equity in accessing HLP rights.

3. Improve access to land and housing for those displaced by past conflict and climate-related disasters through providing support to displaced groups accessing land allocation services.

Global best-practice suggests that integrated HLP responses that link legal assistance with other supporting actions, such as investments in shelter, livelihoods and other land-based activities, are most effective in securing the rights of vulnerable groups.⁴¹ Partners participated in cross-sectoral programming in 2021, integrating HLP activities such as legal support to verify tenure or ownership documents, with shelter, WASH and livelihood activities; and partners will continue to scale up cross-sectoral programming in 2022 and explore further potential collaboration and partnerships at stakeholder and cluster levels.

Further, in 2022, partners plan to scale up legal support in rural areas that have previously been 'hard to reach' or underserved, to support displaced persons returning to their area of origin and faced with new HLP challenges such as land usurpation. The HLP TF also plans to scale up eviction monitoring efforts by HLP partners in Afghanistan and develop systematic monitoring to try to also extend to provinces where HLP partners are not present.

HLP partners aim to prioritise response in 13 of Afghanistan's provinces in 2022. Responses are heavily distributed towards large cities including the capital, Kabul, where large-displaced populations have gravitated following conflict and for social and economic opportunities; and areas with large displaced or returnee populations that require HLP support, such as Herat and Mazar-e-Sharif. In cities, displaced groups often suffer very high tenure insecurity because competition for land is high, HLP costs (such as rent and utilities payments) tend to be greater than rural and hence the precarity of HLP rights and threats of eviction to vulnerable groups are more severe. In 2022, HLP partners also plan to expand their response to rural areas in the provinces they operate in, which have previously been difficult to access due to insecurity, as displaced people return to their areas of origin and face HLP challenges such as land usurpation requiring restitution.

The modality of some existing activities of HLP partners in 2022 will shift. Partners will continue and scale up existing legal support to displacement-affected people in the framework of the informal justice system, utilizing well established coordination relationships with community leaders, community-based organizations and informal justice mechanisms such as shuras and jirgas. Community-based approach will be planned to map and document land claims and develop community-based settlement plans in informal

settlements to underpin infrastructure investments in those settlements and strengthen de facto security of tenure. Capacity-building activities will continue to target informal justice actors, humanitarian actors and other stakeholders. Advocacy on key HLP issues will also be an issue to be navigated in 2022 in the new governmental context; the HLP TF will focus on developing materials and products in consultation with and on behalf of partners, but how this advocacy is delivered, in what forums will be assessed.

SUB-SECTOR

Mine Action

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 4.4M | 1.4M | 239K | 652K | 123K | 16.5M | 10 |

Over the last three years, access issues have hampered mine action initiatives, particularly in hard-to-reach locations. The Mine Action sector focused on building partner access negotiation capacity and ensuring planned activities and projects have a good access strategy. COVID-19 also hampered Mine Action initiatives, particularly risk education. As a result, the Mine Action partners created alternative delivery techniques (such as using loudspeakers to raise awareness) and the national mine action authority released recommendations on the safe delivery of EORE sessions in the COVID-19 environment (e.g. by limiting the number of participants per session). All Mine Action implementing partners must follow this guidance.

Considering the recent changes in political and security context, some of the new areas, particularly areas contaminated by improvised mines, have been made accessible for mine action actors. Mine Action AoR and UNMAS Afghanistan plan to enhance the capacity of mine action partners for clearance of these devices. With the new capacity enhancement plan, mine action will be fully ready in early 2022 to scale up its activities for clearance of improvised mines. Mine action will maintain its existing capabilities for the provision of Explosive Ordnance Risk Education (EORE), survey, explosive ordnance disposal, clearance of legacy

hazards (contamination of pre-2001) and assistance to victims of mines and Explosive Remnants of War (ERW). These activities remain critical given the current crisis and will be scaled based on donor contributions.

Victim assistance is one of the five mine action components (survey/clearance, explosive ordnance risk education, victim assistance, stockpile destruction, and advocacy) and as such direct victim assistance including psychosocial support, livelihood support and physical rehabilitation) will be part of mine action response plan in 2022. Persons with disabilities will be referred to victim assistance services provided by other specialized victim assistance organization where mine action cannot provide direct support. Furthermore, victim data collection will be also part of all mine action projects that can support future mine action with informed decision making, planning and victim assistance organizations with focusing their projects to the most vulnerable people and locations.

Mine action activities will cover the majority of provinces, with a particular emphasis on clearing improvised contaminated areas that are now accessible for survey/clearance due to recent political/security changes. UNMAS will conduct a village-by-village landmine/explosive impact survey across the country to identify areas contaminated by recent

conflicts, mark new contamination, and confirm safe areas, allowing civilians, including humanitarian workers, to move and work with greater personal safety from the dangers of EO. The provinces with the highest

priority will be Helmand, Kandahar, Zabul, Uruzgan, Ghor, Nangarhar, Faryab and Kunduz Provinces, where threats of improvised mines have been reported as a result of recent conflicts.

Cost of response

In 2022, the Protection Cluster seeks \$132 million to reach 4.5 million people. Protection cluster along with AoRs conducted an exercise to calculate per unit cost for each protection activities to get realistic picture of funding being spent on each protection activity. Accordingly, the Cluster collected data for reach GP activities and disbursement utilized for those activities from the main GP partners. After consolidation of inputs from GP partners the per beneficiaries' cost for each activity was calculated considering the increased costs in recent months and the same unit cost was used to calculate the financial requirement for each activity and overall, for the GP interventions.

Child protection

CP AoR coordinated with partner organizations in respect of unit cost of child protection in emergencies interventions and based on feedback and also keeping in view the inflation rates in Afghanistan, the unit cost for CPiE activities used in 2021 was revised.

Gender-Based Violence

The cost per beneficiary has remained stable at around \$27 /person since 2020.

Housing Land and Property

In 2021, the cost per beneficiary has declined from \$20.24 to \$12.84 from 2021 to 2022 due to the fact that the reach of lower-cost activities, such as information sharing on HLP, has increased by a greater proportion for 2022 relative to higher-cost interventions, such as land distribution.

Mine Action

The cost of mine action activities has risen due to planning to clear more areas with improvised contaminated areas for clearance and victim assistance as these activities are more expensive as

compared to provision or risk education and clearance of legacy hazardous areas.

Cash programming

The protection response will continue to provide cash assistance where access to cash is possible and where market is functional and accessible and safe for those receiving it. The cash assistance component includes providing emergency cash to address the urgent protection needs of families or individuals and using cash to complement other protection assistance within the case management system. In addition to the existing emergency cash component of the IPA, Cash-for-Protection will be provided as an additional one-off cash grant, to extremely vulnerable households that are facing acute, protection-specific risks. The Cash-for-Protection programme is designed to achieve specific protection outcomes in the context of the multiple vulnerability and which restricted people's access to livelihood opportunities, pushing already vulnerable households into extreme destitution. Consequently, Cash-for-Protection will be provided to people at risk of immediate harm, as well as in cases where individuals or households face protection concerns that negatively their impact wellbeing. This cash approach is designed to prevent people from engaging in actions that put the lives of women and children at risk, for instance, through forced child marriage or forced hazardous work. The amount has been aligned with the Minimum Expenditure Basket calculated by the CVWG.

Child Protection

CPAoR shall not use any pure cash modalities but integrates cash/emergency case fund under case management to support children in the caseload receiving services.

Gender-Based Violence

As part of comprehensive GBV programming in humanitarian settings, cash and voucher assistance

(CVA) can support access to services and reduce risks of GBV including early marriage and risky coping strategies. As CVA is a tool, or modality, that can be used to address economic barriers to access or support the purchase of necessary items, and contribute to the safety and dignity of women, girls and others at risk of GBV in humanitarian contexts. Consultations are ongoing with the Cash and Voucher Working Group to ensure GBV risk mitigation is integrated in cash interventions and to reduce risks transferred to recipients and that the protective benefits of cash are maximized.⁴² Cash and voucher assistance (CVA) will not be considered as a standalone activity, but rather used in exceptional circumstances by GBV specialists as a component of GBV prevention and response programming. This will be determined in strict consultation and co-ownership with women and other community members from the potential areas of implementation in Afghanistan, prior to any cash or voucher assistance being provided. CVA as part of GBV case management will be considered on a case-by-case basis, and as such, not targeted for the planned share of beneficiaries.

Complementarity with development programming

Addressing some of the underlying protection needs requires long-term planning and funding streams. The near collapse of the health, justice and education system and limited social protection schemes would exacerbate the vulnerability of at risk population which could in turn force them to adopt negative coping strategies.

Gender-Based Violence

Through upscaled delivery of humanitarian GBV services (including mobile and remote modalities), the programming can continue to operate in the immediate absence of development partners if adequate funding for humanitarian activities is received. However, the services will be able to expand and reach a larger proportion of populations in need than currently targeted, depending on the level of functioning health services that were previously supported by development partners. The levels of activity and engagement on GBV risk mitigation will also vary depending on how key sectors shift from development

funding (e.g. Education, Livelihoods). Coordination with development actors for initiatives such as the Abadei Trust Fund will be important to ensure GBV risk mitigation measures are integrated so there is not an unintended increase in the humanitarian GBV caseload, and to enhance access to all services for women and girls.

Housing Land and Property

Some modalities of activities by HLP partners, such as technical support to the former government in land allocation schemes, depend on the continuation of development and government programmes. Nonetheless, given HLP partners' extensive experience working with the informal justice system in Afghanistan, not only to secure HLP rights for people and communities but also in capacity-building informal justice actors, all activities will continue with HLP partners able to shift and adapt modalities to the new context. For example, partners propose to take a community-based approach to increase security of tenure in informal settlements, and will assist people to resolve HLP disputes through informal justice mechanisms.

Mine Action

The coordination of the sector requires review and the UN-EMACCA concept proposed to take on responsibilities of mine action coordination and quality management of mine action projects that were previously undertaken the national mine action authority (Directorate of Mine Action Coordination-DMAC). This temporary structure is needed given donors are unable to support the DMAC directly under the de-facto authorities.

Monitoring

The Protection Cluster will ensure quality programming by investing in evidence-based, robust, protection monitoring and information and reporting systems. The Cluster is planning to strengthen monitoring and AAP at regional and field level through investing in enhancing coordination structures in the regions. There is a dedicated PC focal point to liaise with the regional coordinators at regular basis to support the technical and coordination capacity to enhance monitoring. With

the relative calm in provinces and districts there will be more opportunities to conduct in person monitoring-visits of ongoing projects. The Cluster will continue to conduct protection monitoring of the affected and/or at-risk areas, the revised tools include more questions about quality of the response. The Cluster also plans to enhance accountability to affected population where various mechanisms will be introduced and followed up on. Protection Cluster will in collaboration with the UNAMA Human Rights to mainstream the use of the Protection Incident Monitoring Mechanism (PIMS) mechanism to identify and record violations of human rights.

The Protection Cluster will also maintain systematic and timely reporting to Report Hub for close monitoring of outcome and output indicators. The Cluster will develop indicators and reporting guidance for partners, complemented by regular trainings to partners at national and regional levels. All of the Protection Cluster's reporting mechanisms will be disaggregated by age, sex and disability to enable the monitoring of the response for all groups presenting specific vulnerabilities. In 2022, the Protection Cluster will continue to produce sector-specific dashboards and operational presence maps with real time information, which will enable monitoring of the protection response on the ground and facilitate the early identification of gaps.

Partners are required to report on disability reach and include target for reaching people with disability in the AHF and other donor proposals.

Child protection

CP AoR plan to roll out Child Protection Information Management System (CPIMS+) in Afghanistan to monitor and enhance quality of case management services of children at risk to get real time data of cases being managed by child protection actors. The roll out of CPIMS+ will give the real picture of all those cases being managed by CP actors, improve the service delivery, better facilitate the referral, and make sure the data confidentiality of all cases of vulnerable children.

Gender-Based Violence

The GBVSC will work with partners to strengthen their capacity for internal program monitoring and improve reporting rates for response monitoring in Report Hub. Particular attention will be given to management of GBV survivor data. This will be combined with learning sessions and capacity building workshops through the GBVSC on safe data collection and survivor centred approaches, to ensure that data collection and monitoring is done in line with ethically best practices, and always in line with the principle of do-no-harm. Additionally, the GBVSC will track GBV assessments, providing guidance to partners on methodology, training materials and referral pathways throughout 2022. The GBV SC will continue to work with OCHA and AHF team to devise safe and ethical Monitoring and Evaluation formats for both in person and remote project monitoring.

There is no safe and ethical information management system for GBV in the country and overall, there are no information sharing protocols for ensuring that minimum standards are followed for interagency sharing of sensitive GBV data. With the current inability to keep GBV data safe, partners have been instructed not to collect data on GBV. The GBV Sub Cluster is working on assessment to evaluate the feasibility for the rollout of the GBVIMS in Afghanistan, which would include information sharing protocols, standard operating procedures and tools for safe data management, and in the meantime working on the creation of contextualized guidelines for data protection. Key data gaps for needs analysis include assessments of needs of women and girls with disabilities and overall there is limited reach to women and girls for various assessments conducted at country level. The GBVSC is working on observational tools that will be mainstreamed across sectors to ensure a GBV lens will be included in the various sectoral/multi-sectoral assessments conducted by non-GBV experts.

Housing Land and Property

HLP partners have collated large datasets on urban informal settlements, which they have drawn on to identify the likely vulnerability dynamics. The ICLA programme, for example, conducts eviction monitoring,

while a range of other HLP activities involve data collection on HLP rights. In 2022, the HLP TF plans to scale up systematic eviction monitoring, to extend this to provinces where HLP partners are not present, for example, and also to conduct further documenting and mapping of urban informal settlements.

In terms of monitoring response to people with disability, partners have internal monitoring procedures to track that they are reaching this sub-population group, through measures such as outcome monitoring or tracking through a legal database. Partners have faced challenges in this regard and the monitoring is useful to work to improve this aspect of their response and take new approaches, such as strengthening coordination with community groups or humanitarian stakeholders that work with this sub-population to target activities.

Mine Action

UNMAS keeps track of operations through reporting, third-party monitoring visits, and field missions. UNMAS will continue to support the coordination of Mine Action operations and plans to support the UN – Emergency Mine Action Coordination Centre of Afghanistan, a temporary independent coordination function developed after the political changes in the country. The UN-EMACCA will coordinate mine action

activities and will monitor all Mine Action activities in Afghanistan through event and time-bound reporting, data collecting via the Information Management System for Mine Action (IMSMA), and quality assurance visits.

In terms of challenges, there is no accurate picture of land contaminated by anti-personnel mines of improvised nature as most of these areas were previously located in conflict zones and were not accessible for a thorough survey by mine action actors, Mine Action Sub-cluster will prioritize these areas in 2022 for survey and clearance as they pose serious threats to civilian lives. Access to the affected communities could also be a challenge, however mine action consider community liaison officers for each project as extensive community engagement is an essential part to getting access to project locations and is a cornerstone of all Mine Action initiatives.

There is also a data gap with regards to mine and ERW victim needs, which prevent mine action actors from connecting victims and their families to relevant organizations offering assistance. Further data is also needed to understand how mines and ERW impact the lives of people at a larger scale. The MA AoR will include relevant indicators to address these gaps in sectoral analysis (e.g. PACAP).

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3.7 Water, Sanitation and Hygiene



| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) | PARTNERS |
|----------------|---------------|-------|----------|----------|---------------------|----------|
| 15.1M | 10.4M | 2.3M | 5.5M | 871K | 332.8M | 101 |

Cluster Objectives

1. Ensure that vulnerable people in need receive a timely equitable and safe, life-saving and effective emergency WASH assistance.
2. Prevent SAM under five children admitted into nutritional programs from WASH-related malnutrition diseases during the months of their treatment and during the lean period.
3. Support vulnerable people affected by AWD/ cholera outbreak by providing timely and effective emergency WASH assistance to prevent further transmission.
4. Ensure that person in need is not left behind from humanitarian assistance, including people with disabilities, people with protection needs and vulnerable women and girls.
5. Ensure that vulnerable people in urban, peri-urban and rural areas as well as those displaced or have returned have access to community-based resilient and sustainable WASH services.

Under SO1 the WASH Cluster plans to provide timely access to sufficient quantity and quality of safe water, gender and disability-sensitive sanitation facilities, provide WASH minimum service packages to SAM admitted in nutrition programs (at facilities or with mobile teams) to prevent faecal-oral associated malnutrition diseases, and respond to the AWD/ cholera outbreak in hotspot areas through WASH mass response and rapid interventions including water trucking (as a last resort), shock chlorination campaigns and the provision of basic WASH services.

In line with SO2, the WASH Cluster will continue to be attentive to cross-sectoral issues in 2022 by applying an AAP, disability, GBV and PSEA approach.

In line with SO3, the Cluster will work to strengthen water surveillance and early warning systems to better monitor groundwater levels and water quality with particular attention to the urban context. The Cluster will focus on the rehabilitation and improvement of drinking water systems (wells, handpumps, gravity-fed networks, solar-pumping, reverse osmosis water purification units), hygiene promotion and community-led Open Defecation Free (ODF) programmes.

Response Strategy and Modalities

Unmet drinking water needs and limited water for handwashing were enormous in 2021, due to severity and geographic extent of the drought (two-thirds of the country) causing a drop of both water quantity and quality, and creating AWD outbreaks with cholera cases reported since September 2021. Overall, 18 provinces are ranked in catastrophic situation, compared to zero in 2020.

The WASH Cluster strategy plans to scale up the response to the ongoing crisis through an expanded coordination at national level with the private sector and all WASH-related governmental entities beyond the cluster co-lead (MRRD), as well as at sub-national level with the municipalities, the traditional community-based institutions beside the community development councils, such the local institutions in charge of the irrigation system and water resource management

and the shura in link with the de facto authorities on the ground. The exact mix of social and technical approaches water, sanitation and hygiene delivering, repair of infrastructures, integrated water resource management with the agriculture and livestock sector, etc. will need to be determined at the local level and based on technical assessments.

To address this crisis, the WASH sector will prioritize:

- Safe drinking water supply: with more focus on risk reduction, water surveillance, household water treatments, water network reinforcements, line chlorination, reverse osmosis plants, with focus on the urban context, mapping of networks/wells, and looking at mass response modalities.
- Hygiene promotion: with a continuous focus on adapted handwashing systems to tackle public health issues, the wash cluster will operate a shift to more culturally and diversity appropriate messaging and anthropological approach⁴³ such by using local proverbs.
- Safe sanitation: with a new focus on risk factors vis-à-vis waste water and excreta management and proxy/massive vector control campaign vs mosquitoes breeding sites responsible for diseases such dengue fever⁴⁴ through solid waste management.

It will also provide AWD response, in support to National taskforce from an integrated multisectoral perspective, in the cholera hotspots and major at risk or affected urban cities (Kabul, Kandahar, Laghman, Kapisa, Zabul) and support surveillance of Health/ MoPH, from a WASH perspective focusing on drought affected high priority provinces (Badghis, Balkh,

Daykundi, Farah, Faryab, Ghor, Hilmand, Hirat, Jawzjan, Nimroz, Paktika, Samangan, Sar-e-Pul).

With the lagging effects of COVID-19 pandemic and AWD outbreak, the cluster will intervene with a double edge effects of the WASH interventions through provision of sufficient water supply, provision of hand washing facilities with soaps, handwashing at critical times, and distribution of hygiene kits and COVID-19 (and by extension other feco-oral and waterborne infection/diseases) prevention measures among others.

There has been a serious loss of capacity at the Afghanistan Urban Water Supply and Sewage State Owned Corporation (UWASS) as the state entity in charge of the water supply and sewage – aggravated by the recent cash crisis and loss of capacity since the fall of the previous regime, as well as freezing of development funds. Consequently, multiple rural water supply projects have remained stalled/unprogressive and many urban water supply struggles with systems failure, lack of diesel or power generation, in-system chlorination, and un-accounted water losses due to leakages along the networks.

Therefore, the WASH partners will start new activities to reinforce the urban water networks and waste water collection as well as the excreta management at household level, focusing on informal settlements and poorest population namely in the major cities of the country such Kabul, Kandahar, Herat, Kunduz, Mazar-e-sheriff, Jalalabad etc., through provision of repair and maintenance of water reticulation networks and smaller water systems, power generation, supply and installation/ maintenance of treatment plans, and/or extension of water networks where feasible.

Projected 2022 needs and planned reach

| | PEOPLE DISPLACED IN 2022 | CROSS-BORDER RETURNEES IN 2022 | SHOCK-AFFECTED NON-DISPACED PEOPLE | ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS | REFUGEES AND ASYLUM SEEKERS | TOTAL |
|-----------------|--------------------------|--------------------------------|------------------------------------|---|-----------------------------|--------------|
| Projected needs | 504.4K | 353.4K | 135K | 14M | 39.1K | 15.1M |
| Planned reach | 453.9K | 176.7K | 121.5K | 9.2M | 39.1K | 10.4M |

Taking in consideration the fragilities and uncertainties on the WASH-related governmental and state counterparts, the cluster plans to explore as an entry door the use of Community Development Committees (CDC) to decentralized coordination for the WASH response at community level, as well as the most appropriate traditional bodies, allowed or tolerated by the de facto authorities, for water surveillance, early warning and a common and more inclusive water resource management.

New activities will include regular water quality controls at the water sources and points of use served by the public networks and by the numerous private water vendors operating local water networks and water trucking, leak detection campaign and reinforcement of the damaged parts of the networks, line chlorination along the networks and replacement of dosing pumps at the water plants, regular shock chlorination of the unprotected wells at community and household level, household water treatments promotion and campaign, pilot reverse osmosis water systems, local waste water collection and market-based sanitation support etc.

Beyond the urban context such in Kabul with shallow aquifers subject to contamination from surface drainage and untreated wastewater or septic tanks, the cluster will pilot community managed reverse osmosis water filtration system option in regions facing groundwater challenges such as salinity in Badghis, Nimroz and parts of Kabul province.

To address some aspect of gender protection and mitigation of GBV, the WASH cluster will ensure (for example through already developed WASH GBV checklist) the provision of WASH facilities such as water points, sanitary facilities and distribution of WASH NFIs are done in consideration of gender parity, consultations with vulnerable, as well as provision of feedback (through AAP-feedback mechanisms). Provision of WASH infrastructures such as water points, latrines, bathing shelters and hand washing facilities that take into considerations needs of persons living with disabilities-such as ensuring provision of ramps to water points, or latrines (in addition to rails and door space etc.), ensuring

water points or water fetching containers and hand washing facilities are appropriate to accommodate/handled with PWD.

The cluster will prioritize people drought affected provinces, AWD affected (confirmed and suspected cases) population in provinces at risks (high priority drought affected provinces), urban and peri-urban population that may be affected with diminished urban WASH services due to economic difficulties as result of regime change, displaced population, returnees, population vulnerable against natural disasters, women and girls living in conflict-prone area, households reporting children under five years with AWD and malnutrition (SAM cases), the poorest people in the informal settlements and in overcrowded urban areas-IPC 3+.

In the new reachable areas, the cluster plans to undertake anthropological studies on the local decision-making process of the traditional structures in charge of the irrigation systems or livestock sector, so as to identify the opportunities of collaboration allowed by the de facto authorities for a common water resource management with community-based water surveillance and early warning system in the drought-affected areas and those at risk of natural-disasters.

As a last resort or to fast-track rapid response, the WASH Cluster lead agency has activated existing standby agreements with international, national and local actors including mass procurement of needed WASH supplies for pre-positioning in response to acute needs/shortages. While the ERM WASH interventions primarily targeted recently displaced populations, the WASH Cluster will ensure that it remains flexible to respond to acute WASH needs among other population groups such as populations affected by epidemics or outbreaks of diseases⁴⁵ such as AWD.

The WASH Cluster will continue to prioritize the current drought response, projected to continue into 2022, targeting water scarce provinces in urgent need of safe water supply. Assessments along 2021 show potential risk for reduce water quantity and quality, risk of displacements and need for water trucking. 14 provinces have been identified as high priority

(Badghis, Balkh, Daykundi, Farah, Faryab, Ghor, Hilmand, Hirat, Jawzjan, Kandahar, Nimroz, Paktika, Samangan, Sar-e-Pul) and 18 provinces in medium priority (Badakhshan, Baghlan, Bamyán, Ghazni, Kabul, Kapisa, Khost, Kunar, Kunduz, Laghman, Logar, Nangarhar, Paktya, Parwan, Takhar, Uruzgan, Wardak, Zabul). In addition to drought, these provinces also host large amount of displaced population due to conflict and are vulnerable to natural disasters as well as AWD outbreak from using unsafe water sources, lack of hygiene and unimproved sanitation facilities.

With the AWD outbreak, including laboratory-confirmed cholera cases in some of major cities such as Kabul, Kandahar, Kapisa, Loghar and Zabul, the WASH cluster will continue to scale up its response and undertake preventive actions including close coordination and collaboration with Health Cluster and national disease surveillance system. As per the 2021 WoA Assessment HHs survey on children reported with AWD, Afghanistan is currently experiencing a nationwide catastrophic situation with more than 55% of children under 5 reported to experience AWD at HH level in 18 provinces (Badghis, Baghlan, Bamyán, Daykundi, Faryab, Ghor, Hilmand, Kabul, Kapisa, Kunduz, Laghman, Logar, Nangarhar, Nuristan, Paktya, Parwan, Takhar, Uruzgan).

WASH Partners will continue to manage the WASH facilities at border crossing points – with a particular focus on AWD preventative measures, especially at Kandahar border crossing point – and respond to the acute needs of the more than 39,000 refugees and asylum seekers living in Afghanistan.

Across all geographic areas, the response priority is firstly to deliver a WASH minimum package of services in drought affected provinces. The minimum package includes the provision of safe drinking water either through rehabilitation (including deepening dried water points such as hand dug wells etc.), extension or setting up of new water points, water trucking as a last resort, appropriate toilets and showers, functional hand washing facilities supported by hygiene promotion and possibly hygiene kit distribution. This will include a focus on the pre-positioning and procurement of core pipeline supplies including: soap, hygiene kits, hand washing devices, chlorine powder, water kits, water

purification sachets and tablets, pool and water quality testers, critical spare parts for water networks, latrines slabs, bath-latrines sets etc. Additionally, in 2022 the WASH cluster will continue to prioritise culturally-appropriate safe hygiene messaging with emphasis on the utilisation of water-efficient handwashing systems and handwashing to mitigate against AWD outbreak and COVID-19.

The Cluster will work closely with protection actors to ensure the construction and availability of water and sanitation facilities is tailored to deliver safe access for women, children and people with disabilities. WASH Cluster partners will also work to improve WASH facilities at border crossing points, nutrition centres, health facilities and schools, as well as ensuring that returnees receive hygiene kits on arrival in Afghanistan.

The Cluster will increase its efforts to promote gender equity, including by utilising female-led focus group discussions to more systematically consult women and girls in decisions on the location of WASH communal or sharing infrastructures (collective water points, toilets and showers, handwashing points), the design of the related equipment and content of the hygiene kits (sanitary pads, soap, containers, purification tabs or sachets etc). The Cluster will also continue to engage closely with the GBV sub-cluster to ensure GBV mitigation is fully integrated into WASH activities. Relying on a gender-sensitive approach that also respect people's dignity, the WASH partners will distribute intimate hygiene products such as sanitary towels and incontinence pads directly to people who need them. At settlement and institutional level, improved sanitation facilities with gender segregated latrines/toilet with menstrual hygiene facilities will be promoted. Affected women and girls will have access to menstrual supplies and facilities in the community with hygiene awareness-raising activities including menstrual health information.

Also, the Cluster will, in consultation with the AAP Working Group, promote gender specific/oriented response/feedback mechanism to create a space where males and females can freely and conveniently provide feedback on past and current interventions while shaping future responses. Amid the recent political changes, the WASH Cluster through its

Gender & Protection Technical Working Group will advise the partners to follow the GIHA WG's guidance on ensuring women's safe participation in surveys. The Cluster will consider women and girls as leaders for decision-making and not as passive sources of information. The Cluster will also use the WASH GBV checklist – translated into local languages and jointly improved with the GBV sub-cluster in May 2021 – to ensure a gender focus during the implementation phase and monitoring of projects. This will allow Cluster partners to review both processes and gender-sensitive activities, for instance if participative focus groups were conducted by female staff, if women and adolescent girls have been involved in site selection of the WASH facilities, if the toilets/latrines, bathing spaces, handwashing plate stations and others are segregated by sex and clearly marked, if latrines/toilets facilities built with solid doors and are lockable from inside, if female WASH facilities have provision for disposal of used sanitary materials, inquiring also about the gender-sensitive relevance, quality and design of the various products (hygiene kits, bath and latrines, size and type of water containers), kind of household water treatment, if women are part of the composition of water committees etc.

Additionally, the Cluster will firstly by expanding the scope of assessments and engagement of people with disabilities through AAP platforms to ensure the specific needs of people with physical disabilities are appropriately addressed and secondly through the collection of properly disaggregated data to capture the real percentage of vulnerable people supported on the ground. Information on barriers and enablers will be collected at upstream level, not only through assessments but also by knowledge, aptitude and practice (KAP) surveys, focus groups, pilot designs or prototypes, based on cultural preferences and feedback mechanisms involving people with disabilities from a complete AAP perspective. To ensure disability friendly options at WASH infrastructures, the cluster will focus on reasonable distance, clear routes free of obstacles, drainage systems to prevent surfaces from becoming slippery, ramps, handrails, doorways wide enough for wheelchairs, sufficiently sized cubicles, markers for people with visual impairments, and low-level and easy-to-use taps for handwashing. Whenever possible

WASH partners will organise dedicated queues for people with disabilities or specific distribution times for WASH NFIs, optionally adapted with smaller water containers that would be easier to carry.

Cost of response

To respond to the severe WASH needs of 10.4 million people across the country, the WASH Cluster seeks \$332.8 million in 2022. The WASH cost is calculated using sectoral sub-components per individual or institution, based on a collective multi-year analysis of AHF proposals and various other individual projects by partners. Resulting analysis has revealed that the average cost-per-person has increased from \$26 in 2021 to \$32 in 2022. The increase in per-person costs is related to the historic drought leading to the AWD outbreak as well as the drop-down of essential water services in urban centres post-August 2021 - which has multiplied the planned reach figure for safe water supply by seven (from 1.4 million in 2021 to 10.4 million in 2022). Moreover, the increase in per-person cost in 2022 is due to an increased focus on the more expensive "water supply" component of the WASH response as opposed to the cheaper "hygiene promotion" component. The range of the unit cost varies greatly depending on whether the WASH assistance is provided to affected people as a single activity or through a package of several activities with support costs shared. For instance, the per-person cost for providing drinking water supply ranges from \$18 to \$55; safe sanitation from \$11 to \$15; hygiene promotion from \$3 to \$8; and critical supplies from \$10 to \$22.

The majority of the 2022 WASH response will involve: hardware infrastructural repairs; rehabilitations; reinforcements or set up of new water supply networks (e.g., reverse osmosis); water trucking (as a last resort option to avoid displacements in areas where people rely on rainwater due to unavailability of potable water or due to high salinity groundwater); promotion of handwashing through hardware installations; and provision of supplies to support WASH infrastructures such as spare parts, maintenance and consumables (e.g., chlorine chemicals, fuel, soap etc.)

Cash programming

During 2020 and 2021, cash programming comprised less than one per cent of WASH interventions. In 2022, this will be increased to at least two per cent. The WASH Cluster has increased engagement with the CVWG on how to support partners through market-based approaches including the use of cash and voucher activities in programming. The WASH Cluster has also engaged with the CVWG on how to improve cash reporting to meet sectoral objectives. The cash reporting format in the hub has been revised to consider the need to report on specific sectoral cash interventions. Cash interventions that have multiple sectoral objectives are reported under multi-purpose cash assistance (MPCA).

The Cluster will keep cash and voucher activities as an option in the urban context – particularly during the provision of water services through private vendors and during hygiene promotion activities. Further, WASH Cluster partners will explore the feasibility of expanding the use of cash to enable vulnerable households in informal settlements to access water supplies, to top-up Nutrition Cluster interventions that include hygiene materials available at local markets, and for the purchase of safe water for handwashing in schools, temporary learning spaces, child-friendly spaces and community-based education centres.

To mitigate existing risks around the banking sectors and financial flows, the WASH Cluster will explore the use of cash programming as an alternative response modality, and during potential new variants COVID-19-related lockdowns and other kinds of movement restrictions at the field-level. The current liquidity crisis is affecting partners operations. The WASH Cluster will seek the support and guidance from the CVWG on what cash transfer options are available and appropriate given the current sanction regimes.

Complementarity with development programming

The WASH Cluster remains committed to delivering durable, rather than emergency solutions wherever it can, bridging water system management and handwashing promotion, with a more comprehensive social approach. Following the events of 15 August, the Cluster does not intend to fund the running costs of the

governmental line ministries or state ministries for the delivery of water and sanitation services – previously not directly or formally covered by development or humanitarian funding mechanisms beyond institutional and projects funding. Nevertheless, the WASH Cluster will continue to reinforce and upgrade WASH infrastructure in both rural and urban areas with a significant focus on major cities. The WASH Cluster however remains dependent on line ministries (e.g., Urban Water Supply & Sewage State-Owned Corporation) for the provision of WASH services in urban and peri-urban areas. These line ministries are currently unable to meet the demand of its customer base due to the financial crisis faced by the country. Additionally, the Cluster's planned programming is dependent on the continuation of other development and Government programmes, including AWD outbreak response in urban areas/cities as well as the provision of WASH services in ISETs in urban/peri-urban areas. The response in urban contexts remains a major point of concern for the Cluster as the country continues to face economic challenges. If Government and/or development entities are unable to respond, this could result in more vulnerable people slipping into humanitarian need.

Monitoring

In 2022, the Cluster will improve monitoring through the integration of updated data obtained from Geographic Information System (GIS) unit of Ministry of Rural Rehabilitation and Development (MRRD) to include mapping of functional/non-functional water supply systems. To the extent possible, the WASH cluster will also use HEAT data from ERM partners, information from OCHA sitreps and dashboards, the Cluster's zonal focal points and partners to monitor changes in the context (including conflict patterns, sudden onset emergencies, population movements, etc.) to inform WASH needs and responses.

The WASH Cluster will systematically use and report on the WASH GBV checklist which was improved in 2021 together with the GBV sub-cluster. The Cluster will also rely on the AAP WASH perception indicators and questions to assess the quality of community consultations. To ensure that the correct preventative measures are in place, the Cluster intend to collaborate

with MoPH and WHO to receive surveillance reports on AWD and laboratory-confirmed cholera cases. Finally, in close collaboration with the Global WASH Cluster (GWC), an online reporting tools for partners was released in October 2021 to provide an overview of partners' capacity to respond to drought, cholera, COVID-19 and regular WASH assistance. The GWC will continue to support WASH Cluster partners in sharing real-time response updates.

The Cluster will also continue to work with Awaaz to track AAP issues related to WASH responses and will monitor AWD and SAM cases reported by the Health and Nutrition Clusters as proxy indicators of poor or potentially absent WASH services. The Cluster will also utilise Awaaz services and contribute to the collective feedback data analysis platform that the AAP Working Group has established.

COVID-19 physical distancing requirements come with challenges around data collection, assessments and monitoring, however, Cluster partners will explore remote monitoring options, especially through use of mobile phones and REACH KIs. The Cluster will continue working with the CVWG to obtain more information and reporting data on cash and voucher interventions in Afghanistan, encouraging reporting on WASH-specific cash and voucher responses. Through joint market monitoring and analysis, the Cluster will monitor changes in market prices and functionality that might have a bearing on cash and voucher intervention by the WASH cluster or market-based programming.

The Cluster will continue to improve monitoring of response to people with disability through greater disability integration in Cluster tools. Furthermore, the WASH Cluster will expand the scope of its assessments by adopting AAP approaches and involving the most vulnerable people in KAP surveys,

feedback mechanisms and joint monitoring exercises. The WASH Cluster will continue to work with and through local national NGOs specialising on people with disabilities such as the Accessibility Organization for Afghan Disabled (AOAD). The Cluster will also work closely with partners emphasising the need to factor in people with disability in their project WASH infrastructure design. The WASH Cluster aims to set up a dedicated WASH checklist for people with disabilities to assess and monitor the access barriers faced by people with disabilities at distribution sites.

To mitigate monitoring challenges vis-à-vis the de facto authorities and the challenges around development programmes, sanctions and basic service restrictions, the Cluster intend to use reports from partners Awaaz and the HAG as well as relying on other established complain and feedback mechanisms. The Cluster has also established an online reporting system which is updated on a monthly and bi-weekly basis, outlining partners' capacity to respond to different humanitarian responses including drought, COVID-19 and AWD.

The WASH Cluster has identified some gaps in data collection for in-depth analysis which it intends to overcome in 2022. For instance, drought and AWD planning, and response comes with a set of challenges related to data collection, assessments and monitoring (e.g., lack of groundwater piezometric surveillance and water quality monitoring, lack of epidemiological investigation reports and attack rates mapping, etc.). To address this, the WASH Cluster will proactively take the initiative to collect, collate and analyse data from health facilities and selected water wells. Additionally, to address the lack of data on mapped water supply systems in urban contexts, the Cluster will work closely with urban water supply authorities including private entities.

Contacts

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3.8 Coordination and Common Services

| REQUIREMENTS (US\$) | COORDINATION | ASSESSMENTS AND INFORMATION MANAGEMENT | GENDER AND PSEA | AVATION |
|---------------------|--|--|---|-------------------|
| 110.6M | AAP: 3.9M OCHA: 12.5M | DTM (IOM): 6M iMMAP: 0.2M | REACH: 2M Gender: 0.6M PSEA: 0.43M | UNHAS: 85M |

Coordination

OCHA leads coordination of humanitarian response in liaison with the Government and between international and national humanitarian actors through the HCT at the strategic level and the ICCT at the operational level both in Kabul and in the field. OCHA Afghanistan will continue to scale-up its efforts in response to the multi-faceted crisis, as well as ensuring a well-coordinated response addresses needs arising from ongoing conflict and natural disasters. OCHA leads on the Humanitarian Programme Cycle including response planning through the ICCT and regional and provincial coordination platforms and continues to support humanitarian partners with joint advocacy and access and civil-military coordination. OCHA's unique information management capacity allows real-time sharing of heavy loads of data in the most user-friendly way, allowing donors and partners to easily grasp the humanitarian situation and response. This plays an instrumental role in fundraising for the response. OCHA also manages the Afghanistan Humanitarian Fund. In 2021, the fund disbursed more than \$140 million million (both pooled fund and CERF allocations), enabling 102 humanitarian response projects through an inclusive and coordinated allocation process, boosting confidence among the donor community. To support coordination in 2020, OCHA requires \$12.5 million.

Gender

The Gender in Humanitarian Action Working Group for Afghanistan (GIHA WG) is an inter-cluster technical

working group. The GIHA WG serves as an inter-agency and inter-cluster coordination mechanism that offers technical, advisory and support. This technical support includes the collection of sex and age disaggregated data and gender analysis of needs, risks, progress and gaps, and the translation of these into the Humanitarian Needs Overview, Humanitarian Response Plan, cluster-specific plans and gender-responsive and transformative programmes and service delivery for crisis-affected populations to ensure they adequately identify and address the needs of women and girls.

A Joint Rapid Gender Analysis is planned to be conducted in 2022 by partners, to identify specific needs of women, girls, men and boys and gaps in the humanitarian response. A multisectoral approach will be applied to ensure a gender analysis is systematically incorporated across all sectors.

The Gender in Humanitarian Working Group and related projects, including the Joint Rapid Gender Analysis, will require 600,000 USD for coordination, information management, gender analysis and assessments.

Accountability to Affected Populations (AAP)

Revitalized in 2020, the AAP WG has set out to support a humanitarian response that considers the voices of affected people, their communication and response preferences and their feedback received through collective mechanisms. In 2022, the AAP WG plans to further strengthen and expand collective feedback mechanisms, build AAP systems and sub-national AAP

capacity. In 2021, AAP and community engagement tools will be harmonized. Additionally, the Working Group will provide responsive and proactive AAP and community engagement technical support to the humanitarian response.

Another priority activity in 2022 will be continuing to support localization of AAP by transferring AAP WG coordination responsibilities to the Agency Coordinating Body for Afghan Relief (ACBAR), which will host an Afghan AAP Working Group coordinator and an AAP WG-dedicated Afghan information management officer. Collective accountability also will be strengthened in 2022 through further provision of common, accurate, clear and useful information to IDPs, refugees, marginalized and minority groups, and others based on their information needs and provided through their preferred channels and languages.

Two-way communication channels for giving feedback that will be strengthened are expected to allow identification of specialized ways to reach women, people with disabilities, older people and children. To support this collective AAP effort, \$2.5M is required for 2021, as well as 1.4M for Awaaz. This includes costs of a permanent AAP Working Group coordinator, translation services for collective AAP WG content, trainings and website development for a platform that would hold 'communicating with communities' documents.

Prevention of Sexual Exploitation and Abuse

An additional 433,000 USD is required for Prevention of Sexual Exploitation and Abuse (PSEA) to proactively mitigate, investigate and address cases.

Evidence-based response

The HRP also includes funding for common data collection, management and analysis services to support an evidence-based response. IOM's Displacement Tracking Matrix requests \$6m to continue its work on monitoring and analyzing population flows both across borders and within the country. This includes additional resources needed for increased tracking of movements in light of the transformed conflict environment, and the possibility

of both increased returns and new patterns of displacement.

The REACH Initiative requests \$2m to support its data collection, including the vital WoA and HTR areas assessments on which collective needs analysis and response planning are based each year, and to expand to a mid-year-round of analysis. In 2022, efforts to better reflect and capture the views of women in the WoA Assessment will continue through the hiring of more female enumerators that will enable separate data collection from women living in male-headed households. REACH Initiative will also continue supporting the CVWG on the JMMI to standardize partners' market monitoring tools to facilitate more comprehensive analysis and support the production of a single monthly factsheet on market trends. REACH Initiative is also expanding its data collection on the situation facing displaced people living in informal settlements for protracted periods – locations of increasing importance in the COVID-19 response but places where the aid community has not traditionally collected comprehensive data in the past. This will inform increased collaboration with development partners in 2021 to extend durable solutions to vulnerable people in protracted state of displacement and with chronic needs.

The overall ask also includes \$200,000 for iMMAP to continue maintenance, support and training for ReportHub, a platform commonly used by all actors in the response to monitor performance against the HRP targets.

UNHAS

UNHAS' updated budget is estimated at \$85m for 2022 to maintain essential domestic and international air services for humanitarian personnel and cargo. This will allow UNHAS to maintain its regular domestic and international operations, including air bridges from Islamabad, Dushanbe and Doha and provide reliable access across the country to meet the needs of aid organizations to send staff members on essential missions. The revised budget also includes medevac capacity for personnel working with UN agencies, NGOs and diplomats to enable them to stay and deliver.

Part 4:

Refugee Response

KHOST, AFGHANISTAN

Refugees collect water near Gulan camp in Gurbuz district.

Photo: OCHA/Ahmad Javed Ahmady





4.1 Refugee Response

| PEOPLE IN NEED | PLANNED REACH | WOMEN | CHILDREN | DISABLED | REQUIREMENTS (US\$) |
|----------------|---------------|-------|----------|----------|---------------------|
| 72.4K | 72.3K | 15K | 42K | 6K | 16.6M* |

*This chapter represents an extracted summary of refugee responses which are also costed in the relevant clusters' requirements. While they appear in two different places in the HRP, it should be noted that these costs are only included in the overall HRP requirement once.

Overview

There are approximately 72,000 refugees living in Afghanistan, the vast majority of whom were displaced from Pakistan to Afghanistan in 2014 and settled in Khost and Paktika provinces in the south-eastern region. A small number of asylum seekers and refugees (approximately 380 people) of various nationalities, including Pakistanis and Iranians, are residing in urban areas in Kabul, Herat and Kandahar provinces.

Refugees and asylum seekers constitute one of the most vulnerable populations in the country. Afghanistan has ratified the 1951 Refugee Convention and has developed a National Law on Asylum. Despite this, the National Law on Asylum has not been enacted and in consequence, refugees and asylum seekers face significant challenges as there is no legal framework to safeguard their rights or ensure their access to basic services. The lack of legal guarantees and documentation has made it difficult for this population to enroll their children in school, work in the formal sector, enter into legal agreements, rent property, open businesses or buy land. This state-of-affairs has undermined the ability of refugees and asylum seekers to progress towards self-reliance and has kept them in humanitarian need. In addition, their dire situation has been greatly impacted by the shocks to the economy and financial systems that was particularly felt since the changes in Governance of the country. The prospects for return for refugees in Khost and

Paktika remain small largely depends on political developments in Pakistan. Furthermore, the 2021 WoA showed that 56 per cent of respondents indicated an intention to remain in Afghanistan, while 40 per cent indicated not having a confirmed view regarding their movement intentions.

The 2021 WoA Assessment shows that the priority needs of refugees are food (84 per cent), shelter (75 per cent) and health care (64 per cent). Food security continues to be critical amongst the asylum seeker and refugee population with the 2021 WoA Assessment indicating that 76 per cent of refugee households scored poor or borderline level in FCS. . In addition, the percentage of the population having a high Reduced Coping Strategy Index (RCSI) is significantly higher (91 per cent) as compared to cross border returnees (41 per cent), host communities (44 per cent) and IDPs (51 per cent), highlighting the fact that the population is quickly exhausting its strategies to cope and are at high risk of falling into a catastrophic situation. ES-NFI needs are also critical, with the 2021 WoA Assessment showing that 94 per cent of refugee respondents reside in inadequate shelters, including 47 per cent in emergency shelters, 39 per cent in makeshift shelters and 8 per cent in open space. This is significantly higher than other population groups who reported living in inadequate shelters (17 per cent for IDPs, 6 per cent for cross border returnees, and 5 per cent for host communities). Furthermore, 100 per cent of the refugee respondents reported that their shelter

was partially or significantly damaged, in addition to 56 per cent who reported having no heating device and 97 per cent who reported having no or only some warm clothes.

The 2021 WoA Assessment findings further reveal that the proportion of refugees carrying debt is extremely high with 88 per cent of refugee respondents indicating having debt compared to an average of 76 per cent among other population groups. In addition, the average debt was 86,535 AFN which is higher than the average of other population groups which stands at 48,738 AFN. Some 49 per cent of refugees reported that health care was the primary reason behind incurring debt. Unsurprisingly, negative coping mechanisms are pervasive with 31 per cent reported already having exhausted selling household assets (e.g., radio, furniture, refrigerator, television, jewelry, clothes, etc.), income generating equipment (e.g., productive assets), and means of transport. Some 62 per cent reported having sold houses or land, 36 per cent reported having decreased expenditure on education or health services, 93 per cent reported collecting metal parts/scrap of explosives ordnance to sell and 88 per cent reported having sent children to work.

Three fourths of refugees reported having health problems and had to seek health care in the last 3 months. Of particular concern is the level of MHPSS needs. The percentage of household members displaying behavioural changes (a proxy indicator for mental health issues) were higher than other population groups with households reporting at least one behavioural change standing in excess of 100 per cent for all age and gender sub-groups. Awareness on how to access MHPSS was, however, low with 84 per cent of respondents stating not being aware of where to access such services. Compounding problems, 84 per cent responded not having access to nutrition services in the last 3-months, with 47 per cent indicating that the main barrier was a lack of facilities, while 20 per cent indicated that it was due to a lack of recognized identification documents.

Education needs are also high. Only 61 per cent of refugee households reported that at least one child was enrolled in school. There are geographic variances. Further to findings from a survey carried out by UNHCR from April to June 2021 covering both refugees in urban settings and in Khost and Paktika, 36 per cent of refugee children in the urban setting and 24 per cent of children in Khost Paktika were found to be attending public school, while only 20 per cent of refugee children in urban settings, as well as Khost and Paktika, were attending public schools. Among the urban refugee population, lack of documentation was the most frequently cited barrier to enrolling in public schools (36 per cent) followed by language barriers (20 per cent), while among the Khost and Paktika refugees it was lack of transportation (84 per cent) followed by long distance to school (69 per cent). WASH needs also remain amongst the population group. Furthermore, 9 per cent indicated lacking enough containers to fetch and store water and 8 per cent indicated that water points were too far and difficult to reach.

Response Strategy

In past years, humanitarian assistance to refugees was built on support from the Government and the host communities. However, adjustments will be necessary in 2022 given the uncertainty around the policy that will be adopted by the new authorities towards this population group, as well as their capacity to identify and respond to their needs. More specifically, inability to direct funds to authorities (as in the past) will impede national response capacity (which used to be provided in the form of technical and financial support). In 2022, it is necessary that the humanitarian community assumes a greater responsibility in identifying and responding to the needs of this population group, in close coordination with the relevant community systems and authorities. Robust coordination amongst the Clusters will be essential to reinforce responses towards this population group.

Furthermore, as the political and security landscape has changed, there is now potentially a greater level of access to the asylum seeker and refugee population, particularly those refugees that live in Paktika. In past

years, it's been difficult to access this group owing to insecurity in Paktika. It will, therefore, be necessary to conduct comprehensive assessments to gauge the depth in vulnerabilities, in parallel with assistance provision. Based on the foregoing, in 2022 the focus of the refugee response strategy will be on continuing to meet the acute needs of the population group and advocating for their rights and their inclusion in the national services.

Response Plan

Based on the above evidence of deepened vulnerability among this population, humanitarian partners have planned to reach all 72,200 refugees and 250 asylum-seekers in Afghanistan with multi-sector assistance. All clusters have planned to reach this population group. Refugees will receive food – in more volume and more rounds as compared to past years – as well as nutrition support. Health services will include support to primary and secondary health care as well as MHPSS. WASH priority activities include provision of safe drinking water supply, hygiene promotion and safe sanitation. The Education Cluster has also planned to provide refugee children with education through TLS and CBE activities. In parallel, the Protection Cluster will ensure that the population group is covered through the community-based protection monitoring activity, in order not only to identify the cross-sectoral needs amongst the population but also to identify issues which require advocacy.

Gender differences in needs will be responded to by: (1) ensuring female staff participation in protection monitoring and other forms of assessments to adequately identify the needs of females and children, (2) ensuring female staff members are engaged in aid distribution and provision of services (e.g., health, MHPSS, education) to ensure access by female programme participants to necessary services as well as to facilitate the sharing of complaints and feedback, (3) engage with community structures (e.g., elders, religious leaders, shuras) and members to raise awareness on gender-equality, GBV, and PSEA, and (4) identify and engage with key female community members to ensure their participation in all stages of the programming cycle.

The different needs of people with disabilities will be addressed by: (1) ensuring that protection monitoring and other forms of assessments adequately cover and reach people with disabilities to identify their specific needs, (2) ensuring safe and dignified access to aid and assistance by removing physical and societal barriers that may impede people with disabilities from accessing services, (3) ensuring mechanisms to enable people with disabilities to raise their concerns through complaint and feedback mechanisms and (4) engaging with people with disability to ensure their participation in all stages of the programme cycle.

Advocacy and capacity-building of de facto authorities at the provincial and national levels will continue to be a critical component of the response. Developing the capacity of the authorities to effectively accommodate and integrate the asylum seeker and refugee population within the national framework will serve to ensure the sustainability of the response and associated support, as well as peaceful co-existence between the population group and host communities. Engagement with refugee-hosting communities, particularly through community development councils, shuras, and civil society organizations to promote inclusion and participation, especially of youth, girls and women, and persons with disabilities and to support development through a whole-of-community approach, will be central to the response plan. In 2022, evidence-based advocacy towards the authorities will be reinforced.

Both in-kind and cash modalities of assistance will be applied to the refugee response. Nearly 100 per cent of the urban refugee caseload were assisted with cash assistance in 2021. Given the importance of cash assistance in mitigating the populations' vulnerabilities, cash will be pursued as a critical modality for this population group.

Cost

The total cost of multi-sector response to refugees is \$16.6 million. This includes \$3.3 million for food, \$1 million for nutrition services, \$2.2 million for ES-NFI assistance, \$1.2 million for WASH, \$3.5 million for protection, \$4 million for education and 1.4 million for emergency health services.

Cross cutting strategic priorities

- **Centrality of Protection** will be operationalized through: (1) systematic community-based protection monitoring to identify and address protection needs and concerns, (2) periodic and ad hoc inter-agency coordination meetings which will function as an information-sharing platform to ensure that protection is mainstreamed in all activities and protection risks and concerns are reported, prevented and mitigated through a collaborative effort and (3) enhancing complaint and feedback mechanisms as well as communication-with-community strategies to ensure that needs and protection concerns are addressed in an adequate and timely manner.
- **Age, gender and disability inclusive programming** will be operationalized through: (1) ensuring female staff participation in monitoring and assessment and assistance activities, (2) ensuring that the engagement of all actors engage and include including women, children and people with disabilities in planning, implementing, and monitoring stages of their programming cycle, (3) ensuring that information on assistance and complaint and feedback mechanisms are shared in a understandable manner to all population groups including women, children and people with disabilities, (4) ensuring that complaint and feedback mechanisms are gender-sensitive and easy-to-access by all individuals including women, children and people with disabilities, (5) creating and enhancing integrated interventions to enable outreach to vulnerable population such as using health-related activities as an entry point to address protection-related issues and (6) continuous monitoring of the implementation of (1) to (5) using both internal and external means.
- **Women's and women's CSO meaningful, equitable and safe participation in access to and benefit from humanitarian assistance, services, communication, information and assessment** will be ensured though: (1) continuing advocacy with the authorities to ensure meaningful, equitable and safe participation of women and women's CSOs, (2) ensuring that the needs of women and girls are collected and reflected prior to commencing activities and due consideration is made to assure their safe and equitable access to assistance and services, (3) installing and advancing complaint and feedback mechanisms to hear from women and women's CSO on their access to and benefit from assistance and (4) conducting periodic monitoring and evaluation on the quality of communicating with women and women's CSO as well as dissemination of relevant information to identify and resolve any noted gaps.
- **Accountability to Affected Populations:** AAP is an area that requires heavy reinforcement given that 80 per cent of the refugee households indicated not being aware of any method/mechanism to contact aid providers about community needs, assistance received and problems with assistance providers. To resolve the issue, humanitarian actors will ensure that the Awaaz toll-free number is widely shared with programme participants during various occasions including monitoring and distribution activities. In addition, partners will widely disseminate the UNHCR Helpline and Protection Mailbox address to the population. The Helpline system is expected to be reinforced with dedicated operators who are equipped with knowledge and expertise on protection principles and on handling sensitive protection queries. Furthermore, humanitarian actors will work closely with community and religious leaders to share information (as this is their most desired means of obtaining information – with the WoA Assessment showing 80 per cent preferred receiving information through community leaders followed by religious leaders (64 per cent). Such mechanisms will help actors on the ground to better understand how people perceive the response and facilitate prompt identification of emerging needs.
- **Prevention of Sexual Exploitation and Abuse:** In order to prevent sexual exploitation and abuse, humanitarian actors will train staff and partners and conduct awareness-raising and information dissemination to the refugee population to raise awareness on sexual exploitation and abuse as

well as complaints and feedback mechanisms. In addition, gender-sensitive complaint and feedback mechanisms will be streamlined to ensure that any individual can lodge allegations in a safe and confidential manner.

Monitoring

Sector-specific responses to refugees will be tracked based on each cluster's monitoring tools and reported on via ReportHub under each sector. Protection actors will continue to regularly visit communities hosting refugees and meet with local government officials as well as refugee elders. Protection monitoring will continue to inform evolving and emerging protection needs and highlight any gaps in the response.

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Part 5:

Annexes

HIRAT, DECEMBER 2021

Girls Child Friendly Space for internally displaced girls where there is combination of education and play activities. Photo: OCHA/Sayed Habib Bidell



5.1 Participating Organisations

| SECTOR | PARTICIPATING ORGANISATIONS | COUNT |
|-------------------------------|--|-------|
| Education in Emergencies | ACTED, AKF, AWSESO, BRAC, CIC, COAR, CRS, CWSA, ECW, HHWO, HRDA, IRC, MHI, NAC, NRC, OHW, ORCD, SCI, SHAO, SVA, TLO, UNESCO, UNICEF, WADAN, WCC, WFP, WVI | 27 |
| Emergency Shelter and NFI | AABRAR, AAH, ACTED, ACTIONAID, ADEO, ADRA, AFGHANAID, AKAH, ARAA, AWSDC, CAHPO, CAID, CARE, CARITAS-G, CORDAID, CRDSA, CWW, DAARTT, DRC, GIZ, HHRD, HRDA, IMC, INTERSOS, IOM, IRC, IRW, JUH, ME, NCA, NCRO, NRC, OCHR, OHW, ORCD, ORD, PIN, QARCS, REDSSO, RI, SCI, UNHABITAT, UNHCR, UNICEF, WAW, WHH, WSTA | 47 |
| Food Security and Livelihoods | AABRAR, AAH, ABM, ABR, ACBAR, ACHRO, ACOO, ACTED, ACTIONAID, ADA, ADRA, AFD, AFGHANAID, AHDA, AIRO, AKAH, ALO, AMRAN, ANCC, ANHDO, AOAD, AOM, APA, APWDO, ARAA, ARCS, ARDHO, AREA, AREP, ARO, ASIO, ATDSO, AWARO, AWDREO, AWRO, BLUMONT, BRAC, CAHPO, CAID, CARE, CARITAS-G, CDRO, CESVI, CHA, CIC, COAR, CORDAID, CRDSA, CRS, CWSA, CWW, DACAAR, DCA, DCLWO, DRC, ECW, FGA, FRDO, GAALO, GIZ-SEDEP, GWO, HAPA, HDAO, HDO, HEERO, HHWO, HIA, HIHAO, HOAD, HOSAA, HRDA, HSDEO, HSO, HT, IAM, ICRC, IFRC, IMMAP, IRC, IRW, KRO, KSRO, LEADO, LSO, ME, MEDAIR, MERCYCORPS, MHI, MSSAA, MTDO, MWA, NAC, NCA, NCRO, NEI, NEPA, NPO/RRAA, NRC, NRDOAW, NSDO, OCHA, OCHR, OFRD, OHW, OMID, ORCD, ORD, OXFAM, PACO, PIN, PORWA, PRB, RAADA, RCDC, RCSHO, REACH, REEDA, RHDO, RI, ROP, RORA, SAB, SADAT, SC, SCA, SCI, SDO, SDP, SDRO, SEARCHO, SEEPO, SFL, SHPOUL, SI, SOFAR, SRP, STARS, SUO, SVA, SWNHO, SWRO, SWSSO, TEARFUND, TOA, VOPOFA, WAF, WCC, WC-C, WDOA, WHH, WMSSO, WSTA, WVI, YEDAWO, YHDO, YVO, ZCO | 158 |
| Health | AADA, AHDS, AKHS, CARE, CARITAS-G, CAWC, CORDAID, DHSA, EMERGENCY, HADAAF, HI, HN-TPO, HRRAC, IMC, INTERSOS, IOM, JOIN, OCCD, OHW, PU-AMI, RCDC, SAF, SCI, TACT, TDH, UNFPA, UNICEF, WC-C, WHO, WVI | 30 |
| Nutrition | AADA, AAH, ACBAR, ACF, AFD, AHDS, AIL, ARCS, ARDHO, AWARE, AWRO, AYENADA, BARAN, BDN, CAF, CARE, CWW, FEWSNET, FHI360, GAC, GWO, HADAAF, HN-TPO, HRRAC, IFRC, IMMAP, INTERSOS, IRC, JACK, MEDAIR, MOVE, MRCA, MSF, OCCD, OHPM, ORCD, PU-AMI, SAF, SCI, SHDP, SWRO, UNICEF, WFP, WHH, WHO, WVI | 46 |
| Protection | AABRAR, AADA, ACHRO, ACTED, ACTIONAID, ADWSO, AHDA, APA, ARAA, AREA, ASCHIANA, ATC, AWEC, BEST, CARE, CARITAS-G, CHA, CIC, CORDAID, CPAN, CRDSA, CWW, DAFA, DDG, DRC, FSD, HADAAF, HELP, HEWAD, HI, HIHAO, HN-TPO, HRDA, HRRAC, HT, HTAC, IMC, INTERSOS, IOM, IPSO, IRC, IRW, JCSSO, MCPA, MDC, MOLSA, MPO, NCA, NRC, OHW, OMAR, ORD, OXFAM, PIN, RI, SCI, SHPOUL, SOUND, TDH, UNHABITAT, UNHCR, UNICEF, VOPOFA, WADAN, WASSA, WAW, WC-C, WC-UK, WHH, WSTA, WVI, YHDO, ZOA | 73 |
| Water, Sanitation and Hygiene | AABRAR, AAH, ACBAR, ACTED, ACTIONAID, ADA, ADEO, ADRA, AFGHANAID, AFSEN, AHDS, AHEAD, AKAH, AKDN, AKF, ANCC, ARCS, AREP, ASAARO, ASIO, ASMO, ATDSO, AWARD, AWC, AWRO, AWSDC, BORDA, BRAC, CAHPO, CAID, CARE, CARITAS, CAWC, CDRO, CHA, CIC, COAR, CORDAID, CORE, CRDSA, CRS, CWW, DACAAR, DCLWO, ECW, FGA, GAALO, GNI, GPRS, HAPA, HIHAO, ICRC, IFRC, IMC, INTERSOS, IOM, IRC, IRW, ME, MEDAIR, MEHHR, MERCYCORPS, MHI, MOE, MOPH, MRRD, NCA, NCRO, NERU, NPO/RRAA, NRC, NSDO, OAWCK, OCHR, ORCD, ORD, OXFAM, PRB, PU-AMI, RCDC, REEDA, RI, ROAWC, RPOA, SCA, SCI, SEARCHO, SI, SOCWI, SWRO, TACT, TEARFUND, UNHCR, UNICEF, VOPOVA, WASSA, WHH, WHO, WVI, YPCAO, ZOA | 101 |

5.2 Planning Figures by Sector and by Geography

| | | | |
|-----------------------|------------------------|----------------------------|------------------------------------|
| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | PARTICIPATING ORGANISATIONS |
| 24.4M | 21.1M | \$4.44B | 248 |

By sector

| SECTOR | PEOPLE IN NEED | PLANNED REACH | IN NEED TARGETED | REQUIREMENTS (US\$) | PARTICIPATING ORGANISATIONS |
|-------------------------------|----------------|---------------|------------------|---------------------|-----------------------------|
| Education | 7.9M | 1.5M | | 162.1M | 27 |
| Emergency Shelter and NFI | 10.9M | 1.9M | | 374.0M | 47 |
| Food Security and Agriculture | 24.0M | 21.6M | | 2.66B | 158 |
| Health | 18.1M | 14.7M | | 378.0M | 30 |
| Nutrition | 7.8M | 5.9M | | 287.4M | 46 |
| Protection | 16.2M | 4.5M | | 137.3M | 73 |
| Water, Sanitation and Hygiene | 5.1M | 10.4M | | 332.8M | 101 |
| Aviation | - | - | | 85.0M | |
| Coordination | - | - | | 25.6M | |

| | PLANNED REACH | BY GENDER (%) FEMALE MALE | BY AGE (%) CHILDREN ADULTS ELDERLY | WITH DISABILITY | IDPS | RETUR-NEES | SHOCK-AFFECTED | VUL. PEOPLE | REFUG-GEES |
|-------------------------------|---------------|--------------------------------|---|-----------------|--------|------------|----------------|-------------|------------|
| Education | 1.5M | 54 46 | 100 0 0 | 3.5% | 278.6K | 224.6K | 72.4K | 886.3K | 37.4K |
| Emergency Shelter and NFI | 1.9M | 43 57 | 50 47 3 | 8.7% | 378.3K | 494.8K | 36K | 1M | 27.4K |
| Food Security and Agriculture | 21.6M | 49 51 | 54 43 3 | 8.3% | 504.4K | 200.1K | 150K | 20.5M | 72K |
| Health | 14.7M | 48 52 | 54 43 3 | 8.3% | 309.6K | 424.2K | 80.9K | 13.8M | 45.3K |
| Nutrition | 5.9M | 71 29 | 56 44 0 | 8.1% | 75.1K | 61.1K | 22.4K | 5.8M | 9.3K |
| Protection | 4.5M | 46 54 | 52 45 3 | 8.4% | 403.5K | 390.9K | 71.6K | 3.4M | 36.9K |
| Water, Sanitation and Hygiene | 10.4M | 48 52 | 53 44 3 | 8.4% | 453.9K | 176.7K | 121.5K | 9.2M | 39.1K |

By geography

| PROVINCE | TOTAL POPULATION | PEOPLE IN NEED | PLANNED REACH | IN NEED TARGETED | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS |
|------------|------------------|----------------|---------------|---------------------|---------------------|----------------------|
| Badakhshan | 1.4M | 0.9M | 0.8M | | 160.1M | 32 |
| Badghis | 0.7M | 0.6M | 0.6M | | 124M | 22 |
| Baghlan | 1.3M | 0.6M | 0.6M | | 110.7M | 27 |
| Balkh | 2.0M | 1.3M | 1.2M | | 229.3M | 27 |
| Bamyan | 0.7M | 0.4M | 0.4M | | 67.7M | 12 |
| Daykundi | 0.7M | 0.5M | 0.4M | | 82.9M | 16 |
| Farah | 0.7M | 0.4M | 0.3M | | 69.8M | 14 |
| Faryab | 1.5M | 1.1M | 0.9M | | 178.4M | 22 |
| Ghazni | 1.8M | 1.1M | 1M | | 178.8M | 14 |
| Ghor | 1.0M | 0.8M | 0.7M | | 130.2M | 30 |
| Hilmand | 1.9M | 0.9M | 0.8M | | 169.1M | 26 |
| Hirat | 2.8M | 2.2M | 2M | | 383M | 44 |
| Jawzjan | 0.8M | 0.5M | 0.5M | | 90.7M | 15 |
| Kabul | 6.9M | 3.6M | 3.5M | | 659.9M | 38 |
| Kandahar | 1.9M | 1.1M | 0.9M | | 194.2M | 40 |
| Kapisa | 0.6M | 0.3M | 0.3M | | 50.5M | 11 |
| Khost | 0.8M | 0.3M | 0.3M | | 63M | 17 |
| Kunar | 0.7M | 0.4M | 0.3M | | 63M | 29 |
| Kunduz | 1.5M | 0.7M | 0.7M | | 138.5M | 35 |
| Laghman | 0.7M | 0.4M | 0.3M | | 66.8M | 26 |
| Logar | 0.6M | 0.2M | 0.2M | | 44.3M | 9 |
| Nangarhar | 2.3M | 1.4M | 1.3M | | 244.5M | 42 |
| Nimroz | 0.2M | 0.4M | 0.3M | | 53.7M | 19 |
| Nuristan | 0.2M | 0.1M | 0.1M | | 25.3M | 13 |
| Paktika | 1.0M | 0.6M | 0.5M | | 96M | 5 |
| Paktya | 0.8M | 0.5M | 0.4M | | 68.3M | 11 |
| Panjsher | 0.2M | 0.1M | 0.1M | | 18.9M | 7 |
| Parwan | 1.0M | 0.6M | 0.5M | | 97.4M | 9 |
| Samangan | 0.6M | 0.4M | 0.3M | | 61.8M | 11 |
| Sar-e-Pul | 0.8M | 0.6M | 0.5M | | 92.9M | 13 |
| Takhar | 1.5M | 0.6M | 0.5M | | 106.9M | 36 |
| Uruzgan | 0.6M | 0.4M | 0.4M | | 70.5M | 21 |
| Wardak | 0.9M | 0.5M | 0.4M | | 86.8M | 11 |
| Zabul | 0.5M | 0.3M | 0.3M | | 52.6M | 18 |

| PROVINCE | PLANNED REACH | BY GENDER (%) | | BY AGE (%) | | | WITH DISABILITY | IDPS | RETUR-NEES | SHOCK-AFFECTED | VUL. PEOPLE | REFU-GEES |
|------------|---------------|---------------|------|-------------|--------|--------|-----------------|--------|------------|----------------|-------------|-----------|
| | | FEMALE | MALE | CHILDREN | ADULTS | ELDERS | | | | | | |
| Badakhshan | 0.8M | 49 51 | | 54 43 3 | | 8.3% | 4.4K | 10.4K | 6.9K | 806.3K | - | |
| Badghis | 0.6M | 48 52 | | 55 43 3 | | 8.2% | 77.4K | 18.6K | 10.5K | 448.3K | - | |
| Baghlan | 0.6M | 49 51 | | 54 44 3 | | 8.3% | 16.1K | 31.1K | 4.8K | 498.3K | - | |
| Balkh | 1.2M | 49 51 | | 54 43 3 | | 8.3% | 19.3K | 19.8K | 10.3K | 1.2M | - | |
| Bamyan | 0.4M | 49 51 | | 53 43 3 | | 8.3% | 823 | 3.1K | 2.8K | 351.6K | - | |
| Daykundi | 0.4M | 48 52 | | 53 44 3 | | 8.4% | 2.9K | 19.5K | 1.3K | 392.3K | - | |
| Farah | 0.3M | 48 52 | | 53 44 3 | | 8.3% | 3.2K | 11.9K | 8K | 323.2K | - | |
| Faryab | 0.9M | 48 52 | | 54 44 3 | | 8.3% | 2K | 24K | 11.3K | 910.3K | - | |
| Ghazni | 1M | 49 51 | | 54 44 3 | | 8.3% | 6.5K | 10.2K | 2.3K | 948.7K | - | |
| Ghor | 0.7M | 48 52 | | 53 44 3 | | 8.3% | 7.7K | 20.1K | 3.2K | 626.5K | - | |
| Hilmand | 0.8M | 49 51 | | 54 43 3 | | 8.2% | 39K | 11.6K | 9K | 753.7K | - | |
| Hirat | 2M | 45 55 | | 50 47 3 | | 8.7% | 76.2K | 313K | 7.2K | 1.6M | - | |
| Jawzjan | 0.5M | 49 51 | | 54 43 3 | | 8.3% | 4.9K | 8.4K | 6.7K | 468.4K | - | |
| Kabul | 3.5M | 49 51 | | 54 44 3 | | 8.3% | 75.8K | 45.7K | 4K | 3.3M | 303 | |
| Kandahar | 0.9M | 49 51 | | 55 42 3 | | 8.2% | 50.2K | 52.7K | 5.9K | 811.3K | - | |
| Kapisa | 0.3M | 48 52 | | 54 43 3 | | 8.3% | 1.1K | 5.6K | 1.7K | 256.8K | - | |
| Khost | 0.3M | 49 51 | | 55 43 3 | | 8.2% | 2.1K | 2K | 1.6K | 257K | 36K | |
| Kunar | 0.3M | 49 51 | | 54 43 3 | | 8.2% | 5K | 2.7K | 4K | 321.1K | - | |
| Kunduz | 0.7M | 47 53 | | 53 44 3 | | 8.4% | 30.8K | 55K | 1.4K | 577K | - | |
| Laghman | 0.3M | 49 51 | | 53 44 3 | | 8.2% | 11.8K | 8.1K | 1.9K | 325.1K | - | |
| Logar | 0.2M | 49 51 | | 54 43 3 | | 8.3% | 2.9K | 8K | 2.5K | 207.5K | - | |
| Nangarhar | 1.3M | 49 51 | | 55 43 3 | | 8.2% | 20.4K | 62.2K | 5.1K | 1.2M | - | |
| Nimroz | 0.3M | 31 69 | | 37 59 4 | | 10.1% | 2.2K | 197.3K | 1.5K | 124.5K | - | |
| Nuristan | 0.1M | 49 51 | | 54 43 3 | | 8.3% | 1K | 31 | 1.2K | 140K | - | |
| Paktika | 0.5M | 49 51 | | 55 43 3 | | 8.2% | 1.7K | 1.5K | 977 | 441.3K | 36K | |
| Paktya | 0.4M | 49 51 | | 54 43 3 | | 8.2% | 3.4K | 4.5K | 2.6K | 432.1K | - | |
| Panjsher | 0.1M | 49 51 | | 54 43 3 | | 8.3% | 508 | 596 | 1.1K | 100.8K | - | |
| Parwan | 0.5M | 49 51 | | 54 43 3 | | 8.3% | 2.5K | 7.5K | 2.7K | 506.9K | - | |
| Samangan | 0.3M | 49 51 | | 54 43 3 | | 8.3% | 1.4K | 2.8K | 3.3K | 328.7K | - | |
| Sar-e-Pul | 0.5M | 48 52 | | 54 43 3 | | 8.3% | 3.1K | 14K | 7.1K | 479.3K | - | |
| Takhar | 0.5M | 47 53 | | 54 43 3 | | 8.4% | 12.4K | 36.9K | 5.6K | 461K | - | |
| Uruzgan | 0.4M | 49 51 | | 54 43 3 | | 8.3% | 4.4K | 1.5K | 4.6K | 361.8K | - | |
| Wardak | 0.4M | 49 51 | | 54 43 3 | | 8.3% | 5.3K | 3.6K | 2.7K | 421.2K | - | |
| Zabul | 0.3M | 49 51 | | 54 43 3 | | 8.2% | 5.7K | 2.4K | 4.1K | 269K | - | |

5.4 Sectoral Activities and Costing

Education

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|---|---------------|------------------|-------------------|
| MINIMUM CBE PROGRAMMING/PACKAGE | | | |
| Student kit | 613,027 | 12 | 7,356,327 |
| Classroom kits | 15,326 | 107 | 1,639,848 |
| Teachers kit | 15,326 | 35 | 536,399 |
| Hygiene kit | 613,027 | 7 | 4,291,191 |
| Textbook pack | 613,027 | 6 | 3,678,164 |
| Classroom Heating | 15,326 | 130 | 1,992,339 |
| Winter support to children | 212,338 | 7.5 | 1,592,535 |
| Shura training | 15,326 | 150 | 2,298,852 |
| Teacher incentive | 15,326 | 1,000 | 15,325,681 |
| Teacher training | 15,326 | 130 | 1,992,339 |
| Minimum WASH for CBEs (drinking and hand washing water etc) | 15,326 | 1,000 | 15,325,681 |
| Purchase and installation of tents to be used as TLS | 1,500 | 1,400 | 2,100,000 |
| Provision of school based Child Protection (CP) activities | 15,326 | 50 | 766,284 |
| SELF-LEARNING PACKAGES | | | |
| Self-learning packages | 177,395 | 20 | 3,547,891 |
| Radio programming | 265,886 | 25,000 | 375,000 |
| SUPPORT TO PUBLIC SCHOOLS | | | |
| Student kits | 886,973 | 12 | 10,643,673 |
| Teachers kit | 25,342 | 35 | 886,973 |
| Teacher incentive | 22,174 | 1,200 | 26,609,182 |
| Hygiene kit | 886,973 | 7 | 6,208,809 |
| Textbook pack | 886,973 | 6 | 5,321,836 |
| Minimum WASH for Schools (drinking and hand washing water, disinfection etc) | 4,431 | 2,500 | 11,078,578 |
| Capacity building trainings and orientation to the government (MoE, PEDs, DEDs) | 500 | 500 | 250,000 |
| Light rehabilitation of Hub schools | 1,500 | 1,500 | 2,250,000 |
| Total | 1.5M | \$111 | \$162.1M |

Emergency Shelter and NFI

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|--|---------------|------------------|-------------------|
| Emergency shelter assistance (Cash for rent) | 468,220 | 315 | 21,069,878 |
| Emergency shelter kit (tent+ 2 pcs of plastic tarpaulin) | 365,041 | 550 | 28,681,769 |
| Provision of Non-Food Items (NFIs) | 721,074 | 147 | 15,142,550 |
| Shelter repair (Reconstruction toolkit) | 478,334 | 70 | 4,783,342 |
| Shelter repair / reconstruction (minor) | 1,437,974 | 420 | 86,278,447 |
| Shelter repair / reconstruction (severe) | 502,795 | 700 | 50,279,452 |
| Transitional Shelter support | 344,873 | 1,750 | 86,218,344 |
| Assistance to cover winterisation needs (cash for heating) | 1,336,484 | 280 | 53,459,356 |
| Assistance to cover winterisation needs (winter clothing+ blanket package) | 1,336,484 | 147 | 28,066,162 |
| Total | 1.9M | | \$374M |

Food Security and Agriculture

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | DURATION (MONTHS) | TOTAL COST (US\$) |
|--|---------------|------------------|-------------------|-------------------|
| FOOD SECURITY | | | | |
| Food assistance to IDPs | 504,370 | 17 | 3 | 25,722,870 |
| Food assistance to returnees | 150,000 | 17 | 2 | 5,100,000 |
| Food assistance to refugees | 72,000 | 17 | 4 | 19,049,792 |
| Seasonal support to vulnerable people with humanitarian needs | 11,793,658 | 9 | 8 | 3,672,000 |
| Seasonal support to vulnerable people with humanitarian needs | 8,740,000 | 11 | 12 | 1,037,841,904 |
| Seasonal support to vulnerable people with humanitarian needs | 7,730,333 | 11 | 4 | 1,153,680,000 |
| LIVELIHOODS | | | | |
| Vocational skills livelihoods support to displaced people | 100,000 | 35 | 1 | 3,500,000 |
| Agriculture livelihood support to natural disaster affected people | 100,000 | 23 | 1 | 2,300,000 |
| Agriculture and livestock support to IPC Phase 3 and above people | 7,045,758 | 23 | 1 | 162,052,424 |
| Asset creation through cash/food for work support to severely food insecure people | 2,050,000 | 18 | 6 | 221,400,000 |
| Backyard vegetable cultivation / home gardening support to food insecure people | 1,050,000 | 11 | 1 | 11,550,000 |
| Backyard poultry support to vulnerable people, with a particular focus on vulnerable women | 350,000 | 37 | 1 | 12,950,000 |
| Total | 21.6M | \$39 | | \$2.66B |

Health

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|---|---------------|------------------|-------------------|
| Support delivery of primary health care services through fixed primary health care facilities, mobile health teams or outreach services | 14,676,565 | 14 | 205,471,910 |
| Support delivery of secondary/tertiary health care through hospitals | 1,467,656 | 55 | 80,721,080 |
| Support COVID 19 treatment hospitals | 9,600 | 4,250 | 40,800,000 |
| Outbreak Preparedness and Response | 100,000 | 130 | 13,000,000 |
| Support Risk Communication and Community Engagement | 1,500,000 | 3 | 4,500,000 |
| Support trauma care services | 150,000 | 130 | 19,500,000 |
| Inpatient Treatment of SAM for children 0-59 months | 30,000 | 200 | 6,000,000 |
| Rehabilitation of health facilities | 50 | 70,000 | 3,500,000 |
| Training of health care workers | 5,000 | 200 | 1,000,000 |
| WASH in Health Facilities | 100 | 10,000 | 1,000,000 |
| Coordination and Information Management of health action | - | - | 2,500,000 |
| Total | 14.7M | | \$378M |

Nutrition

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|---|---------------|------------------|-------------------|
| Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in IPD | 53,951 | 76 | 4,110,915 |
| Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD | 485,462 | 60 | 28,961,822 |
| Number of girls and boys aged 6-59 months with MAM who are admitted for treatment | 1,129,176 | 21 | 24,011,174 |
| Number of Pregnant and lactating women with AM who are admitted for treatment | 508,129 | 41 | 20,709,630 |
| Number of girls and boys aged 6-59 months who received vitamin A supplement | 5,407,859 | 1 | 6,388,584 |
| Number of girls and boys aged 6-23 months who received MNP | 1,602,628 | 5 | 8,173,403 |
| Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counselling | 2,136,438 | 2 | 3,785,827 |
| Number of under-five girls and boys provided with specialized nutritious foods (BSFP) | 3,285,167 | 32 | 105,843,764 |
| Number of PLW provided with specialized nutritious foods (BSFP) | 1,642,583 | 40 | 65,703,320 |

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|--|---------------|------------------|-------------------|
| Number of mobile health and nutrition teams to be deployed from nutrition cluster (50% of the 242 required teams to meet the target, with 50% being generated by health cluster) | 121 | 129,886 | 15,716,206 |
| National nutrition SMART surveys | 2 | 300,000 | 600,000 |
| Cluster Coordination (staff (coord, Co-coord, IMS), travel, meetings, partner training on NiE) | | 714,343 | 714,343 |
| Total | 5.9M | | \$287.4M |

Protection

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|--|---------------|------------------|-------------------|
| GENERAL PROTECTION | | | |
| Provision of Individual Protection Assistance (IPA): In-kind and emergency cash assistance | 40,000 | 200 | 8,000,000 |
| Provision of Cash for Protection (aligned with MEB) | 350,000 | 264 | 13,200,000 |
| Provision of Legal Counselling and Assistance (Identity and Civil documentation) | 10,000 | 30 | 300,000 |
| Provision of Psycho-Social Support (PSS) Assistance | 50,000 | 30 | 1,500,000 |
| Anti/counter Trafficking | 5,000 | 285 | 1,425,000 |
| Protection Monitoring | 500,000 | 10 | 5,000,000 |
| Community-Based Protection activities | 2,000,000 | 4 | 8,000,000 |
| CHILD PROTECTION | | | |
| Provision of structured PSS for girls and boys at Child Friendly Spaces (CFS) | 445,000 | 20 | 8,900,000 |
| Provision of awareness and positive parenting sessions to parents and caregivers to support their children's psychosocial wellbeing | 150,000 | 3 | 450,000 |
| Provision of PSS for girls and boys with alternative modalities including home based and, outdoor smaller groups and community-based activities | 75,000 | 3 | 225,000 |
| Community-based awareness raising on child protection issues and wellbeing messaging and support community capacity building on these topics (parents/ community members) | 700,000 | 3 | 2,100,000 |
| Capacity building and mentoring of child protection workers and staff from other sectors on the norms and standards of child protection and to adapt new tools and working modalities, including PSS, Caring for Child Survivors (CS) of SGBV Case Management, PFA, and COVID - 19 messages (social worker, case worker, teachers, health workers, authorities, staff members) | 4,000 | 75 | 300,000 |
| Provision of social reintegration and life skills assistance to children and youth who have suffered from grave child rights violations (including former CAAC) | 3,000 | 175 | 525,000 |

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|--|---------------|--|-------------------|
| Provision of education reintegration assistance to children and youth who have suffered from grave child rights violations (including former CAAC) | 7,500 | 15 | 112,500 |
| Provision of economic reintegration assistance to children and youth who have suffered from grave child rights violations (including former CAAC) | 3,000 | 800 | 2,400,000 |
| Strengthening the monitoring and reporting system of the 6 grave violations, including capacity building of service providers and other stakeholders | 500 | 75 | 37,500 |
| Strengthen community based system/structure to prevent grave child rights violations | 10,000 | 10 | 100,000 |
| Establish adolescent friendly centers (Adolescent Social Hubs & Girls Friendly facilities) to provide Life Skills & new generations skills | 30,000 | 102 | 3,060,000 |
| Establish Adolescents Clubs (boys & girls clubs/Girls & boys separate club) in community for peer to peer support; | 20,000 | 102 | 2,040,000 |
| Develop contextual adolescents Life Skills Module. | 0 | - | 55,000 |
| Identification, registration, referrals, facilitation of access to services, and follow up of case management services in line with the Afghanistan SOP for Case Management | 33,000 | 45 | 1,485,000 |
| Provision of cash as a component of the Case Management services | 20,000 | 70 | 1,400,000 |
| Set up the Inter-agency Child Protection Information Management System (CPIMS+) to improve Case Management service delivery, mitigate risks and support data protection safeguarding and accountability, including offline modes and translated versions. | 0 | - | 350,000 |
| Providing UASC with interim family-based care or other suitable interim alternative care arrangements | 4,000 | 200 | 800,000 |
| Provision of GBV response to child survivors and children in risk of gender based and sexual abuse, including child marriage | 4,500 | 116 | 522,000 |
| Provision of Family Tracing and Reunification (FTR) services to Unaccompanied and Separated Children (UASC) | 10,000 | 116 | 1,160,000 |
| GENDER-BASED VIOLENCE | | | |
| Provision of lifesaving information on women's protection and health-related services, updated referral pathways and meaningful inclusion of diverse women and girls | 668,361 | \$8.84 (includes in person and remote) | 5,908,311 |
| Provision of preventative well-being PSS programming, including through specialized curricula (both static and mobile modalities) activities and meaningful inclusion of diverse populations 20% | 334,180 | 37 | 12,398,078 |
| Comprehensive, inclusive and specialized GBV prevention and response services including; case management, psychosocial support, legal services, as well as mental health and reproductive health and rights services (incl. CMR). This should include both static and mobile modalities and incorporate both rural and hard to reach locations | 668,361 | \$59.21 (case management and specialised services) / \$28 (dignity kits) | 26,536,426 |
| Capacity Building of humanitarians | 6,000 | 30 | 179,880 |
| MINE ACTION | | | |
| Explosive Ordnance Risk Education (EORE) | 549,781 | 3 | 1,374,453 |

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|---|---------------|------------------|-------------------|
| Explosive Ordnance Risk Education (EORE) | 451,311 | 3 | 1,128,278 |
| Explosive hazard clearance - clearance of high priority legacy hazards (People Benefitting) | 40,425 | 90 | 3,638,250 |
| Explosive hazard clearance - clearance of improvised hazards (People Benefitting) | 25,206 | 340 | 8,570,040 |
| Explosive Ordnance Disposal (EOD) & Survey | 302,185 | 5 | 1,510,925 |
| Victim Assistance (Psychosocial support, livelihood support, physical rehabilitation and Referrals) of people injured by explosive ordnance | 1,553 | 230 | 357,190 |
| HOUSING, PROPERTY AND LAND | | | |
| Information Sharing on HLP, durable solutions, legal identity | 913,538 | 10 | 9,455,118 |
| Counselling on HLP, legal identity | 8,480 | 15 | 126,776 |
| Legal Assistance on HLP, legal identity | 33,095 | 30 | 989,541 |
| Capacity Building for humanitarian, development and community stakeholders | 2,550 | 46 | 117,300 |
| Land identification, allocation | 35,000 | 46 | 1,610,000 |
| Total | 4.5M | | \$137.3M |

Water, Sanitation and Hygiene

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|---|---------------|------------------|-------------------|
| Provision of safe drinking water at community and/or household level, including handpumps, boreholes and wells rehabilitation or construction, water systems and networks rehabilitation, urban network line chlorination, bucket chlorination at the points of use, household water treatments, water trucking in last resort (where critically necessary) to the population in need | 6,257,751 | 18 | 113,265,290 |
| Provision of gender appropriate emergency latrine and bathroom sets to protect the health and dignity of the affected population, vector control campaign against breeding sites | 718,858 | 12 | 8,266,872 |
| Affected people are reached with safe hygiene messages focusing on proper handwashing systems with soap at critical times with a safe water chain | 7,822,189 | 4 | 27,377,660 |
| Sufficient quantity of WASH NFIs are prepositioned and provided to the people in need (family hygiene Kits, family water kits, storage tanks, water purification tablets and bathroom & latrine kits) | 3,915,725 | 11 | 43,856,120 |
| Provide appropriate emergency WASH facilities in Health Facilities, Nutritional Centers, temporary learning centers (TLC), Child Friendly Spaces (CFS) and schools supporting affected children) and (WASH facilities supporting the emergency affected population | 1,086,184 | 15 | 15,858,286 |
| Carryout rapid integrated or sectoral WASH-related needs assessment of affected people and communities to determine the need for further WASH assessment | 4,171,834 | 1 | 4,171,834 |

| ACTIVITY/OUTPUT | PLANNED REACH | UNIT COST (US\$) | TOTAL COST (US\$) |
|--|---------------|------------------|-------------------|
| Undertake the in-depth needs multi sectoral, cross-sectoral and sectoral assessment and consultations with the affected population to identify specific WASH needs (e.g. GBV risk analysis, PwD) | 3,441,763 | 1 | 3,785,939 |
| Workshops/sessions with MRRD, NWARA, UWAS, MoPH and key partners to improve the WASH EP&R and guidelines | | | 50,000 |
| Provision of safe drinking water, through rehabilitations, upgrading, line chlorination, extension of water supply infrastructures (solar operated networks, gravity fed networks, water reverse osmosis system, urban networks mapping etc) | 4,171,834 | 24 | 99,289,646 |
| Hygiene promotion focusing on behavior change and culturally appropriate water efficient handwashing practices supported by anthropological studies | 2,607,396 | 6 | 15,122,898 |
| Provision of improved sanitation facility and improvement of existing community sanitation facilities, community led total sanitation | 179,715 | 10 | 1,743,232 |
| Total | 10.4M | | \$332M |



KANDAHAR, NOVEMBER 2021

A child receives nutrition assistance at a mobile clinic in Zheray district, Kandahar province. Photo: OCHA/Matteo Minasi

5.5

What If We Fail to Respond or Mobilise Sufficient Funds to Meet Needs?

Despite the multi-dimensional crisis, humanitarians have managed to rapidly scale-up in respond to the new needs – projecting a reach of 111 per cent of the initial 2021 target – around 17.5 million people. Humanitarian partners have demonstrated their capacity to scale-up assistance and flexibly adapt to new delivery modalities in line with the new reality.

While 2021 HRP and Flash Appeal were well-funded, the scale of needs faced in 2022 will require a vast increase in resources to address. Without these additional funds, humanitarian partners will have to prioritize low-cost activities that are lifesaving and critical but do not offer the required depth of relief or contribute to people's overall wellbeing and dignified

living standards without an accompanying package of costlier durable assistance. In the current context, with coping capacities exhausted, that may mean that people will face the real possibility of famine-like conditions, forced migration or other desperate negative coping strategies.

This section outlines the consequences of underfunding and how each Cluster will triage its planned response activities if it receives different

levels of funding – a quarter, half and three quarters of requirements. Seasonal needs requiring time-sensitive funding disbursements to mitigate predictable climate-related access challenges and logistics constraints are also discussed. Timely replenishment of critical commodity pipelines and early pre-positioning remains critical to avert delayed response which will have life-threatening consequences if critical delivery windows are missed, ultimately then requiring a costlier response to address the deteriorated needs.

Education

Failure to Respond

Prior to the Taliban taking control of the country from August 15th, Afghanistan's education system was ranked amongst the top eight at most 'extreme risk' globally in Save the Children's Build Forward Better report. The latest data gathered prior to the current crisis showed that 4.2 million children remain out of school,⁴⁶ at least 60 per cent of whom are girls.⁴⁷ Schools have been closed for 44 weeks due to COVID-19 restrictions,⁴⁸ which means that Afghan girls have already lost more than 20 per cent of their expected school lives, and boys have lost more than 10 per cent of their expected lifetime education as a result of the pandemic.⁴⁹

Access to education for Afghan children, including girls, must be at the forefront of decision making about future support to Afghanistan, and to the delivery of any response. Preventing half the population from accessing education will undermine any future and current attempts to stabilise the economy and move Afghanistan beyond its long-term dependence on aid. If girls cannot access education, or are limited in their educational trajectory, this will have a knock-on effect on women's and girls' short-medium- and long-term access to healthcare, public services, and employment.

Most urgent funding

If the cluster only receives 25 per cent of the funding requested, the focus of Education activities will be purely on IDP, returnee, and refugee children affected

by sudden onset emergencies. No support will be provided to vulnerable host community children, meaning over 880,000 children will be left without any support or access to education. This will increase the burden on the CBEs as children who would otherwise be in public schools may be forced to drop out and join the CBEs.

If the Cluster receives 50 per cent of the funding requested, it will be able to conduct all the activities for the IDP, returnee, and refugee children affected by sudden onset emergencies and provide self-learning and radio programming activities to 50% of the targeted public school students as planned. The Cluster will however only prioritize paying incentives for 25 per cent of the target under public schools.

If the cluster receives 75 per cent of the funding required, a reduction will only be seen in the activities targeted under public school support where teachers and students targeted will be reduced to only target public schools in areas of highest displacement where active education programming is ongoing to facilitate eventual transition to public schools.

Seasonal or intermittent needs

Education Cluster does not follow the academic year, which means that children enrolled in TLS/CBE/ALC may require winterization activities to continue schooling during winter months in cold

climate provinces. Winterization activities include the provision of winter kits and heating equipment (stove/wood) for classrooms. Cash for winterization is an approved modality, provided households can obtain necessary winter clothing in the local

markets, otherwise, Education Cluster partners will manage bulk procurement and distribution at the household level. For displacement settlements/camp settings, this can be coordinated through the newly established CCCM WG.

Emergency Shelter and NFI

Failure to Respond

Underfunding would most likely limit the Cluster from undertaking activities intended to provide more durable solutions, like repair to damaged homes, which address the underlying drivers of needs. An inability to carry out such assistance would therefore keep hundreds of vulnerable households in inadequate and often overcrowded shelters, with severe implications for their health, protection, socio-economic situation and personal security - especially for children, the elderly, disabled people, women and girls. These households also continue to require annual winterization support. By failing to address a key driver of need in many communities, it would potentially increase the number of vulnerable households, and increase the risks and potential impacts for those already considered vulnerable.

By failing to provide the lifesaving seasonal winter items (such as warm clothing, heating materials and blankets in winter) vulnerable households will be exposed to the harsh winter conditions and at risk of respiratory infections, hypothermia and preventable mortality especially children and the elderly.

Most urgent funding

If limited funding is provided the cluster will continue to provide all the key activities and reduce the number of people reached by applying a revamped vulnerability scoring model to identify those who are most vulnerable and in critical need of life saving assistance. The cluster will also look at the severity of the shelter/NFI needs by province and reduce the number of locations reached by prioritizing them based on severity.

By failing to provide the lifesaving seasonal winter items (such as warm clothing, heating materials and blankets in winter) vulnerable households will be exposed to the harsh winter conditions and at risk of respiratory infections, hypothermia and preventable mortality especially children and the elderly.

Seasonal or intermittent needs

The Cluster will continue to provide seasonal winter assistance for the most vulnerable. Additional during the flood season shelter and NFI assistance will be provided to those affected by floods.

Food Security and Agriculture

Failure to Respond

Food insecurity is already surpassing the extremely high levels observed in 2018 and with the increased people in need especially in IPC Phase 4 (Emergency) and IPC Phase 3 (Crisis), a reduction in funding to the HRP in 2022 will hamper the required urgent scale-up

of humanitarian assistance to Afghanistan with IPC Phase 3 provinces likely to slip into IPC Phase 4 while the emergence of IPC Phase 5 "Catastrophe" conditions especially for provinces that are in IPC Phase 4 cannot be excluded.

The increased food availability gaps will result in decreased food consumption and consumption of poor-quality foods, increased use of negative coping strategies, increased protection risks with severe consequences for the most vulnerable – in particular for young girls and nutritionally vulnerable groups. It is likely that household food access will further deteriorate due to the continuing La Niña climatic episode bringing below-average winter precipitation for the second consecutive year, the impact of high food prices, sanctions on the de facto authorities, growing unemployment and possibly increased displacement. The reduced incomes, lower international and domestic remittances, depreciation of the Afghani currency and continuing obstacles to humanitarian assistance will further compromise the fragile livelihoods and reverse progress made through ongoing 2021 lifesaving and life-sustaining humanitarian activities further increasing the vulnerable populations dependence on humanitarian assistance. With the estimated that 27 out of 34 provinces being above the emergency threshold for acute malnutrition while at least 3.9 million people needing acute malnutrition treatment services in 2021, including one million children under five with severe acute malnutrition (SAM), 2.2 million children under five with moderate acute malnutrition (MAM), and 0.7 million pregnant and lactating women (PLW) with acute malnutrition the insufficiency of food, micronutrients and dietary diversity will have severe consequences on lives of the above mentioned population groups.

Taking cognizance of the cumulative and cascading impacts of back-to-back droughts on farmers and herders in the 25 provinces most affected by drought and since these cumulative impacts – coming on the back of COVID-19 lingering impacts and August 2021 developments – on the lives and livelihoods of farmers, herders, and the landless will lead to a reduced ability to farm and likely reduce area under wheat, horticulture, and fruit production. A reduced area under cultivation will result in reduced levels of local food production and reduced access to subsistence produced nutritious food resulting in reduced consumption at HH and intra-HH level and increase in malnutrition levels. Furthermore, this can lead to increased adoption of negative coping strategies,

distress sale of productive assets, possible increasing in GBV & SEA, large-scale forced displacement out of rural areas to urban centers, increase in potential conflicts / tensions due to displacement. All of these will cumulatively result in reversing the humanitarian and development gains of recent years. Furthermore, similar to 2021, the reduced production will lead to shortages of straw (feed for animal) resulting in distress sale of animals.

Most urgent funding

With the increased people in need especially in IPC Phase 4 (Emergency) and IPC Phase 3 (Crisis), urgent scale up of food and livelihood assistance to Afghanistan to people in IPC Phase 3 and above is critical. To save lives, food assistance along with protecting of agriculture livelihoods especially in IPC Phase 4 areas will be critical and any reduction in funding will result in adjusting of the food assistance package and emergency livelihoods assistance packages (timing or scale of assistance rather than the composition of assistance). It is important to maximize the number of people to be reached as any reduction of people supported will result in people in IPC Phase 3 provinces likely to fall into IPC Phase 4 while the emergence of IPC Phase 5 “Catastrophe” conditions especially for provinces that are in IPC Phase 4 cannot be excluded. Livelihood assistance is also critical for saving lives by protecting livelihoods of vulnerable people and supporting increased local and subsistence food production, protection of productive assets and reduction of people requiring perpetual food assistance as well as mitigate the risk of current humanitarian crisis reaching catastrophic proportions and resulting in an enormous / unmanageable humanitarian caseload in subsequent seasons / year(s). If 100 per cent of funding is received, under this HRP 84.4 per cent of the PiN will be assisted with food assistance while 15.6 per cent who are mostly will be assisted with livelihoods.

Prioritization decisions are informed by monitoring, and will depend on the context, seasonality, and needs; if food assistance for the most vulnerable cannot be met at the level required, FSAC may need to consider, depending on the target group, reviewing the duration of assistance, the level of coverage (i.e. ration size), or

the scale of assistance (i.e. target). There are however some red lines: it is critical that at minimum all those populations in IPC4 and IPC3 populations in high and very high vulnerability (according to SFSA 2021) are secured in order to mitigate pockets of famine; the peak of the lean season must also be covered, given the lack of alternative means of meeting food needs for rural population in this period [noting that as of 2021 following the combined drought and economic crisis, prospects for improved access to food after the lean season are likely to be limited]; women and children at risk of malnutrition must also be assisted, without which the impact of the malnutrition treatment and prevention support becomes limited as household sharing of nutrition supplements increases; and ration sizes must be secured, as they are already below the minimum recommended 2,100 kcal.

However, all these decisions come with consequences: monitoring from 2020 and the first part of 2021 make it clear: reducing ration size, reducing duration, and reducing coverage is leading FSAC to have limited impact on mitigating crisis needs. Without the level of funding required, and at the right time, FSAC will not be in a position to address or mitigate a more extreme humanitarian crisis in Afghanistan – in turn with potential for increased grievance induced conflict and migration.

Seasonal or intermittent needs

Afghanistan throughout the year will be faced with multiple, overlapping challenges which will include a moderate La Niña event forecasted for November 2021 to March 2022, sporadic conflict in localized locations, ongoing COVID-19 challenges, an early start to the lean season and winter period. With the

impact of the 2021 drought and resultant poor crop harvests, increase in food and agriculture inputs' prices and limited agricultural and economic opportunities, in the 2021 lean and winter season the needs are highest. With the likelihood of another moderate La Niña event already forecast for the wet winter precipitation season of 2021-22, the 2022 lean season is anticipated to start earlier and with a higher impact as the households would not have recovered from the ongoing drought of 2021 whose impacts are still being faced by farmers and herders in more than 25 provinces of Afghanistan. Another consecutive drought with higher impact will likely result in reduced cereal and other crops' harvests, diminished pasture and rangeland vegetation conditions, lower pasture and feed availability at local level, reduced subsistence / local food production, increase in mortality and/or morbidity of livestock, drought induced displacements, further increases in food and agriculture inputs' prices and mass selling of livestock at reduced prices. Food needs will be prevalent throughout the year however also increase during the lean season and coinciding with the winter months. The already high agriculture livelihoods needs (quality inputs in the form of seeds, fertilizers, animal feed, deworming, tools, and services) due to the ongoing drought coupled with the unmet needs going into the winter of 2021 and spring of 2022, will get further exacerbated due to the anticipated earlier start of the lean season and the cumulative effects of another La Niña event induced drought in the winter and spring seasons. During the winter period the country will also be faced with occasional and localized flooding with significant impacts being felt in the spring period. Due to the unpredictable security situation, a likelihood of sporadic clashes could happen in the spring period which result in displacements.

Health

Failure to Respond

Failure to invest in essential health services – including rehabilitation or refurbishment of health infrastructure – will lead to increased mortality and morbidity in an already-vulnerable population. Funding shortfalls

may cause functional health facilities to close or downsize services; may trigger critical shortages in medicines, supplies, equipment or operational support; and may deprive health workers of essential training,

while health partners may receive insufficient support thereby decreasing activities and access. Interruptions in funding cycles increases retention challenges in an environment of scarce human resources for health - risking the loss of investments in capacity-building and disrupted essential services. With ongoing strains to global supply chains, funding shortfalls may also trigger critical shortages of medicines, supplies, equipment or operational support. Finally, lack of sufficient resources for health cluster will perpetuate existing inequities in the population, leaving those most vulnerable and in need at greatest risk of illness or death.

If the health cluster fails to respond effectively and efficiently this will result in:

- Limited or no functional health facilities to provide life-saving services for approximately 14.6 million vulnerable people.
- Disruption of disease surveillance system leading to undetected disease outbreaks and increase in morbidities and mortalities.
- More than 200 trauma care facilities will cease to function and trauma care will not be available for more than 250,000 patients.
- More than 400 mobile health teams will cease to function and lifesaving services will not be available for more than 3.5 million people.
- More than 290,000 pregnant women will not have access to ante- natal care, safe deliveries, as well as post-natal care; and around 1.5 million women of reproductive age to reproductive health services.
- More than 3,750 healthcare staff may miss out on essential training on lifesaving and life-sustaining health care, GBV and PSEA.
- No availability of emergency health, trauma, NCD, cholera and RH kits including family planning commodities for more than 6 million beneficiaries.

Most urgent funding

If 75 per cent of required funding is received, no major changes will be made in the prioritized health activities. However, around 3.6 million people will miss access to essential health assistance.

If 50 per cent of required funding is received, the cluster will re-prioritize the activities, geographic focus and target beneficiaries. The focus will be on primary health care, disease outbreak response and trauma care. Around 5.1 million people will miss out access to life-saving health assistance.

If 25 per cent of required funding is received, the focus will be on life-saving activities within primary health care such as outpatient consultation, management of childhood illnesses, immunization, and antenatal care. As a result of reduced funding, around 8 million people will miss out access to essential life-saving health assistance.

In summary, decreased funding will lead to reduced number of people reached and reducing the scale of support including the number of geographical locations reached. As a result, low-income families will be especially vulnerable to catastrophic health expenditures perpetuating the poverty cycle, and increased morbidity and mortality particularly among pregnant and lactating women, under five children, people with disabilities, elderly aged people, IDPs, returnees and those living in remote and underserve areas.

Seasonal or intermittent needs

The winter season brings with it a rise in respiratory infections and outbreaks. Assessment showed that there is a regular increase in morbidity, mortality and hospitalizations during the winter months. Exposure to cold is often associated with a diminished immune response and increased incidence and severity of respiratory tract infections and diseases such as asthma. The cold temperatures can trigger symptoms such as wheezing, coughing, and shortness of breath. The risk of suffering chronic obstructive pulmonary disease exacerbation rises 30-fold when they exhibit signs of a cold. The longer the duration of exposure the higher the risk of infection. Some 25 per cent to 30 per cent deaths in children under five years of age are due to respiratory tract infections; 90 per cent of these deaths are due to pneumonia. Furthermore, in many parts of the country the major roads are blocked during winter months limiting referral to secondary health care services and provision of timely and sufficient

lifesaving medicines and medical supplies to the communities isolated during winter months.

There is a seasonal increase in acute watery diarrhea cases from April to July each year mainly in the

Eastern, Southern, Western regions and in Kabul city. Malaria is endemic but it increases towards end of May to November, mostly in the Eastern and Southeastern region.

Nutrition

Failure to Respond

Failure to respond to the needs will lead to a disaster, with dramatic increase in number of deaths. Indeed, malnutrition is one of the top nutrition-related causes of death in children under five, a child with SAM and MAM being associated with twelve and three times more risks of dying compared with a well-nourished child, respectively.⁵⁰ Continuous engagement with donors will be pursued, with the establishment of a humanitarian nutrition donor group meeting and other relevant platforms, and advocacy messages organized by the three humanitarian conditions.

All aspects of the Covid-19 pandemic response have slowed down, including surveillance, testing and vaccinations. The country is at risk of a fourth wave, more intense, amid critical gaps in the health system's medical supplies, personnel and equipment. This will impact on nutrition situation of communities. Indeed, it is estimated that the restrictions that come around the Covid-19 outbreak can increase the prevalence of moderate or severe wasting among children younger than 5 years by 14.3 per cent,⁵¹ while limiting service delivery capacity by providers and service-seeking habits by community members, resulting in lower coverage. All vaccination efforts have to be resumed for an effective prevention of another Covid-19 expansion.

The conflict, with the political change has come with economical and financial uncertainties that impacted systems. The pausing of the World Bank funding to the health system lets fear collapse, to the detriment of community health and nutrition. The BPHS program normally accounts for more than 80 per cent of the admissions for treatment in the

nutrition programs. A health system collapse will, on one hand, further contribute to higher morbidity and malnutrition, and on the other hand, leave 3.9 million acutely malnourished children under the age of five years without treatment. Applying findings from literature,^{52,53,54} the cluster further gives indications that 106,000 to 131,000 children among those left behind could die in the course of the year. Key findings from those publications, the most exploitable ones, old and not specific to the context provide the case fatality rate of MAM in the absence of treatment (3.6 per cent), the proportion of MAM that aggravate to SAM in absence of treatment (8.1 per cent), and the case fatality rate of SAM in the absence of treatment, by type of anthropometric measurement, i.e., SAM by MUAC only (13.0 per cent), SAM by Weight for Height only (15.1 per cent), and SAM by both MUAC and Weight for Height (35.0 per cent).

Since women and women-led organizations are essential to the humanitarian response and occupy a huge diversity of roles within the response, the increasing efforts by the new authorities towards further marginalization of women could result in additional burden of acute malnutrition. The suspension of mobile health and nutrition teams in some districts, to the motive that the team comprehends female staff, sets limitations to the partner response capacity. The ongoing advocacy of the humanitarian community for the authorities lifting those restrictions should remain strong and constant.

Most urgent funding

Scaling up nutrition services is resource and time consuming. Because of requirements such as

cascading the capacity building from training of trainer down to training of frontline workers, and delays in procurement of supplies and equipment, achievements are contingent not only to amounts of funding, but timeliness of funding is also as critical to reaching the target that have been set out for the year. Full achievement requires funds released early in the year. The nutrition cluster will be prioritizing services and geographic areas depending on the amount of funds that are released to the partners, as per the table below. The lower the funds and the longer the delay to come in, the lower the target reached at the end.

Protection

Failure to Respond

Without immediate comprehensive protection and multi-sectoral support, the lives of thousands of vulnerable people remains at urgent risk. Without assistance, many destitute families will resort to negative coping strategies, putting the lives of more vulnerable people, especially women and children, at risk as a result of being sold, forcibly married young, or forced to do hazardous work. Selling household assets and children due to poverty is already happening as evident in confidential reports from the field and from the news media. There will be an increased risk of secondary and or multiple displacements if humanitarians do not meet the needs of the IDPs and returnees, especially the deportees, who have already exhausted all coping mechanisms such as selling assets when deciding to leave Afghanistan. With no reserves to return to and limited income generating opportunities upon arrival, they are at higher risk of eviction.

Failure to respond to mine and explosive hazard risks will result in additional deaths and life-altering injuries. Children, who account for 80 per cent of all civilian casualties from explosive remnants of war, will be disproportionately affected. Failure to address mine risks will further impede access to fundamental

Seasonal or intermittent needs

Each year, freezing winter temperatures, especially in high altitude add to complexities in supply and uptake of nutrition services. Physical access to some locations of the country are blocked due to snow or muddy roads. Access to people in need becomes even more challenging without additional protection. The supplies will be prepositioned ahead of the winter; this requires timely procurement of supplies, taking supplier and transportation delays into consideration. The nutrition cluster will contribute to the joint, inter-cluster winterization planning, and engage with the ESNFI cluster for support to PLW with acute malnutrition with winterization kit and clothing.

services such as healthcare and education and will have a trickle-down impact causing further humanitarian concerns, particularly those related to COVID-19. In the medium and long term, contaminated areas will impede Afghanistan's socioeconomic development by preventing the implementation of development programs.

Similarly, failing to provide GBV prevention and response support will result in the immediate loss of life sustained from injuries and disease emanating from the violence. There are also long-term consequences with the disintegration of individual's health and wellbeing, as well as negative impacts in the community as GBV, in many instances, is a driver of communal discord and violence.

Most urgent funding

If 75 per cent (\$ 103 million) of the required funding is received, almost a million people will miss out on protection assistance. Provision of individual protection assistance, or one-off cash for protection, referrals and provision of lifesaving information and assistance fall under Protection's immediate response category. More than 42,000 people considered at

risk of mine and other explosive hazards will remain unsupported.

If 50 per cent (\$ 69 million) of the required funding is received, many fewer people will receive life-saving support. This is particularly the case for Mine Action assistance where 713,000 people at risk of explosive hazards will be left behind. Furthermore, the needs of the vulnerable populations will accumulate and will result in costlier interventions over time. Activities that restore or create protective environments are in fact a continuation of some of the immediate response activities that aim to address restoration and rehabilitation of specific needs, abuses or harm. Missing PSS and Individual Protection Assistance (IPA) and case management due to underfunding has immediate consequences for people's wellbeing. If needs are left unaddressed over time, this will mean costlier responses are needed – such as longer and more advanced PSS or Cash-for-Protection to prevent destitute families from slipping into use of more harmful negative coping mechanisms.

If 25 per cent (\$ 34 million) of the required funding is received, an increased number of people's lives are directly threatened because of known risks and inability to address them. This would be the case for more than one million people at risk of explosive hazard exposure. This would also mean that many who are under immediate threat of eviction will not receive support and the rights of those unable to access

documentation or community-based security will be neglected.

The reduced scope of the response would also preclude the Cluster from undertaking activities intended to provide more durable solutions which address the underlying drivers of needs. Such activities include more costly and complex interventions such as providing counselling and legal assistance to people in need of Tazkira and other civil documentations. The Protection Cluster will have limited opportunities to invest in more environmental and structural aspects of protection (which require investment in preventive activities and the capacity building; and empowering existing national and local structures through project-oriented aid to enable them to carry out their function to protection individuals and groups to address the underlying protection vulnerabilities

Seasonal or intermittent needs

Limited capacity to purchase heating devices, fuel and warm clothes during the freezing winter is likely to drive households to resort to negative coping mechanisms including increased debt, child labour, and heightened risk of coerced sexual exploitation for women and girls. Moreover, difficulty to move around during the winter, will limit people's access to markets and some essential services. Limited opportunities for food production, labour and income generation during the winter will also have acute pressure and compound the impact on vulnerable households.

Water, Sanitation and Hygiene

Failure to Respond

Urban cities at moment faces unsurmountable issues ranging from lack of cash to support their day-to-day operations, AWD outbreak in some of the major cities with possibility of spreading further, with approximately 20 per cent of the urban population having connected to the urban water system leaves millions at risk of infections/disease of public health importance should WASH fail to respond. Following government inability to face the economic crisis and ensure a minimum of

service provision at urban cities, without urban water networks reinforcements and adequate support to run the water plants, the existing system could even more struggling and millions of people will be affected in more than 43 cities across the country.

Water-borne, water related, water washed etc. and feco-oral outbreaks will continue spreading in case of discontinuity of the drinking water, sanitation and hand

washing services in urban cities, informal settlements and overcrowded urban settings and rural communities at risk. In terms of living standards, failure to respond to the drought in the water scarce areas won't prevent displacements of vulnerable from their places of origin or – as an example in the second half of 2021, two hundred thousand people have being/were assisted in last resort with water trucking in 5 provinces to avoid their displacement.

Without WASH minimum package provided to the SAM at household level, the waterborne and feco-oral diseases associated to the malnutrition won't be addressed during the treatment which will remain vain or will required a longer period to save the children. Similarly, without joint rapid response teams (RRTs) the affected households won't receive a minimum of save water for drinking and handwashing, and the cholera won't be tackled in the hotspots so will spread again widely in the drought-affected and urban areas as soon as the spring season will come when the temperatures will go down.

Water supply, sanitation and hygiene promotion interventions have impacts on people's lives which extend far beyond the expected improvements to health through reduction of disease burden as well as time spent in sourcing/collecting water; Allowing households/families time for other livelihood activities as well as reduction on the cost of preventable water borne diseases resulting in significant improvements in household income levels and security of livelihoods.

Most urgent funding

If 75 per cent of required funding is received SO3 water and sanitation resilient and sustainable services won't be addressed changes will be made, meaning 1.7M people will miss out on assistance.

If 50 per cent of required funding is received, SO3 water, sanitation and hygiene promotion resilient and sustainable services, as well as half of SO1 and SO2 WASH assistance activities won't be addressed changes will be made, meaning 5M people will miss out on assistance.

If 25 per cent of required funding is received, just a third of the SO1 and SO2 WASH activities will be addressed with partial or less quality of the WASH minimum packages services (e.g. absence of soap as part of the critical supplies for the SAM household, temporary uncertain household water treatments made with chlorine powder instead of proper purification tabs etc.) changes will be made, meaning 8M people will miss out on assistance.

In case of lack or delay of funding of the humanitarian WASH response in 2022, breaks of core pipeline and failures to assist on time the most vulnerable will prevent the partners to tackle the AWD/cholera outbreak – which is a major underlying factor increasing the number of SAM and duration of their treatment – and generating a larger epidemic. It will also require resort to unsustainable modalities such as the use of water trucking as a last resort option in the drought-affected areas.

Generally speaking, the cost of the WASH assistance will remain reasonable if funding arrives on time. However, while most of the supplies will be procured offshore, most of the costs related to the transport and to the materials for the WASH infrastructures are expected to increase along the inflation in 2022 – such from \$32 to more than \$40 per person as an average for the WASH assistance – depending on the political developments which have pushed Afghanistan into economic crisis.

Seasonal or intermittent needs

The key seasons are the lean season, flood and winter, as well as the need to monitor drought levels through rainfall – in the spring and snowpack – in the winter to assess the impact on water availability. Along the summer season early warning systems on groundwater levels and water quality will be key to trigger the appropriate WASH responses to prevent the spread of AWD/cholera outbreak or the displacement of the vulnerable people from their places of origin.

5.6

How to Contribute

Contribute to the Humanitarian Response Plan

To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organisations participating to the plan, please visit:

afg.humanitarianresponse.info

Contribute through the Central Emergency Response Fund (CERF)

The CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

cerf.un.org/donate

Contribute through Afghanistan Humanitarian Fund (AHF)

The AHF is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator. Find out more about CBPFs and how to make a contribution by visiting:

www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf

For information about the AHF, please contact:

ahf-afg@un.org

unocha.org/afghanistan/about-ahf

In-kind relief

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the supplies that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

logik@un.org

Registering and recognising your contributions

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, to show the total amount of funding, and to expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at

fts.unocha.org

5.7 Logframe

Strategic Objective **SO1**

Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.

Specific Objective **SP1.1**

Provide timely, equitable and safe, life-saving emergency shelter, wash, health, education, psychosocial, protection, and NFI support to 21 million people of all genders and diversities including 504,320 newly displaced, 785,400 undocumented and refugee returnees, 72,308 refugees, 150,000 people affected by sudden-onset natural disasters.

Specific Objective **SP1.2**

Improve access to food and life-saving nutrition services for 21.56 million people facing acute food insecurity and malnutrition with associated diseases by the end of 2022.

Specific Objective **SP1.3**

Provide an integrated WASH and Health response to reduce the excess morbidity and mortality rate from preventable crisis-driven diseases and outbreaks among 14.4 million most vulnerable by the end of 2022, and ensure that life-saving trauma, reproductive health, mental health and mine action services are provided to people in need of all genders and diversities.

Education

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|---------|--------------------|--|--|---------------------------|------------------------------|---------------------------------|---------------------------------|
| OUTCOME | 1.1 | School-aged girls and boys affected by shocks have access to quality, basic education in a safe learning environment | # of school-aged girls and boys affected by shocks who have access to quality, basic education | Total: Boys: Girls: | 209,387 80,021 129,366 | 1,500,000 690,166 809,834 | 4Ws, Field Monitoring visits |
| | 1.1 | Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children | # of TLS , CBE, ALC, MBE with minimum WASH facilities established and maintained | Total: | 4,802 | 15,326 | 4Ws, Field Monitoring visits |
| OUTPUTS | | | # of school-aged children receiving learning materials (student kits, teaching kits, classroom kits) | Total: Boys: Girls: | 209,387 80,021 129,366 | 1,500,000 690,166 809,834 | 4Ws, Field Monitoring visits |
| | | | # of children supported with winterization to continue their education | Total: Boys: Girls: | 0 0 0 | 212,338 84,935 127,403 | 4Ws, Field Monitoring visits |
| | 1.1 | Children access alternative learning opportunities that promote their protection and wellbeing. | # boys / girls reached through Radio Programming | Total: Boys: Girls: | 0 0 0 | 266,092 106,555 159,537 | 4Ws, Field Monitoring visits |
| | | | # boys / girls reached through self-learning materials, and small group activities | Total: Boys: Girls: | 54,956 24,039 30,917 | 177,395 71,036 106,358 | 4Ws, Field Monitoring visits |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|---|--|--------|---------------|-------------|---------------------------------|
| 1.1 | Formal and/or non-formal quality learning opportunities are provided for emergency-affected, school-aged children | # of school aged children provided with safe and adequate drinking water (Safe and clean drinking water) and hygiene Kits in schools/ CBE/ALCs/TCs | Total: | 209,387 | 1,500,000 | 4Ws, Field Monitoring visits |
| | | | Boys: | 80,021 | 690,166 | |
| | | | Girls: | 129,366 | 809,834 | |
| | | | | | | |
| OUTPUTS | | # of teachers (f/m) recruited | Total: | 4,504 | 15,326 | 4Ws, Field Monitoring visits |
| | | | Men: | 2,209 | 7,356 | |
| | | | Women: | 2,295 | 7,970 | |
| | | # of teachers (f/m) trained on standardised Teacher training manual including PSS. | Total: | 859 | 15,326 | 4Ws, Field Monitoring visits |
| | | | Men: | 612 | 7,356 | |
| | | | Women: | 247 | 7,970 | |
| | | # of community members (including school management shuras) sensitised on the importance of EIE | Total: | 3,272 | 45,978 | 4Ws, Field Monitoring visits |
| | | | Men: | 2,418 | 27,587 | |
| | | | Women: | 854 | 18,391 | |
| ACTIVITIES | 1. Support, establishment, maintain of Community-Based Classes (CBCs), Temporary Classrooms (TCs), or Temporary Learning Spaces (TLS), | | | | | |
| | 2. Enrollment of children to Community-Based Classes (CBCs), Temporary Classrooms (TCs), or Temporary Learning Spaces (TLS) | | | | | |
| | 3. Conduct back to school campaigns in the locations. | | | | | |
| | 4. Support the home-based self-learning materials, small group learning and Radio programming. | | | | | |
| | 5. Distribution of teaching and learning materials and winter-sensitive supplies | | | | | |
| | 6. Support schools and CBEs to access clean water through the provision of water storage, water chlorination, and hygiene kits related to disease control and prevention. | | | | | |
| | 7. Support schools/ CBE/ ALC/ TLS with heating facilities | | | | | |
| | 8. Support the # of children with special needs/disabilities | | | | | |

Emergency Shelter and NFI

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|--|---|--------|---------------|-------------|-----------------------|
| 1.1 | Ensure affected population groups (IDPs, returnees, refugees, non-displaced conflict and natural disaster-affected and acutely vulnerable people) of all ages directly affected by new emergencies have immediate and adequate access to emergency shelter, Shelter repair/upgrade, household items, and seasonal assistance. | Proportion of IDPs, returnees, refugees, non-displaced conflict and natural disaster-affected and acutely vulnerable women, men and children of all ages receiving shelter assistance who express satisfaction about this support | Total: | 80% | 85% | PDMs |
| | | | | | | |
| 1.1 | Necessary ES-NFI assistance is provided to affected people in a timely manner | # of people receiving emergency shelter assistance, including through cash-for-rent support. | Total: | 50,947 | 833,260 | ReportHub |
| | | | Boys: | 14,753 | 198,024 | |
| | | | Girls: | 13,132 | 164,384 | |
| | | | Men: | 11,477 | 344,267 | |
| | | | Women: | 11,585 | 126,585 | |
| | | | | | | |
| OUTPUTS | | # of people receiving standard winterization package including through heaters and fuel, winter clothing, blankets or quilts. | Total: | 210,153 | 1,336,484 | ReportHub |
| | | | Boys: | 54,470 | 343,447 | |
| | | | Girls: | 50,548 | 300,190 | |
| | | | Men: | 53,239 | 454,271 | |
| | | | Women: | 51,896 | 238,576 | |
| | | | | | | |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION | |
|--------------------|---|--|---|---|---|---|-----------|
| | | # of people receiving basic household items / NFIs to meet their immediate needs. | Total: Boys: Girls: Men: Women: | 470,036 136,681 128,456 101,836 103,062 | 721,074 168,396 138,924 304,171 109,583 | ReportHub | |
| OUTPUTS | 1.1 | Shelter materials and maintenance tool kits provided to affected people in a timely manner | # of people whose shelter was upgraded allowing for safer and more dignified living conditions. | Total: Boys: Girls: Men: Women: | 3,054 807 793 726 728 | 1,940,769 514,474 460,222 590,315 375,757 | ReportHub |
| | 1.1 | Ensuring an inclusive response and access to shelter and NFI assistance | # of households with members with a disability receiving shelter and NFI assistance. | Total: Boys: Girls: Men: Women: | 61,791 7,347 6,853 23,816 23,775 | 168,398 18,007 16,108 82,054 52,230 | ReportHub |
| ACTIVITIES | 1. Provision of emergency shelter assistance in the form of Emergency shelter kits (tents and plastic sheeting). 2. Provision of rental support /subsidy. 3. Provision of basic household items (standard NFI package). 4. Repair or upgrade of existing shelters that are in poor conditions including provision of reconstruction toolkits. 5. Provision of seasonal winter clothing and blankets/quilt sets. 6. Provision of heaters /fuel support during the winter season. 7. Provision of technical guidance and training on shelter construction techniques. 8. Advocacy for the establishment of a pipeline to improve emergency response time | | | | | | |

Food Security and Agriculture

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION | |
|--------------------|-------------------|--|--|---|---|--|---|
| OUTCOME | 1.2 | Shock affected (Conflict IDP, returnee, refugee, natural disaster and targeted IPC 3 and 4) women, men and children of all ages have a minimum household food consumption score above 42.5 | % of households with acceptable food consumption | Total: | 24% | 35% | SFSA, SMART survey and PDM reports of partners. |
| | 1.2 | Necessary food assistance is provided to affected households in a timely manner | # Shock affected and vulnerable people(Conflict IDP, returnee, refugee, natural disaster affected and targeted IPC 3 and 4) women, men and children of all ages who receive adequate food/cash responses, in a timely manner | Total: Boys: Girls: Men: Women: | 5,823,814 1,720,846 1,653,950 1,246,678 1,202,340 | 21,540,172 6,031,248 5,600,445 4,954,240 4,954,240 | Monthly reports of partners |
| OUTPUTS | | | # of affected people receiving in-kind food assistance | Total: Boys: Girls: Men: Women: | 3,874,952 1,146,580 1,101,144 829,947 797,281 | 16,740,172 4,687,248 4,352,445 3,850,240 3,850,240 | Monthly reports of partners |
| | | | # of affected people receiving cash transfers for food | Total: Boys: Girls: Men: Women: | 1,948,862 574,266 552,806 416,731 405,059 | 4,800,000 1,344,000 1,248,000 1,104,000 1,104,000 | Monthly reports of partners |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|---|---|--------|---------------|-------------|--|
| OUTPUT | | # of calls related to food assistance responded to and resolved within a week | Total: | 43 | 75 | AWAZ monthly, quarterly and annual report. |
| ACTIVITIES | 1. Provision of life saving food assistance to conflict affected IDPs 2. Provision of life saving food assistance to IPC Phase 3 and 4 vulnerable people 3. Provision of life saving food assistance to natural disaster affected people 4. Provision of life saving food assistance to undocumented returnees from Iran and Pakistan 5. Provision of life saving food assistance to refugee returnees from Iran and Pakistan 6. Provision of life saving food assistance to Pakistani refugees 7. Maintaining effective FSAC coordination mechanisms, including working groups, at national and subnational levels. 8. Improving response monitoring and provide timely gap analysis for covering needs in the most vulnerable areas. 9. Conducting national level emergency food security assessments and supporting IPC analysis for informing decisions | | | | | |

Health

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|--|--|---|---|--|------------------------------|
| OUTCOME | 1.1 Increased and equitable access to life-saving emergency health services among vulnerable populations, particularly children under five and Pregnant and Lactating Women (PLW) | Proportion of fully functional public health facilities | Total: | 42% | 80% | HeRAM |
| OUTPUT | 1.1 Essential health services provided in underserved and remote areas/locations | # of primary health care consultations | Total: Boys: Girls: Men: Women: | 8,985,600 1,387,379 1,428,843 2,366,394 3,802,985 | 17,539,237 2,708,062 2,788,997 4,619,029 7,423,150 | ReportHub Data |
| OUTCOME | 1.3 Improved access to gender sensitive primary and reproductive health, and trauma care services, psychosocial support, prevention and response to communicable diseases outbreaks among IDPs, returnees, conflict affected and underserved populations | Proportion of health facilities (CHC, CHC+, DH, PH, RH) providing trauma care services | Total: | 25% | 35% | HMIS Data/ ReportHub Data |
| | 1.3 Emergency reproductive health services are provided in underserved and remote areas/locations | # of pregnant women attended first antenatal care visit | Total: Women: | 190,008 190,008 | 292,321 292,321 | ReportHub Data |
| OUTPUTS | 1.3 Mental Health and Psychosocial Support (MHPSS) services provided to improve people's wellbeing and ability to cope | # of MHPSS consultations | Total: Boys: Girls: Men: Women: | 1,140,050 105,996 132,329 306,288 595,438 | 2,192,405 203,839 254,479 589,015 1,145,072 | ReportHub Data |
| | 1.3 Trauma care services supported through strengthening the capacity of trauma care facilities | # of trauma cases treated | Total: Boys: Girls: Men: Women: | 249,548 58,171 25,420 120,784 45,173 | 269,512 62,825 27,454 130,447 48,786 | ReportHub Data |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|---|--|--|---|---|-----------------------|
| OUTPUTS | 1.3 | Risk Communications and Community Engagement (RCCE) messages on diseases outbreaks (e.g. COVID-19, AWD, Dengue fever) are disseminated to the targeted vulnerable people | # of persons reached with RCCE messages for COVID-19 | Total: 1,100,000 Boys: 279,376 Girls: 147,694 Men: 290,698 Women: 382,232 | 3,000,000 100,000 100,000 1,800,000 1,000,000 | ReportHub Data |
| | 1.3 | Health personnel trained to provide trauma care and essential health services in line with the national guidelines and protocols | # of health personnel trained | Total: 2,750 Men: 1,403 Women: 1,348 | 3,750 1,875 1,875 | ReportHub Data |
| ACTIVITIES | <ol style="list-style-type: none"> 1. Provision of essential/primary and reproductive health, and mental health including psychosocial services through mobile and static health facilities 2. Provision of in-services training for health care workers 3. Provide support for referral to secondary health care services (e.g. provision of supplies, staff capacity building, support transport cost, etc.) 4. Strengthen infectious diseases outbreak preparedness and response (e.g. establish RRTs, support disease surveillance, provision of diagnostic and treatment kits, RCCE including printing/distribution of IEC materials and awareness campaigns, etc.) 5. Provide support to trauma care services through strengthening the capacity of trauma care facilities (e.g. Provision of supplies, staff capacity building, establishment of triage and isolation areas) 6. Strengthen COVID-19 response services through strengthening coordination, case management, surveillance and reporting, infection prevention and control, enhanced RCCE, etc 7. Strengthen advocacy for improved access to emergency and life-saving health services/treatment 8. Ensure communication, information sharing and coordination among health cluster partners to improve delivery of health care services to vulnerable population | | | | | |

Nutrition

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|---|---|---------------------------------|---------------------------------|-----------------------------|
| OUTCOME | 1.2 | Increased equitable access and utilization of quality lifesaving nutrition services for early detection and treatment of acute malnutrition in children under five and pregnant and lactating women | Number of girls and boys aged 6-59 months with SAM who are admitted for treatment and recover | Total: 0 Boys: 0 Girls: 0 | 404,552 210,367 194,185 | National Nutrition Database |
| | 1.2 | Increased equitable access and utilization of quality lifesaving nutrition services for early detection and treatment of acute malnutrition in children under five and pregnant and lactating women | Number of girls and boys aged 6-59 months with MAM who are admitted for treatment and recover | Total: 0 Boys: 0 Girls: 0 | 846,882 440,379 406,503 | National Nutrition Database |
| OUTPUTS | 1.2 | Increased number of children and pregnant and lactating women with acute malnutrition enrolled in treatment programmes | Number of girls and boys aged 6-59 months with SAM who are admitted for treatment | Total: 0 Boys: 0 Girls: 0 | 539,402 280,489 258,913 | National Nutrition Database |
| | | | Number of girls and boys aged 6-59 months with MAM who are admitted for treatment | Total: 0 Boys: 0 Girls: 0 | 1,129,176 587,172 542,004 | National Nutrition Database |
| | | | Number of pregnant and lactating women with AM who are admitted for treatment | Total: 0 Women: 0 | 508,129 508,129 | National Nutrition Database |
| | | | | | | |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|--|-----------|--|---------------|-------------|-----------------------|
| ACTIVITIES | 1. Treatment of children under five with SAM | | | | | |
| | 2. Treatment of children under five with MAM | | | | | |
| | 3. Treatment of PLWs with acute malnutrition | | | | | |

Protection

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|---|---|--|--|-------------------------------|-----------------------|
| OUTPUTS | 1.1 | At-risk vulnerable population receiving multisector GBV response (psychosocial, safety, health and legal) through static and mobile based interventions | % of at-risk vulnerable populations receiving multi-sectoral GBV services (psycho-social, legal, safety, health & case management) | Total: 85 Boys: 85 Girls: 85 Men: 85 Women: 85 | 90 90 90 90 90 | ReportHub |
| | 1.1 | Dignity and wellbeing of women and girls are ensured | # of dignity kits distributed | Total: 42,628 Girls: 208,863 Women: 208,863 | 417,726 208,863 208,863 | ReportHub |
| ACTIVITIES | 1. Provision of multi-sectoral GVB services | | | | | |
| | 2. Distribution of dignity kits | | | | | |

| | | | | | |
|---------|-----|---|--|-----------------|--|
| OUTCOME | 1.1 | % reduction in civilian casualties from explosive devices compared to the same time last year | Total: 895 persons killed/injured by explosive devices | 5-10% Reduction | 1. Information Management System for Mine Action (IMSMA) database 2. UNAMA Reports on Protection of Civilians in Armed Conflict |
|---------|-----|---|--|-----------------|--|

| | | | | | |
|---------|-----|--|---|------------------------------|--|
| OUTPUTS | 1.1 | 1. # of people living within one kilometre of a known explosive hazard benefitting from the removal of those explosive hazards | Total: 262,417 Boys: 73,508 Girls: 68,366 | 367,815 103,205 96,265 | |
| | | 2. # of conflict-affected people benefitting from Explosive Ordnance Disposal and survey activities | Men: 60,287 Women: 60,256 | 84,245 84,100 | |
| | | 2. Square metres of area cleared from known explosive hazards | Total: 3,928,527 square meters area | 8,980,479 square meters area | Information Management System for Mine Action (IMSMA) database |

| | | | | | | |
|------------|---|--|--|--|--|--|
| ACTIVITIES | 1. Clearance of explosive hazards | | | | | |
| | 2. Explosive Ordnance Disposal (EOD) and survey | | | | | |

Water, Sanitation and Hygiene

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|---------|--------------------|---|--|---|-----------------------|---|---|
| OUTCOME | 1.1 | Vulnerable people in need receive a timely equitable and safe, life-saving and effective emergency WASH assistance | | | | | |
| OUTPUT | 1.1 | A timely equitable, safe and effective WASH assistance is provided to the affected people in need | # of people accessing safe water (as per cluster standards / sufficient quantity of safe water for drinking, cooking and personal hygiene / # people dissaggregated by sex & age) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 0 0 0 0 0 | 3,128,876 876,085 813,508 719,641 719,642 | WASH partner's reports/ cluster reports |
| OUTCOME | 1.1 | Vulnerable people in need receive a timely equitable and safe, life-saving and effective emergency WASH assistance | # of collective water points rehabilitated improved/constructed (wells, boreholes, water taps stands, systems) | Total: | | 600 | WASH partner's reports/ cluster reports |
| OUTPUT | 1.1 | A timely equitable, safe and effective WASH assistance is provided to the affected people in need | # of people accessing safe sanitation (as per cluster standards / gender and disability-sensitive sanitation facilities / # people dissaggregated by sex & age) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 0 0 0 0 0 | 718,858 201,280 186,903 165,337 165,338 | WASH partner's reports/ cluster reports |
| OUTPUTS | | | # of people reached with hygiene promotion (as per cluster standards / handwashing behaviour change programmes / # people dissaggregated by sex & age) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 0 0 0 0 0 | 7,822,189 2,190,212 2,033,769 1,799,103 1,799,105 | WASH partner's reports/ cluster reports |
| | | | # of people reached with critical WASH supplies (# people dissaggregated by sex & age) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 0 0 0 0 0 | 3,915,725 1,096,403 1,018,089 900,617 900,616 | WASH partner's reports/ cluster reports |
| | | | # of warehouses with WASH critical supplies available for cluster partners | Total: | 44 | 54 | WASH partner's stock updates |
| OUTCOME | 1.2 | SAM children under five admitted at nutritional facility level receive a WASH minimum package of services to prevent waterborne and fecoral malnutrition associated diseases at household level during the months of their treatment and the lean period. | | | | | |
| OUTPUT | 1.2 | A WASH minimum package of services including a kit of critical supplies is delivered to households with SAM children under five to cover the months of their treatment and the lean period. | # SAM children accessing a WASH minimum package at household level (as per cluster standards / including a kit of critical supplies to cover the duration of their nutritional treatment/lean period / # children dissaggregated by sex) | Total: 0 Boys: 0 Girls: 0 | 0 0 0 | 250,000 129,351 120,649 | Nutrition & WASH partner's reports/ cluster reports |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|---|--|---|---|---|
| OUTCOME | 1.3 | Vulnerable people in hotspots of infectious diseases (AWD/cholera, COVID-19, Dengue etc.) benefitting from massive WASH interventions or campaign to mitigate the spread of the outbreaks | | | | |
| OUTPUT | 1.3 | A massive WASH intervention to mitigate the spread of the outbreaks is provided to the vulnerable people in hotspots of infectious diseases (AWD/cholera, COVID-19, Dengue etc.) | # people in AWD/cholera hotspots/risk areas accessing water supply with regular shock or line chlorination of wells/boreholes/systems (& people disaggregated by sex & age...) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 3,128,875 876,085 813,508 719,641 719,642 | WASH partner's reports/ cluster reports |
| ACTIVITIES | | <ol style="list-style-type: none"> 1. Provide sufficient quantity of safe water for drinking, cooking, and personal hygiene, gain access to gender and disability-sensitive sanitation facilities, reached people with handwashing behaviour change programmes and with critical WASH supplies. 2. Provide to the SAM children under five a WASH minimum package of services within a WASH kit (household water treatments, bucket or jerrycan, cup, soap, handwashing device, baby potty etc.) to cover the months of their treatment and lean period at household level. 3. WASH mass response and rapid intervention in outbreak hotspots through real-time epidemiological investigations by AWD/cholera transmission context Undertake regular shock chlorination campaigns of unprotected wells and networks, emergency water treatment plants and water trucking in last resort. 4. Provide appropriate emergency WASH facilities in Health Facilities, Nutritional Centers, temporary learning centers (TLC), Child Friendly Spaces (CFS) and schools supporting affected children) and (WASH facilities supporting the emergency affected population | | | | |

Strategic Objective **SO2**

Protection risks are mitigated, while protection and human rights needs for people of all genders and diversities are monitored and addressed through integrated and inclusive humanitarian action.

Specific Objective **SP2.1**

Ensure safe and equitable and inclusive access to essential services, and access of humanitarian actors to those in need, regardless of gender, age diversity, disability, visibility or other factors.

Specific Objective **SP2.2**

Human rights, inclusiveness, safety and dignity are promoted and protection risks identified and addressed through inclusive protection monitoring, community-based mechanisms and humanitarian response.

Specific Objective **SP2.3**

Promote collective action on the centrality of protection, gender equality and the empowerment of women and girls, and a “do no harm” approach by ensuring effective, inclusive and gender-responsive mechanisms for complaint, feedback and communicating with communities, GBV response, prevention and mitigation, PSEA and child safeguarding, and women’s equitable and meaningful participation across the humanitarian response.

Health

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|------------|---|--|--|--------------------------|-------------------|-------------------------|------------------------------|
| OUTCOME | 2.1 | Ensured availability of life-saving integrated services to GBV survivors | Proportion of health facilities providing clinical management of rape (CMR) to GBV survivors | Total: | 21% | 25% | HMIS Data/ ReportHub Data |
| OUTPUT | 2.1 | Health care staff trained to provide health services to GBV survivors in line with national GBV protocol | # of health staff trained on GBV treatment protocol | Total: Men: Women: | 700 315 385 | 1,000 500 500 | ReportHub Data |
| OUTPUTS | 2.1 | Health care staff trained to recognize sexual exploitation and abuse (SEA) and know where to report | # of health care staff trained on PSEA | Total: Men: Women: | NA NA NA | 3,000 1,500 1,500 | ReportHub Data |
| | 2.1 | Attacks on health care documented and reported | # of attacks on health care | Total: | 80 | 65 | SSA/WHO |
| ACTIVITIES | 1. Provision of health services to GBV survivors inline with national protocol 2. Provide training to health staff on GBV treatment protocol, and PSEA identification and reporting 3. Ensure documentation and reporting of attacks on health care | | | | | | |

Nutrition

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|------------|--|--|--|---------------------------|---------------|-------------------------------------|-----------------------------|
| OUTPUT | 2.1 | Increased number of children and pregnant and lactating women enrolled in malnutrition prevention programmes | Number of girls and boys aged 0-59 months enrolled in BSFP. | Total: Boys: Girls: | 0 0 0 | 3,285,167 1,699,733 1,585,434 | National Nutrition Database |
| | | | Number of PLWs enrolled in BSFP | Total: Women: | 0 0 | 1,642,583 1,642,538 | National Nutrition Database |
| | 2.1 | Access to Micronutrient Powder (MNP) is enhanced for children aged 6-23 months | Number of girls and boys aged 6-23 months who received MNP | Total: Boys: Girls: | 0 0 0 | 1,802,620 937,362 865,258 | National Nutrition Database |
| | 2.1 | Access to MIYCN counselling services is enhanced for caregivers of children aged 0-23 months | Number of primary caregivers of children aged 0-23 months who received MIYCN counselling | Total: Women: | 0 0 | 2,136,438 2,136,438 | National Nutrition Database |
| | 2.1 | Access to vitamin A supplements is enhanced for children aged 6-59 months | Number of girls and boys aged 6-59 months who received vitamin A supplement | Total: Boys: Girls: | 0 0 0 | 5,407,859 2,812,087 2,595,772 | National Nutrition Database |
| ACTIVITIES | 1. Blanket Supplementary Feeding of children under five 2. Blanket Supplementary Feeding of PLWs 3. Vitamin A supplementation on children aged 6 to 59 months 4. Home fortification of complementary foods with multiple micronutrient powders (MNP) for children aged 6-23 months 5. Infant and young child feeding (IYCF) counselling to primary caregivers of children aged 0-23 months | | | | | | |

Protection

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|-------------------|--|--|--|---|---|---|---|
| | 2.2 | Increased opportunities for children to develop, learn, play, and strengthen resilience and psychosocial wellbeing, and families are provided with information and tools to create a safe and nurturing environment at home | # of children and their caregivers reached with center, mobile and home based activities to improve their mental health and psychosocial well-being following program completion | Total: Boys: Girls: Men: Women: | 158,701 64,220 58,368 17,119 18,994 | 520,000 191,282 189,468 78,610 60,640 | Monthly Reports from Partners on the Report Hub |
| OUTPUTS | 2.2 | Children with protection needs are identified and have their needs addressed through provision of case management, including alternative care, family tracing and reunification, and integrated psychosocial support and referrals to relevant service providers | # of girls and boys at risk, including unaccompanied and separated children, and child survivors of SGBV identified, documented, and received case management services | Total: Boys: Girls: | 13,627 9,909 3,718 | 33,000 17,018 15,982 | Monthly Reports from Partners on the Report Hub |
| | 2.3 | Children who were suffered from grave child rights violations are supported to successfully reintegrated into their communities | # of girls and boys who have suffered from grave child rights violations (including former CAAC & children in detention) receiving socio, education and economic reintegration and life skill assistance | Total: Boys: Girls: | 3,699 1,938 1,761 | 13,500 12,150 1,350 | Monthly Reports from Partners on the Report Hub |
| ACTIVITIES | 1. CP-Provision of structured PSS for girls and boys at Child Friendly Spaces (CFS) ; Provision of PSS for girls and boys with alternative modalities including home based and, outdoor smaller groups and community-based activities. 2. CP-Identification, registration, referrals, facilitation of access to services, and follow up of case management services in line with the Afghanistan SOP for Case Management 3. CP-Provision of social reintegration and life skills assistance to children and youth who have suffered from grave child rights violations (including former CAAC) | | | | | | |
| | 2.1 | Increased community awareness of and capacity to respond to GBV | # of persons reached with awareness and mitigation activities | Total: Boys: Girls: Men: Women: | 22,332 1,547 2,370 7,845 10,570 | 334,180 16,709 133,672 33,418 150,381 | ReportHub |
| OUTPUTS | 2.1 | Individuals with specific needs or heightened vulnerability are reached with timely and safe protection oriented direct or referral assistance | # of people reached with life-saving information on health and other services | Total: Boys: Girls: Men: Women: | 0 0 0 0 0 | 668,361 33,418 267,344 66,836 300,762 | ReportHub |
| | 2.3 | Capacity of frontline providers to respond to GBV is built | # of staff trained on GBV core concepts, referrals, case management | Total: Men: Women: | 440 440 0 | 6,000 3,000 3,000 | Attendance sheets and agendas from partners |
| OUTCOME | 2.2 | Vulnerable people full range of protection needs and risks are identified and addressed | % of people who report improved access to rights and services as a result of their protection concerns being addressed | Total: | 60% | | Whole of Afghanistan Assessment (WoAA), Protection Monitoring reports |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|--|---|--------|---------------|--|---|
| OUTPUT | 2.2 Enhanced protection analysis of the environment | # of people reached through protection monitoring including border monitoring | Total: | 91,282 | 500,000 | PAU Reports circulated through the Cluster mailing list, posted on HumanitarianInfo and GPC websites, ReportHub |
| | | | Boys: | 13,496 | 130,000 | |
| Girls: | 13,520 | 135,000 | | | | |
| Men: | 38,425 | 115,000 | | | | |
| Women: | 25,841 | 120,000 | | | | |
| OUTPUT | | # of Protection Analysis Updates produced and circulated | Total: | 4 | 4 | PAU Reports circulated through the Cluster mailing list, posted on HumanitarianInfo and GPC websites, ReportHub |
| OUTPUTS | 2.2 Individuals with specific needs or heightened vulnerability are reached with protection oriented direct or referral assistance | # of people receive Individual Protection Assistance (IPA) in-kind or cash | Total: | 15,851 | 30,000 | Coded referral matrix, Monthly reporting ReportHub, PDMs, monitoring reports |
| | | | Boys: | 3,683 | 7,800 | |
| | Girls: | 3,256 | 8,100 | | | |
| | Men: | 3,809 | 6,900 | | | |
| | Women: | 5,103 | 7,200 | | | |
| | | # of people receive Cash for Protection | Total: | 106,878 | 350,000 | Coded referral matrix, Monthly reporting ReportHub, PDMs, monitoring reports |
| | Boys: | 33,184 | 91,000 | | | |
| | Girls: | 33,134 | 94,500 | | | |
| | Men: | 18,991 | 80,500 | | | |
| | Women: | 21,569 | 84,000 | | | |
| | # of PSNs received case management | Total: | 0 | 10,000 | Coded referral matrix, Monthly reporting ReportHub, PDMs, monitoring reports | |
| Boys: | 0 | 2,600 | | | | |
| Girls: | 0 | 2,700 | | | | |
| Men: | 0 | 2,300 | | | | |
| Women: | 0 | 2,400 | | | | |
| | # of people receive PSS services | Total: | 17,202 | 50,000 | Coded referral matrix, Monthly reporting ReportHub, PDMs, monitoring reports | |
| Boys: | 1,580 | 13,000 | | | | |
| Girls: | 1,292 | 13,500 | | | | |
| Men: | 6,867 | 11,500 | | | | |
| Women: | 7,463 | 12,000 | | | | |
| | # of people reached trafficking case management and awareness raising | Total: | 491 | 5,000 | Coded referral matrix, Monthly reporting ReportHub, PDMs, monitoring reports | |
| Boys: | 0 | 1,300 | | | | |
| Girls: | 41 | 1,350 | | | | |
| Men: | 245 | 1,150 | | | | |
| Women: | 205 | 1,200 | | | | |
| | # of people who received legal info, counselling and/or assistance on access to Tazkira and civil documentation | Total: | 6,671 | 10,000 | Coded referral matrix, Monthly reporting ReportHub, PDMs, monitoring reports | |
| Boys: | 17 | 2,600 | | | | |
| Girls: | 102 | 2,700 | | | | |
| Men: | 1,511 | 2,300 | | | | |
| Women: | 5,041 | 2,400 | | | | |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION | |
|--------------------|--|--|--|---|---|---|--|
| ACTIVITIES | 1. Protection monitoring activities including border monitoring 2. Protection Assistance (IPA) in-kind and cash 3. Provision of Cash for Protection 4. PSN identification and referral to specialised services 5. PSN Case management (including counter trafficking) 6. Provision of PSS services 7. Provision of legal counselling and assistance on legal identity and civil documentations | | | | | | |
| | OUTCOME | 2.2 | Community-based protection systems are strengthened to reduce community vulnerabilities | % of communities reporting benefiting from Community-Based Protection initiatives | 96% | | |
| | OUTCOMES | 2.2 | Community-based protection initiatives conducted with the affected or at risk communities to enhance community resilience, prevent and address protection concerns | # of protection community centers established or maintained | Total: 12 | 10 | Community Based Protection reports, PDM reports, Monthly reporting ReportHub |
| | | | | # of community and or protection committees established or maintained | Total: 287 | 320 | Community Based Protection reports, PDM reports, Monthly reporting ReportHub |
| | | | | # of people who received awareness raising on protection related issues | Total: 673,003 Boys: 194,608 Girls: 186,033 Men: 144,515 Women: 147,847 | 2,000,000 520,000 540,000 460,000 480,000 | Community Based Protection reports, PDM reports, Monthly reporting ReportHub |
| | OUTPUTS | | | # of people who participated in and or benefited from community-based protection activities | Total: 659,746 Boys: 194,303 Girls: 185,161 Men: 140,304 Women: 139,978 | 2,000,000 520,000 540,000 460,000 480,000 | Community Based Protection reports, PDM reports, Monthly reporting ReportHub |
| | | | | # of people who participate in training on various protection related topics | Total: 1,312 Boys: 28 Girls: 99 Men: 675 Women: 510 | 4,000 780 810 690 720 | Community Based Protection reports, PDM reports, Monthly reporting ReportHub |
| ACTIVITIES | | 1. Protection committees established and maintained 2. Awareness raising on COVID-19 and vaccines, access to civil documentation, preventing, identifying and reporting on trafficking in person 3. Community based protection activities 4. Capacity building of humanitarian partners (Training on protection mainstreaming, CBPM, IHL, counter trafficking, humanitarian negotiations, protection monitoring and advocacy, AAP, SEA) | | | | | |
| | OUTCOME | 2.3 | Displaced communities are able to claim HLP rights and/or possess HLP documents | % of individuals who received HLP support who report possessing a security of tenure document for their house/land/property | Total: 0 | 60% | Partner outcome monitoring |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|---|---|---|---|--|--|
| 2.2 | | # of individuals receiving information on HLP rights | Total: | 0 | 913,538 | Partner case management records Reporthub reports |
| | | | Boys: | 0 | 153,120 | |
| | | | Girls: | 0 | 143,550 | |
| | | | Men: | 0 | 303,656 | |
| | | | Women: | 0 | 313,212 | |
| 2.2 | | # of individuals receiving counselling and/or legal assistance on HLP rights | Total: | 0 | 41,575 | Partner case management records Reporthub reports |
| | | | Boys: | 0 | 4,992 | |
| | | | Girls: | 0 | 4,928 | |
| | | | Men: | 0 | 15,874 | |
| | | | Women: | 0 | 15,781 | |
| 2.2 | | # of vulnerable individual recipients of land identification or allocation | Total: | 0 | 35,000 | Land allocation records; reporthub reports |
| | | | Boys: | 0 | 11,200 | |
| | | | Girls: | 0 | 10,500 | |
| | | | Men: | 0 | 6,300 | |
| | | | Women: | 0 | 7,000 | |
| 2.2 | | # of duty bearers, humanitarian and other partners receiving training and/or technical support on HLP | Total: | 0 | 2,550 | Partner case management records Partner training reports Reporthub reports |
| | | | Men: | 0 | 1,275 | |
| | | | Women: | 0 | 1,275 | |
| | | | | | | |
| ACTIVITIES | <ol style="list-style-type: none"> 1. Conduct information sessions on HLP rights 2. Provide one-on-one counselling 3. Provide legal assistance - register the case, select the preferred legal process, verify documents and provide assistance and case follow-up 4. Provide capacity-building training for duty bearers, humanitarian or other partners | | | | | |
| | 2.2 | | Survivors, victims' families and other persons with disabilities with similar needs have equal access to health specialized services and participate fully in social and economic life. | | | Information Management System for Mine Action (IMSMA) database |
| | | | | % reduction in civilian casualties from explosive devices compared to the same time last year | | |
| | 2.2 | | # of Persons with Disabilities (PWD) receiving victim assistance services | Total: | | 1,553 |
| Boys: | | | | | 436 | |
| | | | Girls: | | 406 | |
| | | | Men: | | 356 | |
| | | | Women: | | 355 | |
| 2.2 | | # of vulnerable people receiving EORE | | | Information Management System for Mine Action (IMSMA) database | |
| | | | | | | |
| ACTIVITIES | <ol style="list-style-type: none"> 1. Victim Assistance (Psychosocial support, livelihood support, physical rehabilitation and Referrals) of people injured by explosive ordnance 2. Provision of Explosive Ordnance Risk Education (EORE) | | | | | |

Water, Sanitation and Hygiene

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|---|--|---|---|--|
| OUTCOME | 2.1 | Vulnerable people with disabilities receiving WASH assistance as per cluster standard after consultation on designs for people with special needs. | | | | |
| OUTPUT | 2.1 | WASH specific assistance to the People with Disabilities is delivered after inclusive needs assessment to overcome the barriers in accessing the WASH facilities | # People with Disabilities receiving a WASH assistance delivered after inclusive needs assessment (to overcome the barriers in accessing the WASH facilities at community and household level) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 100,000 28,000 26,000 23,000 23,000 | WASH partner's reports/ cluster reports |
| OUTCOME | 2.2 | People receive integrated and inclusive WASH responses that ensure people's full range of protection needs and risks are considered and addressed. | | | | |
| OUTPUT | 2.2 | WASH focus group discussions and community consultations using the WASH perception indicators, surveys, assessments, participatory evaluations are conducted before the implementation of the WASH facilities. | # organizations reporting on the use of the WASH Perception Indicators (as per the AAP WG & WASH Cluster joint document) | Total: 0 | 20 | WASH partner's reports/ cluster reports |
| OUTCOME | 2.3 | Vulnerable women and girls have access to WASH facilities implemented - locations and designs – after a WASH in GBV risk mitigation process supported by safety audits | | | | |
| OUTPUTS | 2.3 | WASH facilities implemented - locations and designs – are set up after and considering the consultations with vulnerable women and girls for GBV risk mitigation process supported by safety audits | # women and girls receiving WASH assistance after consultations on GBV risks | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 350,000 98,000 91,000 80,500 80,500 | GBV SC & WASH partner's reports/ cluster reports |
| | | | # organizations reporting on the use of the WASH GBV checklist for assessment and/ or monitoring (as per the GBV Sub Cluster & WASH Cluster joint checklist) | Total: 0 | 20 | GBV SC & WASH partner's reports/ cluster reports |
| OUTCOME | 2.3 | WASH partners have PSEA focal point in each office with reporting channel for their staff and alternative channels for humanitarian beneficiaries and undertake SEA risk assessment along with the utilization of the WASH GBV checklist. | | | | |
| OUTPUT | 2.3 | | # organization reporting PSEA focal points with clear reporting channel including alternative channels for the humanitarian beneficiaries | Total: 0 | 20 | WASH partner's reports/ cluster reports |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|--|---------------|-------------|-----------------------|
| ACTIVITIES | | 1. Carry out rapid integrated or sectoral WASH-related needs assessment of affected people and communities to determine the need for further WASH assessment | | | |
| | | 2. Undertake the in-depth needs multi sectoral, cross-sectoral and sectoral assessment and consultations with the affected population to identify specific WASH needs (e.g. GBV risk analysis, PwD) | | | |
| | | 3. WASH specific assistance to the People with Disabilities is delivered after inclusive needs assessment to overcome the barriers in accessing the WASH facilities at community and household level (reasonable distance and clear routes free of obstacles, drainage systems, slippery ramps, handrails, doorways wide enough for wheelchairs, cubicles big enough, markers for people with visual impairments, low-level and easy-to-use taps for handwashing, adapted containers, dedicated queues for people with disabilities or specific distribution times of WASH NFI). | | | |
| | | 4. WASH focus group discussions and community consultations using the WASH perception indicators, surveys, assessments, participatory evaluations are conducted before the implementation of the WASH facilities, with establishing or strengthening feedback-complaint and response mechanisms from the project participants, share feedback for response-wide collective feedback analysis. | | | |
| | | 5. WASH partners commit to the Afghanistan PSEA SOPs and that the related tools are available at organization level, integrate and budget PSEA activities, appoint or nominate appropriate focal points with clear reporting channel including alternative channels for the humanitarian beneficiaries, undertake SEA risk along with the utilization of the WASH GBV checklist. | | | |

Accountability to Affected People Working Group

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|---|---|-------------|-----------------------|
| OUTCOME | 2.3 | Clusters and implementing partners incorporate AAP activities into programming | % of clusters and partners that have incorporated AAP activities in all project phases in AHF proposals | Total: | |
| | 2.3 | More people know how to give feedback on humanitarian assistance, organisations and staff | % of people asked in WoAA who say they are aware of how to give feedback and make complaints | Total: | |
| | 2.3 | More affected people feel informed about available humanitarian assistance | % of people asked in WoAA who say they feel more informed about humanitarian assistance | Total: | |
| | 2.3 | More national NGOs and their staff participate in and help lead collective AAP activities | % of local NGOs attending WG and SWG meetings, and who lead the Working Group, sub-WGs, and task teams | Total: | |
| | 2.3 | Feedback from organisations is collectively analysed and presented to decision makers | Number of analytical products created and disseminated to response and organisational decision makers | Total: | |

Gender in Humanitarian Action Task Force

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|---|---------------|-------------|--|
| OUTPUTS | 2.2 | Number of clusters with an active cluster gender focal point | Total: 5 | 7 | GiHA WG review of GiHA WG members list |
| | 2.2 | % of inter-cluster and cluster-specific assessments that incorporate SADD and gender analysis | Total: TBC | 100% | GiHA WG review of assessments |

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|----------------|---------------------------|--------------------------|---|--------|-------------------------------|--------------------|---|
| OUTPUTS | 2.2 | | Multi-sectoral gender analysis is conducted once a year | Total: | No | Yes | GiHA WG review of own documents |
| | 2.2 | | Number of clusters that incorporate gender aspects into their plans, strategies and programming based on gender analysis | Total: | TBC | 7 | GiHA WG review of cluster plans |
| | 2.2 | | Number of guidance notes, advocacy briefs and knowledge products developed by the GiHA WG to guide gender mainstreaming within the cluster response | Total: | 3 | 5 | GiHA WG review of own documents |
| | 2.2 | | Number of humanitarian stakeholders who participate in GiHA related trainings and demonstrate enhanced capacities from evaluation tests | Total: | 0 | 200 | GiHA WG review of GiHA training post-training evaluations and attendance sheets |
| | 2.2 | | Number of clusters that have regular engagement and consultation with women's CSOs and use their inputs to inform planning and programming | Total: | 1 (Protection Cluster/ GBVSC) | 7 | GiHA WG short kobo survey with cluster leads |

- ACTIVITIES**
1. Provide evidence-based gender analysis, including sex, age and disability disaggregated data to inform the humanitarian response;
 2. Provide technical support and support gender mainstreaming into humanitarian response planning (HRP, HNO, flash appeals);
 3. Develop GiHA technical guidance notes on gender mainstreaming across the humanitarian programme cycle;
 4. Support and build the capacity of cluster leads and cluster gender focal points to support the mainstreaming of gender into the joint response through the HRP, including through the clusters/sub-clusters and WGs.
 5. Undertake capacity building for cluster leads and member organizations on the integration of gender into humanitarian actionSupport advocacy to ensure that any engagement strategy(ies) with de facto authorities include provisions to safeguard women's full participation in the delivery of humanitarian services for women, including through HCT engagement strategy and in line with Joint Operating Principles
 6. Support the effective establishment and functioning of decision making mechanisms within the HCT and other relevant platform to ensure voices of people of all genders and diversities directly inform the system-wide humanitarian planning priorities, including the establishment of the HCT Afghan Women Advisory Group

Protection from Sexual Exploitation and Abuse (PSEA) Task Force

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|----------------|---------------------------|---|---|--------|----------------------|--------------------|------------------------------|
| OUTPUTS | 2.3 | Community mobilization, consultation, and awareness-raising on PSEA in each community receiving and affected by humanitarian assistance. | % of sites, health facilities and educational centers reached with communications materials on PSEA, report on SEA, and access survivor-centered assistance. | Total: | | | |
| | 2.3 | PSEA task force adopt, implement and track progress against uniformed protocols/guidelines for prompt, safe, and survivor-centered investigations at country-level in line with organizational investigation protocols. | % PSEA taskforce members, cluster members, and local partner personnel trained on SEA guidelines and protocols for investigations, including survivor-centered principles, including ToT. | Total: | | | |
| | 2.3 | Safe, accessible, child-sensitive mechanisms are in place for reporting SEA, particularly in high-risk areas | # of existing complaint and feedback mechanisms in the humanitarian response used for reporting SEA allegations. | Total: | | | |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|--|--------|---------------|-------------|-----------------------|
| OUTPUT | 2.3 | # Of staff appointed and supported in operating complaint channels are also trained to recognize SEA and know where to report. | Total: | | | |

Risk Communication and Community Engagement Working Group

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|--|--|---------------|-------------|-----------------------|
| OUTCOMES | 2.3 | Clusters and implementing partners incorporate RCCE activities into programming | % of clusters and partners that have incorporated RCCE activities in their projects | Total: | | |
| | 2.3 | Affected people have improved knowledge on protective health behaviors and practices | % of affected people who adopted new preventive health measures to protect themselves from emergent health risks | Total: | | |

Strategic Objective SO3

Vulnerable people of all gender and diversities are supported to build their resilience and live their lives in dignity.

Specific Objective SP3.1

Increase the resilience of vulnerable households to shocks by improving access to inclusive livelihood opportunities and protect rural livelihoods and related food sources through emergency agriculture, livestock, other inclusive livelihood support and improved disaster risk reduction, in line with their livelihoods and seasonality, for people of all genders and diversities.

Specific Objective SP3.2

Provide support for durable solutions for people of all genders and diversities who have been displaced, as well as those that have returned, including through improved access to essential services to build resilience and to live with dignity.

Emergency Shelter and NFI

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|--|---|---------------|-------------|-----------------------|
| OUTCOME | 3.2 | Vulnerable IDPs, returnees, refugees, non-displaced conflict and natural disaster-affected and acutely vulnerable women, men and children of all ages are protected from the elements and have access to shelter materials, transitional and permanent shelter, enabling safer and more dignified living conditions. | Proportion of IDPs, returnees, refugees, non-displaced conflict and natural disaster-affected and acutely vulnerable women, men and children of all ages receiving shelter assistance who express satisfaction about this support | Total: | 91% | 95% |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|---|--|--------|---------------|-------------|-----------------------|
| OUTPUT | 3.2 Transitional shelter support is provided to affected people in a timely manner | # of people receiving support to construct transitional shelters | Total: | 13,889 | 426,875 | ReportHub |
| | | | Boys: | 3,191 | 107,476 | |
| | | | Girls: | 2,859 | 93,159 | |
| | | | Men: | 4,064 | 151,105 | |
| | | | Women: | 3,775 | 75,135 | |
| ACTIVITIES | 1. Support to construct transitional and permanent shelters. | | | | | |
| | 2. Provision of technical guidance and training on shelter construction techniques. | | | | | |

Food Security and Agriculture

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|---|---|--|-----------|-----------------------------|-----------------------------|-----------------------------|
| OUTCOME | 3.1 Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition | Percentage of the targeted people reporting increase in food production or income | Total: | 80% | 80% | PDM reports of partners |
| | | | | | | |
| OUTPUTS | 3.1 Livelihoods are protected and rehabilitated for vulnerable people at risk of hunger and malnutrition | # Shock affected and vulnerable people (conflict IDPs, returnee, natural disaster affected and targeted IPC 3 and 4) women, men and children of all ages who receiving timely livelihoods assistance | Total: | 1,738,594 | 10,695,758 | Monthly reports of partners |
| | | | Boys: | 533,286 | 2,994,812 | |
| | | | Girls: | 509,081 | 2,780,897 | |
| | | | Men: | 357,897 | 2,460,024 | |
| | | | Women: | 338,330 | 2,460,024 | |
| | # of women, men and children assisted through livelihoods asset creation/ rehabilitation activities. | Total: | 182,454 | 2,050,000 | Monthly reports of partners | |
| | | Boys: | 53,970 | 574,000 | | |
| | | Girls: | 51,853 | 533,000 | | |
| | # of women, men and children receiving livelihoods assistance in-kind | Total: | 985,436 | 9,412,267 | Monthly reports of partners | |
| | | Boys: | 303,985 | 2,635,435 | | |
| Girls: | | 290,043 | 2,447,189 | | | |
| Men: | | 201,295 | 2,164,821 | | | |
| # of women, men and children receiving livelihoods assistance in cash | Total: | 753,158 | 1,283,491 | Monthly reports of partners | | |
| | Boys: | 229,301 | 359,377 | | | |
| | Girls: | 219,039 | 333,708 | | | |
| | Men: | 156,602 | 295,203 | | | |
| ACTIVITIES | 1. Provision of emergency agriculture inputs support (improved wheat seeds, urea and DAP fertilizers) to IPC Phase 3 and 4 vulnerable farmers | | | | | |
| | 2. Provision of emergency agriculture inputs support (improved wheat seeds, urea and DAP fertilizers) to natural disaster affected people | | | | | |
| | 3. Provision of emergency livestock support to IPC Phase 3 and 4 vulnerable small holding livestock owners | | | | | |
| | 4. Asset creation/rehabilitation support for food insecure people | | | | | |
| | 5. Second crop (spring crops) seed support to IPC Phase 3 and 4 vulnerable people | | | | | |
| | 6. Vegetable cultivation / home gardening support to food insecure people | | | | | |
| | 7. Backyard poultry support to food insecure people with particular focus on women | | | | | |
| | 8. Vocational skills training support to conflict affected IDPs | | | | | |

Health

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|------------|--|--|--|---|--|---|------------------------------|
| OUTCOME | 3.1 | Improved availability and access to physical rehabilitation services, for the people with disability | Proportion of public health facilities providing physical rehabilitation | Total: | 70% | 80% | HMIS Data/ ReportHub Data |
| OUTPUT | 3.1 | Post-trauma physical rehabilitation services provided to people with disability | # of people with disabilities received rehabilitative care | Total: Boys: Girls: Men: Women: | 43,094 11,204 6,033 16,807 9,050 | 66,298 17,238 9,282 25,856 13,923 | ReportHub Data |
| ACTIVITIES | 1. Improve data collection and reporting on persons with disability and rehabilitation services 2. Strengthen capacity of health workers for identification and referral of persons with disabilities at community/health facility levels 3. Provision of post-trauma physical rehabilitation services and assistive devices | | | | | | |

Nutrition

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|------------|--|---|--|--------|---------------|-------------|--------------------------|
| OUTPUT | 3.1 | Outreach with nutrition services to unserved households is enhanced | Number of mobile health and nutrition teams deployed | Total: | 0 | 242 | Nutrition Mapping Report |
| ACTIVITIES | 1. Deployment of mobile health and nutrition teams to unserved communities | | | | | | |

Protection

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|---------|--------------------|--|--|---|---|---|---|
| OUTPUTS | 3.1 | Increased opportunities for children to develop, learn, play, and strengthen resilience and psychosocial wellbeing, and families are provided with information and tools to create a safe and nurturing environment at home | # of children and their caregivers reached with center, mobile and home based activities to improve their mental health and psychosocial well-being following program completion | Total: Boys: Girls: Men: Women: | 158,701 64,220 58,368 17,119 18,994 | 520,000 191,282 189,468 78,610 60,640 | Monthly Reports from Partners on the Report Hub |
| | 3.1 | Children with protection needs are identified and have their needs addressed through provision of case management, including alternative care, family tracing and reunification, and integrated psychosocial support and referrals to relevant service providers | # of girls and boys at risk, including unaccompanied and separated children, and child survivors of SGBV identified, documented, and received case management services | Total: Boys: Girls: | 13,627 9,909 3,718 | 33,000 17,018 15,982 | Monthly Reports from Partners on the Report Hub |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|--|---|--|--|---|--|
| OUTPUTS | 3.1 | Children who were suffered from grave child rights violations are supported to successfully reintegrated into their communities | # of girls and boys who have suffered from grave child rights violations (including former CAAC & children in detention) receiving socio, education and economic reintegration and life skill assistance | Total: 3,699 Boys: 1,938 Girls: 1,761 | 13,500 12,150 1,350 | Monthly Reports from Partners on the Report Hub |
| | ACTIVITIES 1. Provision of structured PSS for girls and boys at Child Friendly Spaces (CFS) ; Provision of PSS for girls and boys with alternative modalities including home based and, outdoor smaller groups and community-based activities. 2. Identification, registration, referrals, facilitation of access to services, and follow up of case management services in line with the Afghanistan SOP for Case Management 3. Provision of social reintegration and life skills assistance to children and youth who have suffered from grave child rights violations (including former CAAC); Provision of education reintegration assistance to children and youth who have suffered from grave child rights violations (including former CAAC); Provision of economic reintegration assistance to children and youth who have suffered from grave child rights violations (including former CAAC) | | | | | |
| OUTCOME | 3.1 | | % reduction in civilian casualties from explosive devices compared to the same time last year | | | 1. Information Management System for Mine Action (IMSMA) database 2. UNAMA Reports on Protection of Civilians in Armed Conflict |
| OUTPUT | 3.1 | | # of vulnerable people receiving EORE | Total: 496,702 Boys: 90,898 Girls: 70,096 Men: 290,829 Women: 44,879 | 1,040,360 201,064 131,981 588,868 118,447 | Information Management System for Mine Action (IMSMA) database |
| | ACTIVITIES Provision of Explosive Ordnance Risk Education (EORE) | | | | | |

Water, Sanitation and Hygiene

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|-------------------|--|--|---|---|---|
| OUTCOME | 3.1 | Vulnerable people in urban and peri-urban areas have gain access to resilient and sustainable WASH services . | | | | |
| OUTPUT | 3.1 | Provision of safe drinking water, through rehabilitations, upgrading, line chlorination, extension of water supply infrastructures (solar operated networks, gravity fed networks, water reverse osmosis system, urban networks mapping etc) | # of people accessing safe water (as per cluster standards / sufficient quantity of safe water for drinking, cooking and personal hygiene / # people disaggregated by sex & age) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 2,085,917 584,057 542,338 479,761 479,761 | WASH partner's reports/ cluster reports |

| SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|--------------------|--|--|--------|---------------|-------------|---|
| | | # of collective water points rehabilitated improved/constructed (wells, boreholes, water taps stands, systems) | Total: | 0 | 700 | WASH partner's reports/ cluster reports |
| OUTPUTS | 3.1 Provision of improved sanitation facility and improvement of existing community sanitation facilities, community led total sanitation | # people accessing safe sanitation (as per cluster standards / gender and disability-sensitive sanitation facilities / # people disaggregated by sex & age) | Total: | 0 | 89,857 | WASH partner's reports/ cluster reports |
| | | | Boys: | 0 | 25,160 | |
| | | | Girls: | 0 | 23,363 | |
| | | | Men: | 0 | 20,667 | |
| | | | Women: | 0 | 20,667 | |
| OUTPUTS | 3.1 Hygiene promotion focusing on behavior change and culturally appropriate water efficient handwashing practices supported by anthropological studies | # of people reached with hygiene promotion (as per cluster standards / handwashing behaviour change programmes / # people disaggregated by sex & age) | Total: | 0 | 1,303,698 | WASH partner's reports/ cluster reports |
| | | | Boys: | 0 | 365,035 | |
| | | | Girls: | 0 | 338,961 | |
| | | | Men: | 0 | 299,851 | |
| | | | Women: | 0 | 299,851 | |
| OUTCOME | 3.1 Vulnerable people in rural areas have access to community-based resilient and sustainable WASH services with seasonal water quality control and early warning system supported by the traditional structures. | | | | | |
| OUTPUTS | 3.1 Provision of safe drinking water, through rehabilitations, upgrading, line chlorination, extension of water supply infrastructures (solar operated networks, gravity fed networks, water reverse osmosis system, urban networks mapping etc) | # of people accessing safe water (as per cluster standards / sufficient quantity of safe water for drinking, cooking and personal hygiene / # people disaggregated by sex & age) | Total: | 0 | 834,366 | WASH partner's reports/ cluster reports |
| | | | Boys: | 0 | 233,622 | |
| | | | Girls: | 0 | 216,935 | |
| | | | Men: | 0 | 191,904 | |
| | | | Women: | 0 | 191,905 | |
| OUTPUTS | 3.1 Provision of improved sanitation facility and improvement of existing community sanitation facilities, community led total sanitation | # of collective water points rehabilitated improved/constructed (wells, boreholes, water taps stands, systems) | Total: | 0 | 280 | WASH partner's reports/ cluster reports |
| | | | Boys: | 0 | 10,064 | |
| | | | Girls: | 0 | 9,345 | |
| | | | Men: | 0 | 8,266 | |
| | | | Women: | 0 | 8,268 | |
| OUTPUTS | 3.1 Hygiene promotion focusing on behavior change and culturally appropriate water efficient handwashing practices supported by anthropological studies | # of people reached with hygiene promotion (as per cluster standards / handwashing behaviour change programmes / # people disaggregated by sex & age...) | Total: | 0 | 521,479 | WASH partner's reports/ cluster reports |
| | | | Boys: | 0 | 146,014 | |
| | | | Girls: | 0 | 135,584 | |
| | | | Men: | 0 | 119,940 | |
| | | | Women: | 0 | 119,941 | |
| OUTCOME | 3.2 Vulnerable people who have been displaced of all genders and diversities, as well as those that have returned, have access to community-based resilient and sustainable WASH services. | | | | | |

| | SPECIFIC OBJECTIVE | CLUSTER OBJECTIVE | INDICATOR | | BASELINE 2021 | TARGET 2022 | MEANS OF VERIFICATION |
|-------------------|--|--|--|---|----------------------|---|---|
| OUTPUTS | 3.2 | Provision of safe drinking water, through rehabilitations, upgrading, line chlorination, extension of water supply infrastructures (solar operated networks, gravity fed networks, water reverse osmosis system, urban networks mapping etc) | # of people accessing safe water (as per cluster standards / sufficient quantity of safe water for drinking, cooking and personal hygiene / # people disaggregated by sex & age) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 0 | 1,251,551 350,434 325,403 287,858 287,856 | WASH partner's reports/ cluster reports |
| | | | # of collective water points rehabilitated improved/constructed (wells, boreholes, water taps stands, systems) | Total: 0 | 0 | 420 | WASH partner's reports/ cluster reports |
| | 3.2 | Provision of improved sanitation facility and improvement of existing community sanitation facilities, community led total sanitation | # people accessing safe sanitation (as per cluster standards / gender and disability-sensitive sanitation facilities / # people disaggregated by sex & age) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 0 | 53,915 15,096 14,017 12,400 12,402 | WASH partner's reports/ cluster reports |
| | 3.2 | Hygiene promotion focusing on behavior change and culturally appropriate water efficient handwashing practices supported by anthropological studies | # of people reached with hygiene promotion (as per cluster standards / handwashing behaviour change programmes / # people disaggregated by sex & age) | Total: 0 Boys: 0 Girls: 0 Men: 0 Women: 0 | 0 | 782,219 219,021 203,376 179,910 179,912 | WASH partner's reports/ cluster reports |
| ACTIVITIES | <p>1. Urban water surveillance and early warning system on the groundwater levels and water quality, leak detection campaign and reinforcement of the damaged parts of the networks, line chlorination along the networks and replacement of dosing pumps at the water plants, household water treatments promotion and campaign, reverse osmosis water systems, local waste water collection and market-based toilets.</p> <p>2. Rehabilitation and improvement of drinking water systems (wells, handpumps, gravity-fed networks, solar-pumping), hygiene promotion and open defecation free programming with community led total sanitation technics – supported by community-based early warning system and water resource management.</p> <p>3. Rehabilitation and improvement of drinking water systems (wells, handpumps, gravity-fed networks, solar-pumping), pilot reverse osmosis water systems, upgrade of WASH services in the public health and protection issues at risk places (markets, gathering events) and institutions (health facilities, schools), hygiene promotion and open defecation free programming with community led total sanitation technics.</p> | | | | | | |

5.7 Acronyms

| | | | |
|---------------|--|----------------|---|
| AAP | Accountability to Affected People | FAO | Food and Agriculture Organisation |
| ACBAR | Agency Coordinating Body For Afghan Relief | FCS | Food Consumption Score |
| AFN | Afghani | FSAC | Food Security and Agriculture Cluster |
| ALP | Afghanistan Local Police | GAM | Global Acute Malnutrition |
| ANDMA | Afghanistan National Disaster Management Authority | GBV | Gender-Based Violence |
| ARTF | Afghanistan Reconstruction Trust Fund | GBVIMS+ | Gender-Based Violence Information Management System |
| AWD | Acute Watery Diarrhoea | GiHA | Gender in Humanitarian Action |
| BPHS | Basic Package of Health Services | GiHAWG | Gender in Humanitarian Action Working Group |
| BSFP | Blanket Supplementary Feeding Programme | HAG | Humanitarian Access Group |
| CBE | Community Based Education | HCT | Humanitarian Country Team |
| CCHF | Crimean Congo Hemorrhagic Fever | HEAT | Household Emergency Assessment Tool |
| CFS | Child Friendly Spaces | HLP | Housing Land and Property |
| CPiE | Child Protection in Emergencies | HLP-TF | Housing Land and Property Task Force |
| CPiMS+ | Child Protection Information Management System | HMIS | Health Management Information System |
| CVWG | Cash and Voucher Working Group | HNO | Humanitarian Needs Overview |
| DMAC | Directorate of Mine Action Coordination | HPC | Humanitarian Programme Cycle |
| DTM | Displacement Tracking Matrix | HRP | Humanitarian Response Plan |
| EiE | Education in Emergencies | HTR | Hard-to-reach |
| EiEWG | Education in Emergencies Working Group | IASC | Inter-Agency Standing Committee |
| EOD | Explosive Ordnance Disposal | ICLA | Information Counselling and Legal Assistance |
| EORE | Explosive Ordnance Risk Education | IPA | Individual Protection Assistance |
| EPHS | Essential Package of Hospital Services | ICCT | Inter-Cluster Coordination Team |
| ERM | Emergency Response Mechanism | IDP | Internally Displaced Person/s or People |
| ERW | Explosive Remnants of War | IED | Improvised Explosive Device |
| ES-NFI | Emergency Shelter and Non-Food Items | IHL | International Humanitarian Law |

| | | | |
|---------------|---|---------------|--|
| IMSMA | Information Management System for Mine Action | PSN | Persons with Specific Needs |
| IOM | International Organisation for Migration | PSS | Psychosocial Services |
| IPC | Integrated Food Security Phase Classification | RCCE | Risk Communications and Community Engagement |
| IRC | International Rescue Committee | rCSI | reduced Coping Strategy Index |
| ISK | Islamic State of Khorasan | RRT | Rapid Response Team |
| IYCF-E | Infant and Young Child Feeding in Emergencies | SAM | Severe Acute Malnutrition |
| JIAF | Joint Inter-Sectoral Analysis Framework | SFSA | Seasonal Food Security Assessment |
| JMMI | Joint Market Monitoring Initiative | SOP | Standard Operating Procedure |
| JOPs | Joint Operating Principles | TSFP | Therapeutic Supplementary Feeding Programme |
| LCSI | Livelihoods Coping Strategy Index | TLS | Temporary Learning Spaces |
| MAIL | Ministry of Agriculture Irrigation and Livestock | UNAMA | United Nations Assistance Mission in Afghanistan |
| MAM | Moderate Acute Malnutrition | UNDP | United Nations Development Programme |
| MHNT | Mobile Health and Nutrition Team | UNHCR | United Nations High Commissioner for Refugees |
| MHPSS | Mental Health and Psychosocial Support | UNICEF | United Nations Children's Fund |
| MHT | Mobile Health Team | UNOPS | United Nations Office for Project Services |
| MIYCN | Maternal Infant and Young Child Nutrition | USAID | United States International Development Agency |
| MoE | Ministry of Education | WASH | Water Sanitation and Hygiene |
| MoPH | Ministry of Public Health | WFP | World Food Programme |
| MoRR | Ministry of Refugees and Repatriations | WHO | World Health Organisation |
| MRM | Monitoring and Reporting Mechanism | WoA | Whole of Afghanistan |
| MRRD | Ministry of Rural Rehabilitation and Development | | |
| NFI | Non-Food Items | | |
| NGO | Non-Governmental Organisation | | |
| NSAG | Non-State Armed Groups | | |
| OCHA | Office for the Coordination of Humanitarian Affairs | | |
| PDM | Post-Distribution Monitoring | | |
| PLW | Pregnant and Lactating Women | | |
| PPE | Personal Protective Equipment | | |
| PPIED | Pressure-Plate Improvised Explosive Device | | |

5.8

End Notes

- 1 The World Bank in Afghanistan. <https://www.worldbank.org/en/country/afghanistan/overview#1>
- 2 World Bank. Annual Population Growth: Afghanistan. <https://data.worldbank.org/indicator/SP.POP.GROW?locations=AF>
- 3 UNHCR. Refugee Data Finder. 2021. <https://www.unhcr.org/refugee-statistics/download/?url=7ij1Sy>
- 4 IOM DTM
- 5 UNAMA. Afghanistan Protection of Civilians in Armed Conflict – Midyear Update: 1 January to 3 June 2021. July, 2021. https://reliefweb.int/sites/reliefweb.int/files/resources/unama_poc_midyear_report_2021_26_july.pdf
- 6 OCHA. Conflict Displacement Dashboard. <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>
- 7 Ibid
- 8 IOM DTM
- 9 Reuters. U.N. envoy says Islamic State now appears present in all Afghan provinces
- 10 REACH Initiative. Informal Settlements Monitoring (ISET) Round 1, May-June 2020.
- 11 78 per cent of all settlements are located in urban and peri-urban areas, where competition for land is high and the threat of eviction even higher than in other areas.
- 12 In Search of Justice for Crimes of Violence Against Women and Girls - United Nations Assistance Mission in Afghanistan United Nations Office of the High Commissioner for Human Rights December 2020 Kabul, Afghanistan - p.3
- 13 DACAAR. 2003-2021 Groundwater conditions in big cities of Afghanistan
- 14 Afghanistan, 2020. Notre Dame global Adaptation Initiative. <https://gain.nd.edu/our-work/country-index/>
- 15 Afghanistan ICCT. Earthquake Contingency Plan. November, 2020.
- 16 Ibid
- 17 UNHCR. Hungry and shivering, Kabul displaced brace for bleak winter, 15 October 2021. <https://www.unrefugees.org/news/hungry-and-shivering-kabul-displaced-brace-for-bleak-winter/>
- 18 Ibid
- 19 UN News. Afghanistan on ‘countdown to catastrophe’ without urgent humanitarian relief, 25 October 2021. <https://news.un.org/en/story/2021/10/1103932>
- 20 UNDP (2021). Rapid Appraisal of Economic Instability & Uncertainty in Afghanistan. [https://www.undp.org/sites/g/files/zskgke326/files/2021-09/Economic Instability and Uncertainty in Afghanistan 9 September 2021_0.pdf](https://www.undp.org/sites/g/files/zskgke326/files/2021-09/Economic%20Instability%20and%20Uncertainty%20in%20Afghanistan%209%20September%202021_0.pdf)
- 21 Protection Analysis Update, Protection Cluster in Afghanistan, 2021 – Quarter 2, available at: <https://www.globalprotectioncluster.org/2021/08/12/afghanistan-protection-analysis-update-july-2021/>
- 22 UNHCR Position on Returns to Afghanistan, August 2021, available at: <https://www.refworld.org/pdfid/611a4c5c4.pdf>
- 23 UN DESA Policy Brief: A Disability-Inclusive Response to COVID-19. May 2020.
- 24 Disabled People’s Organisations Denmark. Gender and Disability Toolbox Section 1: Relationship between Gender and Disability, 2010.
- 25 WHO. World Report on Disability, 2011.
- 26 Brown, S. How have global services addressing violence against women with disabilities understood their needs and what are the lessons for the next generation of practice? UN Women, 2012.
- 27 Frohmader, C and Ortoleva, S. Issues Paper: The sexual and reproductive rights of women with disabilities. International Conference on Human Rights, 2014.
- 28 These findings are from the 2021 WoA Assessment, unless otherwise specified, and include 9,880 household interviews in 30 provinces (Jawzjan, Nuristan, Sar-e-Pul and Khost were excluded). Data collection took place between 4 August 21 and 3 October 2021. Data was collected using random cluster sampling and all overall findings presented are representative, with a confidence level of minimum 90% and a 10% margin of error.
- 29 The 2021 WoA Assessment conducted interviews with a male head of household and a female household member in 1,356 households – 2712 interviews in total. These interviews were conducted in Baghlan, Balkh, Bamyán, Daykundi, Faryab, Ghazni, Herat, Kabul, Kapisa, Kunar, Kunduz, Laghman, Nangarhar, Panjshir, Samangan and Takhar provinces. The findings are indicative and should not be considered statistically representative.
- 30 Market functionality is a function of availability of goods and services, acceptable and affordable prices, physical access to markets, and the ability of traders to accommodate the increased demand for goods and services, etc.
- 31 The World Bank in Afghanistan. <https://www.worldbank.org/en/country/afghanistan/overview#1>
- 32 CBE refers to the modality of education delivery. Specific CBE interventions include CBCs, ALCs, and TLSs depending on the scope and duration of support required.
- 33 UN women. Gender alert I: Women’s rights in Afghanistan: Where are we now? <https://www.unwomen.org/en/digital-library/publications/2021/12/gender-alert-womens-rights-in-afghanistan>

- 34 PiN calculation considers people in IPC 3+ plus IDP, refugees, returnees and natural disaster affected populations
- 35 ReportHub provides an easy-to-use system that includes alerts and notifications for a daily reporting workflow, tailored to the users' needs. Once entered, the analytics engine processes key business indicators for decision support made available via interactive dashboards. All of this in real-time.
- 36 FSAC will participate in periodic inter-cluster joint field missions.
- 37 A Basic Package of Health Services for Afghanistan
- 38 MoPH/PND. 2020. Nutrition Technical COVID-19 Guidance Note, Afghanistan
- 39 Afghanistan Nutrition Cluster. 2021. Cash-for-Nutrition Guidance Note, Afghanistan
- 40 An unpublished NRC needs assessment conducted in Herat province in January 2021 indicated that 97% of respondents had taken a problem to the informal justice system and 88% of respondents preferred the informal justice system over the formal one.
- 41 See Amando, P. G. (2016) 'Connecting Tenure Security with Durable Solutions to Internal Displacement: From Restitution of Property Rights to the Right to Adequate Housing', *International Migration*, 54, 4, Available at <https://onlinelibrary.wiley.com/doi/abs/10.1111/imig.12244>
- 42 Women's Refugee commission. Resources for Mainstreaming Gender-Based Violence (GBV) Considerations in Cash and Voucher Assistance (CVA) and Utilizing CVA in GBV Prevention and Response. <https://www.womensrefugeecommission.org/research-resources/mainstreaming-gender-based-violence-considerations-cash-voucher-assistance/>
- 43 The lack of inclusion of the anthropology into the humanitarian response was recognized as the main gap to the Ebola response in West Africa in 2013/2014 – from that moving forward to Risk Communication and Community Engagement (RCCE). Previous anthropological studies done in the past should be still and better considered as a solid background by the humanitarian actors. However, facing the dynamic of the crisis with the new political context and the historic drought in the country, such in-depth social assessments may provide important updates from the ground for the WASH partners at provincial and district level. Key findings from an emic ("bottom-up") vision can guide the humanitarian actors on how to scale up in the Hard-to-Reach (HTR) areas without top-down interventions. In the new context beyond the Community Development Councils (CDCs) so far mostly ban by the de facto authority and criticized by some WASH key partners, anthropological studies can update and map the linkages between the WASH-sector and the existing traditional and local networks, the main decision makers including the new PRRDs (Provincial department for Rural Rehabilitation and Development) newly appointed at provincial level. Furthermore, screening the constraints and opportunities of collaboration for an inclusive water resource management, the studies could inform on a regular basis the cluster partners on the more appropriate consultative bodies and decision makers in these HTR areas. These findings will support the WASH Cluster partners to build community-based water surveillance/early warning system – using for instance as simple tools manual piezometers and turbidity meters and rapid water testers to report on the trends of the water levels and quality of the resource. Ensuring women's safe participation, it will help also to set up sustainable and inclusive water committees through advices on profiles of members for WASH facilities maintenance and management. Anthropological findings will complement the WASH perception indicators developed in 2021 thanks to the collaboration between the AAP WG and WASH Cluster.
- 44 WHO. Infectious Disease Outbreaks Sitrep #19. Dengue fever outbreak reported in 16 districts of Nangahar province from 20 September to 18 December 2021.
- 45 Other diseases of public health importance include: Ebola, Typhoid, Shigellosis, guinea worm infestation, Bilharzia, Cholera, Malaria, Hepatitis E etc.
- 46 UNICEF. 13 Sept 2021. Statement by UNICEF Executive Director Henrietta Fore at the High-level Ministerial Meeting on the Humanitarian Situation in Afghanistan <https://www.unicef.org/press-releases/statement-unicef-executive-director-henrietta-fore-high-level-ministerial-meeting#:~:text=Over%204.2%20million%20children%20remain,of%20the%20humanitarian%2Ddevelopment%20continuum.>
- 47 Associated Press. 7 October 2020. Report: 3.7 million Afghan children don't attend school <https://apnews.com/article/kabul-afghanistan-education-taliban-ba1c03e5721aff6a4fca55ccdb06f770>
- 48 UNESCO. Education: From disruption to recovery. <https://en.unesco.org/covid19/educationresponse#schoolclosures>
- 49 Save The Children. Covid-19: Kids in World's Poorest Countries Lost 66% More of Lifetime at School than Richer Peers - Save The Children. <https://www.savethechildren.net/news/covid-19-kids-world%E2%80%99s-poorest-countries-lost-66-more-lifetime-school-richer-peers-save-children>
- 50 Khara, T., & Dolan, C. 2014. Technical Briefing Paper: Associations between Wasting and Stunting, policy, programming and research implications. *Emergency Nutrition Network (ENN) June 2014*. Available at: https://www.enonline.net/attachments/1862/WAST_140714.pdf
- 51 The Lancet. Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality. *The Lancet*, S0140-6736(20)31647-0. [https://doi.org/10.1016/S0140-6736\(20\)31647-0](https://doi.org/10.1016/S0140-6736(20)31647-0)
- 52 James et al. 2016. Children with Moderate Acute Malnutrition with No Access to Supplementary Feeding Programmes Experience High Rates of Deterioration and No Improvement: Results from a Prospective Cohort Study in Rural Ethiopia
- 53 Isanaka et al. Cost-effectiveness of community-based screening and treatment of moderate acute malnutrition in Mali
- 54 WHO, WFP, UNSCN, & UNICEF. 2007. Community base Management of severe acute malnutrition: A joint statement. Available at: <https://www.unicef.org/media/96981/file/Statement-WHO-WFP-SCN-and-UNICEF-on-Community-Based-Management-of-SAM.pdf>.

Part 6:

Addendum – Humanitarian Response and Maintaining Basic Services

The 2022 Humanitarian Response Plan focuses on addressing the prioritized needs of the most vulnerable people in Afghanistan based on the JIAF analysis and the Humanitarian Needs Overview. While the planning scenario incorporates disruptions to both government-run and non-government run services that address basic human needs, such as the Sehatmandi program for health care, the scenario assumes that interim solutions to sustain minimum support in the key sectoral areas will continue in some form. As illustrated in the Cluster sections of the HRP, humanitarian response is interdependent on the continuation of elements of development programming or services that were provided under the previous administration and which are now facing disruption and possible collapse. Avoiding further deterioration in humanitarian needs and the collapse of essential services is also contingent on preserving social investments and to protect community-level systems. Everything is dependent on an enabling environment for assistance both domestically and internationally that allows continued, principled engagement with all parties in support of all people in Afghanistan.

The HRP represents the work of the IASC, the HCT, and all of the members of the Clusters, including many national NGO and civil society groups as a collective effort by the humanitarian community. In its own planning the UN system has looked at how best to complement the HRP. To this end, the UNCT has developed a Transitional Engagement Framework for Afghanistan for 2022. Within this framework, the humanitarian response developed in the HRP is incorporated as Outcome 1 - “By the end of 2022, more people in Afghanistan will have benefitted from life-saving humanitarian assistance that enable them to live in safety and dignity.”

Outcome 2 (“By the end of 2022, essential services are sustained that address basic human needs for the people in Afghanistan”), recognizes that if essential services collapse, humanitarian needs will drastically increase for the entire population of Afghanistan. Outcome 2 incorporates a range of activities that support the key cluster activities above, but are focused on the broader challenge of sustaining systems for the entire country. At their core, while they benefit the most vulnerable, these services are essential for all Afghans. Therefore, while some of these activities may be targeted according to vulnerability, others are intended as temporary, and vital, substitutes for essential services that have been disrupted, or suspended, by the political transition in 2021. Maintaining these services is not only critical to sustain an enabling environment for humanitarian action and to save lives, but also to preserve dignity and livelihoods, empowering people to make their own choices and provide for their families and communities. The scope of work under Outcome 2 will cover:

1. Activities and services that sustain basic human needs for all people in Afghanistan, particularly health, nutrition, education, food security, protection and critical elements of infrastructure such as water, sanitation and energy.
2. Activities that prevent people from falling or falling back into acute vulnerability and reduce people’s dependence on humanitarian aid, by preserving livelihoods and providing social protection, beyond humanitarian assistance, including basic income support, mitigating protection risks and further displacements, and contributing to resilient communities.

The total estimated cost for Outcome 2 is \$3.42 billion. A third outcome, focused on preserving social investments and community-level systems essential to meeting basic human needs, protecting gains to the SDGs, and develop scenarios for future engagement, was indicatively costed at \$207 million.

The total cost of the HRP and the proposed UN requirements to prevent system collapse are therefore in total around \$8 billion, which does not necessarily include the financial requirements of NGOs and CSOs

working on basic services or towards preserving social investments.

The activities between the HRP and the TEF Outcomes 2 and 3 are complementary – either addressing people at different levels of need, or providing support to the underlying services that allow for effective delivery of humanitarian assistance. These dynamics are covered in the cluster plans above and are summarized in the following table:

Comparison of activities and requirements for humanitarian response and support for basic services

| CLUSTER/ SECTOR | HRP ACTIVITIES | ESTIMATED FUNDING REQUIREMENTS (MILLION US\$) | SUPPORT FOR SERVICES PROVIDING BASIC HUMAN NEEDS (TEF OUTCOME 2) | ESTIMATED FUNDING REQUIREMENTS (MILLION US\$) |
|--|--|---|---|---|
| Education | Emergency support for displaced and vulnerable people, providing TLC and CBE | 162 | School feeding programmes Preventing collapse of formal and informal education systems Access to Literacy and Lifelong Learning, especially for adolescent girls in hard-to-reach areas Non-formal technical and vocational training | 727 |
| Shelter and Non-food items | Emergency and transitional shelter Shelter repair Winterization Cash for rent NFI assistance | 374 | Construction of permanent shelters for displaced people to mitigate secondary / tertiary displacement Shelters & alternative housing; emergency support for education, health & WASH within informal/inadequate settlements Secure land for populations displaced by natural hazards | 27 |
| Health | Critical support to primary and secondary health care, including import and delivery of medicines, medical supplies and vaccines Covid-19 treatment Trauma Care Outbreak preparedness and response Risk Communication and Community Engagement | 378 | Construction and repair of health facilities Immunization campaigns National Maintenance of primary and secondary health systems Prevention and treatment health services for drug users and harm reduction Maintaining public health programmes for Reproductive, Maternal, Newborn, Child and Adolescent Health Support health response to gender-based violence | 628 |
| Food security, Livelihoods and Agriculture | Emergency food assistance Emergency livelihoods assistance | 2,660 | Job Creation through asset creation and business support at community and household level Agriculture livelihood support Time critical irrigation rehabilitation International Labour Standards for crisis response Elimination of child labour | 392 |

| CLUSTER/ SECTOR | HRP ACTIVITIES | ESTIMATED FUNDING REQUIREMENTS (MILLION US\$) | SUPPORT FOR SERVICES PROVIDING BASIC HUMAN NEEDS (TEF OUTCOME 2) | ESTIMATED FUNDING REQUIREMENTS (MILLION US\$) |
|-------------------------------|--|--|---|--|
| Nutrition | Treatment of Severe and Moderate Acute Malnutrition Blanket Supplementary Feeding and vitamin supplements Mobile Nutrition teams | 287 | Interventions to prevent and treat Moderate Acute Malnutrition, including support for vitamin supplements for vulnerable groups Additional support for blanket supplementary feeding | 194 |
| Protection | GBV, Child Protection, Mine Action, Cash for Protection, General protection, housing land and property | 137.3 | Community-based protection, particularly responding to protection and psychosocial needs of women and girls, and creating safe spaces | 403 |
| Water, Sanitation and Hygiene | Emergency provision of safe drinking water | 332.8 | Sustaining urban and rural water and sanitation systems | 697 |

Outcome 2: Sustaining Essential Services (\$3.4 Billion)

| SECTOR | % |
|--------------------------------|-----|
| Education | 21% |
| WASH | 20% |
| Health | 18% |
| Protection | 12% |
| Food Sec., Agri. & Livelihoods | 11% |
| Nutrition | 6% |
| Social Protection | 6% |
| Multi Sectoral Response | 5% |
| Shelter | 1% |

Outcome 3: Preserving Community Systems (\$207 Million)

| SECTOR | % |
|-------------------------|-----|
| Multi Sectoral Response | 45% |
| Shelter | 32% |
| Education | 6% |
| Protection | 6% |
| Gender Equality | 5% |
| Social Cohesion | 5% |
| Health | 1% |

**HUMANITARIAN
RESPONSE PLAN**
AFGHANISTAN

ISSUED JANUARY 2022