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JOINT WINTERIZATION STRATEGY  
AFGHANISTAN

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## ISSUE VERSION

Version	Date	Changes Made
01	24.07.2020	N/A
02	12.10.2020	Summarised version

## 1 Executive Summary

After 40 years of continued crisis, Afghanistan remains one of the world's most complex humanitarian emergencies, driven by escalating conflict and natural disasters. These shocks and disruptions have depleted the resilience of displaced, host, and natural disaster affected populations. Even under normal circumstances, it is difficult for households to meet their basic needs. This vulnerability is further exasperated by the harsh winter conditions in Afghanistan.

Each year, freezing winter temperatures, especially in high altitude locations drive the need for provision of life saving winter assistance as the shelters do not protect against the cold and majority of the affected persons do not have the financial capability to purchase fuel and heaters to supplement their heating requirements.

The winter month's season brings with it a rise in respiratory infection outbreaks. Trends from previous years (2015-2018) shows that there is a forty three percent (43%) increase in respiratory infection and hospital admissions from hypothermia in the months of November to February in comparison to the yearly average. In addition, the mortality rate from respiratory infections in children proportionally increases in the winter months. Furthermore, in many parts of the country, major roads are blocked during the winter months limiting the provision of timely and sufficient life-saving medical supplies to communities isolated during the winter months. Winter in Afghanistan is also a peak hunger period as it provides very limited opportunities to food production and income generation. The outbreak of COVID-19 has also touched every facet of life for the people of Afghanistan, in many cases exacerbating existing humanitarian and development needs. In 2020, the school year may also extend into winter to allow catch-up classes for those missed during COVID-19 lockdowns. This will mean additional resources to keep children warm at school.

The 2019-2020 winterization evaluation suggested few long-term impacts of winter assistance and a lack of overall resilience for households throughout the winter. Preventing and responding to the COVID-19 pandemic has been woven into all cluster and sector approaches for 2020, including winterization responses, necessitating a reorientation of priorities and inclusion of host community population group. The strategy calls for a strong commitment on coordination within the inter cluster mechanisms to ensure an integrated response allowing affected populations address their cross-cutting needs and vulnerabilities associated with the winter season. Further, it calls for coordination and advocacy with donors, government authorities both at provincial and national level, the various line ministries involved in the implementation of response as well as in definition of strategic priorities, fund allocation schemes impacting the winter period.

## 2 Afghanistan Winterization Strategy

The winterization plan outlines intersectoral response efforts that complement the ICCT response to the winter season. Some are recurrent activities prioritized in past strategies that have been scaled-up or extended to new areas, others are entirely new activities that are necessary because of COVID-19. It is important to note that this plan is only for the winter season and is intended to be a living document that will inevitably need to be revised as the situation evolves.

An estimated 2.5 Million out of 4.85 Million beneficiaries (including those whose needs have been exacerbated due to COVID-19-related income loss) will be reached through the intersectoral activities outlined in this plan. The strategy estimates that total funding requirement of \$136.9 Million is needed to mobilize activities that contribute to save lives, prevent and mitigate protection risks (especially for the elderly, women and children) and assist to address the extreme weather-related causes in priority provinces.

The implementation of this plan will be carried out in support of the efforts by the Government of Afghanistan (especially the Ministry of MORR, ANDMA), with coordination support from OCHA and under guidance from all the relevant clusters.

The winterization strategy for 2020/21 considers the widespread impact of COVID-19. It remains possible that the situation could spiral due to a range of factors, including continued escalation in the number of COVID-19 cases, impact from regional and global responses to the pandemic and increased vulnerabilities due to economic downturn related to measures imposed to address COVID -19 outbreak.

### Strategy Objectives

- i. Save lives in the areas of highest need through rapid provision of a winter response package of relief items and services.
- ii. Provide support for rapid recovery through targeted winterization assistance to support sectorial services such as Food, Nutrition, WASH, Protection, ESNFI, Health and Education.
- iii. Ensure that protection concerns resulting from winter season, and from the combination of pre-existing needs such as floods, drought, and ongoing conflict, COVID-19 outbreak are mitigated or addressed.

## Strategy Development Assumptions and Risks

### Poor shelter/NFI conditions

Across the country, the need for shelter has been reported by affected populations as their second highest priority need after food (77 % cited food, 72% cited shelter). In addition, over one third of households displaced for more than 6 months (1.36 million people) are still living in makeshift shelter, poor transitional shelter, in overcrowded conditions, with little access to services, poor protection from harsh weather and in exceptionally difficult conditions during Afghanistan's freezing winters.

Households report similar priorities during winter; with emergency shelter improvements being a self-reported priority need at fifty seven percent (57%) and need for insulation at Thirty one percent (31%), shelter repair five percent (5%), rental support three percent (3%) and other priorities at four percent (4%). Critical needs for non-food items during winter period include fuel at eighty six percent (86%), followed by blankets and winter clothing at fifty seven percent (57%) and forty three percent (43%) respectively. Over Thirty one percent (31%) per cent of households resorted to using waste (paper, plastic, carton board, etc.) as their main source of energy for heating in 2019, twenty three percent (23%) borrowed money to buy fuel, nineteen percent (19%) and eleven percent (11%) resorted to sending children to collect fire wood and decreasing their daily food ration to save money for fuel, respectively.

There are three types of winterization activities considered by the Shelter/NFI Cluster - 1. Distribution of solid fuel and heating devices; 2. Personal insulation (distribution of winter clothing and blankets); and 3. Shelter insulation. All three are confirmed as effective ways to improve the preparedness to the cold season.

### The Impact of COVID-19

COVID-19 pandemic has touched every facet of life for the people of Afghanistan, with the winter expected to exacerbate pre-existing humanitarian needs. More than 80 percent (80%) of workers are in the informal economy, which makes them more vulnerable with insecure, unstable, and inadequate earnings.

It is important to ensure equal access to impartial assistance according to needs and without discrimination. Alternative arrangements for distribution of winter assistance to those groups should be put in place (e.g. alternative collectors).

Stakeholder engagements are imperative to ensure humanitarian corridors are established for the continuation of humanitarian activities in country. Specific protection must be consistently provided to female, elderly, child-headed households and women, girls, men, and boys living with disabilities.

### Weak health system

Afghanistan's under-developed health system is thinly spread across the country, with around thirty percent (30%) of the population having limited access to basic health services within a 2-hour travel radius from their place of residence. The fragile health system is now overburdened by the response to covid-19 pandemic, pre-existing needs from mass casualty incidents and recurrent outbreaks of communicable diseases, especially among IDPs. With a potential of second wave, poor immunisation, access to quality health services has become vital for the winter season.

### Displaced people

More than four million people displaced since 2012 are estimated to remain displaced in 2020. Displaced people often live in over-crowded conditions near others with inadequate access to water and sanitation services.

These vulnerabilities are exacerbated when other shocks and stresses including harsh winter season necessitate additional needs for food, fuel stockpiling, winter clothing, and blankets among others that most IDPs have no access to.

### Disruption to education and concerns for the wellbeing of children

As of 14<sup>th</sup> March 2020, schools were advised that they should remain closed. In a country where some three million seven hundred thousand (3,700,000) children are already out of school; this further widens the education gap – increasing the probability of permanent school dropouts and affecting children's general well-being. Once schools re-open, the EiEWG will promote catch-up hours and the extension of the school year into the winter period. The EiEWG response in quarter four of 2020, will focus on preparing government hub schools and CBE learning spaces with adequate WASH facilities and winterization supplies for the resumption of classes. EiEWG partners will provide specialized winterization support and heating of classrooms to ensure students can complete the academic year during the harsher winter conditions.

### People with specific needs and vulnerabilities

In the upcoming winter months, it is predicted that the level of vulnerability will exceptionally increase, particularly for persons with special needs. Women, the elderly, adolescents, youth, and children, persons with physical and psychological disabilities, indigenous populations,

refugees, migrants, and minorities will experience the highest degree of socio-economic marginalization, even more in winter season.

The populations most at risk are those that;

- i. Depend heavily on the informal economy or are heavily indebted.
- ii. Occupy areas prone to shocks.
- iii. Occupy areas in high altitude areas
- iv. Have inadequate access to social and health services.
- v. Have limited capacities and opportunities to cope and adapt

### Economy and reliance on seasonal agriculture

Depending on the degree to which the economy is interrupted, loss of livelihoods may overwhelm current coping mechanisms. This is because, other than the need for heating materials, winter clothing, shelter; the winter period is also a peak hunger period as it provides very limited opportunities to food production and income generation. In rural areas, small farmers exhaust their production during the post-harvest summer and early winter months.

As livestock is one of the major sources of nutritious food and income for sixty nine percent (69%) of the rural communities in Afghanistan, during the winter, livestock farmers mostly rely on limited low land pastures and crop residuals for livestock rearing with most of the pastures being covered by snow and green fodder availability is compromised.

### Environmental health

According to WHO estimates, deaths due to environmental risks constitute 26% of all deaths in Afghanistan. These are attributed to the use of leaded and poor-quality fuels in vehicles and domestic generators, light industrial sources, and the burning of waste, plastics, coal, and rubber. Other contributing factors are a combination of rapid population growth coupled with inadequate urban planning, and the limited provision of green spaces. Air pollution increases as thousands of families use plastic, car tires and raw coal in their stoves as the temperature drops. During the last winter sixty percent (60%) of households were unable to heat their shelter sufficiently with 30% of households resorting to burning plastic or other harmful materials. Women and children are at particular risk of exposure to household air pollution as they stay at home more than men.

### Population groups

The strategy adopts an 'affected communities' approach- inclusive of refugees, returnees, IDPs and host communities – supporting integrated programming for both displaced and host



communities, factoring in appropriate economic, environmental and social considerations (legal, material and physical safety). The list of population groups has been fine-tuned to five core categories:

- i. People displaced in 2020.
- ii. People affected by shocks in 2020.
- iii. Returnees in 2020.
- iv. Refugees living in Afghanistan.
- v. Acutely vulnerable people with humanitarian needs.

### 3 Inter-Cluster Planning Needs Assessment

A total of 2.5m individuals are estimated to be living in the high-altitude winter areas in the 34 provinces and in need of winterization assistance. The projections on climatic conditions are based on historical weather forecast for the annual minimum temperature for Afghanistan, the average snow and ice cover for Afghanistan from February 2006 until October 2015 and the average annual and monthly precipitation in Afghanistan (iMMAP).

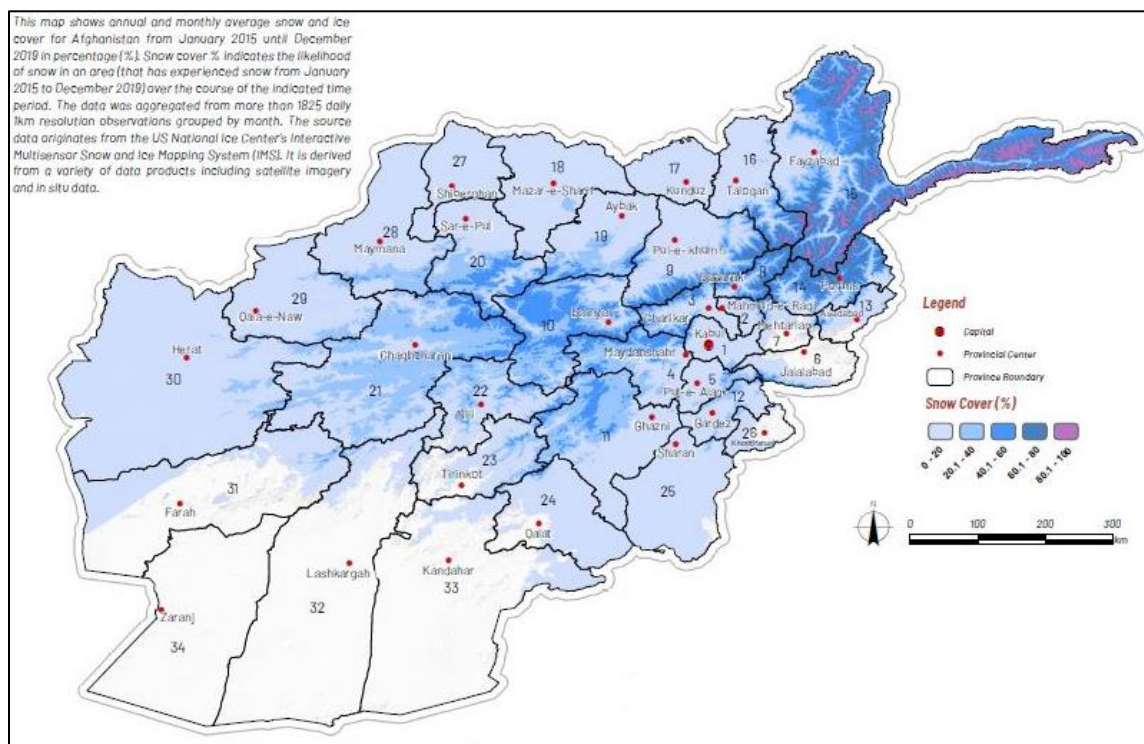


Figure 3; Annual and Monthly Average Snow and Ice Cover for Afghanistan

Winterization assistance is prioritized based on needs and not status. The needs per province are based on.

- a) the severity of climatic conditions during winter period
- b) the extent to which the population is exposed to the elements
- c) the size of the population projected to be exposed to the elements.

In line with the three parameters, Provinces are categorized either as priority 1, priority 2 and priority 3 provinces.

Priority	Name of Provinces	Total
Priority 1	Badakhshan, Bamyan, Daykundi, Ghazni, Ghor, Kabul, Kapisa, Logar, Nuristan, Paktika, Paktya, Panjsher, Parwan, Wardak, Herat, Nangahar, Baghlan, Kunduz and Balkh.	19 Provinces
Priority 2	Badghis, Faryab, Kandahar, Khost, Kunar, Samangan, Takhar and Zabul	8 Provinces
Priority 3	Farah, Hilmand, Jawzjan, Laghman, Nimroz, Sar-e-Pul and Uruzgan	7 Provinces
<b>Total</b>		<b>34 Provinces</b>

Figure 4: Priority Provinces

Resource Mapping

**Resource Mapping**

**4.85M**  
PEOPLE IN NEED

**2.5M**  
PLANNED REACH

**136.9M**  
FUNDING NEEDS

**63.6M**  
FUNDING AVAILABLE

**74M**  
FUNDING GAPS

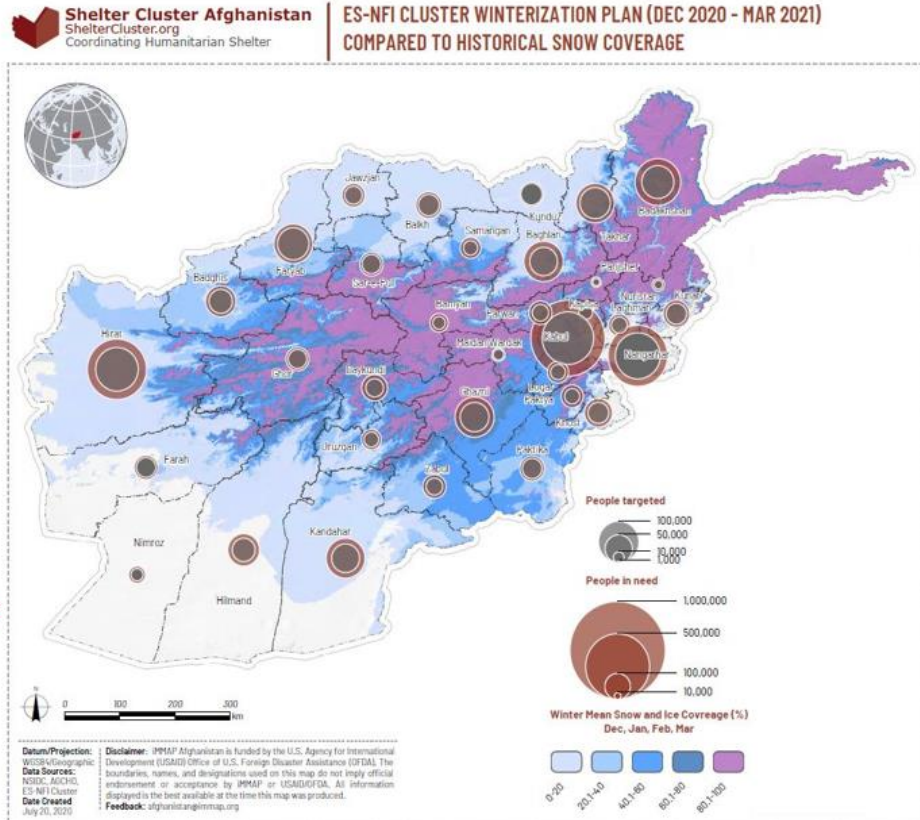


Figure 5; Resource Mapping

Detailed cluster plans are available below with the reach and funding summary provided below.

Cluster	Target (Individuals)	Total Budget (USD)	Funding Available (USD)	Planned/Reach (Individuals)	Funding Gap (USD)
<b>EIEWG</b>	300,000	\$ 4.8m	\$ 2,176,705	102,892	\$ 2.62m
<b>ESNFI</b>	1,359,792	\$ 57.5m	\$ 17.4m	397,908	\$ 40.1m
<b>FSAC</b>	1,694,456	\$ 54.45m	\$ 37.47m	1,148,832	\$ 16.9m
<b>Health</b>	2,500,000	\$ 6m	\$1.5 m	600,000	\$ 4.5m
<b>Nutrition</b>	63,603	\$ 3.37m	\$ 4m	167,797	\$ 0m
<b>Protection</b>	402,564	\$ 6.9m	\$1m	35,000	\$ 5.9m
<b>WASH</b>	100,000	\$ 3.9m	0	0	\$ 3.9m
<b>Total</b>		\$ 136.9m	\$ 63.6m		\$ 74m

Figure 6: Cluster Reach and Funding Breakdown

### Summary of Resourcing Gaps

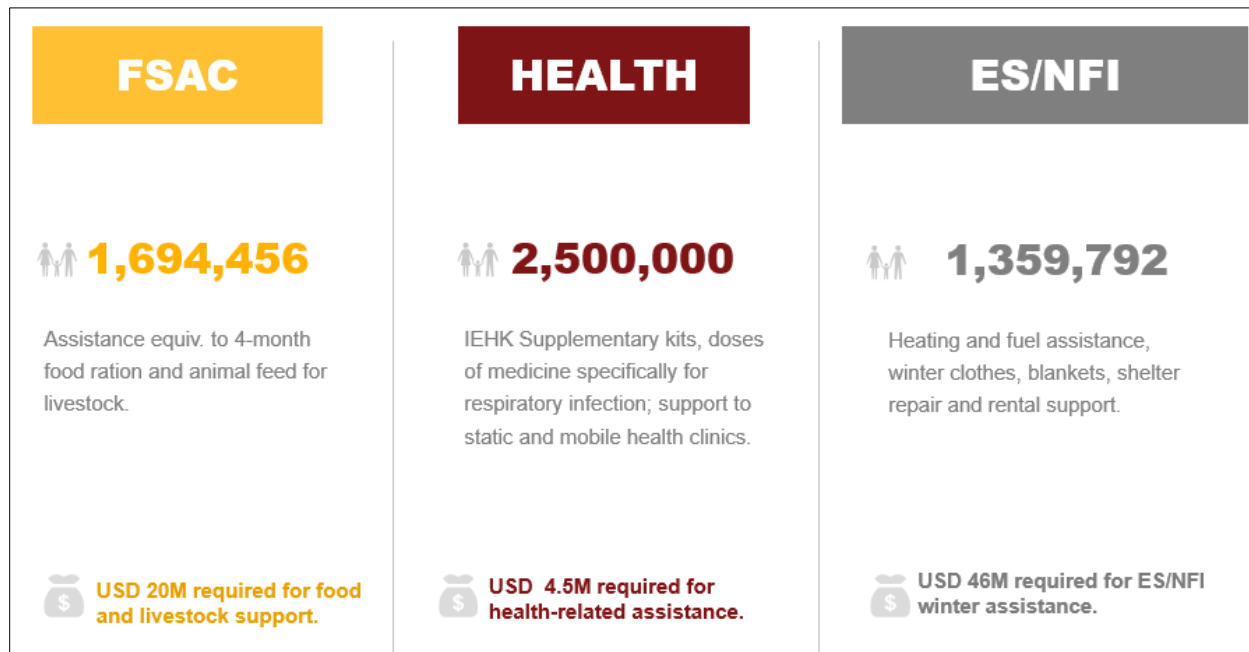


Figure 1; FSAC, HEALTH & ES/NFI Funding Gaps

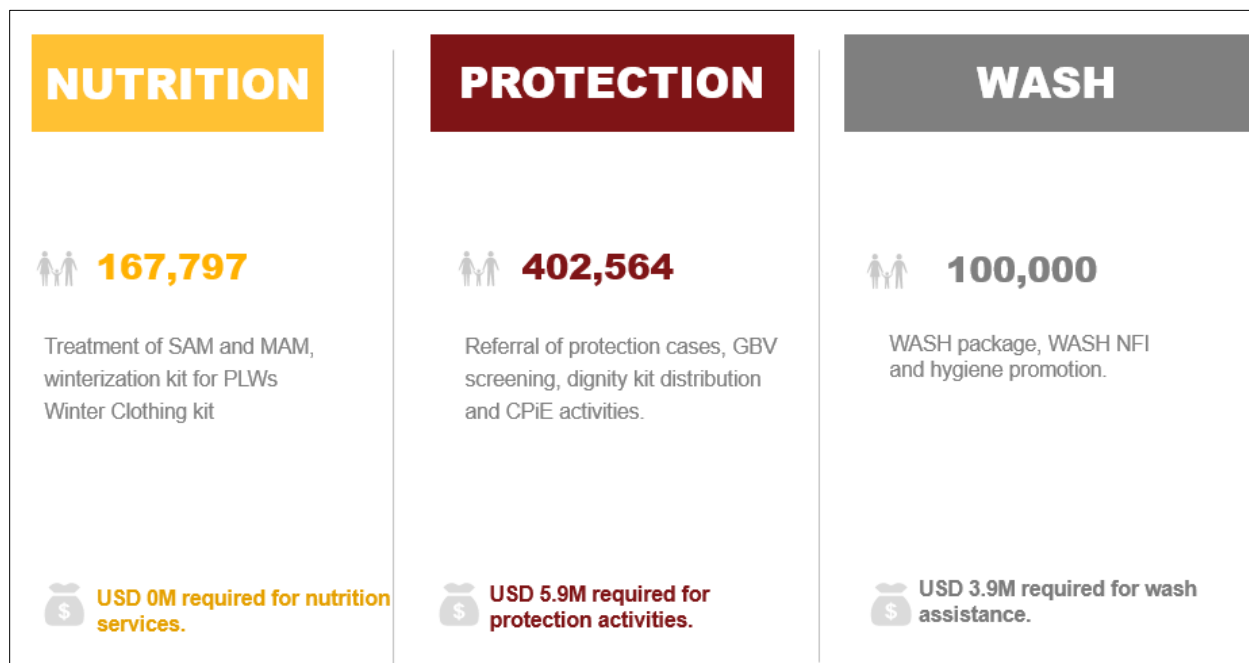


Figure 8; Nutrition, Protection and Wash Funding Gaps

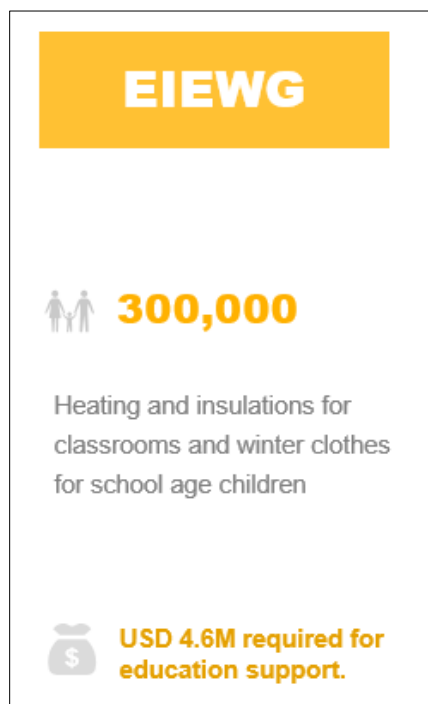


Figure 2; EIWG Funding Gaps

## Cluster Prioritisation

Each of the relevant clusters has prioritised their most urgent activity/activities provided during winter season. The strategy prioritizes a range of solutions i.e. adequate shelter, heating and NFIs, winter clothing, food assistance, animal protection, WASH and sufficient medicine and health supplies. Each cluster continues to prioritise saving lives, while at the same time acknowledging the need for a greater commitment to long-term durable shelter solutions that help affected households achieve self-reliance. These are as outlined in section 3.4 herein.

Continued innovative approaches which encourage partners to ‘stay and deliver’ need to be closely linked to sustained and unfettered humanitarian access, adequate and predictable resourcing from donors, and the ability to retain necessary staff in areas where the needs are the greatest.

## Cluster Assistance Modalities

The response outlined in this plan will be delivered via a combination of in-kind, cash and voucher assistance. Most clusters are planning some element of cash programming, but this may need to be stepped up in the event of more severe movement restrictions or pipeline interruptions for in-kind supplies. Whenever feasible, monetized winter assistance should be prioritized, according to the beneficiary vulnerability criteria, the proximity of functioning markets and the availability of the needed winter items. Cash and vouchers have the potential to support humanitarians to providing continuous life-saving support to the most vulnerable people and provide them with additional choice and flexibility. However, as with in-kind programming, it is important that the risks linked to the use of cash are mitigated by;

- i. Good planning, feasibility assessments, market monitoring and analysis of risk transfer
- ii. Ensuring that staff considering cash or voucher modalities are trained to implement
- iii. Making additional and regular checks on procedures and resources
- iv. Prioritising well-documented communications with staff/partners, stakeholders, and donors
- v. Implementing distribution precautions to minimise the risk of COVID-19 exposure to personnel, partners, and beneficiaries.
- vi. The current security context, it is important that partners considering cash or voucher assistance carry-out periodic security risk assessments of existing and potential project locations and provide resources for context-specific safety and security training.
- vii. Multi sectoral needs assessed comprehensively to not redirect the cash assistance from the purpose intended.

## Standard Response Packages

The Standard Response Package is a set of minimum relief items and level of access to services that are to be provided at the household level, based on an assessment that a family needs support to cope with the winter season. It is a minimum package and does not fully consider diverse needs and special requirements of different groups, and therefore delivery of the package should not be considered enough to address all needs without further technical assessment. The minimum range of responses to be provided by each Cluster is outlined below.

Food Security	Health	Nutrition	ES-NFI	WASH	Protection	Education
4 months food assistance	Emergency health services through mobile & static health clinics.	Treatment of SAM and MAM Winterization kit for PLWs Winter clothing kit	Heating / fuel assistance  Blanket package  Standard winter clothing package  <i>If required:</i> Shelter Repair / Upgrade  Rental assistance, Winterised kit as appropriate.	WASH package  WASH NFI  Family hygiene kit  <i>If required:</i> Safe drinking water by tankering or water treatment kits  Emergency latrines and bathing spaces	Referral of protection/PSNs cases  GBV screening and referral  Dignity kit distribution  Identification of children with specific needs(PSN)  Winterization kit for children with specific needs.	Heating of classrooms.  Winter clothes for school aged children.

Figure 10: Standard Cluster Response Packages

## EMERGENCY SHELTER AND NFI

### PEOPLE IN NEED

4.85 M PEOPLE

### FUNDING REQUIRMENTS (\$)

57,5 M

### CLUSTER TARGET

1,359,792 PEOPLE

### CURRENT CAPACITY

17,4 M

### Key sectoral issues and vulnerabilities

- i. As of mid-November 2020, cases of acute respiratory infections, hypothermia, and death directly due to cold are likely to increase. In many cases these will be attributable to insufficient physical shelter and lack of personal insulation.
- ii. The COVID-19 pandemic is a threat not just to people's physical wellbeing but also their economic wellbeing. Large numbers of people are expected to be adversely affected by loss of livelihoods due to the economic consequences of the pandemic. Therefore, the cluster will also expand its winterization program targeting more vulnerable people with heating /fuel, winter clothing, shelter insulation support to help them cope with the upcoming winter season. At risk households should be prioritized with winter support to reduce use of waste for heating / fuel and their exposure to respiratory infections likely to acerbate risks associated with COVID - 19.
- iii. With eighty per cent (80%) of people in Afghanistan living in poverty, having less than US\$1.25 per day to meet their needs, their ability to cope with sudden shocks including harsh weather is quite low. Most of the IDPs have fled their home without adequate clothing and reside in makeshift shelters that do not enable dignity, privacy and protection from the elements leaving them extremely vulnerable to rain, snow, and freezing temperatures. Assessment reports indicate that sixty five percent (65%) of IDP households are currently residing in collective centers, makeshift shelter, open space, tents, and poor transitional shelter.
- iv. More than 4.1 million IDPs who have been displaced since 2012 remain in urban and rural informal settlements residing in sub-standard shelters characterized by lack of privacy and dignity; overcrowding; and poor ventilation. Existing informal settlements lack adequate settlement planning and centralized access to services including heating, energy, safe water, and sanitation facilities. Due to the high number of families unable to prepare adequately for the winter season, coupled by the limited resources available, humanitarian agencies are strongly recommended to apply scoring systems on vulnerability criteria in the selection of beneficiaries of winterization assistance, keeping in mind the prioritization criteria proposed by the Cluster.



- v. Assessment reports indicate that IDPs households have limited access to blankets and heating materials during the last winter season. Sixty four percent (64%) of IDPs used waste (paper, plastic, carton board, etc.) and wood, bushes as their main source of energy for heating; fifty eight percent (58%) of IDPs indicated having less than 1 blanket per person.
- vi. In Afghanistan, it is estimated that Household Air Pollution (HAP) causes over 27,000 deaths per year, whereas Ambient Air Pollution (outdoor) causes over 11,000 deaths annually. The problem is particularly acute during the winter as thousands of families use plastic, car tires and raw coal in their stoves for heating purposes.

#### **Priority response activities during winter**

- i. **Winter Clothing and Blankets;** To preserve body core temperature, appropriate winter clothing and blankets should be provided particularly for persons with specific needs, children, the elderly and chronically sick or those with limited mobility to keep the immediate space around bodies warm. It should be considered that possibility of catch classes in the winter season means that school age going children will require warm clothes to maintain thermal comfort in heated classrooms. The value of winter clothing kit is set at \$65 USD per family by the Afghanistan Shelter Cluster.
- ii. **Emergency shelter improvements:** Where the use of tents or other makeshift shelter is considered unavoidable in order to preserve life and due to limited availability of other options, replacement of damaged tents, stringent monitoring of emergency shelter is required to account for the wind load, with drainage channels provided around the shelter to divert surface water and where possible raising the ground area to prevent the ingress of surface water. Ground insulation and bedding is key in preventing heat loss to the ground and will help survival through periods of cold. A winter kit constituting of the following should be provided: Insulation sleeping mats (depends on HH size), one (1) heat resistant floor panel (for positioning a solid/liquid fueled stove); one (1) heat resistant sleeve (for stove chimney to pass through the tent wall). The later items are provided to allow solid fuel or liquid fuel stoves to be used inside the tent.
- iii. **Repair / Upgrade of shelters in poor conditions;** Shelter insulation is key in preventing heat loss and will help survival through periods of cold. Draughts can be blocked by provision of doors, windows, insulation glass, plastic sheeting, canvas, over gap to prevent heat loss from the shelter and ingress of cold air. The cluster will also prioritize shelter solutions prior to the winter period through upgrade and repair of shelters for those whose houses are partially damaged or destroyed due to the recent floods.
- iv. **Rental Support:** This modality will be instrumental to those who, due to restrictions, have lost the capacity to generate sufficient income to cover their basic needs (rent, food, and

others). CfR should be provided to very vulnerable at-risk households located to cater for households in extremely high-altitude areas and those in urban centers intended at ensuring their access to safe shelter for the winter period. It aims to minimize the effects of negative coping strategies and reinforce the safety and dignity of vulnerable families and ensure security of tenure for affected persons. The value of one month of CfR assistance for ESNFI cluster is set at of \$75 USD per family and assistance should run for a period of least 3 months. Extension from the first instalment up to 12 months as a transitional shelter solution will be based on updated data on the needs of the household, and within funding possibilities of the partner.

- v. **Heaters and Fuel Support;** All shelter types, including existing structures, will require a heating strategy for utilization during the winter. Exposed liquid and solid fuel heating appliances should not be used in regions where safer alternative heating materials are widely available and accepted. Where existing heating systems are deemed inadequate, supplementary heating may be provided through the provision of individual electric room heaters or bottled gas units subject to being certified as safe for indoor use and in the case of bottled gas heaters with additional safety features. The provision (in kind or in cash) of coal, firewood, LPG remain a core activity in the winterization response. The value of 3 months heating / fuel assistance is set at \$200 USD per family adequate purchase of a gas cylinder or Bukhari stove, and 180 Kgs of firewood or LPG. Cooking and heating functions of stoves should be considered separately, and care needs to be taken with reducing fire risk. Smoke is a common cause of respiratory infections and eye disease.
- vi. **Transitional shelter approaches;** provided prior to the winter period should incorporate transportation costs as beneficiaries are expected to travel long distances to source for the needed construction materials; and a cash for work component, to help families cover their needs and cope economically while focusing on the construction. Partner Staff are encouraged to adhere to social distancing practices, safety standards, and hygiene practices during site visits, and training sessions.

### **Standard response packages**

- i. Immediate shelter assistance prior to winter:
  - a. replacement of damaged tents
  - b. provision of materials, tools, and technical support to insulate shelters.
  - c. emergency shelter kit as appropriate to those living in open space.
  - d. Provision of shelter repair /upgrade standard costing for shelter repair estimated as USD 300 for CAT C and USD 500 for CAT B damages.
  - e. provision of a winter kit constituting of the insulation sleeping mats (depends on HH size), one (1) heat resistant floor panel (for positioning a solid/liquid fueled

- stove); one (1) heat resistant sleeve (for stove chimney to pass through the tent wall) for households residing in emergency shelter.
- f. undertake rental market assessments and sign rental agreements. This assistance is to be provided from September 2020 to November 2020 before the harsh winter period in December 2020 – February 2021.
- ii. Immediate shelter assistance during winter:
  - a. provision of in kind / in cash winter clothing kit set at \$65 USD per family by the Afghanistan Shelter Cluster.
  - b. provision of in kind / in cash blankets and quilts set at \$40 USD per family by the Afghanistan Shelter Cluster.
  - c. provision of in kind /cash 3 months heating stove and fuel assistance set at \$200 USD per family adequate purchase of a gas cylinder or Bukhari stove and 180 kgs of firewood or LPG.
  - d. provision of rental subsidy for 3 months assistance set at minimum of \$75 USD per family per month to run for a period of least 3 months.

## FOOD SECURITY AND AGRICULTURE

**FOOD AND ANIMAL ASSISTANCE**  
**1,694,456 PEOPLE**

**CURRENT CAPACITY (US\$)**  
**37.47 M**

**FUNDING REQUIREMENT (US\$)**  
**54.45 M**

**FUNDING GAP (US\$)**  
**16.9 M**

### Key sectoral issues and vulnerabilities

- i. Depletion of food stocks for smallholder farmers, seasonal impacts on food availability in remote districts, decrease in seasonal labour demand, ongoing impacts of COVID-19 on fragile livelihoods in urban areas.
- ii. Reduced access to fodder, forage, and feed due to lack / limited access to feed markets given the remote districts coupled with COVID-containment measures and uncertain returns from livestock products.

### Priority response activities during winter

- i. Complementary in target areas between winterization and FSAC interventions to reduce the incentive to sell-off winterization assistance to cover food consumption needs and livestock assets' protection including safeguarding animal body conditions.

- ii. For the livestock related winterization actions, focus will be on central highlands - particularly Bamyan, Daikundi and Ghor - as well as Badakhshan, Takhar, Kunduz, Samangan, and Nuristan provinces wherein the livestock keepers / herders face acute constraints in protecting their productive livestock and overall animal body conditions.
- iii. Focus will be on highland areas including Bamyan, Daikundi and Badakhshan along with areas with high concentrations of displaced people living in fragile shelters including Kabul, Herat, Kandahar, and Nangarhar Provinces.

**Standard response packages**

- i. In-kind food basket for up to 4 months through 2 distribution cycles; package includes 46 kg fortified wheat flour, 4.5 kg vegetable oil, 8.4 kg pulses and 1 kg iodized salt
- ii. Livestock protection package comprising 100 kg of animal feed, 3 Kg of fodder crop seed (more for spring cultivation), deworming treatment and training on best practices in livestock feeding and keeping
- iii. HHs receiving cash assistance will receive 3,000 AFN per month for up to 4 months  
Included in the overall food assistance target population are 70,000 refugees settled in Khost and Paktika

**HEALTH**

<b>BENEFICIARIES</b>	<b>CURRENT CAPACITY (US\$)</b>
<b>2,500,000 PEOPLE</b>	<b>1.5 M</b>
<b>FUNDING REQUIREMENT (US\$)</b>	<b>FUNDING GAP (US\$)</b>
<b>6 M</b>	<b>4.5 M</b>

**Key sectoral issues and vulnerabilities**

- i. COVID-19 has overwhelmed the current health system. With a potential of second wave, poor immunization, access to quality health services has become vital for the winter season
- ii. Respiratory infection - This would include medicine to treat pneumonia and other respiratory infections (including COVID) in response to increased caseloads due to harsh weather. At the same time, increase disease surveillance is needed to ensure timely and appropriate treatment is provided to reduce morbidity and mortality.
- iii. Access – Sufficient supplies is necessary to ensure that communities isolated from health services would have the necessary health supplies to provide essential services to the

population. Supplies need to be preposition prior to November 2020 to ensure road access.

- iv. Winterization needs will complement the existing COVID-19 response.

#### **Priority response activities during winter**

- i. Specifically, risk communication and community engagement on prevention, mitigation measures for respiratory infection. In addition. RCCE activities on maintaining essential health services.
- ii. Scaling up infection prevention and control in health facilities and communities as well as case management including scaling up isolation wards and ICU.
- iii. Increase surveillance, case identification, and contact tracing for respiratory infection including COVID-19 – including Points of Entry and within the community.
- iv. Increase laboratory testing.
- v. Strengthen essential services via modality that is safe for the healthcare workers and patients including the use of mobile health teams and static facilities with proper social distancing.

## **NUTRITION**

**BENEFICIARIES**  
**167,797 PEOPLE**

**CURRENT CAPACITY (US\$)**  
**4 M**

**FUNDING REQUIREMENT (US\$)**  
**3,376,857 M**

**FUNDING GAP (US\$)**  
**0 M**

#### **Key sectoral issues and vulnerabilities**

- i. During winter season physical access to some locations of the country are blocked due to snow or muddy roads.
- ii. Provision of treatment to MAM children, SAM children, and PLWs is one of the key priority interventions under Nutrition Cluster. If the relevant services are not provided during winter season, it will contribute to further deterioration of the nutritional status of children and PLWs to severe condition, increased morbidities, and mortalities.
- iii. Additionally, PLWs need a functioning space for breast feeding and for having mothers group discussion sessions on IYCF during winter. Such spaces will also become important for PLWs to isolate themselves from distractions that interfere with breastmilk producing

hormonal stimulation. These spaces will also become very important to distant themselves from those who may be ill.

- iv. Winter prepositioning is critical for regular and timely provision of MAM and SAM treatment services.

### **Priority response activities during winter**

- i. Treatment of MAM children
- ii. Treatment of Acute Malnourished PLW
- iii. Protection, promotion, and support for breastfeeding and appropriate IYCF and dietary practices.
- iv. Treatment of SAM children

### **Standard response packages**

- i. Treatment of MAM-CH cost per child (RUSF)
- ii. Treatment of AM-PLW cost per PLW (Super cereal)
- iii. Treatment of SAM cost per SAM outpatient child
- iv. Treatment of SAM cost per SAM in-patient child
- v. Winterization kit for PLWs cost per PLW
- vi. Clothing Kit

## **PROTECTION**

**BENEFICIARIES**  
**402,564 PEOPLE**

**CURRENT CAPACITY (US\$)**  
**1 M**

**FUNDING REQUIREMENT (US\$)**  
**6.9 M**

**FUNDING GAP (US\$)**  
**5.9 M**

### **Key sectoral issues and vulnerabilities**

- i. The challenges in the upcoming winter months (Nov 2020-Feb 2021) include the prediction that the level of vulnerability currently existing will exceptionally increase, particularly the vulnerability of children and their families who have been largely affected by COVID -19 situation. It will force the families to engage in severe negative coping mechanisms to survive.

- ii. Based on reports by the protection cluster's partners, 2 out of 3 IDPs' and returnees' families have been affected by COVID-19 lockdown and lack of job opportunities caused by COVID-19 movement restriction. To respond to the situation and reduce protection risks a total of 402,564 households with specific needs to be assisted with cash assistance.
- iii. The upcoming winter coupled with anticipated increased poverty as result of COVID-19 lockdown, conflict and displacement will intensify the vulnerabilities for persons with specific needs, increased likelihood of negative coping mechanisms.
- iv. Current lockdown and restricted movements and exacerbating economic hardship for families which will subsequently lead to increased child protection issues for girls and boys.
- v. Economic challenges across Afghanistan disproportionately affect children, by intensifying already and the limited access to economic resources by children and their families (such as skill trainings for instance), increase the risk of negative coping mechanisms in the home and the community.
- vi. Increased risk of children experiencing winter related challenges in the absence of warm clothes and appropriate footwears.
- vii. Closed schools may increase potential risk of abuse against girls and boys and reduce access to safe referrals from teachers to specialized caring for child survivor.

#### **Priority response activities during winter**

- i. Identification of Persons with Specific Needs (PSN) and verification of their vulnerability.
- ii. Provision of one-time cash assistance to the PSNs for filling of the most urgent needs during the winter.
- iii. Referral of PSN cases to other service provider organizations for additional assistance.
- iv. Distribution of dignity kits (including winterization items)
- v. Referrals for cash assistance
- vi. GBV mainstreaming through other activities, including shelter, WASH, education.
- vii. Identification of Children with Specific Needs (PSN) and verification of their vulnerabilities. Identification will be undertaken by partners involved in Case Management and providing door-to-door PSS.
- viii. Provide each family with appropriate Winterization kit for children which is comprised of a standardized response package (see below).

#### **Standard response packages**

- i. Provision of dignity kit set at \$28/kit including packing, transportation, storage, loading/unloading etc.

- ii. Provision of winterization kit set at \$45/kit including packing, transportation, storage, loading/unloading etc.

## **WATER, SANITATION AND HYGIENE**

### **BENEFICIARIES**

**100,000 PEOPLE**

### **CURRENT CAPACITY (US\$)**

**0 M**

### **FUNDING REQUIREMENT (US\$)**

**3.905 M**

### **FUNDING GAP (US\$)**

**3.9 M**

### **Key sectoral issues and vulnerabilities**

- i. Displacement due to conflict or avalanches making the affected population susceptible to WASH related issue that in addition to harsh winter can further expose them WASH related diseases of public health importance (diarrhoea, typhoid, cholera etc.
- ii. Inaccessibility due to harsh winter or physical access due cutting away of roads resulting from heavy snow fall or avalanches-cutting off WASH assistance to affected population displaced by conflict or natural disasters such winter, earthquakes etc.

### **Priority response activities during winter**

- i. Pre-position of WASH supplies-Hygiene kits, waters kits and bathroom & latrine kits in key locations likely to be affected by displacement related to avalanches.
- ii. Distribution of WASH supplies-hygiene kits/water kits to the affected population based on the assessed needs.
- iii. Hygiene promotion focusing on the continuity of proper handwashing with soap at critical times.
- iv. Water supply to displaced/affected population due to winter or conflict during winterization.
- v. Provision of emergency sanitation facilities to the affected population.

### **Standard response packages**

- i. Complete WASH package for half of the targeted people affected and displaced (water supply/sanitation facilities/WASH kits/hygiene promotion: \$39.05/individual).



- ii. Distribution of WASH NFIs for all targeted people affected and displaced (Family Hygiene Kits, Water Kits, etc. \$6.60/individual).
- iii. Hygiene promotion for all targeted people affected and displaced (hygiene messages for the continuity of proper handwashing with soap at critical times: \$9.90/individual).
- iv. Provision of safe drinking water for half of the targeted people affected and displaced (handpump and well/borehole construction/repair, water trucking (where critically necessary), water purification: \$ 24.75/individual).
- v. Provision of sanitation facilities for half of the targeted people affected and displaced (gender appropriate emergency latrine and bathroom to protect the health and dignity of the affected population: \$ 20.35/individual).
- vi. WASH assistance will be provided in-kind however in situations where in-kind is not feasible, use of vouchers will be considered.
- vii. WASH interventions in cold weather and freezing conditions as per the related WASH Cluster Guidelines Technical Guidance.

#### **4 Winterization Strategy Development Approach**

The Government of Afghanistan is leading and coordinating the overall winterization response. In line with the National IDP policy, winterization activities are to be coordinated and carried out between MoRR /DoRR, ANDMA, relevant line ministries, and humanitarian organizations who are responding to the affected people throughout the country. It is expected that information on populations in need of seasonal support will come from a variety of sources that are not limited to the following:

- i. Contact centers at the community level
- ii. MORR and ANDMA provincial offices
- iii. District and provincial government offices
- iv. Security organizations
- v. Humanitarian and development organizations
- vi. The IDPs themselves, including through the inter-agency call center (AWAAZ)
- vii. Inter- cluster referrals.

##### **4.1 Coordination Process**

- i. Information will be collected by DoRRs, OCHA, regional cluster leads, and humanitarian partners based on the sources above. Needs assessment will be implemented jointly by partners prior to the start of the program. The assessments will be coordinated regionally and locally through regular Operational Coordination Team (OCT) team, the Humanitarian Response Team (HRT) meetings and regional clusters, in coordination with OCHA and in partnership with the government.

- ii. The clusters will liaise directly with DoRR, ANDMA (Representing the government) to coordinate the overall response at the Provincial level. DoRR will provide regular updates to the Provincial Governors and other entities on the response and follow-up to address any challenges or concerns. The regional clusters will inform humanitarian partners regularly through current coordination mechanisms.
- iii. The close liaison between the field and national coordination structures will be done through joint multi cluster reporting for the four months November - February as well as through intra cluster (regional to national and vice-versa) communications. In turn, the ICCT will report monthly to the HCT.

## 4.2 Timelines

Extreme winter conditions usually occur from December 2020 – February 2020. All efforts will be made to ensure that assistance is delivered in the high winter season in a timely manner. Assessments will commence in late October 2020 and consequently the delivery of assistance.

## 4.3 Targeting, vulnerability and cross-cutting issues

Due to the high number of families unable to prepare adequately for the winter season, coupled by the decreasing resources, humanitarian agencies are strongly recommended to apply scoring systems on vulnerability criteria in the selection of beneficiaries of winterization assistance, keeping in mind the prioritization criteria proposed by the Cluster TWIG. Vulnerability targeting will be community needs based and not on a status based to safeguard peaceful coexistence.

In addition to the most vulnerable families, priority will be given to those expected to be in critical climatic conditions due to altitude, temperature, and weather. Applying the vulnerability criteria will help humanitarian agencies to target the right people for assistance and avoid providing it to those who are not vulnerable. These criteria are a set of live parameters and must be periodically reviewed to assess their applicability in an evolving context and adjusted based on updated information from ongoing and forthcoming assessments.

### 4.3.1 Beneficiary Selection

Community level assessment and targeting process require agencies to involve the Community Development Council (CDCs), Shura, MoRR and ANDMA provincial offices, Humanitarian, and development organizations, OCHA, provincial and district authorities, and humanitarian agencies working in the region. It is preferred that assessment teams are co-led by DoRR and humanitarian organizations. If DoRR is not able to be involved, assessments can proceed with humanitarian organizations only and DoRR will be informed by email of this plan. If possible and provided it does not cause unnecessary delay, the participation of women and protection staff in the joint assessment team should be encouraged. In all joint assessments' beneficiary selection will depend on the collective decision of the assessment teams.

The Community Beneficiary Committee (Representative of the community, CDC, IDP, Shura, Returnee ensuring fair representation of women) will refer a list of vulnerable families/households who meet the criteria (Vulnerable IDPs, Returnees, host community without any support or income in need of winterization assistance) to the Beneficiary Screening/Selection Committee (DORR provincial offices, OCHA, provincial and district authorities, Cluster regional and provincial focal points, humanitarian agencies ).

The Beneficiary Selection Committee (BSC) will screen the list to identify duplication before submitting it to the Joint Assessment Team (JAT) for verification in the field. The JAT will be comprised of cluster partners including UN, INGO's, NNGO's, DoRR, SMTF agencies where applicable. During the field assessment, the JAT may also include vulnerable families who meet the criteria but were not recommended to the BSC. It is recommended that all members of assessment team use the same tools where possible.

#### 4.3.2 Targeting

The assessment results including the list of vulnerable population assessed will be provided to the BSC for prioritization and selection of targeted beneficiaries using the vulnerability code card. The results will be shared through a coordination meeting with all partners and a coordinated response arranged by prioritizing vulnerable households highly impacted by the harsh winter. The role of the beneficiary selection process is not to delay the response but to ensure transparency and equal access to those in dire need. Winterization assistance is expected to be delivered within two weeks upon receipt of the list from the community or partners and following the assessments.

#### 4.3.3 Response

Where possible, distributions of assistance should take place simultaneously with assessments to ensure verified and assessed populations receive help as soon as possible. If due to access limitations, one partner organization has completed a verification and conducted an assessment and the identified needs are within their capacity, they can, respond immediately so that affected people receive assistance as quickly as possible. If a more coordinated response by multiple actors is required, the regional cluster will share the assessment findings with humanitarian agencies and DoRRs and work with the relevant clusters to facilitate an appropriate response based on immediate needs. OCHA, subnational clusters, DoRR will work with the other stakeholders to ensure that the response meets the needs of the affected population and that the type and delivery of the assistance is safe and culturally suitable. This includes ensuring the safety of the distribution points. These should be away from military/ security posts and have suitable facilities like toilets and shade for the protection of health and human dignity and be as close to the affected population as possible. Specific lines should be established for prioritized distribution to vulnerable groups such as female-headed households, children, pregnant and

lactating women, people with a disability, and the elderly. Waiting times should be kept to a minimum. Ethical standards for photos and videos, including obtaining informed consent should be considered before capturing and dissemination of such material by government and humanitarian actors.

In line with the principles of confidentiality, consent, best interest, purpose, and access and data protection, data sharing agreements should be agreed upon in locations with high needs and where two or more partners are expected to respond. Priority for the assessments will be conducted in areas expected to experience harsh weather conditions by October 2020.

#### 4.4 Monitoring

Individual agencies are expected to undertake on-site and real time monitoring to ensure the delivery of assistance to the targeted population. Agencies should establish one or more channels to communicate with affected populations in addition to Awaaz, including setting up a feedback and complaints box, survey and/or desk at the distribution site, via social media, focus group discussions, key informants' interviews etc. Each agency is requested to conduct Post Distribution Monitoring (PDM) using the agreed cluster template or incorporate specific cluster questions within their agency's tool to measure impact, gather lessons learnt, strengthen accountability to the affected populations and further inform future programming by at least by April 2021.

#### 4.5 Reporting

The close liaison between the field and national coordination structures will be done through joint multi cluster reporting for the four months, November - February as well as through intra cluster (regional to national and vice-versa) communications and through the facilitation of OCHA. In turn, the ICCT will report biweekly to the HCT and the HC. All Partners are to report winterization response activities via Report hub. iMMAP will create an interface in ReportHub allowing all partners including other sectors to provide monthly updates on activities and assistance provided for the winter season. This will aid in measurement of response and budget milestones against the strategy.

## 5 Conclusion

The strategy outlines inter-cluster response efforts to the winter season and aims to provide lifesaving assistance preventing mortalities for vulnerable populations. To ensure a coherent response, early identification of funds will enable both partners and relevant line ministries to timely meet the intended needs of affected households and reduce the spread of respiratory infections, hypothermia, hospital admissions, death, the occurrence of negative coping mechanisms including protection –related issues such as child labour, begging, selling of children etc. Winter assistance should be delivered ahead of the start of the cold season, to allow target population plan, and stockpile for the winter.

The strategy calls for a strong commitment on coordination within the inter cluster mechanisms to ensure an integrated response allowing affected populations address their cross-cutting needs and vulnerabilities associated with the winter season. Further, it calls for coordination and advocacy with donors, government authorities both at provincial and national level, the various line ministries involved in the implementation of response as well as in definition of strategic priorities, fund allocation schemes impacting the winter period.

It primarily focuses on emergency humanitarian efforts and development actors can contribute to build the country's resilience to winter season within a recovery /development framework.

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## ABBREVIATIONS

NFI – Non-Food Items

WASH – Water Sanitation and Hygiene

ICCT – Inter-cluster Coordination Team

MORR – Afghanistan Ministry of Refugees and Repatriation

ANDMA - Afghanistan National Disaster Management Authority

OCHA - United Nations Office for the Coordination of Humanitarian Affairs

IPC – Integrated Phase Classification

ESNFI - Emergency Shelter and Non-Food Items

IDPs – Internally Displaced Persons

COVID-19 - Corona Virus Disease 2019

IDP – Internally Displaced Persons

EiEWG - Education in Emergencies Working Group

CBE - Competency-based Education

WFP - United Nations World Food Programme

HAP - Household Air Pollution

WHO - World Health Organization

FSAC - Food Security and Agriculture Cluster

MAM - Moderate Acute Malnutrition

SAM - Severe Acute Malnutrition

ES – Emergency Shelter

CVA - Cash and Voucher Assistance

CfR - Cash for Rental

FSPs – Financial Service Providers

RCCE - Risk Communication and Community Engagement

BPHS – Basic Package of Health Services  
PLWs – Pregnant and Lactating Women  
IYCF – Infant and Young Child Feeding  
RUSF – Ready-to-use supplementary foods (RUSF)  
HRP – Humanitarian Response Planning  
MoPH – Ministry of Public Health  
GBV – Gender Based Violence  
PSN - Persons with Specific Needs  
PSS – Psychosocial Support  
CVWG – Cash Voucher Working Group  
DoRRs - Directorate of Refugees and Repatriation  
TWIG – Technical Working Group  
IMMAP - Information Management and Mine Action Program  
JAT – Joint Assessment Team  
BSC – Beneficiary Selection committee