

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. This report covers activities carried out between **1 September and 15 November 2021**. It aims to provide a frequent overview of response activities against the needs articulated in the Flash Appeal. The reporting timeframe will match the Flash Appeal which details a four-month – from 1 September to 31 December 2021 – strategic response to the current crisis. The plan draws largely on unmet needs detailed in the 2021 HRP (Humanitarian Response Plan) while also incorporating new emerging needs, as they are currently understood.

The next ICCT Real-Time Response Overview Situation Report will be released on 7 December and cover activities carried out between 1 September and 30 November.

HIGHLIGHTS

- Humanitarians seek US\$606 million as part of the [Flash Appeal](#) to provide prioritised multi-sectoral assistance to 11 million people in the four remaining months of 2021. As at 21 November, the Flash Appeal is now **100 per cent** funded. While humanitarians remain grateful for the generous contribution by the donor community, all commitments have not been translated to actions on the ground as partners continue to face financial system challenges amid the cash and liquidity crisis.
- Donors are urged to ensure transactions and other activities required for humanitarian operations are excluded from the scope of sanctions regimes to allow humanitarian activities to continue without impediment.
- Since 1 September 2021, partners have reached 102,128 children with community-based education activities, supported 141,513 people with standard NFIs assistance, provided 7.2 million people with food assistance, reached 880,207 people with primary and secondary healthcare (direct consultations), provided treatment for Acute Malnutrition to 178,492 children under five, supported 32,090 people with psychosocial support services, and assisted 198,656 drought-affected people with water trucking.

SITUATION OVERVIEW

Forty years of war, recurrent natural disasters, chronic poverty, drought and the COVID-19 pandemic have devastated the people of Afghanistan. The recent upheaval has only exacerbated needs and further complicated an extremely challenging operational context.

Even prior to the events of 15 August, the humanitarian situation in Afghanistan was one of the worst in the world. By the mid-year mark, nearly half of the population – some 18.4 million people – were already in need of humanitarian and protection assistance in 2021. Protection and safety risks to civilians, particularly women, children and people with a disability, were also reaching record highs.

Humanitarians urge the de facto authorities to deliver on their promises to protect the rights of all Afghan citizens — including women, children, minority communities, former government employees. This includes ensuring freedom of movement for women to work and to enjoy their basic rights — and for girls to have effective access to all levels of education. Additionally, humanitarians are concerned about reports of forced evictions of minority communities. The de facto authorities are urged to respect the housing, land and property rights of all Afghans and the tenure documentation that they hold, including those residing on land of the former government.

The country is currently facing the second drought in four years and the worst of its kind in 27 years. The recently updated Integrated Food Security Phase Classification (IPC) analysis shows the food security situation has further deteriorated with worrying implications for the winter lean season ahead. An estimated 22.8 million people, or 55 per cent of the population, are expected to be in crisis or emergency levels of food insecurity (IPC 3+) between November 2021 and March 2022, a nearly 35 per cent increase from the same season last year (16.9m). No provinces have been included under IPC 1 and 2 during the projected period till March. Some 9 million people projected to be in IPC 4 – the highest number in the world.

In rural areas, this is largely driven by the drought. In urban areas, income loss (driven by economic shocks) has contributed to the rapid deterioration in food insecurity. 10 out of 11 most densely populated urban areas are anticipated to be in IPC 4. Sharp drops in income, surging food and other commodity prices, growing unemployment and severed remittances are

expected to contribute to the deterioration of food security. No population group had a net positive income in 2021. Assessments show that more households have higher than average debt this year. This is increasingly concerning as food basket costs are steadily rising, constituting more than 82 per cent of the average HH income. While markets continue to function, prices for key commodities remain well above pre-pandemic levels and the purchasing power of casual labourers and pastoralists remains significantly reduced. It is anticipated that current political uncertainty, devaluation of the Afghan currency, import challenges and cash availability may lead to further inflationary impacts.

The recent leadership transitions in the country and unfolding implications on basic services, financial systems and markets has led to a further deterioration of the situation for vulnerable people. While the full impact of recent events will take more time to manifest, aid organisations have already witnessed a dangerous deepening of humanitarian need amongst a greater number of people.

Humanitarians in Afghanistan are in a race against time to deliver life-saving aid to crisis-affected people and preposition supplies ahead of winter. Humanitarian partners have reached close to 10.3 million people with assistance across the country during the third quarter of the year.

HUMANITARIAN RESPONSE

Key Cumulative Response Figures Since 1 September By Cluster/Sector

Education	<ul style="list-style-type: none"> • 3,542 new community-based classes established across eight provinces. • 3,542 teachers recruited to facilitate community-based classes across eight provinces. • 102,128 children reached with Community-Based Education (CBE) activities across eight provinces.
Emergency Shelter & NFI	<ul style="list-style-type: none"> • 141,513 people across 19 provinces reached with standard NFIs assistance. • 23,625 people received emergency shelter assistance across five provinces. • 23,800 people received winterization assistance across 32 provinces, including heating/fuel assistance, winter clothing through cash modalities and in-kind blanket distribution.
Food Security	<ul style="list-style-type: none"> • 7.2 million people reached with food assistance by FSAC partners across 34 provinces. • 561,169 people reached with agriculture and livelihood assistance across 31 provinces.
Health	<ul style="list-style-type: none"> • 383 emergency medical kits delivered to health facilities across 33 provinces to meet the urgent needs of 728,500 people for three months. • 75,432 IDPs in Kabul province reached with consultations, outpatient department visits, antenatal and postnatal care, family planning, diarrheal disease treatment, acute respiratory infection, psychosocial support, health education, immunization, nursing care, malnutrition, and referrals and screening for COVID-19. • 38,330 people screened at points-of-entry for tuberculosis by Health Cluster partners. • 31,910 people screened at points-of-entry for COVID-19 by Health Cluster partners. • Mobile health teams (MHTs) reached 13,479 patients including 1,627 people with outpatient consultations, 5,030 people with health education sessions and 2,559 people with psychosocial support. • 114,163 people have benefited from medical consultations and essential health care services through static clinics and 40,618 people have been reached with trauma care at first aid trauma points. • 880,207 people reached with primary and secondary care (direct consultations). • 10 tons of medicine distributed across the country to treat emergency cases, including cholera, acute watery diarrhoea and other infectious diseases. An additional 39 tons of medicine will be distributed over the coming weeks. • A media campaign was launched involving 10 TV and 20 radio channels to raise awareness around COVID-19 vaccinations and ongoing cholera outbreak. These media campaign, which concluded in mid-October, was aired more than 1,000 times. • 7 rapid response teams deployed to enhance the active surveillance of AWD across Kabul, Kandahar, Kapisa and Zabul provinces. • 84 pneumonia kits – able to treat 840 pneumonia cases – distributed to 43 health facilities across 28 provinces. • 180,530 people reached with health promotion and COVID-19 risk communication activities. • 463,460 people reached in Kabul province through acute watery diarrhoea (AWD) risk communication and community engagement (RCCE) campaign, including the distribution of 250,000 brochures and 5,000 flipcharts. • 30,000 posters and 75,000 brochures delivered to Nangarhar province for dengue RCCE campaign.
Nutrition	<ul style="list-style-type: none"> • 178,492 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces. • 76,864 pregnant and lactating women (PLW) with acute malnutrition received assistance through targeted supplementary feeding programmes (TSFP) across 27 provinces.
	<ul style="list-style-type: none"> • 26,297 people supported with protection monitoring, awareness raising activities and sensitisation

<p>Protection</p>	<ul style="list-style-type: none"> • 41,018 people received individual protection assistance, including cash for protection to mitigate the impact of COVID-19. • 30,825 border monitoring interviews conducted. • 32,090 people (adults and children) received emergency psychosocial and mental health support. • 7,373 cases identified and referred for case management services. • 37 Family Protection Centres, 18 Women Friendly Health Spaces and 18 GBV psychosocial mobile outreach teams across the country remain operational and provided GBV services to people in need. • 17,496 dignity kits distributed across the country. • 8,970 people reached with Explosive Risks Ordnance Education (EORE) messages across the country. • Mine Action activities including survey, clearance and provision of explosive ordnance risk education (EORE) operational across 13 provinces, including at transit centres in Nimroz and Kandahar provinces targeting returnees from Iran and Pakistan. • 1,095 students in Kabul and Nangarhar provinces supported with sport and recreational activities as well as computer and art therapy for children. • 8,555 people reached with information on HLP rights and legal assistance across five provinces. • 46 child-friendly spaces established by Child Protection actors across the country in addition to five community-based child protection committees (CBCPCs) across five sites in Hirat and Ghor provinces. • 7,342 people reached with awareness raising activities on children's rights by community-based child protection mechanisms (CBCPM) members.
<p>Water, Sanitation and Hygiene</p>	<ul style="list-style-type: none"> • 198,656 drought-affected people across five provinces were reached with water trucking. • 374,562 people reached with WASH assistance including through hygiene promotion and hygiene kits. • 5,450 wells across 24 provinces have been shock chlorinated as part of a mass response to the AWD outbreak, benefitting up to 2.7 million people. • 14,139 people reached with durable solutions, including solar pipe water supply systems. • 11,055 people reached with sanitation services across 24 provinces. • 1 million chlorine tablets for household water treatment delivered to the Ministry of Public Health to target 33,300 affected people in Kabul in response to the AWD outbreak. • 555,661 people regained access to drinking water in Kabul from the urban network following fuel donation as part of a mass response to the AWD outbreak. • 23,000 soap bars and 18 chlorine drums were distributed to one regional hospital and two provincial hospital to help respond to the acute watery diarrhoea outbreak.

Education

Response:

- Between 1 September and 15 November, 3,542 new community-based education (CBE) classes have been established across Uruzgan, Kunduz, Nangahar, Zabul, Ghor, Faryab, Badakhshan and Ghazni provinces.
- 3,542 teachers have been recruited between 1 September and 15 November to teach CBE classes across eight provinces.
- Since the start of the four-month reporting period for the Flash Appeal, 102,128 children have been reached with CBE activities across eight provinces.

102,128

children reached with community-based education activities

Challenges & Operational Constraints:

- The Education Cluster partners – particularly international organisations – report that many of their programmes were either suspended or hibernated during the reporting period. This has notably affected the establishment of CBEs. Additionally, other aspects of programmes have been affected, including partners' administrative and reporting capacity (severity: **5**)¹.
- Education Cluster partners list the lack of clarity / mixed messages from authorities regarding girls' rights to education and women's right to work as a significant challenge. Given present uncertainties, partners report a drop in girls' school attendance as girls are concerned about their safety (severity: **5**).
- Education Cluster partners report cash and liquidity issues affecting salaries for staff and contractors (severity: **4**).
- There is need to ensure that existing education systems are resourced – including teachers and supporting staff's salaries – and appropriate measures to ensure service continuity, as half of the education budget is supported by

¹ Clusters were asked to assign a severity scale (from 1 to 5) to the challenges they face list below, with 5 indicating the highest severity.

development donors. The suspension or pausing of this funding will result in outstanding salary payments and the suspension of classes (severity: 4).

Advocacy Points:

- Continued support to schools and teachers is needed to ensure 9.5 million children can continue their education. As budgetary support may not be possible, alternative means of direct payment of salaries of teachers and school grants should be explored. The education of the current and next generation is at risk and continued long term support is required.
- There is need for medium-term financing to consolidate and expand community-based education – which is currently fully financed by external partners – to reach children in areas where there are no schools.
- The education of girls depends on the availability of female teachers. There is need for partners to increase the number of qualified female teachers to meet the needs of girls in schools or CBEs.
- In line with the Education in Emergencies (EiE) Response Strategy (August-December 2021), the Education Cluster is prioritising the following activities for immediate funding assistance: providing learning opportunities for displaced and at-risk boys and girls; promoting the psychosocial wellbeing of conflict-impacted boys and girls; and mobilising resources to support learning and emergency education.

Emergency Shelter & NFI

Response:

- ES-NFI Cluster partners have commenced winterization assistance across 32 provinces with 23,800 people reached with heating/fuel assistance and winter clothing through cash modalities as well as in-kind blanket distribution. ES-NFI Cluster partners continue winterisation assessments across 34 provinces.
- 141,513 people received standard NFIs assistance across 19 provinces between 1 September and 15 November.
- 23,625 people across five provinces received emergency shelter assistance between 1 September and 15 November.

141,513

people reached with standard NFIs assistance

Challenges & Operational Constraints:

- ES-NFI Cluster partners report that a lack of clarity/mixed messages from the de facto authorities at the national-level regarding the safe participation of female staff in the full spectrum of humanitarian response – particularly during assessments – has caused delays to operational activities (severity: 4).
- Partners report that the implementation of cash assistance is hindered due to the issues faced by the banking sector, which in turn has resulted into cash and liquidity challenges (severity: 4).
- There is an increase in market prices for NFIs, warehouse rents and transportation costs (severity: 2).
- The ES-NFI Cluster report about local authorities' interference in winterization projects including assessments and target locations and people for winterization assistance (severity: 5).

Advocacy Points:

- The ES-NFI Cluster advocates for a joint approach among humanitarian partners to get clarity from the de facto authorities regarding the safe participation of female staff in the full spectrum of humanitarian response.
- Need for humanitarian leadership support on exploring practical approaches for facilitation of cash assistance modalities considering the current banking challenges.

Food Security

Response:

- Food Security and Agriculture Partners have prioritised immediate food assistance to 7.3 million food insecure people, including those in areas affected by the drought, between September and December 2021 – with WFP aiming to reach 5 million people in October alone. The majority of this assistance will consist of unconditional seasonal support as well as support to displaced populations (i.e. IDPs, refugees and returnees).
- Between 1 September and 15 November, WFP reached 7.2 million people with food assistance across 34 provinces. The majority of this assistance consisted of unconditional crisis/seasonal support to meet emergency food needs and protect livelihoods as well as support to displaced populations (i.e. IDPs, refugees and returnees).

7.2M

people have been reached with food assistance across 34 provinces

- WFP has prepositioned food across the country to assist people during the winter months. Subject to local conditions, WFP also aims to commence early distributions in areas expected to close due to heavy snow.
- 561,169 people have been reached with agriculture and livelihood assistance between 1 September and 11 November across 31 provinces.
- FAO has started its winter wheat distribution campaign and will aim to distribute 10,251 MT of wheat seed to be distributed to 1,435,126 households across 31 provinces by November. As of 11 November, FAO has distributed certified seeds of the facultative wheat variety to 359,317 people. The distribution of wheat seeds will be followed by a fertilizer distribution, enabling an average household to produce enough wheat to cover the cereal needs for one year. Additionally, the distribution of feed for livestock is being scaled-up to assist the most vulnerable herding households during winter and avoid further distress livestock sales with substantial negative impacts on households' nutrition and income.

Challenges & Operational Constraints:

- The disruption in the financial system has impacted humanitarian operations, caused cash and liquidity issues impeding local procurement and affected salaries for staff and contractors as well as the processing of payments to implementing partners, suppliers, and service providers. This has also impacted millers as they face challenges in making payments and importing critical food supplies from abroad, which in turn has affected wheat availability in the local markets. Finally, the banking crisis has impacted the capacity of financial service providers to deliver cash transfer across the country. Some suppliers are now asking for contract revisions to account for increased service charges as well as requesting to be paid in cash instead of through bank transfer (severity: **5**).
- There is lack of clarity from the de facto authorities regarding the safe participation of female staff in the full spectrum of humanitarian response. However, according to a communique received from MoRR, female staff are allowed to return to work provided that certain conditions are adhered to during working hours. FSAC partners will closely observe the actualisation of the communique across the various provinces (severity: **2**).
- Some FSAC partners – both national and international organizations – report that certain security measures and restrictions, particularly in Kabul, has impacted programme implementation. Issues around collecting beneficiaries' information (national IDs, photo, etc.) and biometric data through WFP SCOPE, which is used for cash-based transfer distribution, has particularly been affected. Other partners report experiencing constraints in registering women-headed households for unconditional cash transfer in some districts due to restrictions imposed by the de facto authorities at local level. According to reports, some women beneficiaries are preferring to register male members of the household instead in order to receive the UCT (severity: **3**).
- An increase in imports by FSAC partners will be needed over the coming period to mitigate the risk of pipeline break, to scale up the response and to respond to the rising food needs across the country (severity: **4**).
- Vocational skills training projects in Kabul remained paused throughout October and November as negotiations with the de facto authorities continue (severity: **2**).
- A sudden sharp increase in the price of DAP (Di-Ammonium Phosphate) has been observed in the Afghan national markets due to import issues coupled with the domestic supply chain constraints and the challenges faced by the financial system. The price of DAP has increased by nearly 95 per cent month-on-month with effects on existing contracts, current procurements and budget management challenges ahead of the next planting seasons (severity: **5**).

Advocacy Points:

- High-level advocacy with the de facto authorities is required to ensure that all humanitarian workers – including women - allowed to do their vital work in safety — without harassment, intimidation or fear.
- Discussions at high level are needed to ensure the stability of the financial system to avoid a financial crisis that would further exacerbate humanitarian needs. There is also need to protect key vendors – that cooperate with humanitarian agencies – from economic sanctions.
- There is need for continued blanket humanitarian exemptions to allow humanitarian operations to continue under sanctioned-party control, including finding solutions to facilitate payments.
- More than half the population of Afghanistan – a record 22.8 million people - will face acute food insecurity from November, according to the latest Integrated Food Security Phase Classification (IPC). To contain a high rate of asset depletion to cover food consumption gaps donors need to fund a scale up of emergency life-saving food assistance and livelihood support for populations in IPC Phase 4 (Emergency) and IPC Phase 3 (Crisis).
- Advocacy with the de facto authorities at both the national and the sub-national level is required on the continued use of KoBo-based data collection as part of beneficiary selection as well as for monitoring purposes. In some districts the de facto authorities are denying FSAC partners the permission to use KoBo-based data collection and/or collecting sex and age disaggregated data at the community level.
- It is vital to help keep farmers on their farms and herders with their herds, by providing time-sensitive and season-critical inputs to these groups and protecting agricultural livelihoods. This is particularly important in light of the moderate La

Niña event forecast for the wet winter precipitation season between November 2021 to March 2022 that could result in a consecutive second drought in 2022 and the third severe drought in the recent five years (2018 to 2022). Unless farmers, herders and landless people in rural areas are urgently supported with emergency livelihoods protection assistance, the cumulative and cascading impacts of back-to-back droughts coupled with the financial sector crisis may result in a famine that will devastate the rural economy and tip the millions of already food and livelihood insecure smallholder farmers, herders and the landless people into adopting negative coping actions including forced displacement and distress sale of productive assets in the coming months. This may take the current humanitarian crisis to catastrophic levels, which will necessitate humanitarian resources of a magnitude that is multiple times higher than the current funding commitments.

Health

Response:

- Between 1 September and 15 November, 880,207 people have been reached with primary and secondary care (direct consultations).
- Since 1 September, Health Cluster partners have delivered 383 emergency medical kits across 33 provinces to meet the urgent needs of 728,500 people over three months.
- 202 Inter-Agency Reproductive Health Kits (IARH kits) have recently arrived in Afghanistan. The distribution of these kits have commenced to five hospitals in Kabul.
- Health Cluster partners launched a media campaign involving 30 national and local TV channels to raise awareness around AWD and prevention measures. These media campaign, which concluded in mid-October, was aired more than 1,000 times.
- 75,432 IDPs in Kabul province have been reached with consultations, outpatient department visits, antenatal and postnatal care, family planning, diarrheal disease treatment, acute respiratory infection, psychosocial support, health education, malnutrition, and referrals and screening for COVID-19 between 1 September and 15 November.
- 38,330 people were screened at points-of-entry by Health Cluster partners for tuberculosis.
- 31,910 people have been screened for COVID-19 at points-of-entry.
- 40,618 people were reached with trauma care at first aid trauma points.
- Health Cluster partners provided more than 30,000 litres of fuel to three hospitals in Kabul province to enable uninterrupted in-patient tertiary services to severely ill patients.
- Health Cluster partners have deployed 7 rapid response teams to enhance the active surveillance of AWD across Kabul, Kandahar, Kapisa and Zabul provinces.
- 180,530 people were reached with health promotion and COVID-19 risk communication across four border provinces.
- 463,460 people reached in Kabul province through AWD RCCE campaign, including the distribution of 250,000 brochures and 5,000 flipcharts.
- 30,000 posters and 75,000 brochures delivered to Nangarhar province for dengue RCCE campaign.

75,432

IDPs reached with consultations, antenatal and postnatal care, family planning, psychosocial support, health education, malnutrition and COVID-19 screening and referrals

Challenges & Operational Constraints:

- Lack of cash to process local vendor payments at the national and sub-national levels which is affecting service delivery, causing delays in salary payments to health staff and the procurement of supplies (severity: **3**).
- High turn-over of staff particularly female health providers. This has a direct impact on the delivery of lifesaving health services to targeted beneficiaries (severity: **4**).
- Due to disruption in the provision of health services, there is an increased case load of client in health facilities supported under emergency health response. Responding to the current level of needs is difficult given the resources currently available (severity: **3**).
- Interference of the de facto authorities in staff recruitment has led to delays in the provision of services delivery (severity: **3**).
- The closure of borders has affected shipment of supplies from outside Afghanistan (severity: **3**).

Advocacy Points:

- The Health Cluster requests continued advocacy to resolve the banking crisis and ensuring the availability of cash and liquidity. This remains critical to ensure the timely delivery of lifesaving health services.
- Urgent funding is required to respond to rapidly rising health needs triggered by the escalation of the humanitarian crisis in the recent months due to drought, displacement, COVID-19 pandemic and reduced access to health care. Donors are urged to fast-track funding for known humanitarian needs to mitigate against avoidable deaths and reduce suffering. Donors are also urged to ensure that funding is flexible enough to adapt to the fast-changing conditions on the ground.

- Health Cluster partners urges the HAG to continue advocating with the de facto authorities at national and provincial levels to respect the humanitarian principles and not interfere in the recruitment of staff, procurement of goods, and other internal matters of humanitarian agencies.

Nutrition

Response:

- Since 1 September, the Nutrition Cluster sustained equitable access to timely and qualitative life-saving curative and preventative nutrition services for vulnerable people – including treatment of children under five and pregnant and lactating women affected by acute malnutrition, promotion of adequate feeding practices, and provision of supplementary feeding, micronutrient supplementation.
- 178,492 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces since 1 September.
- 76,864 pregnant and lactating women (PLW) with acute malnutrition received assistance through targeted supplementary feeding programmes (TSFP) since the start of the four-month reporting period for the Flash Appeal.

178,492

children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces

Challenges & Operational Constraints:

- Nutrition Cluster partners continue to report an upward trend in treatment programme caseload due to reduced capacity of the health system, through which majority of these cases would have otherwise received treatment through the Basic Package of Health Services (BPHS) programme. This has impacted on partner capacity to provide services at scale because of the sudden and significant additional resource demands (severity: 4).
- The planned nutrition assessment (SMART) surveys have been delayed due to limited access to monetary cash as most enumerators and survey team members prefer to be remunerated in cash given the current economic situation in the country. This further impacts on the ability of the Nutrition Cluster to make accurate predictions, especially on supply movements and distributions (severity: 5).

Advocacy Points:

- To ensure the effective and efficient utilisation of resources, the Nutrition Cluster continues to advocate for funding for an integrated approach to delivering health and nutrition interventions while incorporating WASH activities in health facilities and treatment sites.

Protection

Response:

- Since 1 September, 37 Family Protection Centres and 18 Women Friendly Health Spaces and 18 psychosocial mobile outreach teams provided Gender-Based Violence (GBV) services to affected people across the country.
- 17,496 dignity kits were distributed across 11 provinces since 1 September.
- Between 1 September and 15 November, 41,018 people received individual protection assistance, including cash for protection to mitigate the impact of COVID-19.
- Protection Cluster partners reached 32,090 people (adults and children) with psychosocial support and counselling between 1 September and 15 November.
- Since 1 September, 7,373 cases were identified and referred for case management services.
- Since the start of the four-month reporting period for the Flash Appeal, 30,825 people were reached through border protection monitoring interviews conducted with returnees (Afghanistan nationals) across border crossing sites.
- 26,297 people were reached through protection monitoring interviews, awareness raising activities and sensitisation between 1 September and 15 November.
- 1,095 students in Kabul and Nangarhar provinces were supported with sport and recreational activities as well as computer and art therapy for children.
- 8,555 people were reached with information on HLP rights and legal assistance across five provinces between 1 September and 15 November.
- Since 1 September, Child Protection partners have established 46 child-friendly spaces across the country and five community-based child protection committees (CBCPCs) across five sites in Hirat and Ghor provinces.
- Between 1 September and 15 November, 7,342 people reached with awareness raising activities on children's rights by community-based child protection mechanisms (CBCPM) members.

32,090

people have been reached with psychosocial support services by Protection Cluster partners

Challenges & Operational Constraints:

- Cash and liquidity issues are affecting cash assistance activities and salaries for some staff. Procurement and transportation of material to facilities have also been affected by the lack of cash (severity: 5).
- Some Cluster partners in the southern region report interference from the de facto authorities in terms of assessments. According to reports, the de facto authorities are urging partners to assist all the people who have been assessed, irrespective if they meet the vulnerability criteria (severity: 4).
- The shift from mobile approach to static approach as per the request of the de facto authorities is restricting outreach to the most vulnerable groups (e.g. people with disabilities) (severity: 5)
- Restriction on the freedom of movement for female staff workers continues. According to a communique received from MoRR, female staff are allowed to return to work provided that the staff member wears a hijab and is accompanied by a Mahram during working hours. As there is currently no budget line in place to pay Mahram's, Protection Cluster partners fear the potential impact of this communique on partners ability to reach vulnerable people (severity: 5).
- Some Protection Cluster partners report that the de facto authorities are stopping partners from conducting surveys, psychosocial counselling and case registration for female GBV survivors in certain areas. Additionally, some partners report that they have been requested at the local level to remove some items from the dignity kits, hindering the ability to provide quality assistance to women and girls (severity: 5).
- The abolishment of the Departments of Women Affairs post-15 August has left a gap for women and youth seeking legal assistance. According to the GBV sub-cluster, the judiciary branches such as court and attorney departments are not fully functional to provide appropriate and sufficient support for GBV survivors. Furthermore, the lack of female presence within government entities and the lack of structure for legal support has impacted the provision of GBV services (severity: 5).

Advocacy Points:

- There is need for continued dialogue and advocacy with the de facto authorities to ensure the full participation of women and girls in public life including the full spectrum of humanitarian response.
- Continued dialogue and advocacy with the de facto authorities is needed to ensure effective implementation and coordination of humanitarian activities across the country, including but not limited to youth and women empowerment projects.
- The increase in the number of people in need and exacerbation of vulnerabilities require more flexibility from donors in order to scale-up response activities.
- Principled engagement should not be optional; need for leadership to ensure that all partners and agencies delivering humanitarian assistance abide by the Joint Operating Principles (JOPs).

Water, Sanitation and Hygiene

Response:

- WASH Cluster partners have continued to assist 198,656 drought-affected people across Balkh, Badghis, Kandahar, Hilmand and Wardak province with water trucking to avoid displacement. Water trucking is 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.
- Over 374,562 people were reached with WASH assistance including through hygiene promotion and hygiene kits between 1 September and 15 November.
- 5,450 wells across 24 provinces have been shock chlorinated by WASH Cluster partners as part of a mass response to the acute watery diarrhoea (AWD) outbreak, benefitting up to 2.7 million people.
- 14,139 people were reached with durable solutions, including solar pipe water supply systems.
- 11,055 people were reached with sanitation services across 24 provinces.
- 1 million chlorine tablets for household water treatment have been delivered to the Ministry of Public Health to target 33,300 affected people in Kabul in response to the AWD outbreak.
- 3,350 kg of chlorine bleaching powder has been distributed to UWASS-SoC (Urban Water Supply and Sewerage State Owned Corporation) to prevent contamination of the urban water network in Kabul.

198,656 

people were assisted with water trucking for the drought response across five provinces

Challenges & Operational Constraints:

- WASH-related governmental activities remain delayed due to little coordination between relevant ministries. Additionally, there is need for the coordination structure between MRRD and the new PRRDs to be re-established, particularly related to rural water supply (severity: 3).

- Despite unclear messaging by the de facto authorities regarding female staff participation in WASH assessments and response activities, WASH Cluster partners have been able to gain verbal agreement from the de facto authorities in most locations to allow female staff to work at the office and on the ground (severity: 2).
- WASH partners still report cash and liquidity issues due to bank closure, as well as expensive bank fees/charges, which in turn are affecting salaries for staff and contractors and suppliers (severity: 5).

Advocacy Points:

- Advocacy continues to be required at the HCT-level with the de facto authorities to formalise a clear national communication regarding the safe participation of women in humanitarian activities, both as beneficiaries and staff members.
- Drought is not only a food security crisis – the drop down of safe drinking water and water for handwashing have led to the spread of the AWD outbreak, particular affecting children. 18 provinces are currently facing catastrophic AWD situation.
- Advocacy at the HCT-level and among donors remains critical to end the lack of cash and liquidity across the country, as the current major operational bottleneck is reducing partners capacity to deliver WASH services on the ground.

GENERAL COORDINATION

The humanitarian community's overall efforts towards the response are coordinated under the **Humanitarian Country Team** (strategic decision-making body) and the **Inter-Cluster Coordination Team** (its operational arm).

The **Gender in Humanitarian Action (GiHA)** Working Group is supporting gender mainstreaming in the response through the different clusters/sub-clusters and working groups through gender training, guidance notes and technical support including for the upcoming HNO/HRP process. The GiHA WG has submitted their narrative inputs for the 2022 HRP. The GiHA WG is working on finalising the selection process for the HCT Afghan Women Advisory Group based on the initial feedback from the HCT on the proposed shortlist. The GiHA WG has finalised a mapping of CSOs in Afghanistan and have conducted further consultations to assess the challenges that CSOs currently face. Female humanitarian staff and women's CSOs face continued barriers in delivering services to women, and assessment teams face barriers in engaging female enumerators, despite being essential for adequately and safely reaching women and girls. The GiHA WG notes that it is essential for the humanitarian response to go beyond a focus only on the safety of women and girls and their access to healthcare only, to also focus on women, women humanitarian staff and women's CSOs participation, contribution and decision-making across all stages, levels and sectoral areas of the response. This is to ensure that all women and girls can fully, equitably and safely access and benefit from information/communication, relief, services, assessments and opportunities. This remains a critical part of ensuring humanitarian principles of neutral and impartial aid delivery, accountability to affected populations, as well as a critical part of socioeconomic recovery.

The **Mental Health and Psychosocial Support (MHPSS)** Working Group through its partners continues to provide mental health and psychosocial support to host communities, IDPs and returnees. These services are provided as standalone or integrated through online/remote, in-person centres or through Mobile Health and Nutrition Teams. The target audience for these services are men, women, boys and girls. MHPSS partners also focus their efforts on people with disability, GBV survivors, children in need of protection and COVID-19 related psychological distress. To address the level of stigma around people with mental health conditions, MHPSS WG partners are conducting awareness-raising activities on MHPSS at the community-level to sensitise people on how to seek MHPSS assistance. MHPSS WG partners are planning to conduct research in both the eastern and northern region to analyse community MHPSS needs and barriers preventing people from accessing MHPSS services. Through its partners, the MHPSS WG is supporting the training of psychosocial support (PSS) counsellors, social workers, midwives and nurses on topics related to mental health. This training aims to build the capacity of healthcare workers. In collaboration with IASC RG and Dutch Surge Support, the MHPSS WG is planning to train staff on global guidelines – including WHO's Problem Management Plus (PM+), mental health gap action programme (mhGAP) and Thinking Healthy approaches – during the 1st quarter of 2022. The MHPSS WG also plans to conduct workshops on referral pathways and MHPSS monitoring and evaluation. The ToR for the capacity building training will be discussed with IASC RG and Dutch Surge Support this week. Additionally, the MHPSS WG is planning to train Mobile Health Teams through its partners on a wide range of psychosocial topics, particularly those related to community-based psychosocial support including: psychological first aid; stress and coping; loss and grief; supportive communication; self-care; referrals and reporting; peer support and positive parenting; awareness raising; common mental health disorders and stigma; and working with populations with special needs such as children.

The **Protection from Sexual Exploitation and Abuse (PSEA)** Task Force Coordinator has been selected to participate in the technical and strategic review committees for the AHF 3rd Reserve Allocation. Since being selected, eight project

proposals have been reviewed. Additionally, Child Protection sub-cluster extensively consulted with the PSEA Task Force on PSEA inclusion into 6 AHF project proposals. These reviews also provide an opportunity to discuss better integration of PSEA into other activities and projects carried out by the Clusters. Furthermore, discussions continue with the Cluster leads to ensure that PSEA is mainstreamed, including incorporating PSEA indicators into the 2022 HRP. Similarly, the PSEA coordinator engaged with the UNCT on the 2021 Country Level Resident Coordinators Action Plan to Prevent and Respond to SEA, which outlines the PSEA country-level priorities the UNCT/HCT members agreed to achieve jointly across Afghanistan in both humanitarian and development operations. The PSEA Coordinator continues to have close coordination with the OCHA regional PSEA coordinator while providing regular support to all partners on PSEA matters.

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