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 December 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 in January 2022 and cover activities carried out between 1 September and 31 December.

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 23 December, the Flash Appeal is now over 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 liquidity challenges amid the financial system crisis. The absence of these challenges would enable humanitarian partners to further scale up the response at a higher pace and reach more people in need of assistance.

  The recent UN Security Council resolution (22 December) clarified humanitarian assistance and other activities that support basic human needs in Afghanistan are not a violation of paragraph 1 of resolution 2255 (2015), and that the processing and payment of funds, other financial assets or economic resources, and the provision of goods and services necessary to ensure the timely delivery of such assistance or to support such activities are permitted. Similarly, the recent US issued licences authorise humanitarian projects to meet basic human needs; activities to support rule of law, citizen participation, government accountability and transparency, human rights and fundamental freedoms, access to information, and civil society development projects; education; non-commercial development projects directly benefitting the Afghan people; and environmental and natural resource protection. Other donors are encouraged to similarly 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. Donors are also encouraged to issue special licences and identify new disbursement avenues to allow continuation of basic services, upon which a considerable amount of the humanitarian response is delivered.

- Since 1 September 2021, partners have reached 43,921 children with community-based education activities, supported 162,229 people with household items, provided 8.9 million people with food assistance, reached 1,385,999 people with primary and secondary healthcare (direct consultations), provided treatment for Acute Malnutrition to 238,223 children under five, supported 48,886 people with individual protection assistance including cash for protection, and reached 507,728 people with WASH assistance including through hygiene promotion and hygiene kits.

SITUATION OVERVIEW

Forty years of war, recurrent natural disasters, chronic poverty, drought and the COVID-19 pandemic have devastated the people of Afghanistan. At the same time, the recent economic upheaval and ruptures in basic services, financial systems and civil service are transpiring and exacerbating an already dire humanitarian situation.

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. While one of the main active conflicts has mostly ceased following the events of 15 August, humanitarians remain deeply concerned about the continued detrimental impact on the population of leftover explosive devices, which mainly harm children, and of continued conflict between the de facto authorities and other armed groups. Of further concern are continued reports of the targeting of former government employees and security forces, human rights defenders, media employees,
religious elders, and humanitarian staff, and sectarian-motivated attacks. Armed actors are urged to fulfil stated commitments on respect for human rights and non-retaliation.

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 2022. Some 9 million people projected to be in IPC 4 – the highest number in the world, both in absolute and relative terms.

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. 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. WFP market monitoring shows that wheat and fuel (diesel) prices are 39 and 43 per cent higher as compared to June 2021. As the country experiences sharp economic shocks and de-couples from the global economic system and international development support, the value of the Afghani currency is falling, affecting import of essential goods and people’s ability to buy them. This is critically concerning as already, food – on average – constitutes more than 82 per cent of a households’ income.

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

<table>
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<th>Cluster/Sector</th>
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| **Education** | • 4,903 new community-based classes established across 11 provinces.  
• 4,903 teachers recruited to facilitate community-based classes across 11 provinces.  
• 143,921 children reached with Community-Based Education (CBE) activities across 11 provinces. |
| **Emergency Shelter & NFI** | • 162,229 people across 19 provinces reached with standard NFIs assistance.  
• 25,980 people received emergency shelter assistance across seven provinces.  
• 110,848 people received winterization assistance across 34 provinces, including heating/fuel assistance, winter clothing through cash modalities and in-kind blanket distribution. |
| **Food Security** | • 8.9 million people reached with food assistance by FSAC partners across 34 provinces.  
• 1,559,285 people reached with agriculture and livelihood assistance across 31 provinces. |
| **Health** | • 1,385,999 people reached with primary and secondary care (direct consultations).  
• 2,369 emergency medical kits delivered to health facilities across 33 provinces to meet the urgent needs of 2,002,050 people over three months.  
• 55,963 people were reached with trauma care at first aid trauma points. |
| **Nutrition** | • 238,223 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces.  
• 99,869 pregnant and lactating women (PLW) with acute malnutrition received assistance through targeted supplementary feeding programmes (TSFP) across 27 provinces. |
| **Protection** | • 48,886 people received individual protection assistance, including cash for protection.  
• 65,565 border protection monitoring interviews conducted.  
• 38,199 people (adults and children) received emergency psychosocial and mental health support.  
• 507,728 people reached with WASH assistance including through hygiene promotion and hygiene kits. |
**Education**

Response:
- Between 1 and 15 December, 461 new community-based education (CBE) classes were established across Farah province, bringing the total to 4,903 new CBEs since 1 September across Uruzgan, Kunduz, Nangahar, Ghazni, Zabul, Ghor, Faryab, Baghlan, Wardak, Badakhshan and Farah provinces.
  - 461 teachers (373 males and 88 females) were recruited during the reporting period to teach CBE classes across Farah province. Since 1 September, a total of 4,903 teachers have been recruited across eleven provinces.
  - 13,896 children (9,071 boys and 4,825 girls) were reached through CBE activities across Farah province, between 1 and 15 December. Since the start of the four-month reporting period for the Flash Appeal, 143,921 children have been reached with CBE activities across Uruzgan, Kunduz, Nangahar, Ghazni, Zabul, Ghor, Faryab, Baghlan, Wardak, Badakhshan and Farah provinces.

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 development donors. The suspension or pausing of this funding will result in outstanding salary payments and the suspension of classes for millions of children across the country (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.

\(^1\) 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.
**Emergency Shelter & NFI**

**Response:**
- ES-NFI Cluster partners had committed to provide winterisation assistance to 770,000 people across the country. Between 1 September 15 December 2021, partners have provided heating, winter clothes and blankets to 110,848 people.
- During the same period, 162,229 people have received standard household items across 19 provinces.
- 25,980 people across seven provinces also received emergency shelter assistance between 1 September and 15 December.

**Challenges & Operational Constraints:**
- ES-NFI Cluster partners report that inconsistent from the de facto authorities across all provinces 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 winterisation projects including assessments and target locations and people for winterisation 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.
- While recent operational loopholes have been welcomed, further effort is required to facilitate cash assistance modalities, particularly through NGOs, considering the current banking challenges.

**Food Security**

**Response:**
- Between 1 September and 15 December, FSAC partners reached over 8.9 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). The number of people requiring assistance is more than what was initially planned under the Flash Appeal mainly due to the increased food insecurity as highlighted by the last IPC report.
- In areas affected by the drought, partners reached some 7.2 million people with food assistance.
- Largest food partners have prepositioned food across their area offices to assist people during the winter months. Subject to local conditions, the Cluster plans early distributions in areas expected to close due to heavy snow.
- 1,559,285 people have been reached with agriculture and livelihood assistance between 1 September and 15 December across 31 provinces.
- Partners have started 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 25 November, partners have distributed certified seeds of the facultative wheat variety to 1,077,006 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. From 1 September to 16 December, partners distributed concentrate animal feed and deworming support to 361,810 people.
- Vocational skills training projects in Kabul have resumed in the second half of November thanks to successful negotiations with the de facto authorities.

**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. The most recent impact of this instability has been the rapid exchange rate
fluctuations between the USD and the Afghani. The risk of currency devaluation and inflation is creating concerns around continuity of economic activity, increasing prices and creating challenges for the management of supplier, transporter and partner relations for delivery of assistance. 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 inconsistent approaches from 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 delays associated with transport-procurement lead times, to scale up the response and to respond to the rising food needs across the country (severity: 4).

- 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:

- As of end-November, 98 percent of Afghans have insufficient food consumption, according to WFP surveys. This is an alarming increase of 17 percentage points compared with the period before 15 August. Most families report having insufficient money to buy food. The struggle that Afghans face to feed their families is stark:
  - Roughly three out of four households now limit portion sizes (almost double that prior to 15 August); many adults are eating less so their children can eat more.
  - Households headed by women skip meals and reduce their portions more than those headed by men.
  - Three out of four households are borrowing food (up from 60 percent) or consuming cheaper food (up from 56 percent).
  - More than half of the population (55 percent) are resorting to drastic measures to feed their families. This is a five-fold increase from before 15 August. Food-based coping strategies include consuming less expensive food, skipping meals, limiting portion sizes, and borrowing food.

- FAO’s latest round of shock monitoring impact assessment in September 2021 (covering 20 provinces, 132 districts and over 7,600 households) shows even more increasing stress at smallholder farmers and livestock herders. Some 89 percent respondents reporting facing significant crop/livestock production difficulties with drought, access to quality inputs and markets, and pests/diseases infestations being the key constraints. Almost 79 per cent of the total 22.8 million people, projected to be in acute food insecurity till March 2022, live in rural areas and are primarily dependent upon agriculture livelihoods for their food security needs. Additionally, the forecast of weak-to-moderate La Nina during the wet winter precipitation season (Oct-March) might set Afghanistan into its second year of drought and the third drought in five consecutive years (2018-22). Season-critical and time sensitive emergency agriculture livelihoods’ protection assistance is urgently needed going into 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. 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. There is need for continued blanket humanitarian exemptions to allow for humanitarian assistance operations to continue under sanctioned-party control, including finding solutions to facilitate payments.

- Continued 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 a need to protect key vendors — that cooperate with humanitarian agencies — from economic sanctions. There is need for continued blanket humanitarian exemptions — from all donors — to allow humanitarian operations to continue, including finding solutions to facilitate payments.

- More than half the population of Afghanistan – a record 22.8 million people - will face acute food insecurity between November 2021 and March 2022, according to the latest Integrated Food Security Phase Classification (IPC) analysis. 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) to prevent people from falling into Catastrophic levels of food insecurity (IPC Phase 5).

- 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.

**Health**

**Response:**

- Between 1 September and 15 December, 1,385,999 people have been reached with primary and secondary care (direct consultations).
- Since 1 September, Health Cluster partners have delivered 2,369 emergency medical kits across 33 provinces to meet the urgent needs of 2,002,050 people over three months.
- 169 Inter-Agency Reproductive Health Kits (IARH kits) have been distributed across Kabul, Nangarhar, Laghman and Kunar provinces to meet the emergency reproductive health needs of 14,850 people.
- Since 1 September, 265 tons of medical supplies have been dispatched to the regional/provincial warehouses of Health Cluster partners. The distribution of these medical supplies has commenced across the country.
- 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. Additionally, a 14-day media campaign on dengue prevention and awareness was recently launched.
- 86,540 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 December.
- 288,171 people were screened at points-of-entry by Health Cluster partners for tuberculosis with nearly 4,479 presumptive cases identified and 59 cases confirmed as positive since 1 September.
- 44,674 people have been screened for COVID-19 at points-of-entry.
- 55,963 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 (RRTs) to enhance the active surveillance of AWD across Kabul province, including in Sarobi district.
- 39 RRTs have been deployed to Hirat, Nimroz, Kandahar, Balkh, Badakhshan, Hilmand, Badghis, Ghor and Nangarhar provinces to support with provincial COVID-19 response at points of entries.
- 252,752 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.
- 100,000 posters and 250,000 brochures delivered to Nangarhar province for dengue RCCE campaign.

**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: 3).
- 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 from the de facto authorities in staff recruitment has led to delays in the provision of services delivery (severity: 3).
- The dire economic situation has led to the closure of key media channels which in turn has impacted Health Cluster partners’ capacity to roll out awareness campaigns and advocacy efforts (severity: 3).
- Lack of funds availability for COVID-19 treatment hospitals and RRTs is hampering the COVID-19 response. This is particularly worrying considering the emergence of new COVID-19 variants, as reported in several countries, and the increase in the number of positive COVID-19 cases in Afghanistan (severity: 4).
- Inflation has caused some businesses to close across the country. These closures will eventually have an adverse impact on essential supplies as well as on the cost of living for health staff creating undue stress (4).
Advocacy Points:
- The Health Cluster requests continued advocacy to find a workaround 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.
- Donors are requested to consider facilitating greater flexibility in the spending of specified budget lines. Considering the sustained volatility within the environment, it would be helpful to have greater agency to address arising needs without delay.

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.
- 238,223 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces since 1 September.
- 99,869 pregnant and lactating women (PLW) with acute malnutrition received assistance through targeted supplementary feeding programmes (TSFP) across 27 provinces since the start of the four-month reporting period for the Flash Appeal.

Challenges & Operational Constraints:
- Some partners are experiencing increased staff turnover. Additionally, it has been difficult for larger international organizations being able to run a reduced number of mobile health and nutrition activities. To address this, the Nutrition Cluster is looking at bringing in partners to assist the wider health system as well as BPHS partners, which would provide international NGOs a larger avenue for their interventions and therefore better support the larger scale-up efforts (severity: 4).
- The Nutrition Cluster’s ability to rapidly scale-up is the weakened flexibility in funding occasioned by the sanction restrictions narrowing partners’ funding options (severity: 4).
- Some partners are reporting authority’s interference in partner staff recruitment. In addition, in certain locations, the nutrition supplies are withheld at checkpoints, making supply management more difficult (severity: 3).

Advocacy Points:
- The Nutrition Cluster continues to call upon donors and other relevant agencies to support densely populated urban settlements for integrated emergency nutrition interventions. This will not only ensure that treatment services are provided for the existing caseload, but also integration of other sectoral measures such as WASH, Food Security, Health and Protection to mitigate further deterioration in the nutrition situation.
- Continued advocacy with authorities, especially at the sub-national level, to provide assurances to communities on the involvement of female staff in humanitarian interventions and support partners in their efforts to identify and retain female health and nutrition workers.

Protection

Response:
- Between 1 September and 15 December, 48,886 people received individual protection assistance (IPA) and including cash for protection.
- Protection Cluster partners reached 38,199 people (adults and children) with psychosocial support (PSS) and counselling between 1 September and 30 November.
- Since 1 September, 10,492 cases were identified and referred for case management services.
• Since the start of the four-month reporting period for the Flash Appeal, 66,656 people were reached through border protection monitoring interviews conducted with returnees (Afghanistan nationals) across border crossing sites.
• 37 Family Protection Centres, 29 Women Friendly Health Spaces, 18 psychosocial mobile outreach teams, and 2 shelters for Gender-Based Violence (GBV) survivors provided GBV services to affected people across the country.
• 23,275 dignity kits were distributed across 11 provinces since 1 September.
• 51,770 people were reached with information on HLP rights and legal assistance across nine provinces.
• 9,281 people were reached with Explosive Risks Ordnance Education (EORE) messages across the country.
• Since 1 September, Child Protection partners have established 46 child-friendly spaces across the country and 12 community-based child protection committees (CBCPCs) across Hirat, Badghis and Ghor provinces.
• Between 1 September and 30 November, 11,615 people reached with awareness raising activities on children’s rights by community-based child protection mechanisms (CBCPM) members.
• Since 1 September, 23,000 people received IEC materials on key Child Protection information in local languages.

Challenges & Operational Constraints:
• Cash and liquidity issues are affecting cash assistance activities, implementation of project activities and salaries for some staff. Procurement and transportation of materials to facilities have also been affected by the lack of cash (severity: 5).
• 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).
• The absence of service providers in certain areas makes referrals challenging (severity: 4).
• Restriction on the freedom of movement for women – including female staff workers and clients – continues. This makes it difficult for affected people to reach humanitarian services (severity: 5).
• Access to and follow up on individual GBV cases remains challenging in areas where mahram requirements are in place. This affects both the survivor’s ability to seek assistance and for humanitarian female workers to reach potential GBV survivors (severity: 5).
• GBV sub-national coordination hubs are non-functioning across the regions making sub-national-level coordination challenging. The situation has forced the national-level coordination team to step in to bridge any coordination gaps (severity: 4).
• Some Protection Cluster partners express concern on how to scale up GBV services without clear safeguards and risk mitigation measures in place for staff and clients while simultaneously complying with global data management guidelines (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, without the requirement of a maharam. Restrictions in terms of women’s involvement in humanitarian activities will directly impact on the ability of women and girls to access critical services.
• Principled engagement should not be optional; need for all partners’ leadership to ensure that all partners and agencies delivering humanitarian assistance abide by the Joint Operating Principles (JOPs).
• The Protection Cluster requests finding workarounds the banking crisis and ensuring the availability of cash and liquidity. This remains critical to address logistics shortfalls.

Water, Sanitation and Hygiene

Response:
• More than 507,728 people were reached with WASH assistance including through hygiene promotion and hygiene kits between 1 September and 15 December.
• WASH Cluster partners have continued to assist 204,033 drought-affected people with water trucking – with operations ongoing across Badghis, Kandahar, and Nimroz provinces. 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.
• 8,329 wells across 24 provinces are benefitting from regular chlorination able to support up to 3 million people.
• 32,246 people were reached with durable solutions, including solar pipe water supply systems.
• 12,035 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 for one month 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 Acute Watery Diarrhoea (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 AWD outbreak.
• An estimated 7 million people across the country reached through a social media campaign for AWD awareness.
• Around 463,460 dwellers reached for AWD awareness through house to house and community campaign by 50 social mobilisers in 20 police districts (PDs) of Kabul city with 250,000 brochures and 5,000 flipcharts distributed.
• 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.

Challenges & Operational Constraints:
• 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).
• Request from de facto authorities for partners to sign MoUs before starting new WASH projects is affecting close to 90 per cent of new WASH projects across the country (severity: 5)
• Donors’ sanctions regimes which halted development funding are also impacting partners’ operational capacity which partly relied on these funds, not least for support costs (severity: 3).

Advocacy Points:
• Advocacy from the Humanitarian Country Team (HCT) – beyond the appreciated supportive position on the MoUs – is required for the de facto authorities to issue a clear communication towards the sectoral ministries on for organizations to just provide written project summary in the instance of being asked to sign MoUs.
• 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. This also includes following up with the ulema and tribal leaders on the issue of women’s rights.
• 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) is supporting gender mainstreaming in the joint response through the different cluster/sub-clusters and WGs through gender training, guidance notes and technical support including for the upcoming HNO/HRP process. Substantive gender inputs were provided to the final draft of the HNO as well as to the Interim Protection Strategy in coordination with the Senior Gender Advisor (GenCap). The GiHA WG, as the Secretariat of the HCT Afghan Women’s Advisory Group, supported the facilitation of its first introductory meeting on 2nd December, and the preparations for the introduction of its members to the HCT meeting on the 16th December, where the ToR were considered finally endorsed by the WAG. The GiHA WG finalized the summary brief on the key findings for the introduction of its members to the HCT meeting on the 16th December, where the ToR were considered finally endorsed by the WAG. The GiHA WG finalized the summary brief on the key findings for the introduction of its members to the HCT meeting on the 16th December, where the ToR were considered finally endorsed by the WAG. The GiHA WG circulated the ToR for a consultancy aimed to develop a research study on challenges, barriers and opportunities for women CSOs in Afghanistan.

The Cash and Voucher Working Group is doing reviews and endorsements of the Cash and Voucher Assistance (CVA) proposals for the first standard allocation of the AHF. The CVWG has been conducting a series of consultations with cluster leads, research partners, and the REACH/Joint Market Monitoring Initiatives (JMMI) on what to include in the Minimum Expenditure Basket (MEB). A final draft of the MEB is expected to be reviewed on 30 December and expected to be in full use by CVA partners in January 2022. The Women Economic Empowerment (WEE) pillar at UN Women Afghanistan is in the process of designing a conditional Cash for Work (CFW) project with women targeted as beneficiaries. Prior to finalizing

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the project design, UN women is interested in shaping the various aspects of the project by getting feedback/experience of various I/NGOs implementing CfW where women have been engaged. The CVWG organised and participated in a key informant interview meeting that was meant to understand about distinct aspects of CfW in the current context where women could be engaged. A call for proposals from the UN women for CfW will be announced soon.

The Accountability to Affected People (AAP) Working Group disseminated the second issue of the Afghanistan Collective Feedback Digest to amplify crisis-affected people’s priority needs and concerns so that they are part of response decision making. The WG worked with WG partner UNICEF to create an information needs assessment that WG members will be asked to give to project participants. The findings will be forwarded to Cluster for their information provision, and be used to produce collective information for communities that meets people’s emergency and longer-term humanitarian information needs. The WG has released an extensive document in Dari and Pashto on mainstreaming AAP activities and indicators for organisations and Clusters. Similarly, the RCCE sub-WG has developed winter health messages in Dari and Pashto on preventive behaviours and homecare; messages were approved by the Ministry of Public Health. The RCCE sub-WG partner BBC Media Action trained journalists and humanitarian workers on RCCE skills and approaches to improve health reportage and service delivery; and a dengue TV and radio campaign was launched in Nangarhar province on awareness and preventive behaviours.

The Logistics Working Group (LWG) continues to support partners on logistics and supply chain information sharing and coordination. Although partners are reporting minimal disruption to in-country logistics and regional supply chain at the moment, common information gaps have been identified across the areas of customs procedures clarity; resumption of commercial aviation and other air cargo options; medical importation criteria; and cash availability and access to financial service providers. The LWG will continue to work with its partners, relevant stakeholders, and appropriate working groups and clusters, to ensure timely and actionable information on these areas of concern is available to inform partner decision making and planning.

Mental Health and Psychosocial Support (MHPSS) Working Group held online training and follow-up meetings on PSS activities for children and youth to increase awareness around these activities. The WG has developed a Terms of Reference for the selection of the new co-chair which has been shared with WG members and relevant stakeholders for feedback. The selection for the new co-chair will take place in December 2021. The WG has also updated its workplan and priorities for 2022. In collaboration with IASC RG, WHO 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 (mGAP) and Thinking Healthy approaches – during the 1st quarter of 2022. Dari and Pashto translation of IASC guidelines on COVID-19 are being finalised. The MHPSS WG also plans to update the simplified 4W template to better map MHPSS-related activities conducted by partners.

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