

This report is produced by OCHA Afghanistan in collaboration with humanitarian partners via clusters. This report covers activities carried out between **1 September and 31 October 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 22 November and cover activities carried out between 1 September and 15 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. Donors are urged to fast-track funding to mitigate against avoidable deaths, prevent displacement and reduce suffering. Donors are also urged to ensure that funding is flexible enough to adapt to the fast-changing conditions on the ground. As at 3 November, the Flash Appeal remained **54 per cent** funded, with a shortfall of some \$276 million. Humanitarians continue to urge for pledged funding to be rapidly translated into commitments to resource immediate response and preparedness activities.
- Humanitarians remain concerned about "conditional humanitarianism" or attempts to "leverage" humanitarian assistance for political purposes. Further, 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 48,383 children with community-based education activities, supported 82,761 people with standard NFIs assistance, provided 4.1 million people with food assistance, reached 580,050 people with primary healthcare, provided treatment for Acute Malnutrition to 85,623 children under five, supported 28,529 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. Assessments show that even after harvest, 57 per cent of households do not have food reserves that would last for 3 months. 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

<b>Education</b>	<ul style="list-style-type: none"> <li>• 1,636 new community-based classes established across five provinces.</li> <li>• 1,636 teachers recruited to facilitate community-based classes across five provinces.</li> <li>• 48,383 children reached with Community-Based Education (CBE) activities across five provinces.</li> </ul>
<b>Emergency Shelter &amp; NFI</b>	<ul style="list-style-type: none"> <li>• 82,761 people across 17 provinces reached with standard NFIs assistance.</li> <li>• 17,171 people received emergency shelter assistance across four provinces.</li> <li>• 5,999 people received winterization assistance across three provinces, including heating/fuel assistance, winter clothing and blankets.</li> </ul>
<b>Food Security</b>	<ul style="list-style-type: none"> <li>• 4.1 million people reached with food assistance by FSAC partners across 34 provinces.</li> <li>• 177,324 people reached with agriculture and livelihood assistance across 13 provinces<sup>1</sup>.</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>• 375 medical kits delivered to health facilities across 28 provinces to meet the urgent needs of 707,250 people across three months.</li> <li>• 70,526 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.</li> <li>• 30,664 people screened at points-of-entry for tuberculosis by Health Cluster partners.</li> <li>• 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.</li> <li>• 114,163 people have benefited from medical consultations and essential health care services through static clinics and 36,512 people have been reached with trauma care at first aid trauma points.</li> <li>• 580,050 people reached with primary and secondary care (direct consultations).</li> <li>• 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.</li> <li>• 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.</li> <li>• 7 rapid response teams deployed to enhance the active surveillance of AWD across Kabul, Kandahar, Kapisa and Zabul provinces.</li> <li>• 84 pneumonia kits – able to treat 840 pneumonia cases – distributed to 43 health facilities across 28 provinces.</li> </ul>

<sup>1</sup> A significant number of these are also being provided technical training on agronomic practices, climate smart agriculture, sustainable livestock management and COVID-19 safety measures.

	<ul style="list-style-type: none"> <li>• 144,424 people reached with health promotion and COVID-19 risk communication activities.</li> <li>• 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.</li> <li>• 30,000 posters and 75,000 brochures delivered to Nangarhar province for dengue RCCE campaign.</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• 85,623 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces.</li> <li>• 35,718 pregnant and lactating women (PLW) with acute malnutrition received assistance through targeted supplementary feeding programmes (TSFP) across 27 provinces.</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• 22,172 people supported with protection monitoring, awareness raising activities and sensitisation</li> <li>• 34,791 people received individual protection assistance, including cash for protection to mitigate the impact of COVID-19.</li> <li>• 22,786 border monitoring interviews conducted.</li> <li>• 28,529 people (adults and children) received emergency psychosocial and mental health support.</li> <li>• 6,125 cases were identified and referred for case management.</li> <li>• 37 Family Protection Centres, 18 Women Friendly Health Spaces, 18 psychosocial mobile outreach teams and 2 shelters for GBV survivors across the country remain operational and provided GBV services to people in need.</li> <li>• 14,330 dignity kits distributed across the country.</li> <li>• 8,970 people reached with Explosive Risks Ordnance Education (EORE) messages across the country.</li> <li>• 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.</li> </ul>
<b>Water, Sanitation and Hygiene</b>	<ul style="list-style-type: none"> <li>• 198,656 drought-affected people across five provinces were reached with water trucking.</li> <li>• 340,073 people reached with WASH assistance including through hygiene promotion and hygiene kits.</li> <li>• 3,814 wells across 16 provinces have been shock chlorinated as part of a mass response to the AWD outbreak, benefitting up to 2 million people.</li> <li>• 6,128 people reached with durable solutions, including solar pipe water supply systems</li> <li>• 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.</li> <li>• 219,200 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.</li> <li>• 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.</li> </ul>

## Education

### Response:

- Between 1 September and 31 October, 1,636 new community-based education (CBE) classes have been established across Uruzgan, Kunduz, Nangahar, Zabul and Ghazni provinces.
- 1,636 teachers have been recruited between 1 September and 31 October to teach CBE classes across five provinces.
- Since the start of the four-month reporting period for the Flash Appeal, 48,383 children have been reached with CBE activities across five provinces.

# 48,383

children reached with community-based education activities

### Challenges & Operational Constraints:

- The Education in Emergencies Working Group (EiE-WG) 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 as the establishment depends on partners' on-the-ground presence. Additionally, other aspects of programmes have been affected, including partners' administrative and reporting capacity (severity: **5**)<sup>2</sup>.
- EiE-WG 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**).
- EiE-WG 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

<sup>2</sup> 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 EiE Response Strategy (August-December 2021), the EiE WG 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:

- Between 1 September and 31 October, the ES-NFI Cluster provided emergency shelter and NFIs to pre-verified displaced families
- ES-NFI Cluster partners have commenced winterization assistance across Hirat, Kandahar and Nangahar provinces with 5,999 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 14 provinces.
- 82,761 people received standard NFIs assistance across 17 provinces between 1 September and 31 October.
- 17,171 people across four provinces received emergency shelter assistance between 1 September and 31 October.

# 82,761

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 that the local authorities are not accepting the use of Household Emergency Assessment Tool (HEAT) forms in some regions, as authorities are reportedly concerned about built-in GPS receivers in tablets (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 31 October, FSAC partners reached 4.1 million people with food assistance across 34 provinces.

# 4.1M

people have been  
reached with food  
assistance across 34  
provinces

- WFP has prepositioned food across their area offices to assist people during the winter months. Subject to local conditions, WFP aims to commence distributions in areas expected to close due to heavy snow
- 177,324 people have been reached with agriculture and livelihood assistance between 1 September and 31 October.
- FAO has started its winter wheat distribution campaign and will aim to distribute 9,242 MT of wheat seed to be distributed to 1,293,964 households across 31 provinces by early November. 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 a lack of clarity/mixed messages 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 back to work provided that the staff member wears a hijab and is accompanied by a Mahram during working hours. FSAC partners will closely observe the actualization of the communique across the various provinces (severity: 1).
- Some FSAC partners – both national and international organisations – 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 required 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 may be needed over the coming period in order 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 are expecting to resume in early November after receiving a green light from the de facto authorities (severity: 2)

### Advocacy Points:

- High-level advocacy with the de facto authorities is required to ensure that all humanitarian workers – including women - are 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 for humanitarian assistance 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 critical that pledged funding made during the Geneva conference on 13 September is translated into commitments to resource immediate response and preparedness activities. Without urgent action, the humanitarian situation will continue to deteriorate into 2022.


**Health**
**Response:**

- Between 1 September and 31 October, 580,050 people have been reached with primary and secondary care (direct consultations).
- Health Cluster partners provided 14 items of emergency medicine and 83 items of medical supplies to the Nangarhar Regional Hospital to fill the gaps in the provision of emergency health services between 15 and 31 October. Since 1 September, 10 tons of medicine have been distributed to health facilities across the country.
- Health Cluster partners have delivered 375 emergency medical kits across 28 provinces to meet the urgent needs of 707,250 people over three months.
- 202 Inter-Agency Reproductive Health Kits (IARH kits) have recently arrived in Afghanistan. These kits will be distributed to health facilities to support with reproductive health care.
- Health Cluster partners launched a media campaign involving 30 national and local TV channels to raise awareness around AWD and prevention measures. This media campaign, which concluded in mid-October, was aired more than 1,000 times.
- 70,526 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 31 October.
- 30,664 people were screened at points-of-entry by Health Cluster partners for tuberculosis.
- 25,528 people have been screened for COVID-19 at points-of-entry.
- 36,512 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.
- One cholera treatment centre consisting of 20 beds and 2 oral rehydration points have been established by Health Cluster partners in Kabul city.
- 144,424 people were reached with health promotion and COVID-19 risk communication across four 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.

**70,562**

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** NO UPDATE
**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.
- 85,623 children aged 6-59 months received treatment for Acute Malnutrition across 27 provinces since 1 September.
- 35,718 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.

# 85,623

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

**Challenges & Operational Constraints:**

- Nutrition Cluster partners report that the pausing of the Basic Package of Health Services (BPHS) programme represents a major challenge as thousands of children will be left behind with the high risk of death (severity: **5**).
- Partners report the risk of supply shortages due to funding shortage, delays to global supply chains due to the COVID-19 pandemic and prolonged customs clearance at border crossing sites (severity: **4**).

**Advocacy Points:**

- The effective integration of nutrition in health services remains essential.
- All Nutrition stakeholders to urgently mobilise the resources needed for scaling up MHNT. This may involve flexibility to use humanitarian-marked resources for covering the gaps left out by the collapsing BPHS. This includes advocating with donors to ensure that funding is flexible enough to adapt to the fast-changing conditions on the ground.


**Protection**
**Response:**

- During the reporting period, all protection activities resumed at the field-level as access negotiations continued, particularly around the issue of female staff participation.
- Since 1 September, 37 Family Protection Centres and 18 Women Friendly Health Spaces, 18 psychosocial mobile outreach teams and two shelters for Gender-Based Violence (GBV) survivors were operational and provided GBV services to affected people across the country.
- Between 1 September and 31 October, 14,330 dignity kits were distributed across 11 provinces.
- 8,970 people (4,381 boys, 3,016 girls, 1,290 men and 283 women) were reached with explosive ordnance risk education (EORE) messages as a way of preventing injury and death, particularly amongst children in areas of returnees.
- Mine Action activities including surveys, clearances and provision of EORE were conducted across 13 provinces, including at transit centres in Nimroz and Kandahar provinces targeting returnees from Iran and Pakistan.
- Between 1 September and 31 October, 34,791 people received individual protection assistance, including cash for protection to mitigate the impact of COVID-19.
- Protection Cluster partners reached 28,529 people (adults and children) with psychosocial support and counselling between 1 September and 31 October.
- Since 1 September, 6,125 cases were identified and referred for case management.
- Since the start of the four-month reporting period for the Flash Appeal, 22,786 people were reached through border protection monitoring interviews conducted with returnees (Afghanistan nationals) across border crossing sites.
- 22,172 people were reached through protection monitoring interviews, awareness raising activities and sensitisation between 1 September and 31 October.

# 28,529

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

**Challenges & Operational Constraints:**

- Cash and liquidity issues are affecting cash assistance activities as well as transferring salaries for some project staff at the provincial-level. To overcome this issue, arrangements are being made through money service providers (severity: **3**).
- The absence of service providers are making referrals challenging (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**)

- One Protection Cluster partner report that their MHPSS activities are currently suspended by DoRR and DoPH in Badghis province. The issue is yet to be resolved (severity: 4)
- Protection Cluster partners report that while female staff working for one Protection Cluster partner in Samangan, Balkh, Faryab, Badakhshan, Takhar, Kunduz and Baghlan provinces have been authorised to resume work, most female protection staff are yet to report to work (severity: 4).

#### 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.
- Continue dialogue and advocacy with the de facto authorities to ensure effective implementation and coordination of humanitarian activities across the country, including but not limited to youth and women empowerment projects.
- 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).
- Incidents of threats of forced eviction by de facto government members are increasing, including on non-governmental land. For instance in Kabul, 300 families living in PD 12 have been threatened with forced eviction. As systemic forced evictions continued to be reported across the country, the Housing, Land and Property (HLP) Sub-Cluster seek support from relevant leadership to continue to advocate with the de facto authorities to respect the HLP rights of all Afghans and the tenure documents they hold, including those residing on land of the former government.

## Water, Sanitation and Hygiene

#### Response:

- During the reporting period, WASH Cluster partners assisted 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 340,073 people were reached with WASH assistance including through hygiene promotion and hygiene kits between 1 September and 31 October.
- 3,814 wells across 16 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 million people.
- 6,128 people were reached with durable solutions, including solar pipe water supply systems.
- 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. For safety and security reasons, female staff are regularly advised to keep a low profile (severity: 5).
- 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).
- There is a lack of consistently reported AWD cases and epidemiological investigation reports shared since the beginning of the outbreak in September. To improve the targeted rapid response in hotspot areas, the WASH Cluster has shared an epidemiological investigation form per cholera transmission context in local languages (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.
- The WASH Cluster urges governments, donors and development actors to increase water surveillance capacity and investments in longer-term climate change mitigation and adaptation programmes.



- Clarification is required at the HCT-level on the return of NGO MoUs which asks WASH Cluster partners to receive approval from the new MRRD ministry for each WASH project.
- 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

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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 **Accountability to Affected People (AAP)** Working Group has published the inaugural issue of the Afghanistan Humanitarian Feedback Digest. In parallel, the Working Group has begun establishing a systemwide collective feedback analysis online platform. The Working Group has also gathered information for a 4Ws survey to map AAP-related activities partners are conducting with results expected to be disseminated in November.

The **Cash and Voucher Working Group (CVWG)** continues to monitor the financial landscape in Afghanistan. CVWG members have suggested to have a coordinated approach to Financial Service Providers issues affecting CVA actors. A Hawala procurement Taskforce (HPTF) comprised of Finance and Supply chain staff from UN and INGO partners has been set up. The Terms of Reference with clear deliverables have been communicated to the 16-member Taskforce. It is expected that in the coming weeks the HPTF will come with recommendations for effective CVA in the current financial landscape. The CVWG is also in the process of developing Hawala guidance notes which are intended to be shared with the partners once they have been endorsed by the HPTF. A Hawala mapping exercise is now completed. The results will be shared in the coming days with CVA actors to support them in identifying Hawala dealers that are within or close to their operating contexts.

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 is working on finalising the selection for the HCT endorsed Afghan Women Advisory Group to the HCT. The GiHA WG is jointly with the GBV sub-cluster in the process of finalising the data collection for the second round of phone-based key informant interview with women and men across the country, including women's civil society organisations (CSOs), to map out the current situation for social practices and access to services for women and girls. 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 HCT working group dedicated to women's access and female staff engagement is doing a provincial mapping on this matter. 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 **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.

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